

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9905789
Insp Area: 1

Site Address: 1530 N ST SAC
Parcel No: 006-0231-008

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

CONTRACTOR
AMF CONSTRUCTION, INC
9791 SE SUITE A
DAVIS CA

OWNER
STATE OF CALIFORNIA
1230 N ST #200
SACRAMENTO CA 95814

ARCHITECT
AUBREY MOORE JR
979 F ST SUITE A
DAVIS, CA 95616

Nature of Work: INTERIOR & EXTERIOR REMODEL OF 3 STORY HOTEL

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.

X License Class B License Number 508181 Date 9/7/99 Contractor Signature [Signature] for Aubrey Moore Jr

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.

X Date 9/7/99 Applicant/Agent Signature [Signature] for Aubrey Moore Jr

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.

→ WP 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 SUPERIOR NAT INS Policy Number WPG 67391A Exp Date 2/1/2000 AS

(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.

X Date 9/7/99 Applicant Signature [Signature] for Aubrey Moore Jr

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1530 N STREET Permit No. 9905789

Building Use: HOTEL Occupancy: S3/R1

Building Owner: CAPITOL PARK/ASHOK PATEL Construction Type: V-1HR

Owner Address: 1111 RICHARDS BLVD Sprinkled? [] Yes [X] No

Portion of Building Occupied: ENTIRE Area: 23,399 Sq. Ft.

06/04/01 Begon Nakoolu DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: GTD,JRM,RVL,MJG,AL]

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
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

PLAN CHECK # 9905789 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1530 N ST Suite _____
PARCEL # 006-0231-008

CONTACT Name <u>SEE ARCHITECT BELOW</u> Address _____ Zip _____ Phone _____ FAX _____		LICENSED CONTRACTOR Lic No. # <u>703980</u> Name <u>PHILLIP SEED</u> Address <u>P.O. BOX 662</u> <u>DAVIS, CALIFORNIA</u> Zip <u>95617</u> Phone <u>530-753-6539</u> FAX _____	
ARCHITECT/ENGINEER Name <u>AUBREY MOORE JR, ARCHITECT</u> Address <u>919 F STREET STE A</u> <u>DAVIS, CALIFORNIA</u> Zip <u>95616</u> Phone <u>530-758-0658</u> FAX <u>530-758-4362</u>		OWNER Name <u>CAPITAL PARK, L.L.C./C/O ASHOK FATEL</u> Address <u>1111 RICHARDS BOULEVARD</u> <u>DAVIS, CALIFORNIA</u> Zip <u>95616</u> Phone <u>530-756-0910</u> FAX <u>(530) 758-0910</u>	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # 3AM-6406-6900 EXPIRATION DATE: 3/2000
 NAME OF INSURANCE COMPANY: BOLDS INSURANCE

NATURE OF WORK IN DETAIL: REHABILITATION OF INTERIOR, REMODEL OF EXTERIOR
REMODEL INTERIOR EXTERIOR 3 STORY HOTEL
CAPITAL PARK INN

DBA: VENTANUS HOMES VALUATION: \$ 500,000

FLOOD STATUS:			S.C.A.T. <u>X11, X12, X13, X16</u>							
JOB DESCRIPTION		BLDG	SHEL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH
INSP. 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 S-3	Const I	Fire Req. Y/N	Fed Code	Vio. File		
<u>3</u>	<u>8512</u>	<u>23,399</u>		Group <u>R-1</u>	type <u>V-1H Spr</u>	Alarm	<u>06</u>			
<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>GYL</u>	<u>GYL</u>	<u>NB</u>	<u>NB</u>	<u>TAM</u>	<u>BV</u>	<u>GS</u>	<u>SD</u>			

COMMENTS:
DO NOT ISSUE PRIOR TO DESIGN REVIEW APPROVAL
EXPEDITE

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

City of Sacramento Development Services Division
Planning and Zoning Information Request

Project Address:

1530 N STREET

Assessor's Parcel Number:

006 - 0231 - 008

Current Land Use:

MOTOR

Description of Request/Proposed Use:

INTERIOR: REMODEL

~~PLANNING REMODEL~~

IS THIS A CHANGE OF USE?

Zoning Designation:

O-2 VBL

Prior Applications for Project Site(#, Z#, DRP#):

Comments:

NATURE OF WORK: REHABILITATION OF

INTERIOR, REMODEL OF EXTERIOR

AREA REVIEW - CAPITAL VIEW HOTEL

99013/M98 049.2

~~PACKING REMODEL APPEARS TO REDUCE # OF SPACES.~~

Are there any Planning Issues? (Circle one) YES NO

~~NO NAME GARB PROJECT~~

Staff Site Plan Check Required? (Circle one) YES NO

YES NO

Design Review/ Preservation Required? (Circle one) YES NO

YES NO

STATUS UNKNOWN

Planning Review by/Date:

~~10/2/95~~

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: CAPITOL PARK FND Phone: _____
 Site Address: 1530 N. STREET Suite: _____
(Street)
 Business Owner/Representative: ASHOK PATEL Phone: 530-758-0942
(Zip)
 Nature of Business: HOTEL/MOTEL
 Property Owner: ASHOK PATEL Phone: 530-758-0942
 Address: 1111 RICHARDS BLVD Suite: _____
DAVIS CA 95616
(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: ASHOK PATEL
(Print)
[Signature] 9/7/99
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9905789</u>
OK to issue prmt? Y <u>9-7-99</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	init date _____
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? init _____ date _____	



ARCHITECT
AND
ASSOCIATES
979 "F" STREET, SUITE A
DAVIS, CALIFORNIA 95616
(530)758-0658 (530)758-4362 FAX

Owner X
Architect X
Consultant
Contractor X
Field
Other

ARCHITECT'S FIELD ORDER

PROJECT: Capitol Park Inn
1530 "N" Street
Sacramento, CA
FIELD ORDER NO: 1

OWNER: Ashok Patel
DATE: January 3, 2000

TO (Contractor): AMJ Construction
979 "F" Street, Suite A
Davis, CA 95616
ARCHITECTS PROJECT NO: 189
CONTRACT FOR:
CONTRACT DATE:

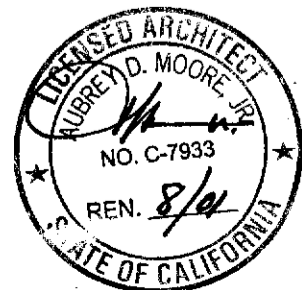
CC: Centaurus Homes (Phillip Seed)

You are hereby directed to execute promptly this Field Order which interprets the Contract documents or orders minor changes in the Work without change in contract Sum or Contract Time.
If you consider that a change in Contract Sum or Contract time is required, please submit you itemized proposal to the Architect immediately and before proceeding with this Work. If your proposal is found to be satisfactory and in proper order, this Field Order will in that event be superseded by a Change Order.

Reference: The following response is provided in response to 'frame inspection' Items by the City of Sacramento.

1. IS THERE A NEED FOR A CONTINUOUS, SOLID, SHIMMING UNDER ADDED RIPPED RAFTER SLOPING?
 - A. Yes, Shim each ripping solid to joists @ 9'-0" (from high end), based on the following.
 - B. 3½" to 9" deep 2x rafter allows for a maximum span of 9ft. (See attached Calc.)
 - C. Existing ceiling joists (former rafters, 2 x 8 @ 16") are adequate to carry added point load of ripped joist @ 9ft. (See attached calc.)
2. IS ACCESS NEEDED @ ADDED NORTHEAST ATTIC?
 - A. Yes, Install 22 x 30 (min) access.
 - B. Attic is greater than 30" in height and is of combustible construction.
3. IS THE SINGLE EXISTING 2 X 8 CEILING JOIST/HEADER ADEQUATE AT AREA OF ADDED NORTHEAST ROOF?
 - A. No, Scab additional 2 x 8 joist to existing and add A35 @ each connecting joist.
4. IS BEARING OF WESTERLY, N/S LOW WALL, OF ADDED SOUTHERLY TOWER ADEQUATE?
 - A. Yes, Installation is O.K. (See attached calc's.)
5. PROVIDE VENTILATION TO FURRED 'FLAT' ROOF AREAS
 - A. Install ventilation as shown on attached drawing FO1-1.

