

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010512
Insp Area: 1

Site Address: 2800 L ST SAC
Parcel No: 007-0173-001

SMF SURGEONS STE 260

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

CONTRACTOR
ERIC ANDERSON
PO BOX 163622
SACRAMENTO CA 95816

OWNER
SUTTER HOSPITAL OF SACTO
2800 L ST
SACTO CA 95816

ARCHITECT

Nature of Work: INT OFFICE REMODEL. PHASE 1 OF 2 (PH 2 #00-13372)

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 51190 Date 11/08/00 Contractor Signature Thong Nguyen

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 11/08/00 Applicant/Agent Signature Thong Nguyen

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 VILLANOVA INS CO Policy Number WC11240249 Exp Date 01/01/2001

(This section need not be completed if the permit is for \$400 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 11/08/00 Applicant Signature Thong Nguyen

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.



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME Gutter Cancer Center JOB NUMBER 0800950001
 OUTLET MANUFACTURER Titus TEST APPARATUS Long Air Flow
 SYSTEM VAV system

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS	
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM		
VAV 202	1		12"φ		470		48			(480)	MIN 100 Heat 240	
VAV 203	1		12"φ		525		520			520	min 150	
	2		8"φ		185		190			185	Heat 510	
	3		9"φ		250		250			255		
					965					(960)		
VAV 217	1		9"φ		220		200	220		220	min 100	
	2		9"φ		220		210	220		220		
					440					(440)		
VAV 218	1		10"φ		270		340	200	210	290	290	min 185
	2		10"φ		280		410	250	300	280	280	Heat 500
	3		10"φ		400		440	250	320	370	370	
					970		1180	700	880	940	(940)	
VAV 219	1		8"φ		150		150			150	min 220	
	2		8"φ		150		150			160		
	3		6"φ		80		80			80		
	4		8"φ		200		200			200		
	5		6"φ		115		115			115		
			Total		695					(695)		

REMARKS:

TEST DATE 12/19/00 READINGS BY E. Loomis & K. Lee

CITY OF SACRAMENTO
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0010512

PHASE I

ADDRESS: 2800 L St.

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)
(Orig. In folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window. 10-ph:875-6679)
- Habitat Conservation Plan Fee (Bob Robinson or Farmarz Ansari)
- PERMIT FEES \$ _____ Duc
- Driveway Permit \$ _____
(public works)
- Encroachment Permit \$ _____
- Special Conditions (enter computer, mark margin of permit at final, attach instructions to permit, and 1 copy in each folder)
- Special Inspections X1 (1 copy each folder, 1 to Val Brown)
- Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)
- Other _____

Notified maura

Date Notified 11/7

Plans in Bin# (72)

Initials By AR

Processed By: BL-13

11/6/00

Microfilm @ Final

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 # 0010512

Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS ~~2805 J ST~~ 2800 L ST Suite ~~200~~ 200
 PARCEL # 007.0173.001

<p style="text-align: center;">CONTACT</p> <p>Name <u>MAURA MOYLAN</u> Street Address <u>SAME AS CONTRACTOR</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>511900</u></p> <p>Name <u>ERIC ANDERSON - ACF CONST</u> Address <u>7005 LUTHER DR # 11</u> City/State/Zip <u>SAC 95823</u> Phone <u>392.5076</u> FAX <u>392.0734</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>MIKE FIELDS - BOULDERS ASSOC</u> Address <u>3031 F ST # 201</u> City/State/Zip <u>SAC 95816</u> Phone <u>492.8796</u> FAX <u>492.8798</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>SUTTER HOSPITAL OF SAC</u> Address <u>2801 L ST</u> City/State/Zip _____ <u>95816</u> Phone _____ FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: INT: MEDICAL OFFICE REMODEL TO BE DONE IN TWO PHASES. APPLICANT REQUESTS TWO SEPARATE PERMITS OR PHASE ONE OF TWO

OCCUPANT/TENANT: <u>SMF SURGEONS</u>					VALUATION: \$ 120,208.00 <u>2 = 64,104.00</u>					
FLOOD STATUS:			S.C.A.T. <u>199; 207</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y) N	Fed Code	Vio. File [H] [Quad]		
<u>B</u>	<u>L</u>	<u>1742</u>	<u>P</u>	<u>B</u>	<u>II hr</u>	<u>Y</u>	<u>15</u>			
			<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	

COMMENTS: ONCE APPROVED INITIALIZED SECOND PERMIT DURING PROCESSING. ISSUE PROJECT AS TWO PERMITS 3 SETS OF PLANS FOR EACH PHASE PER DAVE B.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

pc 33 12

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: ACE Construction #11 Phone: (916) 392-5076
 Site Address: 7005 Luther Drive Sacramento, CA 95823 Suite: 11
(Street) (Zip)
 Business Owner/Representative: Eric C. Anderson Phone: _____
 Nature of Business: Remodel
 Property Owner: Sutter Hospital Phone: _____
 Address: 2800 L Street Suite: _____
Sacramento (City) CA (State) 95816 (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: Ngung Nguyen
Ngung Nguyen (Signature) 11/08/00 (Date)

BID Use Only: Plan Ck# <u>0010512</u> Permit # <u>0010512</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>11/8/00</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> 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 ___	