

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0003704

Insp Area: 3

Site Address: 8388 ROVANA CR SAC

Parcel No: 064-0010-120

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

MASSIE & CO
PO BOX 276043
SAC CA 95827

OWNER

MASSIE AND CO
PO BOX 276043
SAC CA 95827

ARCHITECT

Nature of Work: ADD OFFICE SPACE TO WAREHOUSE

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 733570 Date 5-19-00 Contractor Signature [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.)

RW 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 5-19-00 Applicant/Agent Signature [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.

RW 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 CITY OF SACRAMENTO Policy Number 156338999 Exp Date 10/01/2000

____ (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 5-19-00 [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 # 0003709 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3388 Roman Circle Suite B
 PARCEL # 0640010-120

CONTACT		LICENSED CONTRACTOR	
Name <u>Ron Van Noy</u>		Lic No. # <u>B 733570</u>	
Address <u>3388 P.O. Box 276043 Sacramento 95827</u>		Name <u>Massie & Co.</u>	
Phone <u>(916) 737-2700</u> FAX <u>737-2723</u>		Address <u>P.O. Box 276043 Sac 95827</u>	
E-mail <u>ronvanoy@massieco.com</u>		Phone <u>(916) 737-2700</u> FAX <u>737-2723</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>Barry Inc.</u>		Name <u>Massie & Co.</u>	
Address <u>1704 Eleventh St Sac 95814</u>		Address <u>P.O. Box 276043 Sac CA 95827</u>	
Phone <u>(916) 492 2146</u> FAX <u>492 2147</u>		Phone <u>(916) 737-2700</u> FAX <u>737-2723</u>	
E-mail		E-mail	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 1563389-99 EXPIRATION DATE: 10-1-00

NATURE OF WORK IN DETAIL: New 609 SF TI with new plumbing, hvac, electrical including (C) new warehouse lights and structural for new storefront and fire sprinklers in new offices

OCCUPANT/TENANT: Spec VALUATION: \$ 17,725.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI (X)	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 (Y) N	Fed Code	Vio. File		
				<u>B/S-1</u>	<u>III-N</u>	<u>Y</u>	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
					<u>13 BS</u>					

COMMENTS: RED CARD, NO ENVELOPE

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 # 0003704
 ADDRESS: 8388 ROVANO
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY			4/12/00						
* STRUCTURAL			"						
MECHANICAL/PLUMBING			4/12/00						
ELECTRICAL	3	DM	4/12/00	13	DM	4/28/00			
FIRE	13	BJ	4/14/00						
PLANNING									

STAFF COMMENTS:

FIRE - RED CARD, NO ENVELOPE.

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 8388 Lovane Cir.

Assessor's Parcel Number: 064-0010-0120

Previous Use: Warehouse

Description of Request/Proposed Use: _____

Int. remodel add 600 sf.
office

Is This a Change of Use? _____

Zoning Designation: M-2 S

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: Max. allowed office use is 257.
(E) office = 2100 S.F. (N) office = 610
parking OK at 89 spaces

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: W. J. Gump 4/10/00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

DATE: 6/1/00
 PROJECT: POV 8388 ft
 LOCATION: 8388 ROVANA CIRCLE
 WEATHER: Clear TEMP: _____

PROJECT #: 03600044
 CONTRACTOR: MASSIE
 PRESENT AT SITE: DAVE
 COPIES TO: "

STRUCTURAL STEEL

FIELD / SHOP WELDING V.T. MATERIAL I.D. U.T. M.T. P.T.

LOCATION: the contractor is to cut a door in wall panel, that is 15' x 9'. ON the inside of the PROPOSED OPENING there is a tube steel FRAM BEACE 5 1/2" x 5 1/2" x 1/4" ANCHORED to the WALLS and FLOOR w/ 5/8" x 6" ALL THREDS SET IN SIMPSON HIGH STRENGTH EPOXY 70 IN ALL w/ 3" INCH MEANT (ALL BOLTS WAS SET AS PER PLANS)

Welder qualification/certification verified for: _____

<input type="checkbox"/> Position:	FLAT	VERTICAL	HORIZONTAL	OVERHEAD	<input type="checkbox"/> Filler Metal: _____
<input type="checkbox"/> Process:	SMAW	FCAW	GMAW	SAW	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fillet Weld Size:	3/16"	1/4"	5/16"	3/8"	<input type="checkbox"/> Other: _____

The welding inspected **WAS / WAS NOT** performed in accordance with the approved plans and specifications and regulatory requirements (discrepancies noted above).

ANCHOR BOLT Proof load Torque Test Epoxy

Testing of _____ inch \varnothing anchor bolts at the aforementioned locations. The anchor bolts were identified as 5/8" x 6" ALL TARE
 _____ % of the bolts were tested to _____ lbs.

The bolts **DID / DID NOT** meet the required _____ lbs./ft. tension. The bolts tested **WERE / WERE NOT** in accordance with the approved plans and specifications and regulatory requirements (discrepancies noted above).

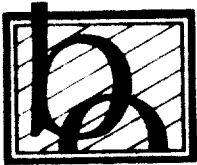
HIGH STRENGTH BOLTING

High strength bolt inspection was performed on the _____ inch \varnothing bolts at the aforementioned locations.

The bolts **DID / DID NOT** meet the required _____ lbs./ft. tension. The bolts tested **WERE / WERE NOT** in accordance with the approved plans and specifications and regulatory requirements (discrepancies noted above).

Superintendent/Representative:
Nav Muth

Technician:
Howard Kiebs



BUZZ OATES
AIR CONDITIONING, INC.

6271 V. Sky Creek Drive
Sacramento, CA 95828
Office: (916) 381-4611
Fax: (916) 381-3407
© 1993

JOB NAME: SPEC T.I
8388 ROVANA CIRCLE
SACRAMENTO, CALIFORNIA

CONTRACTOR: THE AIR COMPANY

ENGINEER: ZAXCO

TESTED BY: 
PHIL COOPER

Fan Design Data

NO.	OPENING		FACTOR	DESIGN		TEST 1		TEST 2	
	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM
1	CD	10"Ø	1	400	400	380	380	400	400
2	CD	10"Ø	1	400	400	450	450	400	400
5	CD	10"Ø	1	400	400	400	400	400	400
				1200				1200	
R3	CR	14"Ø	1	640	640	800	800	650	650
R4	CR	10"Ø	1	320	320	530	530	320	320
				960				970	



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

Before 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: Rov 838871
 PROJECT ADDRESS: 8388 Kovana
 PLAN REVIEW NUMBER: 000 3704
 PERMIT NUMBER: 0003704
 OWNER'S NAME: Massic & Co
 OWNER'S ADDRESS: P.O. Box 276043 Sacramento, CA 95827
 OWNER'S REPRESENTATIVE: Ron VanNoy PHONE NUMBER: 916-737-2700
 TESTING/INSPECTION FIRM(S): Krazan & Associates ITEMS

CONTACT PERSON: Dan Thurston

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		
1701.5.3	SPECIAL MOMENT - RESISTING CONCRETE FRAME		
1701.5.4	REINFORCING STEEL AND PRESTRESSING STEEL TENDONS		
1701.5	STRUCTURE WELDING		
1701.5.1	GENERAL		
	FIELD STRUCTURAL WELDING		X
	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 (X) NO		
SCC 9.26.1004	FLOOD PROOFING INSPECTION & CERTIFICATION		

OTHER: EPOXY ANCHORS **X**
 SPECIAL INSTRUCTIONS: _____



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

SPECIAL INSPECTION AND TESTING AGREEMENT

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or any other person responsible for the work (such as an owner-builder/developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official, and other parties as listed. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	SIGNATURES	PHONE NUMBER
OWNER	X <i>[Signature]</i>	916 737-2700
ARCHITECT		
ENGINEER		
CONTRACTOR		
DEVELOPER		
SPECIAL INSPECTOR		

WARNING: Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.

PART III • GEOTECHNICAL INSPECTION REQUIREMENTS

GEOTECHNICAL FIRM _____

GEOTECHNICAL FIRM ADDRESS _____ PHONE NUMBER _____

GEOTECHNICAL ENGINEER _____

REPORT NUMBER _____

REPORT DATE _____ RECEIPT NUMBER _____ REVISION DATES _____

TYPE OF WORK	REQUIRED
SITE PREPARATION/FILL COMPACTION	
FOUNDATION OBSERVATION	
DRILLED PIERS AND CAISSONS	

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.

ACCEPTED FOR THE BUILDING DEPARTMENT

PLAN CHECK ENGINEER (Please Print) **JOHN TANG**

PLAN CHECK ENGINEER SIGNATURE *[Signature]* DATE _____

- INSTRUCTIONS TO THE SPECIAL INSPECTOR**
- 1 • PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
 - 2 • A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
 - 3 • UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE