

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009900
Insp Area: 2

Site Address: 7600 GREENHAVEN DR SAC
Parcel No: 031-1030-017 #203

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

CONTRACTOR
CHAMPAS CONSTRUCTION
2316 J STREET SUITE B
SAC TO, CA 95816

OWNER
LENS INTERNATIONAL BUSINESS
567 RIVERGATE WY
SACRAMENTO CA 95831

ARCHITECT

Nature of Work: INTERIOR DENTAL OFFICE REMODEL

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 10-26-00 Owner Signature *Wendy Wise (FOR OWNER)*

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 above mentioned property for inspection purposes.

Date 10-26-00 Applicant/Agent Signature *Wendy Wise*

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 713-744 Exp Date 10/02/2001

(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 10-26-00 Applicant Signature *Wendy Wise*

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.



FINAL AIR BALANCE COMPANY, INC.

MICROFILM
© FINAL

Date: 03/01/01
Sheet no: 1

AIR MOVING EQUIPMENT TEST SHEET

JOB NAME: Dr. Michael Guess - T.I.

ADDRESS: 7600 Greenhaven Dr. #203 Sacramento, CA

SYSTEM	Existing AC-1	Existing AC-2
Equipment Location	Roof	Roof
Area Served	Office	Office
Equipment Manufacturer	Carrier	Carrier
Model	(2)	48DJD007510
Serial number	(2)	4290G23478

	Specified	Actual	Specified	Actual
Total CFM - Fan	DNL	1330 (1)	DNL	2295 (1)
Total CFM - Outlet	1450	1330	2500	2295
R/A CFM	1350	1220	2335	2115
O/A CFM	100	110	165	180
Static Pressure - External	DNL	0.64"	DNL	0.75"
Inlet Pressure	DNL	-0.29"	DNL	-0.33"
Discharge Pressure	DNL	0.35"	DNL	0.42"
Fan RPM	DNL	Hi speed	DNL	1536
Filters PD-Clean	DNL	(3)	DNL	0.10"

	Specified	Actual	Specified	Actual
Motor Manufacturer	DNL	G.E.	DNL	A.O. Smith
Motor HP	DNL	.33	DNL	1.5
Phase	1	1	3	3
Voltage	208	208	208	208
Amperage	2.5	2.2	5.2	4.6 / 4.8 / 4.5
Motor RPM	3 speed	Hi speed	1725	1733
Motor Service Factor	Thermally protected		1.15	
Frame	DNL		F56	

Motor Sheave & No. Grooves	Direct Drive	1VL44 x 5/8"
Fan Sheave & No. Grooves	Direct Drive	AK49 x 5/8"
Belts	Direct Drive	1 of A40
Sheave Position, % closed	Direct Drive	100%

Remarks:

(1) Summation of Outlets; No valid location for duct traverse.

(2) Tag is faded from weather. Unable to read.

(3) No filter installed



FINAL AIR BALANCE COMPANY, INC.

Date: 3/1/01

Sheet no: 2

AIR DISTRIBUTION TEST SHEET

JOB NAME: Dr. Michael Guess - T.I.

SYSTEM: Existing AC-1 (Supply & Return)

Room No.	Terminal No.	Terminal		Effective Area	Design		Test FPM or CFM		Final		Notes
		Type	Size		FPM	CFM	Test 1	Test 2	FPM	CFM	
	AC-1										
Reception	1	CD	24 x 24	1.0	350	350	265	235	325	325	
Movie	2	CD	24 x 24	1.0	200	200	120	135	180	180	
Appts.	3	CD	24 x 24	1.0	200	200	155	130	185	185	
Reception	4	CD	24 x 24	1.0	350	350	225	235	325	325	
Buss	5	CD	24 x 24	1.0	350	350	205	225	315	315	
						1450				1330	
Reception	R-1	CR	24 x 24	1.0	DNL	DNL	125	470	640	640	
Buss	R-2	CR	24 x 24	1.0	DNL	DNL	235	450	580	580	
						1350				1220	

Remarks:



AIR DISTRIBUTION TEST SHEET

JOB NAME: Dr. Michael Guess - T.I.

