

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101290
Insp Area: 4

Site Address: 2525 NATOMAS PARK DR SAC
Parcel No: 274-0042-025 STE 260

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

CONTRACTOR
HARBISON-MAHONY-HIGGINS INC
8589 THYS CT
SAC CA 95828

OWNER
PRENTIS PROPERTIES
3890 W NORTHWEST HWY #400
DALLAS, TX 75220

ARCHITECT

**Nature of Work: INTERIOR REMODEL: REMOVE AND ADD PARTITIONS
ELECTRICAL MECHANICAL AND FIRE SPRINKLERS**

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 _____ License Number _____ Date 2-5-01 Contractor Signature Roberto Marquez

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 2-5-01 Applicant/Agent Signature Roberto Marquez

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.

X _____, 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 1574010 Exp Date 04/01/2001

_____, (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 2-5-01 Applicant Signature Roberto Marquez

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

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 0101290 Insp. Area 4c

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2525 Natomas Park Dr. Suite 260
 PARCEL # 274-0042-025

CONTACT		LICENSED CONTRACTOR	
Name <u>Stafford Space Planning</u>	Address <u>7585 Gold Dr, Loomis, CA 95650</u>	Name <u>HMH</u>	Lic No. # <u>280934</u>
Phone <u>652-3400</u>	FAX <u>652-7805</u>	Address <u>8589 Thys Ct., Sacramento, 95828</u>	Phone <u>388-9176</u>
E-mail <u>ssp@quiknet.com</u>		FAX <u>388-9195</u>	E-mail _____
ARCHITECT/ENGINEER		OWNER	
Name <u>Stafford Space Planning</u>	Address <u>7585 Gold Dr, Loomis, CA 95650</u>	Name <u>Prentiss Properties</u>	Address <u>2485 Natomas Park Dr, Ste. 350, Sac. 95833</u>
Phone <u>652-3400</u>	FAX <u>652-7805</u>	Phone <u>646-0760</u>	FAX _____
E-mail _____		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: demo, add int. walls, align partial newsgid, power & telephone

OCCUPANT/TENANT: BRD OF CHIROPRACTIC EXAMINERS VALUATION: \$ 40,000.-

FLOOD STATUS: <u>EXAMINERS</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDC</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories <u>3</u>	1st flr Area	Total Area <u>4597</u>	Use Zone	Occp Group <u>B</u>	Const type <u>V-1 hr.</u>	Fire Req <u>Y</u> N	Fed Code <u>15</u>	Vio. File	
						<u>SPR</u> ALARM		[H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	D	PW	UTIL
<u>13 dt</u>	<u>13 dt</u>	<u>13 KW</u>	<u>13 KW</u>	<u>13 L.M.</u>	<u>13 MB</u>				

COMMENTS: _____

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

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: Brown & White Services Phone: _____
 Site Address: 2525 Natoma PK Dr Suite: 260
(Street) (Zip)
 Business Owner/Representative: John Safford Phone: 327-1445
 Nature of Business: office
 Property Owner: Perkins Properties Phone: _____
 Address: 2485 Cold Dr Suite: _____
(Street) (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: John Safford
(Print)
[Signature] 4/29/01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0101270</u> Permit # <u>0101290</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>4/29/01</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Chiro tractor exam 1-910-1009

SYSTEM: 2nd Floor DATE: 3-7-07

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV 2-1 <small>Low .32 High .40</small>	1		12		380		400	400	380	
	2		12		380		425	380	385	
	3		12		380		330	285	375	
	4		12		295		420	370	295	
	5		12		295		440	390	300	
					/		/		/	
					1730		2075		1735	
VAV 2-2 <small>Low .32 High .46</small>	1		10		135		145 ¹⁵⁵		145	
	2		10		135		115 ¹⁶⁰		145	
	3		10		135		150 ¹³⁵		138	
	4		6		110		40 ⁸⁰		110	
	5		6		135		40 ¹⁶⁰		130	
	6		6		135		40 ¹⁰⁰		130	
					/		/		/	
					785		730		795	

REMARKS:

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Chiropractor exam

1-910-1009

SYSTEM: 2nd Floor

DATE: 3-7-01

AREA SERVED:

VAV NUMBER	OUTLET			DESIGN		PRELIMINARY		FINAL		NOTE
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
VAV 2-3 low .05 high .12	1		10		160		120		165	
	2		10		160		130		165	
	3		6		110		30		115	
	4		10		95		110		100	
					/		/		/	
					425		390		445	
VAV 2-4 H1-.33 LO-.01	1		8		110				110	
	2		10		135				135	
	3		8		125				130	
	4		8		125		12'		125	
					495				500	
VAV 2-5 1.01 .2	1		10		125		195		125	
	2		10		125		215		130	
					250				255	
VAV 2-9 Low .02 High .11	1		10		390		180		235	
	2		12		370		900		375	
	3		12		370		410		460	
					1130					

REMARKS: VAV 2-9 fixed damper for balance, #3 Flex is collapsed 10". Also the duct size is too small to achieve design on #1

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Chiropractor exam 1910-1009

SYSTEM: 2nd floor DATE: 3-7-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
Heat Duct	1		6		80		80		45	
	2		6		120		90		70	
	3		6		80		0		45	
	4		6		80		80		75	
	5		6		80		60		75	
	6		6		80		35		50	*
	7		6		80		35		50	
	8		6		80		35		50	
	9		6		80		20		45	
					/				/	
					760				505	

REMARKS: zone is a constant volume system and without affecting the whole floor by speeding up the fan we balanced accordingly.