

CITY OF SACRAMENTO

Permit No: 9900696

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 400 CAPITOL ML SAC

Sub-Type: ACOM

Parcel No: 0060144029

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

TURNER CONSTRUCTION COMPANY

CAPITAL MALL VENTURE

1450 HARBOR BL SUITE A
WEST SACRAMENTO CA

95691

2929 CAMPUS DR #450
SAN MATEO CA

94403

Nature of Work: INTERIOR OFFICE 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 AB License Number 20639 Date 1/26/99 Contractor Signature Michelle Skille

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 1/26/99 Applicant/Agent Signature Michelle Skille

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 LIBERTY MUTUAL

Policy Number WC2-621-004321018

Exp Date 01/01/2000

(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 1/26/99 Applicant Signature Michelle Skille

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 1015 Capitol Mall, Sacramento, CA Permit No. 99-00696

Building Use Office Occupancy Office

Building Owner Reliance Building Construction Type FR

Owner Address 1015 Capitol Mall, Sacramento, CA Suite 2000 Sprinkled () Yes () No

Portion of Building Occupied Office Area _____ Sq. Ft.

1/17/99 Date Issued By: Print John J. ... Sign _____ Chief Building Inspector
City Building Official

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 9 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

9900696

16

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____	Insp. Area _____
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Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 400 Capital Mall Suite 2000
PARCEL # 506-044-001

<p align="center">CONTACT</p> <p>Name <u>Michele Pellerin</u> Address <u>1450 Harbor Blvd Suite A West Sac</u> Zip <u>95691</u> Phone <u>312 7500 4131</u> FAX <u>312 9655</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>210639</u></p> <p>Name <u>Turner Construction</u> Address <u>1450 Harbor Blvd Suite A West Sac</u> Zip <u>95691</u> Phone <u>312-7500</u> FAX <u>312-7655</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>Turner & Associates, Inc.</u> Address <u>1450 Harbor Blvd</u> Zip <u>95691</u> Phone <u>312 7500</u> FAX _____</p>	<p align="center">OWNER/TENANT</p> <p>Name <u>Dillette & Touche</u> Address <u>400 Capital Mall Suite 2000</u> Zip <u>95816</u> Phone <u>916-7111</u> FAX _____</p>

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # W2-64-CC4321-019 EXPIRATION DATE: 1/1/2000

NAME OF INSURANCE COMPANY: Liberty Mutual

NATURE OF WORK IN DETAIL: Remove existing wall, patch ceiling tile, remove finishes, relocate dr/pt/Hdre. Upgrade electrical outlet, relocate switch ~~draw~~

