

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0115421

Insp Area: 4

Thos Bros: 298 B1

Site Address: 1601 RESPONSE RD SAC

Parcel No: 277-0272-014

STE 205

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

THE SANDSTROM CO
1431 22ND ST
SAC CA 95816

OWNER

EXPOSITION CENTRE ASSOCIATES
P O BOX A3879
CHICAGO IL 60690

ARCHITECT

Nature of Work: INTERIOR REMODEL FOR STE 205

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 _____

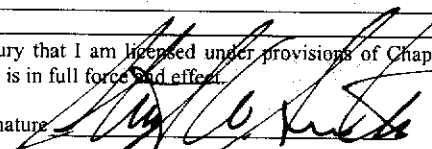
Lender's Address _____

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 296493

Date 12/13/01

Contractor 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.)

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: _____

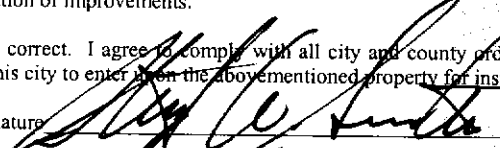
Date 12/13/01

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 12/13/01

Applicant/Agent 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.

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:

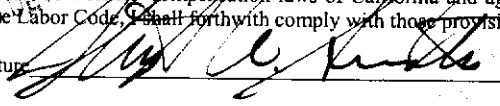
Carrier STATE FUND

Policy Number 1536656-01

Exp Date 10/01/2002

(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 12/13/01

Applicant 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.

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 # 0115421 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 16001 Response Rd. Suite 205
 PARCEL # 277-0272-014

<p style="text-align: center;">CONTACT</p> Name <u>Jill Condon, Stafford Space Planning</u> Street Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis CA 95850</u> Phone <u>652-3400</u> FAX <u>652-2805</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>296493</u></p> Name <u>Sandstrom Co</u> Address <u>1431 22nd St.</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>492-2800</u> FAX <u>452-5142</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis CA 95850</u> Phone <u>652-3400</u> FAX <u>652-2805</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Equity Office Properties</u> Address <u>400 Capitol Hill St. 1010</u> City/State/Zip <u>Sacramento CA 95811</u> Phone <u>448-0400</u> FAX <u>448-4440</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: demolition, new int. partitions, new pgt

OCCUPANT/TENANT: National City Mortgage VALUATION: \$ 37,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI(✓)	REM()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>				<u>PLUMB</u>	<u>ELEC</u>		SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File		
<u>3</u>		<u>2190</u>		<u>B</u>	<u>I</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	F	S		<u>D</u>	PW	UTIL	
<u>13 BTN</u>	<u>13 BTN</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 L.P.K.</u>							

COMMENTS: 05 DEC 01

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

Microfilm



Air Conditioning Company, Inc.

1700 Industrial Road
San Carlos, CA 94070
Tel: (650) 631-3900
Fax: (650) 654-0425
Contractors Lic#120696

TEST AND BALANCE ANALYSIS REPORT

Job Name: **National City Mortgage**
1601 Reponse Rd.
Sacramento , ca.

ACCO Job #: **295532**

AIR DISTRIBUTION SYSTEM HAS BEEN COMPLETELY BALANCED
AS PER REQUIREMENTS OF SPECIFICATIONS AND RESULTS OF
TESTS HEREIN LISTED.

Date: 12/21/01
Technician: Calloway



AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070
(415) 594-0182 • (415) 594-4915 • License # 120696

AIR OUTLET TEST REPORT

DATE: 12/21/01

PAGE: 1

PROJECT	NATIONAL CITY MOTGAGE	JOB #	295532
SYSTEM NO.		TEST APPARATUS	ALONOR FLOW HOOD
AREA SERVED	2 ND FL SW	OUTLET MANUFACTURER	TITUS PSS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)		FINAL		DEVIATION	
	NO.	TYPE	SIZE	Ak	COOL	HEAT	COOL	HEAT	COOL	HEAT
V-8	1	CD	12		450	NA	460	NA	2.2%	
Total	-	-	-	-	450	0	460	0	2.2%	
V-9	1	CD	12		450	NA	455	NA	1.1%	
	2	CD	12		450	NA	455	NA	1.1%	
Total	-	-	-	-	900	0	910	0	1.1%	
V-10	1	CD	12		450	NA	465	NA	3.3%	
	2	CD	12		450	NA	450	NA	0.0%	
Total	-	-	-	-	900	0	915	0	1.7%	
V-11	1	CD	8		145	NA	140	NA	-3.4%	
	2	CD	8		225	NA	230	NA	2.2%	
	3	CD	8		200	NA	210	NA	5.0%	
	4	CD	8		125	NA	130	NA	4.0%	
Total	-	-	-	-	695	0	710	0	2.2%	
V-15	1	CD	8		125	NA	126	NA	0.8%	
	2	CD	8		125	NA	125	NA	0.0%	
Total	-	-	-	-	250	0	251	0	0.4%	
V-14	1	CD	12		450	NA	450	NA	0.0%	
Total	-	-	-	-	450	0	450	0	0.0%	

REMARKS:

BALANCE TECH: