

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9909522
Insp Area: 1

Site Address: 331 J ST SAC
Parcel No: 006-0024-052

#110

Sub-Type: NOTHR
Housing (Y/N): N

CONTRACTOR
COMMERCIAL MECHANICAL SERVICE
2439 FRONT ST
WEST SACRAMENTO CA 95691

OWNER
331 J ST #110
SACRAMENTO CA 95814

ARCHITECT
WONG CENTER

Nature of Work: NEW CHILLER INSTALLATION

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

I, _____ as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, _____ as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date _____ Applicant/Agent Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: RELIANCE INS. CO. Policy Number: QN1142410 Exp Date: 01/01/2000

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____ Applicant Signature _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 99-09522 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 212 1st St Sacramento CA 95814 Suite 116
PARCEL # 06-05-00000-000

CONTACT Name <u>Phyllis J. Phillips 1119</u> Address <u>1119 1st St Sacramento CA 95814</u> Phone <u>916 442 2872</u> FAX <u>916 442 2872</u> E-mail <u>phillips@phillips.com</u>		LICENSED CONTRACTOR Lic No. # Name <u>Commercial Mechanical Services</u> Address <u>2439 1st St West Sacramento</u> Phone <u>916 372 1070</u> FAX <u>372 1073</u> E-mail _____	
ARCHITECT/ENGINEER Name <u>Phyllis J. Phillips</u> Address _____ Phone _____ FAX _____ E-mail _____		OWNER Name <u>Weg Center Inc</u> Address _____ Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: replace roof top chiller

OCCUPANT/TENANT: _____ VALUATION: \$ 100,000

FLOOD STATUS:			S.C.A.T. <u>XI</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	<u>OTB</u>
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>III-N</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
					F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

September 8, 1999

Commercial Mechanical Services Inc.
Attention: Sam Giudicessi
2439 Front Street
West Sacramento, CA 95691

**WELDING AND EXPANSION ANCHOR OBSERVATION
THE WONG CENTER**
331 J Street
Sacramento, California
Reference No. 1851-001

In accordance with your request, we have performed welding and expansion anchor observations at the subject site. Our observations were performed between August 26, 1999 and August 28, 1999. This letter presents the results of our observations.

WELDING

Our representative observed structural welding of the chiller support beams, on the roof of the subject building. Prior to initiation of welding operations we reviewed qualification certificates of the project welder; our review indicated that the welder's certificates were current and applicable to the type of welding required. We observed welding materials and procedures; welding procedures, workmanship, and materials appeared to comply with industry standards and provisions of the American Welding Society Structural Welding Code.

Field welds were examined for visual defects or flaws; all welds appeared to be sound. In addition, we checked welded connections for conformance to the project plans; all welds appeared to meet specifications for size, length, and type.

EXPANSION ANCHORS

Our representative observed installation of expansion anchor bolts in the building concrete roof slab. Expansion anchor bolts were installed to provide anchorage for the chiller support beams. Our observations indicate that installation was done in accordance with the applicable ICBO report and the project plans.

Page 2.
The Wong Center
Reference No. 1851-001
September 8, 1999

Our observations indicate that the above described connections have to the best of our knowledge, been performed in accord with sound engineering practice and the structural details. Horizontal and vertical limits of the described work were determined by others. We cannot guarantee construction, nor should our work or this letter be construed as relieving the contractors from their responsibility to conform to contractual agreements and sound engineering practice.

Should you have any questions regarding this letter or require further information, please contact the undersigned.

Very truly yours,

RANEY GEOTECHNICAL



Bob McCormick



John M. Raney
Registered C.E. No. 23452
Geotechnical Engineer No. 708

(2) addressee

BM/JMR/jb

R. Lee Lawrence
Back Flow Device Testing & Specialist

ATTN: DENNIS STAYTON

2419 Aramon Drive
 Rancho Cordova, CA 95670
 (916) 635-7486 • Fax: (916) 635-8425
 SS #400-56-7001

Invoice No.

203609

Date

10/19/99

INVOICE

To: Intech Mechancial **COPY**
 Address: 650 Commerce Drive, Suite # "B"
 City: Roseville State: CA Zip: 95678
 Phone: 797-4900 By: Chris PO No: verbal
 Water Purveyor: City of Sacramento Water Distribution

NO.	DESCRIPTION	EACH	AMOUNT
	Test and Certify Backflow Device at 331 "J" Street, Sacramento, CA Wong Center Offices.		
1	One Device Tested It Passed Test.	\$50	\$ 50.00
	Copy of report attached for your records.		
	Copy sent to Sac. County Health Division.		
	(Chris see the note on the test form.)		
	(DEDUCT \$5.00 IF PAID BY Nov. 5, 1999)		
TOTALS:		1	\$ 50.00

COPY

Signed By: R. Lee Lawrence Date Tested: October 15, 1999



**SACRAMENTO COUNTY ENVIRONMENTAL HEALTH DIVISION
BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

OFFICE (916) 875-8440 • FAX (916) 875-8513

COPY

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME <u>Wong Center Offices</u>	TYPE <u>RP</u> SIZE <u>.75"</u> MFG <u>Watts</u>
MAIL ADDRESS <u>331 "J" Street, Suite # 110</u>	MODEL <u>009-M2-QT</u> SERIAL NO.: <u>182456</u>
CITY, STATE, ZIP: <u>Sacramento, CA 95814</u>	<input type="checkbox"/> EXISTING <input checked="" type="checkbox"/> REFERENCE NO.: _____
CARE OF <u>Dennis Stayton 446-0156</u>	<input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> OLD ASSEMBLY SERIAL NO.: _____
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> PLUMBING PERMIT NO.: _____

SERVICE ADDRESS: same CITY: _____
 WATER PURVEYOR: City of Sacramento IF APPLICABLE, METER NO.: unable to locate
 ASSEMBLY LOCATION: In roof penhouse on chiller make up water line.
 (Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			AIR INLET	CHECK VALVE
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	PRESSURE RELIEF VALVE		
INITIAL TEST	HELD AT: <u>8.2</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT <u>2.8</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIRS	1 CLEANED <input type="checkbox"/> 2 DISC <input type="checkbox"/> 3 SPRING <input type="checkbox"/> 4 GUIDE <input type="checkbox"/> 5 SEAT <input type="checkbox"/> 6 MODULE <input type="checkbox"/> 7 OTHER <input type="checkbox"/>	1 CLEANED <input type="checkbox"/> 2 DISC <input type="checkbox"/> 3 SPRING <input type="checkbox"/> 4 GUIDE <input type="checkbox"/> 5 SEAT <input type="checkbox"/> 6 MODULE <input type="checkbox"/> 7 OTHER <input type="checkbox"/>	1 CLEANED <input type="checkbox"/> 2 EXERCISED <input type="checkbox"/> REPLACED: 3 DISC(S) <input type="checkbox"/> 4 SPRING <input type="checkbox"/> 5 DIAPHRAGM(S) <input type="checkbox"/> 6 SEAT(S) <input type="checkbox"/> 7 O-RING(S) <input type="checkbox"/> 8 MODULE <input type="checkbox"/> 9 OTHER <input type="checkbox"/>	1 CLEANED <input type="checkbox"/> REPLACED: 2 DISC <input type="checkbox"/> 3 DIAPHRAGM <input type="checkbox"/> 4 FLOAT <input type="checkbox"/> 5 OTHER <input type="checkbox"/>	1 CLEANED <input type="checkbox"/> REPLACED: 2 DISC <input type="checkbox"/> 3 MODULE <input type="checkbox"/> 4 OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>2:00 pm</u>	START TIME: _____
END TIME: <u>2:05 pm</u>	END TIME: _____
DATE: <u>10/15/99</u>	DATE: _____

COMMENTS First test of new device.
Note: This device needs to be secured on the in let side to prevent future problems with pipes breaking.

COPY 101

ASSEMBLY PASSED FAILED TAG NO. AG-4917
 ** If FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER _____
 PLEASE PRINT YOUR NAME: R. Lee Lawrence
 THE ABOVE REPORT IS CERTIFIED TO BE TRUE.
 (916) 635-7486

R. Lee Lawrence
 (Signature of Tester)

MAIL WHITE COPY TO
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO, CA 95826-3904
 ATTN CROSS-CONNECTION CONTROL

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) _____

2. I (have/have not) _____ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____ 2439 Flint St

City _____ Telephone (916) 372 1010

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
MA			

Signed _____

Job Address _____ Date 8-24-99

Permit No.: _____

SPECIAL CONDITIONS ATTACHMENT

ADDRESS _____ PERMIT # _____ Mitigation Monitoring Plan _____ yes _____ no _____

PROJECT TITLE _____ P.C. # _____ Timing Range- PERMIT ISSUANCE - thru _____

Insp #	Description	Orig. Dept.	Timing	Follow up Resp.	Verification Date Init.	Code	Remarks
X1	Special inspections in accordance with section 306 of the U.B.C. (all)	SPI	Prior to final, C of C, or C of O	SPI	___	___	Inspection request not necessary
X2	Verify floor elevation staking per elevation certificate.	LFA	Prior to foundation inspection	BLI	___	___	(1)
X3	A surveyor/engineer shall re-survey the finished floor elevation and provide an elevation certificate based on finished floor elevation.	LFA	Prior to framing inspection	SCU	___	___	(1)
X4	Life-Safety testing is required for high-rise.	CPC	Prior to final, C of C, or C of O	ELI FRI	___	___	(1), (2)
X5	Smoke control/Alarm systems testing is required for malls and atriums.	CPC	Prior to final, C of C, or C of O	ELI FRI	___	___	(1), (2)
X6	Verify that C of C has been issued	CPC	Prior to final, C of C, or C of O	FLC	___	___	(1)
X11	Site improvements/T-24 handicap	SCU	Prior to final, C of C, or C of O	SCU	___	___	(1)
X12	Site improvements/Zoning code	SCU	Prior to final, C of C, or C of O	SCU	___	___	(1)
X13	Special permit conditions	CRP	Prior to final, C of C, or C of O	CRP	___	___	(1)
X14	Noise and Dust abatement program	ESD	Random	BLI	___	___	Random inspections will be arranged by Building Inspections Division.
X15	Archaeological findings	ESD	Verify at foundation inspection	BLI	___	___	Notify building inspector at foundation inspection.
X16	Design Review	CRP	Prior to final, C of C, or C of O	CRP	___	___	(1)
X24	Halon System	FRI	Prior to final, C of C, or C of O	FRI	___	___	(2)
X25	Kitchen hood fire suppression system	FRI	Prior to final, C of C, or C of O	FRI	___	___	(2)
X26	Fire alarm	FRI	Prior to final, C of C, or C of O	FRI	___	___	(2)
X27	Medical gas lines	FRI	Prior to covering with sheet rock	FRI	___	___	(2)
X28	Underground fuel tanks	FRI	Prior to covering tanks	FRI	___	___	(2)
X29	Underground fire sprinkler mains	FRI	Prior to covering mains	FRI	___	___	(2)
X30	Overhead fire sprinkler system	FRI	Prior to final, C of C, or C of O	FRI	___	___	(2)

[Handwritten signature]

CODES:

- 1 = Approval
- 2 = Correction Notice
- 3 = Canceled by owner or builder by phone
- 4 = Posting (stop work etc. posted)
- 5 = Project not ready for inspection
- 6 = Violation posted or sent
- 7 = Permit closed w/o and inspection



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
 1231 I STREET, ROOM 200, SACRAMENTO, CA 95814

Prior to issuance of a permit, the applicant shall complete Part I of this form. Part II and Part III shall be completed by the project Architect/Engineer and the Development Services Department as a part of the plan review process. Before permit issuance all parties must sign this agreement. Please note that failure to comply with special inspection requirements could be expensive in terms of retrofit design and construction as well as delays in the project.

PART I • SPECIAL INSPECTION AND TESTING AGREEMENT

PROJECT NAME Wong Center
 PROJECT ADDRESS 331 J St Suite 110
 PLAN REVIEW NUMBER 9908897
 PERMIT NUMBER 9908897
 OWNER'S NAME Wong Center Inc
 OWNER'S ADDRESS 331 J St Suite 110
 OWNER'S REPRESENTATIVE Dennis Stayton PHONE NUMBER (916) 446-0155
 TESTING/INSPECTION FIRM(S) _____ ITEMS _____

1 _____
 CONTACT PERSON: _____

2 _____
 CONTACT PERSON: _____

PART II • SPECIAL INSPECTION AND TESTING AGREEMENT • INSPECTION REQUIRED

In accordance with Chapter 17 Section 1701 of the UBC, as adopted by this jurisdiction, SPECIAL INSPECTION is required as noted below:

PRECONSTRUCTION MEETING () REQUIRED () WAIVED

CODE SECTION	TYPE OF WORK	CONTINUOUS	PERIODIC
1701.5.1	CONCRETE		
1701.5.2	BOLTS INSTALLED IN CONCRETE <i>(CABLE LOCATION SHALL BE VERIFIED)</i>	✓	
1701.5.3	SPECIAL MOMENT - RESISTING CONCRETE FRAME <i>(PRIME INSTALLATION)</i>		
1701.5.4	REINFORCING STEEL AND PRESTRESSING STEEL TENDONS		
1701.5	STRUCTURE WELDING		
1701.5.1	GENERAL		
	FIELD STRUCTURAL WELDING	✓	
	SHOP STRUCTURAL WELDING (REQUIRING SPECIAL INSPECTION)		
1701.5.2	SPECIAL MOMENT - RESISTING STEEL FRAMES		
1701.5.3	WELDING OF REINFORCING STEEL		
1701.5.6	HIGH STRENGTH BOLTING		
1701.5.7	STRUCTURAL MASONRY		
1701.5.8	REINFORCED GYPSUM CONCRETE		
1701.5.9	INSULATING CONCRETE FILL		
1701.5.10	SPRAY APPLIED FIREPROOFING		
1701.5.11	PILING, DRILLED PIERS AND CAISSONS		
1701.5.12	SHOTCRETE		
1701.5.13	SPECIAL GRADING, EXCAVATION & FILLING		
1701.5.14	SMOKE CONTROL SYSTEM		
1701.5.15	SPECIAL CASES		
1702	STRUCTURAL OBSERVATION PER SECTION 307 REQUIRED: () YES () NO		
SCC 9.26.1004	FLOOD PROOFING INSPECTION & CERTIFICATION		

OTHER: _____
 SPECIAL INSTRUCTIONS: _____

September 8, 1999

Commercial Mechanical Services Inc.
Attention: Sam Giudicessi
2439 Front Street
West Sacramento, CA 95691

**WELDING AND EXPANSION ANCHOR OBSERVATION
THE WONG CENTER**
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Very truly yours,

RANEY GEOTECHNICAL



Bob McCormick



John M. Raney
Registered C.E. No. 23452
Geotechnical Engineer No. 708

(2) addressee

BM/JMR/jb