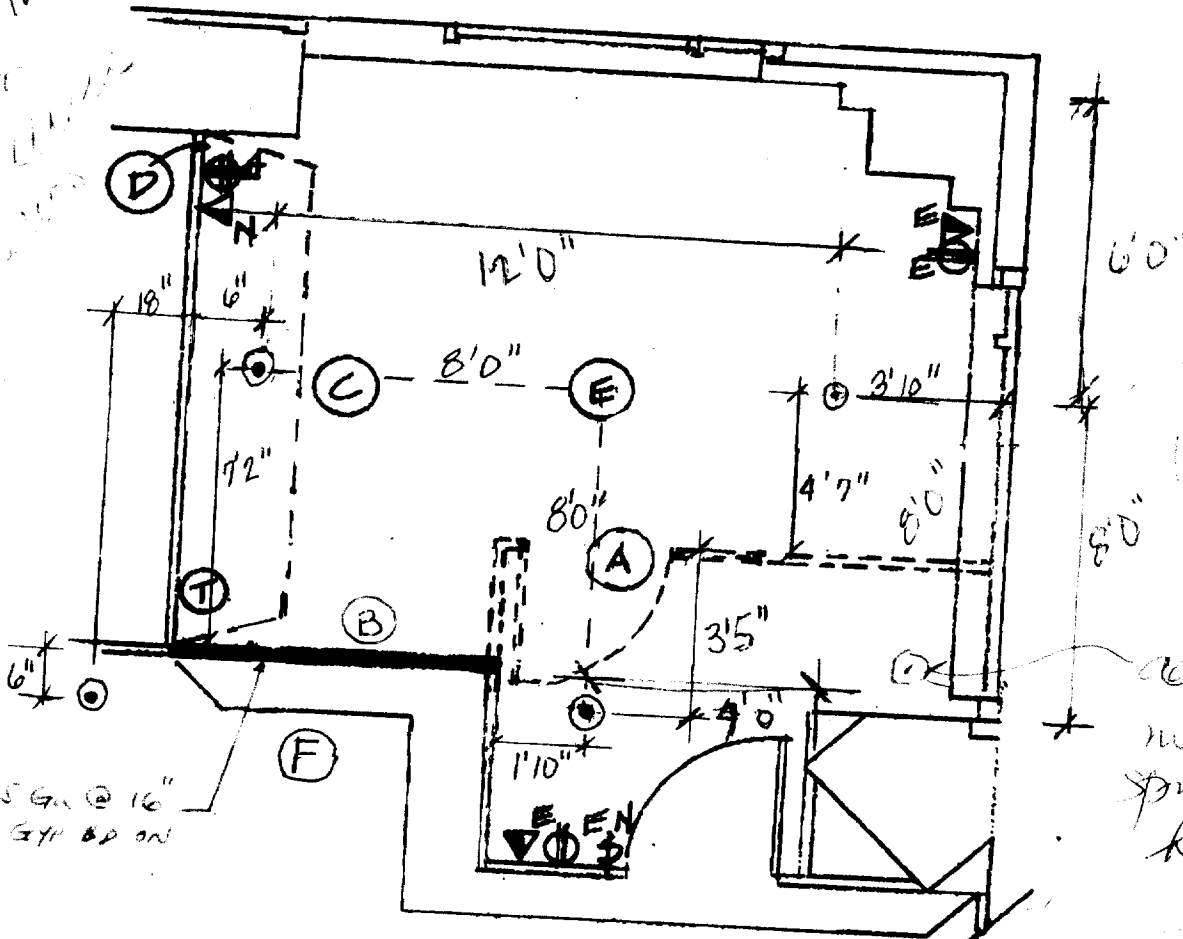
DBA: _____ VALUATION: 4,500

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						Spr	Alarm			
B	L	P	M	E	F	S		D	R	
	<u>1325/199</u>			<u>130M</u>	<u>IFR</u>		<u>None</u>			

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

Handwritten notes:
1st floor
Excavation
1st floor
Excavation
1st floor
Excavation
1st floor
Excavation



Handwritten notes:
add one more sprinkler here

Handwritten notes:
3/4" x 25 Gr. @ 16"
w. 5/8" Gr. @ 12" on
EA side

- NEW WALL
- - - DEMO
- ⊙ (E) sprinkler head

ISSUED

JAN 25 1999

G. Y. Lee Jan 25.99

sprinkler head layout N.T.S.
see dimensions noted.

DELOITTE & TOUCHE WELLS FARGO CENTER



Vitello + Associates, Inc.
Architects
1801 H Street
Sacramento, California 95814
(916) 446 0306

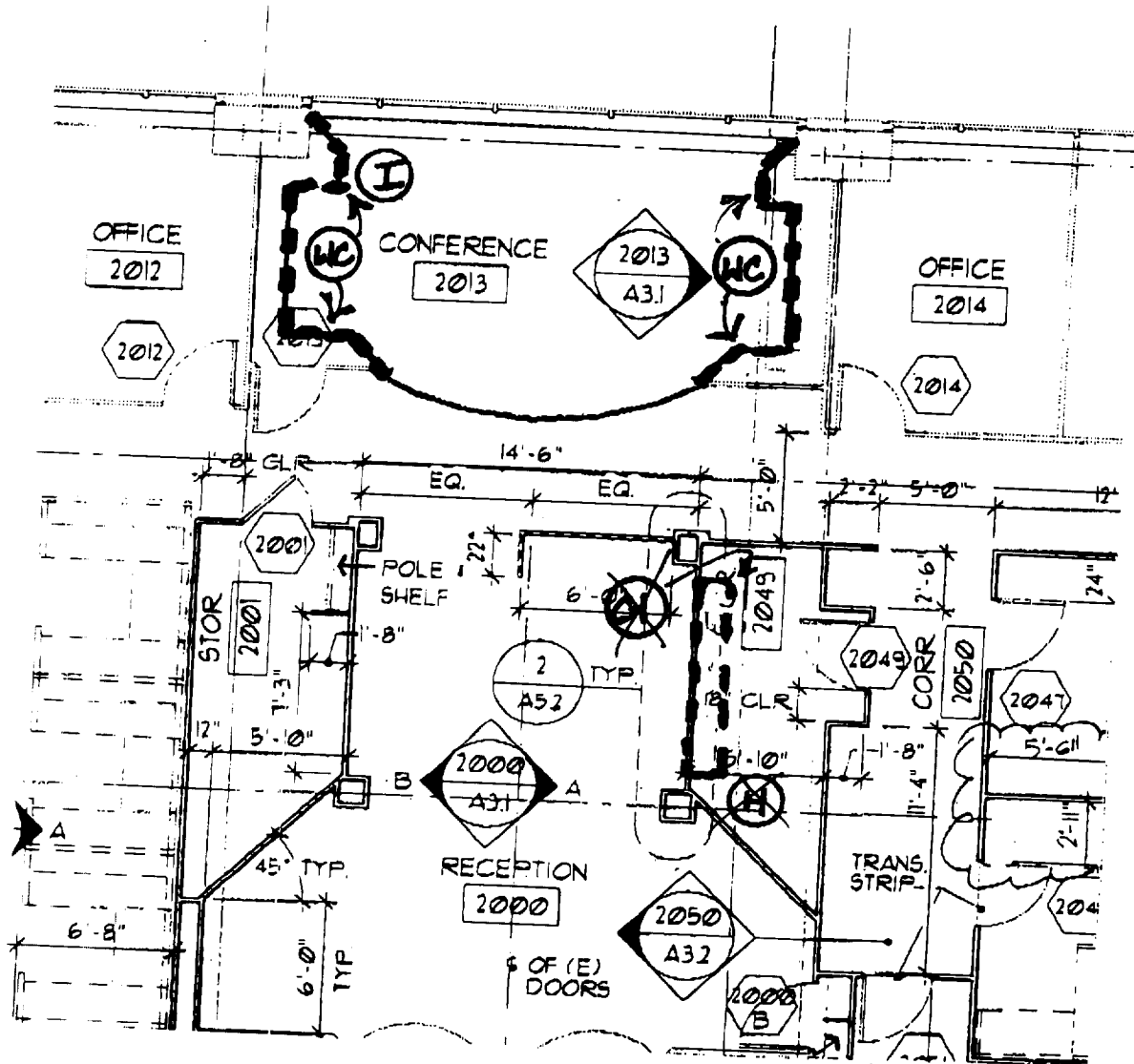
SCALE: 1/4" = 1'-0"