SYSTEM: Existing AC-2 (Supply & Return)

Room No.	Terminal No.	Terminal		Effective Area	Design		Test FPM or CFM		Final		Notes
		Type	Size		FPM	CFM	Test 1	Test 2	FPM	CFM	
	AC-2										
Lab	1	CD	24 x 24	1.0	100	100	80	75	95	95	
Tray Prep	2	CD	24 x 24	1.0	100	100	75	75	90	90	
Ortho	3	CD	24 x 24	1.0	350	350	135	265	325	325	
Ortho	4	CD	24 x 24	1.0	350	350	130	260	320	320	
Staff	5	CD	24 x 24	1.0	350	350	255	260	320	320	
Consult	6	CD	24 x 24	1.0	350	350	205	255	315	315	
Pan/Ceph	7	CD	24 x 24	1.0	200	200	120	150	190	190	
Exam	8	CD	24 x 24	1.0	350	350	255	265	325	325	
Exam	9	CD	24 x 24	1.0	350	350	225	255	315	315	
						2500				2295	
Corr.	R-1	CR	24 x 24	1.0	DNL	DNL	510	470	770	770	
Staff	R-2	CR	24 x 24	1.0	DNL	DNL	220	180	285	285	
Consult	R-3	CR	24 x 24	1.0	DNL	DNL	210	190	300	300	
Corr.	R-1	CR	24 x 24	1.0	DNL	DNL	440	455	760	760	
						2335				2115	

Remarks:

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0009900	Insp. Area ZC
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Applicant MUST complete ALL Unshaded areas

ADDRESS 7600 Greenhaven Dr. #203 Sacramento, CA Suite 203

PARCEL # 031-07-078

<p style="text-align: center;">CONTACT</p> <p>Name <u>Dean T. Taise, Architect</u></p> <p>Street Address <u>50 Fullerton Ct., #202</u></p> <p>City/State/Zip <u>Sacramento, CA 95825</u></p> <p>Phone <u>(916) 923-5616</u> FAX <u>(916) 923-2316</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>669916</u></p> <p>Name <u>Champas Construction Company</u></p> <p>Address <u>2316 J Street, Suite B</u></p> <p>City/State/Zip <u>Sacramento, CA 95816</u></p> <p>Phone <u>(916) 444-5993</u> FAX <u>(916) 444-6028</u></p> <p>E-mail: <u>champasconstruction@onemain.com</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>same as contact above</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Dr. & Mrs. Michael Guess</u></p> <p>Address <u>1712 Carnegie Way</u></p> <p>City/State/Zip <u>El Dorado Hills, CA 95762</u></p> <p>Phone <u>(916) 933-6244</u> FAX <u>(916) 933-0109</u></p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund (Champas Const.)
 → WORKER'S COMPENSATION POLICY # 713-744 EXPIRATION DATE: 10/02/01

NATURE OF WORK IN DETAIL: REMODEL
Work shall be interior tenant improvements for dental office including demolition of majority of the existing walls, HVAC duct-work, carpeting and some floor tile, existing t-bar ceiling. Construct new walls and work to accomodate new plan and equipment. Equipment by others.

OCCUPANT/TENANT: Dr. Guess Orthodontics VALUATION: \$ 74,999.00

FLOOD STATUS:		S.C.A.T.									
		BLDG	SHELL	APT	TI	REM	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>		<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>		<u>SITE</u>		<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req	ALARM	Fed Code	Vio. File		
		<u>1759</u>		<u>B</u>	<u>VN</u>	<u>N</u>		<u>IS</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>S</u>			<u>D</u>	PW	UTIL	

COMMENTS: Per General Contractor building is not sprinklered

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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 _____
City _____ Telephone _____
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

