

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0013510**  
**Insp Area: 1**

**Site Address: 1201 K ST SAC**  
Parcel No: 006-0111-016 SUITE 1200

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

CONTRACTOR  
HI-RISE INTERIORS  
425 S ST  
SAC TO CA

OWNER  
ROTUNDA PARTNERS;CALIF DENTAL ASSOC.  
1201 K ST  
SACRAMENTO CA 95814

ARCHITECT

**Nature of Work: INTERIOR OFFICE REMODEL STE 1200**

**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 BA5 License Number 202125 Date 3/21/2021 Contractor Signature Scott J. Hayes

**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 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 12/20/20 Applicant/Agent Signature Scott J. Hayes

**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 1133556-00 Exp Date 07/01/2001

\_\_\_\_\_, (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 12/20/20 Applicant/Agent Signature Scott J. Hayes

**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.**

# 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 #

0013510

Insp. Area

1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1201 K ST. Suite 1200  
 PARCEL # 006-011-016

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>SCOTT HARGER</u>                  Street Address <u>425 S ST.</u>                  City/State/Zip <u>SACRTO CA 95814</u>                  Phone <u>448-6182</u> FAX <u>448-4859</u>                  E-mail: <u>—</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>H1-RISE INTERIORS</u>                  Address <u>425 S ST</u>                  City/State/Zip <u>SACRTO CA 95814</u>                  Phone <u>448-6182</u> FAX <u>448-4859</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>SCOTT HARGER</u>                  Address <u>425 S ST</u>                  City/State/Zip <u>SACRTO CA 95814</u>                  Phone <u>448-6182</u> FAX <u>448-4859</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>RET.</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL

OCCUPANT/TENANT: LIVINGSTONE & MATTESICH VALUATION: \$ 209,000

FLOOD STATUS:		S.C.A.T. <u>100; 200</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Red. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File	
<u>YL</u>	<u>YL</u>	<u>8104</u>	<u>IT</u>	<u>B</u>	<u>IFR</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<u>S</u>	<input checked="" type="checkbox"/> D	PW	UTIL
<u>YL</u>	<u>YL</u>	<u>IT</u>	<u>IT</u>	<u>TM</u>	<u>R1</u>		<u>SWS</u>		

COMMENTS: Elect. T.L.M. Would be OK for Express

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

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
11/8/00	/ /	/ /	/ /	/ /	/ /

PLAN PURPOSE:  
ADDRESS:  
 Commercial  Residential



ASSIGNED TO:

	1ST REVIEW			2ND REVIEW			3RD REVIEW	
	DATE	BY	BY	DATE	BY	DATE	BY	DATE
ENVIRONMENTAL	3	J	11/13/00					
MECHANICAL/ELECTRICAL	13	J	11/13/00					
INDUSTRIAL								
PLANNING								

STAFF COMMENTS:

*Kick this job out of Express Plan Check*

*Tang*

**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: LIVINGSTON & MATTHEW Phone: 916-442-1111  
 Site Address: 1201 K ST. SACRAMENTO Suite: 1200  
(Street) (Zip)  
 Business Owner/Representative: SCOTT HARGREAVES Phone: 916-442-1111  
 Nature of Business: ARCHITECT  
 Property Owner: ROSEBUD PARTNERS Phone: 916-442-1111  
 Address: 1201 K ST. SACRAMENTO Suite: 1517  
SACRAMENTO CA 95814  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes  No  Is this permit for a shell building? Yes  No
- Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.
3. Does/Will your business generate hazardous waste? Yes  No
4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes  No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

- If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.
5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes  No
6. Do you handle, store or transport any amount of acutely hazardous materials? Yes  No
7. Is/Will your business be located within 1,000 feet of a school? Yes  No

- If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.
8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes  No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: SCOTT HARGREAVES  
(Print)  
Scott J. Hargreaves 1/20/00  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>001370</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>1/20/00</u>	F.D. Appr Req'd? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? ini' _____ date _____	

# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: March 30, 2001

FROM: Troy Malaspino  
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1201 K Street

Has been conducted by Inspector

Craig Pack

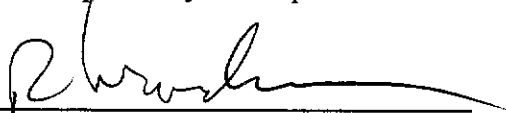
On 03/29/01

00-13510  
Permit Number

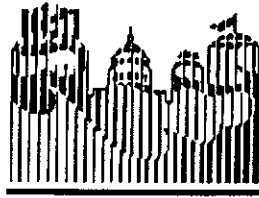
8,104  
Square Footage

TI - Remold +  
Type of Inspection *CH SPS*  
*EST*

The system is acceptable by this department

By:   
Sacramento City Fire Prevention Division

TI-865  
F.D. Reference Number



**Indoor Environmental Services**

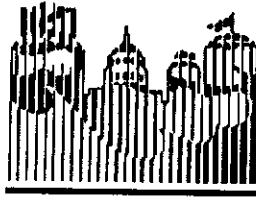
**AIR BALANCE REPORT**

JOB NAME: 1201 K Street - 12<sup>th</sup> Floor JOB #: 0.1121 DATE: February 27, 2001

TECH: Allan UNIT # \_\_\_\_\_ PAGE 1

Unit	Outlet	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV2	A			8		220		250		190		200	
	B			10		340		330		350		310	
	C			10		370		300		330		340	
VAV1	A			12		450		400		430		440	
	B			12		450		450		430		430	
VAV18	A			10		240		200		270		250	
	B			10		240		230		250		250	
VAV16	A			12		565		600		550		560	
VAV14	A			12		480		460		480		480	
	B			12		525		600		530		520	
	C			12		480		610		500		480	
	D			12		420		400		420		420	

Special Instructions \_\_\_\_\_



**Indoor Environmental Services**

**AIR BALANCE REPORT**

JOB NAME: 1201 K St., 12<sup>th</sup> Floor JOB #: 0.1121 DATE: February 27, 2001

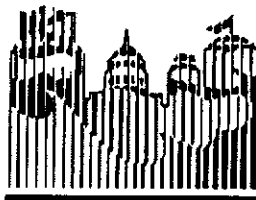
TECH: Allan UNIT # \_\_\_\_\_ PAGE 2

Unit	Outlet	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV11	A			14		720		700		650		650	
	B			14		720		800		690		650	
	C			14		675		610		625		625	
VAV10	A			14		650		610		640		620	
	B			14		650		630		660		600	
	C			14		470		510		460		450	
	D			14		470		410		440		440	
VAV20	A			10		350		340		340		340	
	B			10		350		350		350		350	
	C			10		380		370		340		340	
	D			10		350		400		380		360	
	E			10		300		250		270		280	
	F			6		100		100		100		100	

Special Instructions \_\_\_\_\_







Indoor Environmental Services

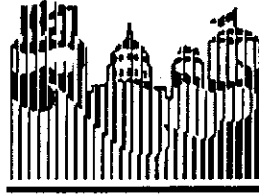
## AIR BALANCE REPORT

JOB NAME: 1201 K St. - 12<sup>th</sup> Floor    JOB #: 0.1121    DATE: February 27, 2001

TECH: Allan    UNIT # \_\_\_\_\_    PAGE 4

Unit	Outlet	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
Heat	T			6		60		90		70		70	
	U			6		60		40		80		70	
	V			6		60		60		60		60	
	W			6		60		70		60		60	

Special Instructions: \_\_\_\_\_



**Indoor Environmental Services**

## AIR BALANCE REPORT

JOB NAME: 1201 K St. - 12<sup>th</sup> Floor    JOB #: 0.1121    DATE: February 27, 2001

TECH: Allan    UNIT # \_\_\_\_\_    PAGE 5

Unit	Outlet	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
Heat	A			6		60		60		60		60	
	B			6		60		60		70		70	
	C			6		60		80		30		40	
	D			6		60		60		60		60	
	E			6		60		100		70		70	
	F			6		60		80		60		70	
	G			6		60		60		60		60	
	H			6		60		60		60		60	
	I			6		60		60		60		60	
	J			6		60		70		50		60	
	K			6		60		90		70		70	
	L			6		60		60		60		60	
	M			6		60		80		60		60	
	N			6		60		70		70		70	
	O			6		60		80		50		70	
	P			6		60		60		60		60	
	Q			6		60		60		60		60	
	R			6		60		100		70		70	
	S			6		60		80		60		60	

Special Instructions Set C at 40 as small room

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1201 K Street #1200 Permit No. 00-13510  
Building Use: Office Occupancy: B  
Building Owner: Rotunda Construction Type: I-FR  
Owner Address: 1201 K Street Sprinkled?  Yes  No  
Portion of Building Occupied: #1200 Area: 8,104 Sq. Ft.

6/5/01 Bryon Nakashima DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: DRP, MJS, JZB, CP ]

*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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**