PROJECT
LAYOUT #1

EXECUTIVE OFFICE

DATE: 11-10-98
 JOB #: 98063.00.
 PAGE: 1 of 2
 SHEET: CP-1

Handwritten notes:
200g
Stalau??



DELOITTE & TOUCHE WELLS FARGO CENTER

PROJECT
 LAYOUT #2

CONFERENCE ROOM
 & STORAGE ROOM



Vitello + Associates, Inc.
 Architects
 1931 H Street
 Sacramento, California 95814
 (916) 445-0206

SCALE: 1/8" = 1'-0"

DATE: 11-10-98
 JOB #: 98063.00.
 PAGE: 2 of 2
 SHEET: 2 CP-1


-10-9
 063.0
 Notes
 CP-1

GENERAL NOTES:

1. Door openings and hardware shall meet ADA Compliance on the push and pull sides.
2. Contractor to field verify areas for mechanical/electrical/telephone/data .
3. Relocate existing thermostat and light switch in Executive Office.

LEGEND:

- ⊕ STANDARD DUPLEX ELECTRICAL RECEPTACLE
- ⊕ 4- PLEX ELECTRICAL OUTLET-TWO RECEPTACLES TO SHARE ONE DEDICATED CIRCUIT
- ∇ TELEPHONE/DATA OUTLET

<p>DELOITTE & TOUCHE WELLS FARGO CENTER</p>		<p><u>PROJECT</u></p>	
		 <p>Vitiello + Associates, Inc. Architects 1801 H Street Sacramento, California 95814 (916) 446-0206</p>	<p>SCALE:</p>

EXISTING NOTES

EXECUTIVE OFFICE # 2018

(See Layout #1)

- A. Reuse demo door; provide new frame to match Building Standard.
- B. Paint, to match existing:
Benjamin Moore
Eggshell
#1037
- C. Retain existing vinyl wallcovering at remaining wall, if possible. (Wallcovering has been discontinued Provide option to remove existing wallcovering, patch, prep wall, and paint wall, using finish noted under B above.
- D. Upgrade existing duplex outlet to 4-plex, with two dedicated outlets. Provide Voice/2data outlet.
- E. Remove Pendant light fixture; replace ceiling tile to match existing.
- F. Remove existing wallcovering in indicated area; patch and prep wall; paint to match existing, using paint finish noted under B above. Provide transition strip to delineate existing wallcovering and paint.
- G. Patch carpet, using existing carpet from Storage Room 2049, located under file units. Match existing base, Burke 4" #527P Clay, straight at carpeted area.

STORAGE ROOM #2049

(See Layout #2)

NIP


- H. Replace carpet (C-1) in area indicated on plan:
Shaw Cypress Point IV 36
#85510 Brine

CONFERENCE ROOM #2013

(See Layout #2)

- I. Remove existing wallcovering; patch and prep walls; install new wallcovering:
Wolf Gordon
GOH #436971
Sandstone #5400
(Field verify; match existing currently in room)

Note: Soffit to remain painted, no change.

<p>DELOITTE & TOUCHE WELLS FARGO CENTER</p>		<p>PROJECT</p>	
		 <p>Vitello + Associates, Inc. Architects 1931 H Street Sacramento, California 95814 (916) 446-0206</p>	<p>SCALE:</p>