

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0106426**  
**Inspr Area: 3**

**Site Address: 5860 ALDER AV SAC**  
Parcel No: 062-0080-041 #200

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

**CONTRACTOR**  
BUZZ OATES  
8615 ELDER CREEK RD  
SACRAMENTO, CA 95828

**OWNER**  
OATES MARVIN L  
8615 ELDER CREEK RD STE  
SACRAMENTO CA 95828

**ARCHITECT**

**Nature of Work: 1ST TIME T.I. 1368 SF OFFICE & 6632 SF WHAREHOUSE.**

**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 702621 Date 5-21-01 Contractor Signature M. Oates

**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 5-21-01 Owner Signature M. Oates

**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 state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5-21-01 Applicant/Agent Signature M. Oates

**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 COMP INS FUND (CA) Policy Number 1579398-01 Exp Date 03/01/2002

\_\_\_\_ (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 5-21-01 Applicant Signature M. Oates

**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**

2301 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <span style="font-size: 2em; font-family: cursive;">0106426</span>	Insp. Area <span style="font-size: 2em; font-family: cursive;">3C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5900 Alameda Ave Suite 200 Suite # 200  
 PARCEL # 062-0080-041

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Mike Schaefer</u> Street Address <u>8015 Elder Creek Rd</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>702621</u></p> Name <u>Buzz Outas Ent.</u> Address <u>8015 Elder Creek Rd</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Carol Lock</u> Address <u>8015 Elder Creek Rd</u> City/State/Zip <u>Sacramento</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Buzz Outas Ent.</u> Address <u>8015 Elder Creek Rd</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: 1579398-01  
 → WORKER'S COMPENSATION POLICY # 3707-Comp EXPIRATION DATE: 1-01-02

NATURE OF WORK IN DETAIL: CONVERT 1368 SF of existing warehouse to office.

OCCUPANT/TENANT: Conxsec VALUATION: \$ 27,360

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	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. <u>Y</u> /N		Fed Code	Vio. File	
		<u>8,000 SF</u>		<u>S1/B</u>	<u>III-N</u>	<u>SPR</u> ALARM		<u>15</u>	[H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	\$		<u>D</u>	PW	UTIL
<u>13 SF</u>	<u>13 SF</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 T.L.M.</u>	<u>13</u>			<u>8.88</u>		

COMMENTS: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1501 HUNTER AVE

Assessor's Parcel Number: 004 0030 041

Previous Use: WAREHOUSE

Description of Request/Proposed Use: WAREHOUSE & OFFICE

Is This a Change of Use? YES

Prior Applications for Project Site(P#, Z#, DRPB#): TS 2 001 (PENDING MAP) Zoning Designation: MDS

Comments: WAREHOUSE & OFFICE 1368

OFFICE (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)

NOT TO BE USED FOR WAREHOUSE (C.H.)

Are There Any Planning Issues?: (circle one) YES  NO

\* Staff Site Plan Check Required? (Circle one)

YES  NO

\* Field Inspection Required? (Circle one)

YES  NO

\* Design Review/Preservation Required?: (Circle one)

YES  NO

PER MONTE  
S.E.B.

Planning Review by/Date: [Signature]

5-21-2001

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

# HVAC SYSTEM REPORT

## FAN NAMEPLATE DATA:

MANUFACTURER: GE  
 MODEL:  
 TYPE: D/O  
 SIZE: 3/4  
 SERIAL NUMBER:

## FAN SHEAVE DATA:

DIAMETER  
 SHAFT  
 ADJUSTABLE/FIXED:

## MOTOR NAMEPLATE DATA:

MANUFACTURER:  
 VOLTS/PHASE  
 HORSEPOWER  
 FULL LOAD AMPS  
 RPM:

## MOTOR SHEAVE DATA:

DIAMETER  
 SHAFT:  
 ADJUSTABLE/FIXED:  
 BELT SIZE:

## CONDENSING UNIT DATA:

MANUFACTURER:  
 MODEL:  
 TONNAGE:  
 SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM	1710	1675	7-14-01
RETURN AIR CFM	1110	1560	
OUTSIDE AIR CFM	250	250	
FAN RPM			PROJECT:
STATIC PRESSURE+			CONESCO
STATIC PRESSURE-			
TOTAL PRESSURE			READINGS BY:
FILTER PRESSURE			BILL BRUFLAD
<b>MOTOR</b>			SYSTEM:
AMPS			JOB NO.
VOLTS			
HORSEPOWER			
RPM			

## FIELD FORMS AVAILABLE:

- \_\_\_\_\_ DUCT TRAVERSE REPORT
- \_\_\_\_\_ SYSTEM DIAGRAM
- \_\_\_\_\_ EXHAUST FAN REPORT
- \_\_\_\_\_ PULLEY CALCULATIONS
- TEMPERATURE IN 80
- TEMPERATURE OUT 54
- DROP / RISE \_\_\_\_\_

DIFFUSERS AND GRILLS						
ROOM #	OUTLET#	CODE	SIZE	REQ. CFM	Tot 1	FINAL CFM
1			8"	160		150
2			8"	160		170
ENTRY			8"	220		245
3			8"	180		190
4			8"	160		150
STORAGE			6"	100		90
5			8"	200		190
6			8"	220		230
HALL			8"	200		180
BATH 1			4"	60		40
BATH 2			4"	60		40

## REMARKS:

If you have any questions please call 417-5516

**CLARKE & RUSH MECHANICAL**

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 7-19-01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT:** FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

5860 ALDER AVE # 100

Has been conducted by Inspector

JOHNSON

On


7-17-01

01-06426  
Permit Number

8000 #  
Square Footage

REMODEL  
Type of Inspection

They system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI - 146  
F D. Reference Number

✓

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

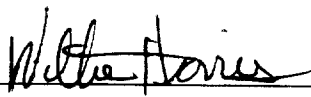
Building Address: 5860 ALDER AV #200 Permit No. 0106426

Building Use: WAREHOUSE/OFFICE Occupancy: S1/B

Building Owner: MARVIN OATES Construction Type: III-N

Owner Address: 8615 ELDER CREEK RD SAC Sprinkled?  Yes  No

Portion of Building Occupied: ENTIRE Area: \_\_\_\_\_ Sq. Ft.

7/19/01  DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: VE.MJS,JZB,FI ]

*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**