

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110677

Insp Area: 4

Thos Bros: 277F2

Site Address: 3870 ROSIN CT SAC

Parcel No: 250-0360-014

SUITE 150

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

MARKET ONE BUILDERS INC
1419 N MARKET BL #1
SACRAMENTO CA 95834

OWNER

REILLY CLINTON THOMAS
704 SANSOME ST
SAN FRANCISCO CA 94111

ARCHITECT

Nature of Work: REMODEL FOR SUITE 150 FILL IN EXTERIOR DOORS & INTERIOR 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 B License Number 737694 Date 8/29/01 Contractor Signature KAT SCHUBERT

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 8/29/01 Applicant/Agent Signature KAT SCHUBERT

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 692-99 0002229 Exp Date 10/01/2001

(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 8/29/01 Applicant Signature KAT SCHUBERT

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.

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff .....

ADDRESS: 3870 BOSIN CT # 150

APN: 250-0360-014 ZONING: M1S

DESIGN REVIEW AREA: Ø

PREVIOUS FILES RELATED TO SITE: 1R93.078

EXISTING LAND USE: OFFICE

PROPOSED USE: OFFICE

COMMENTS: 100% OFFICE O.K. PER 1R93.078

DATE: 8/27 BY: NALVEY

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES  NO (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: NO APPLICATION REQUIRED, ~~APPROVAL~~  
NO ADDITIONAL SQ FT WILL BE ADDED

DATE: 8/27 BY: [Signature]

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 3870 ROSIN CT Permit No. 0110677

Building Use: OFFICE Occupancy: \_\_\_\_\_

Building Owner: REILLY CLINTON THOMAS Construction Type: \_\_\_\_\_

Owner Address: 704 SANSOME ST SAN FRANDISCO Sprinkled? [ ] Yes [ ] No

Portion of Building Occupied: SUITE 150 Area: \_\_\_\_\_ Sq. Ft.

10/10/01 Nicholas Buchberger DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: MW,RLB,KR,SB,GRS]

*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**

CITY OF SACRAMENTO

30 DAY TEMPORARY  
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 3870 ROSIN CT Permit No. 0110677

Building Use: OFFICE Occupancy: B

Building Owner: REILLY CLINTON THOMAS Construction Type: \_\_\_\_\_

Owner Address: 704 SANSOME ST SAN FRANCISCO Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 150 Area: \_\_\_\_\_ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

9/28/01 W.D. Harrison DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:MW,KR,RB,SB,GRS]

**BC 109.4 TEMPORARY CERTIFICATE**

*If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.*

**POST IN A CONSPICUOUS PLACE**

# 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 # 0110677 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3870 Rosin Ct., Sacramento Suite 150  
 PARCEL # 250 0360 - 014

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Stafford Space Planning</u>                  Street Address <u>7585 Gold Dr.</u>                  City/State/Zip <u>Loomis, CA 95650</u>                  Phone <u>(916) 652-3400</u> FAX <u>(916) 652-7805</u>                  E-mail: <u>ssp@quiknet.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>737694</u></p> <p>Name <u>Market 1 Builders, Inc.</u>                  Address <u>1419 North Market Blvd., Suite 1</u>                  City/State/Zip <u>Sacramento, CA 95834</u>                  Phone <u>(916) 928-7474</u> FAX                  E-mail: <u>jgarcia@mlb.com</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Stafford Space Planning</u>                  Address <u>7585 Gold Dr.</u>                  City/State/Zip <u>Loomis, CA 95650</u>                  Phone <u>(916) 652-3400</u> FAX <u>(916) 652-7805</u>                  E-mail:</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Clinton Reilly Holdings</u>                  Address <u>465 California St.</u>                  City/State/Zip <u>San Francisco, CA 94104</u>                  Phone <u>(415) 397-0431</u> FAX <u>(415) 397-1904</u>                  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: Some demo of walls & ceiling grid, new ceiling grid & some new walls, HVAC, elec., fire sprinkler

OCCUPANT/TENANT: Accredited Home Lenders VALUATION: \$ 180,000.-

FLOOD STATUS:				S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM (X)		SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE	FIRE			
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
1		9774		B	III-N	SPR	ALARM		[H]	[Quad]	
(B)	(L)	(P)	(M)	(E)	(F)	S		D	PW	UTIL	
130T	130T	13 JMT	3 JMT	3 TLM	NOU 12						

COMMENTS: Arch - Provide Title 24 calcs. Are the mechanical plans complete? Clarify new vs. existing equip locations & designations. Provide wiring for new HVAC Equip and Elec.

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					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0110677  
 ADDRESS: 3870 ROSIN CT  
 Commercial  Residential

ACCEPTED by (Staff):  
OK  
[Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
MECHANICAL/PLUMBING	13	JMT	8/24						
ELECTRICAL	13	JM	8/24						
FIRE									
PLANNING									

STAFF COMMENTS:

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**PLANNING AND ZONING REVIEW**

..... to be filled out by Planning staff .....

ADDRESS: 3870 BOSIN CT # 150

APN: 250-0360-014 ZONING: M1S

DESIGN REVIEW AREA: Ø

PREVIOUS FILES RELATED TO SITE: 1R93.078

EXISTING LAND USE: OFFICE

PROPOSED USE: OFFICE

COMMENTS: 100% OFFICE O.K. PER 1R93.078

DATE: 8/27 BY: NALVEY

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES  **NO**  (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: NO APPLICATION REQUIRED. ~~ADDITIONAL~~  
NO ADDITIONAL SQ FT WILL BE ADDED

DATE: 8/27 BY: [Signature]

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

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**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

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 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0110677

Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

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 PARCEL # 250 0360-009 014

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Stafford Space Planning</u>                  Street Address <u>7585 Gold Dr.</u>                  City/State/Zip <u>Loomis, CA 95650</u>                  Phone <u>(916) 652-3400</u> FAX <u>(916) 652-7805</u>                  E-mail: <u>ssp@quiknet.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>737694</u></p> <p>Name <u>Market 1 Builders, Inc.</u>                  Address <u>149 North Market Blvd., Suite 1</u>                  City/State/Zip <u>Sacramento, CA 95834</u>                  Phone <u>(916) 928-7474</u> FAX _____                  E-mail: <u>jgarcia@mlb.com</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Stafford Space Planning</u>                  Address <u>7585 Gold Dr.</u>                  City/State/Zip <u>Loomis, CA 95650</u>                  Phone <u>(916) 652-3400</u> FAX <u>(916) 652-7805</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Clinton Reilly Holdings</u>                  Address <u>465 California St.</u>                  City/State/Zip <u>San Francisco, CA 94104</u>                  Phone <u>(415) 397-0431</u> FAX <u>(415) 397-1904</u>                  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: Some demo of walls & ceiling grid, new ceiling grid & some new walls, HVAC, elec., fire sprinkler  
Non structure

OCCUPANT/TENANT: Accredited Home Lenders VALUATION: \$ 180,000.-

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			SITE	<u>FIRE</u>	
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> / N		Fed Code	Vio. File	
<u>1</u>		<u>9774</u>		<u>B</u>	<u>UI-N</u>	SPR	ALARM		[H]	[Quad]
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	S		D	PW	UTIL
<u>130T</u>	<u>130T</u>	<u>13 JMT</u>	<u>3 JMT</u>	<u>3 TLM</u>	<u>NOO 13</u>					

COMMENTS: Mech - Provide Title 24 calcs. Are the mechanical plans complete? Clarify new vs. existing equip locations & designations. Provide wiring for New HVAC Equipment Elect.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



**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: ACCREDITED HOME LENDERS Phone: \_\_\_\_\_

Site Address: 3870 ROSIN CT Suite: \_\_\_\_\_  
(Street) (Zip)

Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Business: MORTGAGE

Property Owner: REILLY CLINTON THOMAS Phone: \_\_\_\_\_

Address: 704 SANSOME ST Suite: \_\_\_\_\_  
SAN FRANCISCO CA 94111  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**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: Karl Schurett  
Karl Schurett (Print) 8/29/01 (Date)  
 (Signature)

BID Use Only: Plan Ck# <u>0110671</u> Permit # <u>0110677</u> OK to issue prmt? <u>Yes</u> F.D. Appr Req'd? <u>Yes</u> No <small>init date</small>	
Hold on Certificate of Occupancy? <u>Yes</u> No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	



air systems  
of sacramento, inc.

REPORT #1

DATE: 9-22-01

PAGE: 1

UNIT:

110210

DIFFUSER AND GRILLE TEST SHEET

Name: Accredited Home Lenders

\*1

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED		FINAL
					FPM VEL	CFM	FPM VEL CFM	CFM	
HP-1	1		12"	General		335	240		240
	2		12	office		335	310		250
	3		12	(exterior)		335	335		350
	4		12			335	390		315
	5		12			335	240		250
	6		12			335	360		395
	7					335	415		410
						2345	2290		2200
					Adjusted Value				
HP-2	1		14	General	575	450	630	540	550
	2		12	office	280	220	410	300	300
	3		12	4-conference	280	220	275	290	290
	4		14	(Interior)	575	450	810	480	580
	5		8		180	140	170	190	190
	6		12		255	200	235	270	275
	7		12		255	200	285	275	275
	8		12		245	200	250	280	280
	9		12		245	200	185	260	265
	10		8		180	140	150	170	170
	11		14		575	450	640	590	590
	12		18		280	220	235	280	280
	13		14		575	450	480	570	600
	14		8		255	200	180	220	230

\*2  
\*3  
\*4  
\*5  
\*6  
\*7  
\*8  
\*9  
\*10  
\*11  
\*12  
\*13  
\*14

REMARKS:

HP-1 \*1 No Balancing Damper On Outlet #7

\* HP-2 is 28% High. Sleeve is turned all the way out, Adjusted Values to Match Flow



air systems  
of sacramento, inc.

REPORT #1

DATE: 9-27-01

PAGE: 2

UNIT:

DIFFUSER AND GRILLE TEST SHEET

Name: Accredited Home

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED		FINAL	
					FPM VEL Adjusted Value	CFM	FPM VEL CFM	CFM		
* HP-2	15	52	14		415	325	610	425	430	
	16				280	220	370	420	275	
	17		10		280	220	320	340	275	
	18		12		255	200	275	285	260	
	19		12		255	200	270	260	270	
	20		7		100	80	130	120	120	
	21		6		190	150	190	215	225	
	22		8		280	220	250	295	260	
	23		12		255	200	270	250	260	
	24		8		120	95	150	150	120	
	25		6		290	220	180	200	210	
	26		4		220	250	240	300	305	
	27		6		40	30	115	50	50	
	28		8		280	220	160	190	200	
						8125	6370	8835		8135
	* HP-3	1	12			500	720			710
		2		12		500	740			720
		3		12		500	780			770
					1500	2240			2200	

REMARKS:

- \* HP-3\* 1 Register #1 has no balance damper
- \* HP-2\* unit has 2 stages of cooling but one compressor is disconnected (By-others). Compressor should be checked out



**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT  
**FROM:** Troy Malaspino  
Fire Marshal  
**SUBJECT:** FIRE SYSTEM INSPECTION

**DATE:** 9-28-01

A final inspection of the newly installed fire system at:

3870 Resin ct #150

Has been conducted by Inspector

S. Podick

On

9-26-01

01-10677  
Permit Number

4,900  
Square Footage

Remodel with  
Type of Inspection sprinklers

They system is acceptable by this department.

R Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

01-203  
F.D. Reference Number