ARCHITECT: Aubrey Moore, Jr., Architect



AUBREY MOORE, ARCHITECT
 979 F STREET
 SUITE A
 DAVIS, CA
 95616

Title :
 Dsgnr :
 Description :
 Scope :

Job #
 Date: 8:25AM, 3 JAN 00

Rev: 510002
 User: KW-060411, Ver 5.1.2, 13-Jun-1999, Win32
 (c) 1983-99 ENERCALC

General Timber Beam

Page 1

Description CAPITOL PARK INN-NEW "FLAT" RAFTERS

General Information

Calculations are designed to 1997 NDS and 1997 UBC Requirements

Section Name	2x8	Center Span	15.00 ftLu	0.00 ft
Beam Width	1.500 in	Left Cantilever	ftLu	0.00 ft
Beam Depth	7.250 in	Right Cantilever	ftLu	0.00 ft
Member Type	Sawn	Douglas Fir - Larch (North), No. 1/No. 2			
Bm Wt. Added to Loads		Fb Base Allow	820.0 psi		
Load Dur. Factor	1.000	Fv Allow	95.0 psi		
Beam End Fixity	Pin-Pin	Fc Allow	625.0 psi		
Wood Density	34.000 pcf	E	1,600.0 ksi		

Full Lengh Uniform Loads

Center	DL	5.00 #/ft	LL	#/ft
Left Cantilever	DL	#/ft	LL	#/ft
Right Cantilever	DL	#/ft	LL	#/ft

Point Loads

Dead Load	49.0 lbs	lbs	lbs	lbs	lbs	lbs	lbs
Live Load	195.0 lbs	lbs	lbs	lbs	lbs	lbs	lbs
...distance	9.400 ft	0.000 ft	0.000 ft	0.000 ft	0.000 ft	0.000 ft	0.000 ft

Summary

Span = 15.00ft, Beam Width = 1.500in x Depth = 7.25in, Ends are Pin-Pin **Beam Design OK**

Max Stress Ratio 0.977 : 1

Maximum Moment Allowable 1.1 k-ft

Maximum Shear * 1.5 Allowable 0.3 k

Max. Positive Moment	1.05 k-ft	at	9.360 ft	Shear:	@ Left	0.15 k
Max. Negative Moment	0.00 k-ft	at	0.000 ft		@ Right	0.21 k
Max @ Left Support	0.00 k-ft			Camber:	@ Left	0.000 in
Max @ Right Support	0.00 k-ft				@ Center	0.277 in
Max. M allow	1.08				@ Right	0.000 in

fb 961.04 psi fv 28.29 psi Reactions... Left DL 0.08 k Max 0.15 k

Fb 984.00 psi Fv 95.00 psi Right DL 0.09 k Max 0.21 k

Deflections

Center Span... Deflection	Dead Load	Total Load	Left Cantilever... Deflection	Dead Load	Total Load
...Location	-0.185 in	-0.470 in	...Length/Defl	0.000 in	0.000 in
...Length/Defl	7.740 ft	7.920 ft		0.0	0.0
	975.6	383.34	Right Cantilever... Deflection	0.000 in	0.000 in
			...Length/Defl	0.0	0.0

Stress Calcs

Bending Analysis

Ck	35.824	Le	0.000 ft	Sxx	13.141 in3	Area	10.875 in2
Cf	1.200	Rb	0.000	CI	0.000		
		Max Moment		Sxx Req'd		Allowable fb	
@ Center		1.05 k-ft		12.83 in3		984.00 psi	
@ Left Support		0.00 k-ft		0.00 in3		984.00 psi	
@ Right Support		0.00 k-ft		0.00 in3		984.00 psi	
Shear Analysis		@ Left Support		@ Right Support			
Design Shear		0.21 k		0.31 k			
Area Required		2.263 in2		3.239 in2			
Fv: Allowable		95.00 psi		95.00 psi			
Bearing @ Supports							
Max. Left Reaction		0.15 k		Bearing Length Req'd		0.158 in	
Max. Right Reaction		0.21 k		Bearing Length Req'd		0.224 in	

AUBREY MOORE, ARCHITECT
979 F STREET
SUITE A
DAVIS, CA
95616

Title :
Dsgnr :
Description :

Scope :

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(c) 1989-99 ENERCALC

General Timber Beam

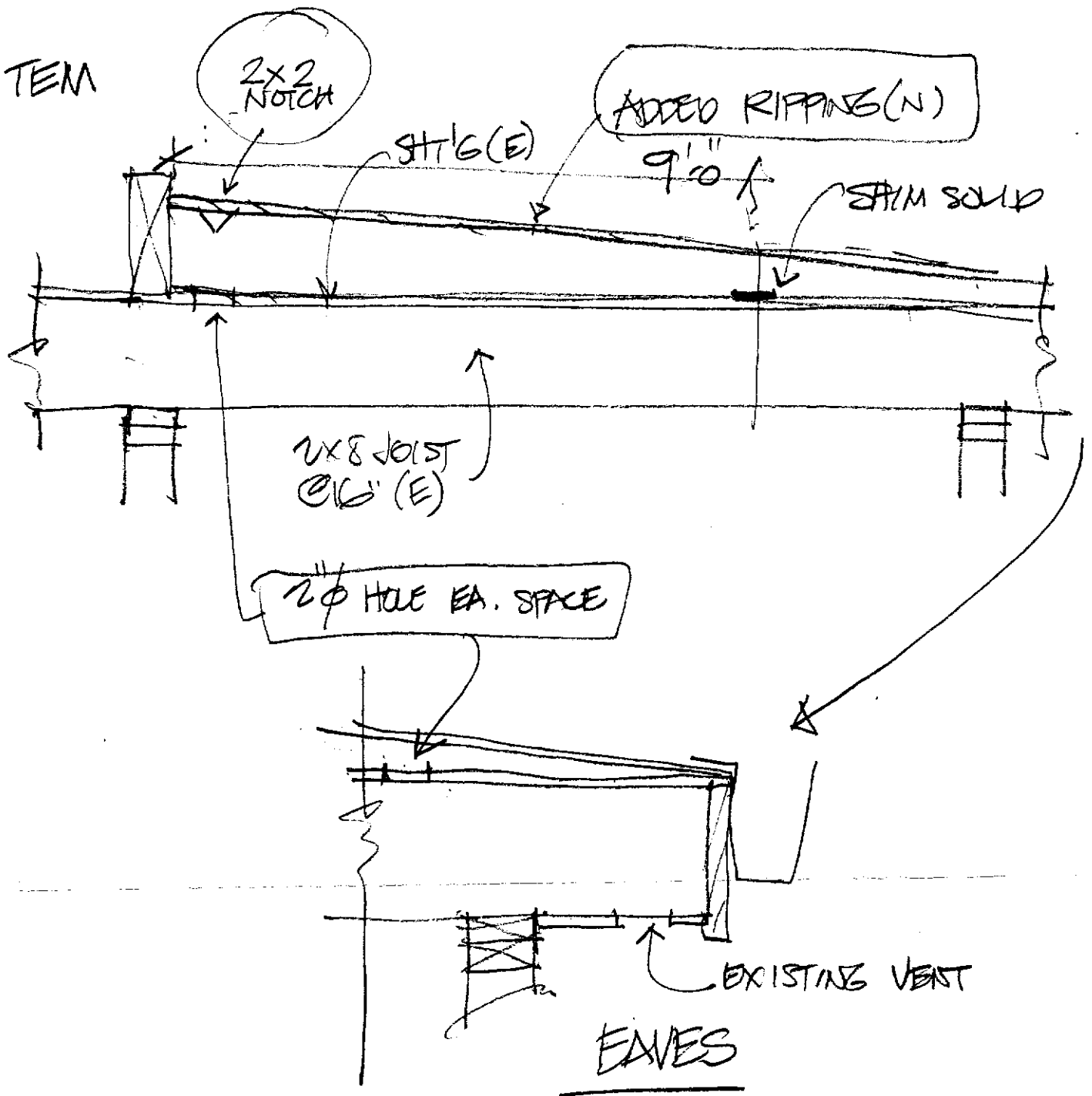
Page 2

Description CAPITOL PARK INN-NEW "FLAT" RAFTERS

Query Values

M, V, & D @ Specified Locations		Moment	Shear	Deflection
@ Center Span Location =	0.00 ft	0.00 k-ft	0.15 k	0.0000 in
@ Right Cant. Location =	0.00 ft	0.00 k-ft	0.00 k	0.0000 in
@ Left Cant. Location =	0.00 ft	0.00 k-ft	0.00 k	0.0000 in

ITEM



DRAWING
FOI-1
CAPITOL PARK INN
9-03-00 *MA*