Signed *[Signature]*

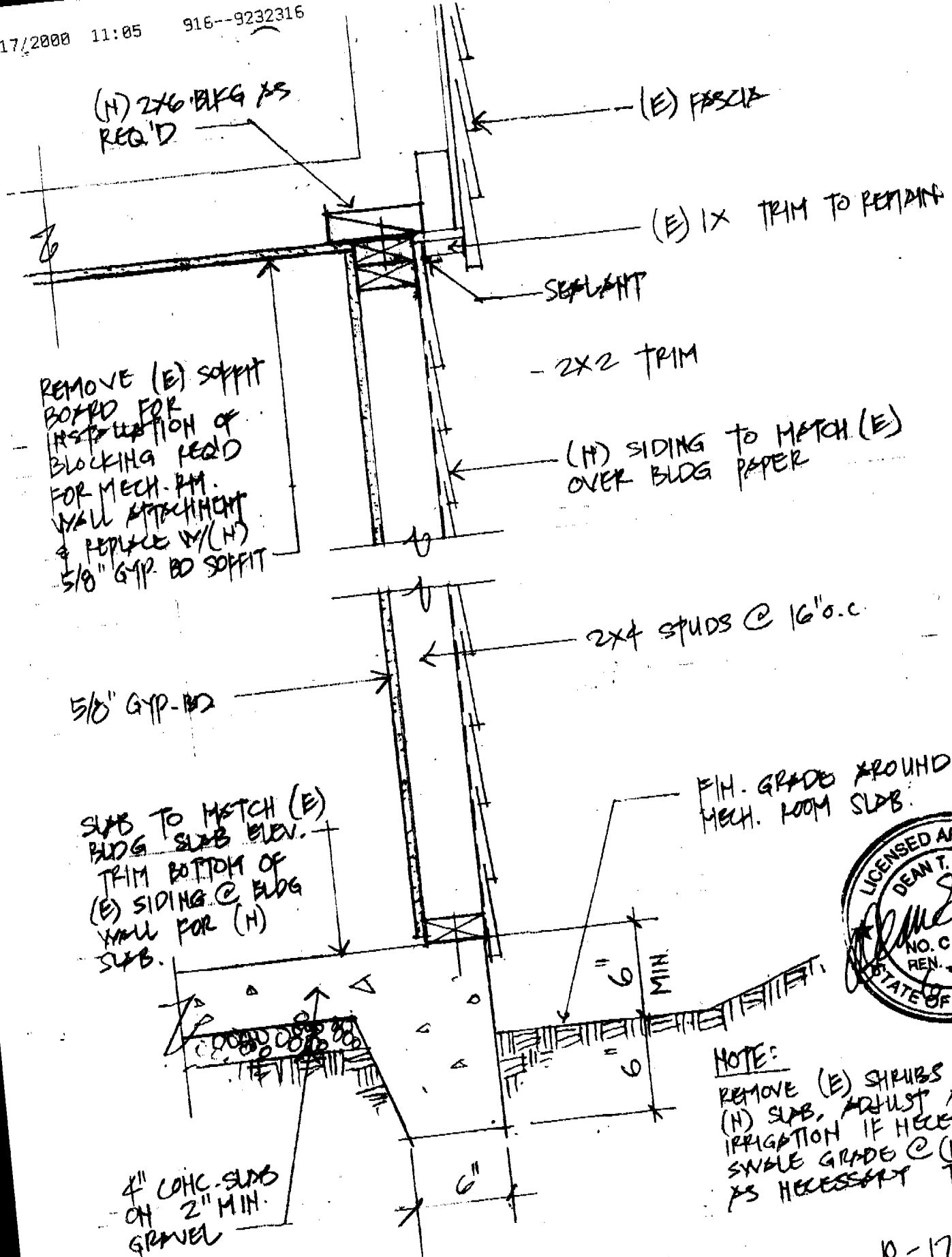
Job Address 7600 GREENHAVEN DR

Permit No: 0009900

10/17/2000 11:05

916--9232316

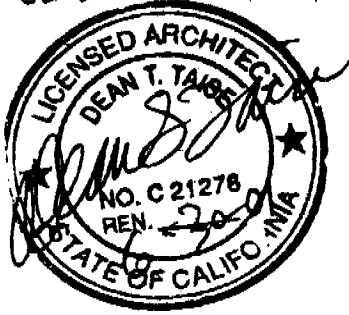
DEAN T. TAISE



REMOVE (E) SOFFIT BOARD FOR INSTALLATION OF BLOCKING REQ'D FOR MECH. RM. WALL ATTACHMENT & REPLACE W/(H) 5/8" GYP. BD SOFFIT

SLAB TO MATCH (E) BLDG SLAB ELEV. TRIM BOTTOM OF (E) SIDING @ BLDG WALL FOR (H) SLAB.

F.H. GRADE AROUND MECH. ROOM SLAB.



NOTE: REMOVE (E) SHRUBS FOR (H) SLAB. ADJUST ANY IRRIGATION IF NECESSARY. SWALE GRADE @ (H) WORK AS NECESSARY TO DRAIN.

MECH ROOM SLAB/WALL 1/2" = 1'-0"
 DR. GUESS. DENTAL T-1. 7600 GREENHAVEN DR. # 203 SACRAMENTO, CA. 10-17-00 DT.

DEAN T. TAISE, ARCHITECT
50 Fullerton Court, Suite 202
Sacramento, CA 95825
Office: (916) 923-5616
Fax: (916) 923-2316

FAX TRANSMITTAL

DATE: 10-17-00

SUBJECT: _____

TO: Chris
Changos Construction

Dr. Guess T-1

FAX #: 444-6028

NUMBER OF PAGES: 2
(INCLUDING COVER SHEET)

REMARKS: Meek. Room section as discussed.
Please call if you have any
questions.

CC: _____

HARD COPY TO FOLLOW: ()