

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0419132

Insp Area: 4

Thos Bros:

Sub-Type: TI

Housing (Y/N): N

Site Address: 2210 DEL PASO RD SAC

Parcel No: 225-0070-125

CONTRACTOR

ACF CONSTRUCTION
PO BOX 163622
SACRAMENTO CA 95816

OWNER

JACK & MARY MEISSNER
4029 CAYENTE WAY
SACRAMENTO CA 95864

ARCHITECT

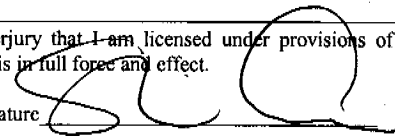
BOULDER ASSOCIATES
2015 J ST STE 205
SACRAMENTO CA 95814

Nature of Work: 1ST TIME TI 5,489 SF MEDICAL OFFICE

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 B License Number 511900 Date 03/07/05 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).

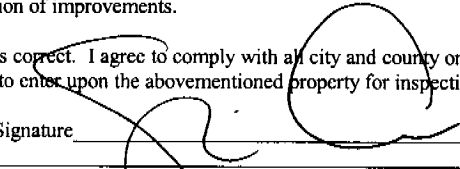
PAID
CITY OF SACRAMENTO
MAR 07 2005
NORTH PERMIT
CENTER

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 03/07/05 Applicant/Agent Signature 

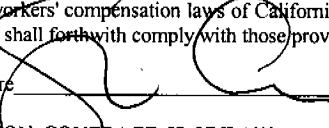
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

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 STATE FUND Policy Number 6073-2004 Exp Date 10/01/2005

(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 03/07/05 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.

Sun Dance Heating and Air

Heating & Air Conditioning

JOB NO. 1079
 SECTION _____ PAGE 1
 DATE 8/8/05

AIR BALANCE REPORT

FAN & OUTLET TEST SHEET

AREA SERVED SMF Natoms 2210 Del Paso UNIT #1 5-Ton

MOTOR NAMEPLATE DATA

MFG _____ FR _____
 HP _____ V _____ FLA _____
 PH _____ SF _____ RPM _____

SHEAVE DATA:
 DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
 MODEL _____
 TYPE _____
 SIZE _____

SHEAVE DATA:
 DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	208		
AMPS	5.2		
BHP	1/2		
RPM	1750	Same	Same
SP -	.60		
SP +	.60		
TSP	.60		
FILTER SP	.20		
CFM TOTAL	1900		
CFM RA	1490		
CFM OA	410		

FAN DESIGN DATA

CFM 2000 SP .60 RPM 1750 BHP 1/2

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
134	1		6		100	100						
135	2		10		300	400			125	400		300
136	3		6		75	75			50	50		75
160	4		10		450	450			400	400		450
100	5		8		225	125			150	150		225
102	6		10		250	225			225	225		250
103	7		10		250	275			275	275		250
104	8		10		250	250			250	250		250

REMARKS:

Sun Dance Heating and Air

Heating & Air Conditioning

JOB NO. 1079
 SECTION AK 2-PAGE 2
 DATE 8/8/05

AIR BALANCE REPORT

FAN & OUTLET TEST SHEET

AREA SERVED S.M.F. Natoms 2210 Del Prado UNIT 2 4-Ton

~~MOTOR NAMEPLATE DATA~~
 MFG _____ FR _____
 HP _____ V _____ FLA _____
 PH _____ SF _____ RPM _____
 SHEAVE DATA:
 DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____
 FAN NAMEPLATE DATA
 MFG _____
 MODEL _____
 TYPE _____
 SIZE _____
 SHEAVE DATA:
 DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	208	Same	Same
AMPS	5.2		
BHP	1/5		
RPM	1075		
SP -	.40		
SP +	.40		
TSP	0.60		
FILTER SP	0.20		
CFM TOTAL	1575		
CFM RA	200		
CFM OA	1375		

FAN DESIGN DATA

CFM 1600 SP 160 RPM 1150 BHP 1/5

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
111	1		8		200		170		220		200	
112	2		10		300		250		250		300	
130	3		8		200		150		200		200	
131	4		8		200		170		200		200	
132	5		8		175		150		170		175	
133	6		12		500		350		400		500	

REMARKS: _____

Sun Dance Heating and Air

Heating & Air Conditioning

JOB NO. 1079
SECTION A/C3 PAGE 3
DATE 8/8/05

AIR BALANCE REPORT

FAN & OUTLET TEST SHEET

AREA SERVED SMF Natomas 2210 Del Paso UNIT 3# 6 Ton

MOTOR NAMEPLATE DATA

MFG _____ FR _____
HP _____ V: _____ FLA _____
PH _____ SF _____ RPM _____

SHEAVE DATA:
DIA _____ SHAFT _____
ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
MODEL _____
TYPE _____
SIZE _____

SHEAVE DATA:
DIA _____ SHAFT _____
BELTS _____

FAN DESIGN DATA

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	208		
AMPS	5.7		
BHP	3/4		
RPM	1750		
SP -	140		
SP +	140		
TSP	160		
FILTER SP	20		
CFM TOTAL	2275		
CFM RA	1735		
CFM OA	540		

CFM 2400 SP 160 RPM 1750 BHP 3/4

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
105	1		6		85		85		85		85	
106	2		6		85		80		85		85	
107	3		6		85		85		85		85	
108	4		6		85		85		85		85	
109	5		6		85		85		85		85	
110	6		6		85		70		85		85	
121	7		10		425		225		370		420	
119	8		8		125		200		100		120	
117	9		6		50		50		50		50	
113	10		8		150		180		100		140	
114	11		10		425		300		380		425	
101	12		8		200		160		170		200	
125	13		6		50		100		50		50	
126	14		6		85		100		85		85	
127	15		6		85		80		85		85	
128	16		6		85		80		85		85	
129	17		6		85		80		85		85	

REMARKS:

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 # 0419132 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 2210 Del Paso Blvd. Suite _____
 PARCEL # 225-0070-125

CONTACT Name <u>Skie Cano / ACF Construction</u> Address <u>7005 Luther Dr., #11</u> Phone <u>Sacramento CA FAX (916) 392-0734</u> phone: (916) 392-5076 E-mail <u>skie@acfconstruction.com</u>		LICENSED CONTRACTOR Lic No. # <u>511900</u> Name <u>Eric C. Anderson / ACF Construction</u> Address <u>7005 Luther Dr., #11, Sac, CA 95823</u> Phone <u>392-5076</u> FAX <u>392-0734</u> E-mail <u>enc@acfconstruction.com</u>	
ARCHITECT/ENGINEER Name <u>Michael Fields / Boulder Associates</u> Address <u>2015 J Street, Suite 205, Sac, CA</u> Phone <u>492-8796</u> FAX <u>492-8798</u> E-mail <u>mfields@boulderassociates.com</u>		Lois Northiemer OWNER EIK Grove, CA Name <u>Sutter Medical Foundation</u> Address <u>8170 Laguna Blvd. Suite 210</u> Phone <u>691-5959</u> FAX <u>691-5910</u> E-mail	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Compensation Fund
 → WORKER'S COMPENSATION POLICY # 713607304 EXPIRATION DATE: 10/1/05

NATURE OF WORK IN DETAIL: medical office t.i.

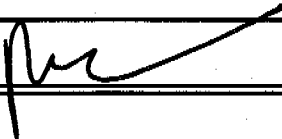
OCCUPANT/TENANT: SMF - Family Practice VALUATION: \$ 352,505.00

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

COMMENTS:

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

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2210 DEL PASO ROAD	APN: 225-0070-125
DRPB AREA / PUD / SPD: NATOMAS CROSSING PUD	ZONING: EC-50-PUD
EXISTING LAND USE: OFFICE BUILDING (14, 850 GROSS SQ FT)	
PROPOSED USE: MEDICAL OFFICE (5489 SQ FT) FIRST TIME TI	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P03-070 (COMPLETED 01-22-2004) Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Building permit must conform to approved plans and comply with all conditions of approval P03-070. Do NOT issue building permit prior to end of 10 day appeal period.	
PARKING RATIO WAS DETERMINED THROUGH P03-070.	
DATE: 11-15-2004	BY: PCALDWELL 

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 2210 DEL PASO RD #100 Permit No.: 0419132
Building Use: OFFICE DBA: SMF-NATOMAS FAMILY PRACTICE Occupancy: B
Building Owner: JACK & MARY MEISSNER Construction Type: _____
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 100 Area: 5489 Sq. Ft.
9/8/05
Date By: Carolyn Cooper Sign RON BEEHLER
(Print) CHIEF BUILDING OFFICIAL

[Finaled By: CED,SK,CHM,KFWJS]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

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 # 0419132 Insp. Area _____

Applicant MUST complete ALL Unshaded areas

ADDRESS 2210 Del Paso Blvd. Suite _____
 PARCEL # 225-0070-125

CONTACT Name <u>Skie Cano / ACF Construction</u> Address <u>7005 Luther Dr., #11</u> Phone <u>Sacramento CA FAX (916) 392-0734</u> phone: (916) 392-5070 E-mail <u>skie@acfconstruction.com</u>		LICENSED CONTRACTOR Lic No. # <u>511900</u> Name <u>Eric C. Anderson / ACF Construction</u> Address <u>7005 Luther Dr., #11, Sac, CA 95823</u> Phone <u>392-5070</u> FAX <u>392-0734</u> E-mail <u>enc@acfconstruction.com</u>	
ARCHITECT/ENGINEER Name <u>Michael Fields / Boulder Associates</u> Address <u>2015 J Street, Suite 205, Sac, CA</u> Phone <u>492-8796</u> FAX <u>492-8798</u> E-mail <u>mfields@boulderassociates.com</u>		Lois Northiemer OWNER Elk Grove, CA Name <u>Sutter Medical Foundation</u> Address <u>8170 Laguna Blvd. Suite 210</u> Phone <u>691-5959</u> FAX <u>691-5910</u> E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Compensation Fund
 → WORKER'S COMPENSATION POLICY # 713607304 EXPIRATION DATE: 10/1/05

NATURE OF WORK IN DETAIL: medical office t.i.


OCCUPANT/TENANT: SMF - Family Practice VALUATION: \$ 352,505.00

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

COMMENTS:

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

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2210 DEL PASO ROAD	APN: 225-0070-125
DRPB AREA / PUD / SPD: NATOMAS CROSSING PUD	ZONING: EC-50-PUD
EXISTING LAND USE: OFFICE BUILDING (14, 850 GROSS SQ FT)	
PROPOSED USE: MEDICAL OFFICE (5489 SQ FT) FIRST TIME TI	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB
Required Planning application must be submitted <i>before</i> project can be submitted for plan check.	
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P03-070 (COMPLETED 01-22-2004) Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Building permit must conform to approved plans and comply with all conditions of approval P03-070. Do NOT issue building permit prior to end of 10 day appeal period.	
PARKING RATIO WAS DETERMINED THROUGH P03-070.	
DATE: 11-15-2004	BY: PCALDWELL 

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 2210 DEL PASO RD #100 Permit No.: 0419132
Building Use: OFFICE DBA: SMF-NATOMAS FAMILY PRACTICE Occupancy: B
Building Owner: JACK & MARY MEISSNER Construction Type: _____
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 100 Area: 5489 Sq. Ft.
9/8/05
Date By: Carolyn Cooper Sign RON BEEHLER CHIEF BUILDING OFFICIAL

[Finaled By: CED,SK,CHM,KFWJS]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE