

CITY OF SACRAMENTO

Permit No: 0110855

1231 I Street, Sacramento, CA 95814

Insp Area: I
Thos Bros: 297C4

Site Address: 555 CAPITOL ML SAC

Parcel No: 006-0145-025 15TH FLOOR SUITE 1590

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

CONTRACTOR

REINKE CONSTRUCTION
COMSTOCK JOHNSON ARCH, INC
8240 BELVEDERE #D
SACRAMENTO CA 95826

OWNER

DOWNTOWN PLAZA TOWERS ASSOC
555 CAPITOL ML
SACRAMENTO CA 95814

ARCHITECT

10304 PLACER LN
SACRAMENTO, CA 95827

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.

X License Class B-1 License Number 616274 Date 9-14-01 Contractor Signature [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 _____ 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 9-14-01 Applicant/Agent Signature [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.

X [Signature] 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 COMPENSATION INS FUND Policy Number 1404478-01 Exp Date 07/01/2002

(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.

X Date 9-14-01 Applicant Signature [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.



**Cal-State
Mechanical**

Consultants, Inc.

Air Conditioning Heating
Refrigeration

- Design
- Installation
- Service

Commercial & Residential

AIR BALANCE REPORT
Sacramento Regional Foundation
#550
555 Capitol Mall

0110855

Mixing Box #	Light Troffer	Design CFM	Actual CFM	Comments
#1	#1	90f	90f	
	#2	"	85f	
	#3	"	92f	
	#4	"	85f	
	#5	"	90f	
	#6	"	90f	
	#7	"	85f	
#2	#1	"	90f	
	#2	"	90f	
	#3	"	88f	
	#4	"	95f	
	#5	"	90f	
#3	#1	"	85f	
	#2	"	90f	
	#3	"	95f	
	#4	"	90f	

The above mixing boxes provide air to troffers mounted on top of the lites. The air travels thru slots in the lites. The ceiling space above the T-bar is a return air plenum. The return air also travels thru slots in the lites.

The perimeter is conditioned thru induction units above the registers. These are preset at 200f. The room size dictates how many units are used

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 555 CAPITOL ML #1590 Permit No. 0110855

Building Use: OFFICE Occupancy: B

Building Owner: DOWNTOWN PLAZA TOWERS ASSOC Construction Type: 1-FR

Owner Address: 555 CAPITOL ML SAC Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 1590 Area: 6083 Sq. Ft.

12/7/01 Walter Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DB,RLB,RH,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 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

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 # 0110855	Insp. Area IC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 555 CAPITOL MALL 15 FLOOR Suite 1590
 PARCEL # 006-0145-025

CONTACT

Name Comstock Johnson Arch., Inc.
 Street Address 10304 Placer Ln., #A
 City/State/Zip Sacramento, CA 95827
 Phone (916)362-6303 FAX (916)362-5841
 E-mail: DAN@cja-architects.com

LICENSED CONTRACTOR Lic No. # _____

Name RICHARD REINKE CONSTRUCTION
 Address 8240 Belvedere #D
 City/State/Zip Sacramento, Ca 95826
 Phone 736-2600 FAX 736-2627
 E-mail: _____

ARCHITECT/ENGINEER

Name Comstock Johnson Architects, Inc.
 Address 10304 Placer Ln., #A
 City/State/Zip Sacramento, CA 95827
 Phone (916)362-6303 FAX (916)362-5841
 E-mail: DAN@cja-architects.com

OWNER

Name PLAZA Towers
 Address 555 Capitol Mall #240
 City/State/Zip Sacramento, Ca 95814
 Phone (916)781-6543 FAX 781-2450
 E-mail: CAROL PARRA

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

NATURE OF WORK IN DETAIL: INTERIOR Office Remodel - 6,083 sq. ft.

OCCUPANT/TENANT: Resources Law Group VALUATION: \$ 48,500.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		<u>BLDG</u>	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			SITE	<u>FIRE</u>	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File	
<u>15</u>		<u>6083</u>	<u>C-3</u>	<u>B</u>	<u>1FR</u>	SPR	ALARM	<u>15</u>	[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 ft</u>	<u>3 ft</u>	<u>None</u>	<u>13 JMT</u>	<u>13 JMT</u>				<u>LV</u>		

COMMENTS: _____

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



Cal-State Mechanical

Consultants, Inc.

Air Conditioning Heating
Refrigeration

- Design
- Installation
- Service

Commercial & Residential

25 September 2001

AIR BALANCE REPORT
Resources Law Group, LLP
#1590

Mixing Box Number	Register Number	Register Size	Design CFM	Actual CFM	Comments
#1	#1	8X8	180f	175f	<i>Miscobita</i>
	#2	"	120f	125f	
	#3	"	120f	125f	
	#4	"	130f	135f	
	3%	"	130f	130f	

Perimeter induction units remain the same