

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114527

Insp Area: 1
Thos Bros: 297 C4

Site Address: 300 CAPITOL ML SAC

Parcel No: 006-0142-038 SUITE 100

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

CONTRACTOR

ANTHONY & SONS
1790 TERMINAL ST.
W SAC CA

OWNER

CAPITOL COMMERCE PARTNERS
180 NLA SALLE ST #3600
CHICAGO IL 95814

ARCHITECT

HOK
71 STEVENSON ST #2200
SAN FRANCISCO CA 94105-2938

Nature of Work: 6761 SQFT INTERIOR OFFICE REMODEL, 1ST FLOOR

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 360117 Date 12-24-01 Contractor Signature Angeleque Simon

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 12-26-01 Applicant/Agent Signature Angeleque Simon

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 713-01 UNIT 0000126 Exp Date 10/01/2002

(This section need not be completed if the permit is for \$1000 or less) I hereby affirm 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 12-26-01 Applicant Signature Angeleque Simon

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.



January 2, 2002

ASI - Anthony & Sons
Attention: Matt Kaiser
1790 Terminal Street
West Sacramento, CA 95691

Special Inspection Final Report
COMPAQ COMPUTERS
300 Capitol Mall, Suite 100
Permit No. 0114527
WKA No. 4850.82

- Structural Steel
- Foundation Services
- Construction Inspection
- Materials Testing

In accordance with City of Sacramento special inspection requirements, our firm has performed *Special Inspection and Testing* in accordance with Sections 106 and 1701 of the Uniform Building Code for the subject project. Our observation and test results indicate that the following items were constructed, to the best of our knowledge, in accordance with the project's plans and specifications:

Structural

Steel: Performed field welding inspection of columns and wide flange stiffener plates for operable wall frame (Ref. 2, 3/S2). Monitored contractor compliance with Welding Procedure Specifications (WPS). Checked welder certification records.

Torque Test: Performed torque test on 5/8" wedge anchors for operable wall and 3/8" wedge anchors for suspended false beam. Tested items all withstood the required load without failures or signs of distress. Results previously reported.

Last date on jobsite: November 16, 2001

Please contact me if you have any questions regarding this information.

Wallace - Kuhl & Associates, Inc.

Jim Carlson
Manager of Special Inspection Services

JC:mlo

cc: City of Sacramento

CORPORATE OFFICE
3050 Industrial Blvd.
West Sacramento
CA 95691
Tel 916.372.3444
Fax 916.372.2549

ROCKLIN OFFICE
500 Menlo Drive
Suite 100
Rocklin, CA 95765
Tel 916.435.9722
Fax 916.435.9822

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 # <u>01-14527</u>	Insp. Area <u>1C</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 300 CAPITAL MALL Suite 100
 PARCEL # 026-0142-038

<p style="text-align: center;">CONTACT</p> <p>Name <u>ANGELIQUE SIMMONS</u> Street Address <u>1790 TERMINAL STREET</u> City/State/Zip <u>W SACRAMENTO, CA 95811</u> Phone <u>(916) 273-0707</u> FAX <u>(916) 273-1523</u> E-mail: <u>asimmons@asigc.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>21017</u></p> <p>Name <u>MET. ANTHONY & SONS</u> Address <u>1790 TERMINAL STREET</u> City/State/Zip <u>W. SACRAMENTO, CA 95811</u> Phone <u>(916) 273-0757</u> FAX <u>(916) 273-1523</u> E-mail:</p>
<p style="text-align: center;">ARCHITECT/ENGINEER <u>023444</u></p> <p>Name <u>HOK</u> Address <u>9520 JOHNSON BLVD</u> City/State/Zip <u>CLEMATON, CA 90732</u> Phone <u>(310) 226-9595</u> FAX <u>(90) 226-9524</u> E-mail:</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>JONES LANG LASALLE</u> Address <u>300 CAPITAL MALL, Ste 105</u> City/State/Zip <u>SACRAMENTO, CA 95811</u> Phone <u>(916) 447-1000</u> FAX <u>(916) 447-1058</u> E-mail:</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE COMPENSATION INSURANCE
FL130 10-1-02

NATURE OF WORK IN DETAIL: FULL INTERIOR T.I

OCCUPANT/TENANT: COMPAD VALUATION: \$ 1,000,000.00

FLOOD STATUS: <u>NR</u>		S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (<input checked="" type="checkbox"/>)	SW	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>IRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>SPR</u> <u>ALARM</u>	Fed Code	Vio. File	
<u>30</u>		<u>6761</u>		<u>B</u>	<u>I</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

TEST SHEET

SERVED AREA _____ UNIT _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 1-14 (700/210)							
	1	Slot	48"x8"	1.0	175		125		170			
	2				175		130		175			
	3				175		120		170			
	4				175		125		170			
					700		500		685		220	
					VAV 1-15 (1205/350)							
	5	GD	10x10	1.0	325		280		325			
	6		8x8		220		200		225			
	7				220		200		220			
	8				220		180		220			
	9				220		180		220			
					1205		1040		1210		350	
					VAV 1-16 (970/280)							
	10	GD	10x10	1.0	300		420		300			
	11				300		345		305			
	12				370		425		380			
					970		1200		985		290	

V.P.
 .04
 .08
 .90
 .08
 MAX
 .59
 MIN
 .05

Remarks: _____

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

TEST SHEET

SERVED AREA _____ UNIT _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<u>VAV 1-17 (740/185)</u>							
	13	CD	6x6	1.0		110		30		115		
	14					90		120		95		
	15					90		115		95		
	16					90		105		90		
	17					90		105		90		
	18					90		105		90		
	19					90		100		90		
	20					90		100		90		
						<u>740</u>		<u>780</u>		<u>755</u>		<u>190</u>
					<u>VAV 1-18 (360/90)</u>							
	21	CD	8x8	1.0		150		240		150		
	22					130		250		135		
	23					80		140		80		
						<u>360</u>		<u>630</u>		<u>365</u>		<u>100</u>
					<u>VAV 1-19 (780/195)</u>							
	24	CD	8x8	1.0		200		330		200		
	25		6x6			90		210		90		
	26	Slot	48"x8"			200		200		200		
	27					200		200		210		
	28					90		50		85		
						<u>790</u>		<u>1090</u>		<u>785</u>		<u>200</u>

MAX
VP. 71
MIN
VP. 05

.25
.02

.38
.02

Remarks: _____

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

TEST SHEET

SERVED AREA _____ UNIT _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<u>VAV 1-20 (800/200)</u>							
29	CD	8x8	1.0	200	200	315	205					
30				200	200	290	200					
31				200	200	310	200					
32				200	200	310	200					
					800	1225	805	200				
					<u>VAV 1-21 (800/200)</u>							
23	Slot	48x8	1.0	200	200	330	205					
24				200	200	330	200					
35				200	200	310	200					
36				200	200	300	210					
					800	1270	815	200				
					<u>VAV 1-3 (630/210)</u>							
37	CD	12x12	1.0	430	430							
38	Slot	48"	1	200	200							
					630	640	640	215				

MAX
.44

MIN
.02

MAX
.42
.02

MAX
.62
.08

Remarks: 1) VAV 1-3 measured for total at box, no access to outlets.



**WALLACE • KUHL
& ASSOCIATES INC.**

January 2, 2002

ASI – Anthony & Sons
Attention: Matt Kaiser
1790 Terminal Street
West Sacramento, CA 95691

Already scanned

Special Inspection Final Report
COMPAQ COMPUTERS
300 Capitol Mall, Suite 100
Permit No. 0114527
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Wallace - Kuhl & Associates, Inc.

Jim Carlson
Manager of Special Inspection Services

JC:mlo

cc: City of Sacramento

General Building Inspection

Structural Steel Inspection

Structural Steel Fabrication

Nondestructive Testing

Material Inspection

Material Testing

CORPORATE OFFICE

5050 Industrial Blvd.
West Sacramento
CA 95691
Tel 916.372.1454
Fax 916.372.2562


ROCKLIN OFFICE

500 Yuma Drive,
Suite 100
Rocklin, CA 95765
Tel 916.435.9722
Fax 916.435.9822

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	<u>300 CAPITOL MALL</u>	Permit No.:	<u>0114527</u>
Building Use:	<u>OFFICE</u>	Occupancy:	<u>B</u>
Building Owner:	<u>CAPITOL COMMERCE PARTNERS</u>	Construction Type:	<u>I-FR</u>
Owner Address:	<u>180 N. LASALLE ST #3600 CHICAG</u>	Sprinkled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	<u>STE #100 1ST FLOOR</u>	Area:	<u>6761</u> Sq. Ft.
03/04/2003	<u>Willie Harris</u>	<u>Willie Harris</u> 	DENNIS RICHARDSON CHIEF BUILDING OFFICIAL
Date	By: (Print)	Sign	

[Finaled By:DKS,RLB,KR,SLG,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 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