

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103104
Insp Area: 1

Site Address: 700 16TH ST SAC
Parcel No: 002-0172-024

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

CONTRACTOR
PRO-TECH FIRE PROTECTION SYSTEMS CORP
8540 YOUNGER CREEK DR #2
SACRAMENTO CA 95828

OWNER
700 16TH ST
SACRAMENTO CA 95814

ARCHITECT
REGAL HOTEL MANAGEMENT INC

Nature of Work: 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.

License Class G-16 License Number 709152 Date 5/9/01 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.

Date 5/9/01 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

Be 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.

Be 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 LEGION INSU. CO Policy Number WC21230114 Exp Date 10/01/2001

Be (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 the provisions.

Date 5/9/01 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 PAYMENT OF COMPENSATION DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTENTIONAL VIOLATION OF THIS PROVISION SHALL BE PUNISHED AS A FELONY.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

PAID
CITY OF SACRAMENTO
NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES
MAY 09 2001

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 # 0103104	Insp. Area IC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 700 16th STREET Suite _____
 PARCEL # 002-0172-024-0000

<p style="text-align: center;">CONTACT</p> Name <u>STEVE CAIN</u> Street Address _____ City/State/Zip _____ Phone <u>388-0255</u> FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>PRO-TECH FIRE PROT</u> Address <u>8540 YOUNGER CREEK DR.</u> City/State/Zip <u>SACRAMENTO</u> Phone <u>388-0255</u> FAX <u>388-0487</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>CLARION INN</u> Address <u>700 16th STREET</u> City/State/Zip <u>SACRAMENTO</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: NOACK & DEAN
 → WORKER'S COMPENSATION POLICY # WC21250114 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL: INSTALLATION OF FIRE SPRINKLER SYSTEM

OCCUPANT/TENANT: _____ VALUATION: \$ 98,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	<u>(FIRE)</u>	ADD	OTH
INSPECTION DISCIPLINES		<u>(BLDG)</u>	MECH	PLUMB	ELEC	SITE	<u>(FIRE)</u>			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>	Fed Code	Vio. File		
				<u>B.S</u>		<u>(SPR)</u> ALARM	<u>11, 06</u>	[H]	[Quad]	
<u>(B)</u>	L	P	M	E	<u>(F)</u>	S	D	PW	UTIL	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE
 SACRAMENTO, CA. 95822
 PHONE: 916/264-1430
 FAX: 916/264-1497

TEST NO: 01-20 #2 FILE NO: 201-030

COMPLETE DATE: 3/8/01 PC#

ANALYSIS FEE: \$90.00 DATE PAID: 3/6/01

FIELD TEST FEE: \$360.00 DATE PAID: N/A

CONTACT PERSON: ✓ Steve Cain

PHONE NO: ✓ 388-0255

FAX NO: ✓ 388-0487

COMPANY: ✓ Pro-Tech-Fire

CELL PHONE NO: ✓

COMPANY ADDRESS: ✓ 8540 Younger Creek Dr.

STREET ADDRESS OF TEST: ✓ 700 16th Street

PURPOSE OF TEST: ✓ FIRE SPRINKLERS

ASSESSOR'S PARCEL NUMBER: ✓

The undersigned agrees to the following items and conditions:

002-0172-024-0000

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: ✓

Signature: ✓

Date: ✓

ENGINEERING REQUEST DATE: 2/27/01 DATE OF TEST: 3/1/01 TIME OF TEST: 2:00 PM

WATER MAIN SIZE: 36" - 6" TEST CONDUCTED BY: Perrone, Ledesma - Steclins, Mellis

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PI TOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	4	13	52	39						
FLOWED	3	13			17	4 1/2	0.90	0.83	1860	
FLOWED	5	13			17	2 1/2	0.90	1	692	
FLOWED							TOTAL		2552	
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

WATER SUPPLY DATA SUMMARY

	ACTUAL	DESIGN (1)
STATIC PRESSURE	52 PSI	47 PSI
RESIDUAL PRESSURE	39 PSI	34 PSI
TOTAL FLOW @ RESIDUAL	2600 G.P.M.	2600 G.P.M.
TOTAL FLOW @ 20 PSI	4200 G.P.M.	3800 G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.

10/12/99

CITY OF SACRAMENTO PERMIT ASSISTANCE

MAR 13 2001

RECEIVED

0103104C

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: CLARION INN Phone: (916) 444-8000
Site Address: 700 16th St Suite: _____
(Street) (Zip)
Business Owner/Representative: HOLIDAY INN Phone: _____
Nature of Business: HOTEL
Property Owner: HOLIDAY INN Phone: (916) 444-8000
Address: 700 16th St Suite: _____
(Street) SAC. CA. 95814
(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: Brian K. Richardson
(Print)
[Signature] (Signature) 5/9/01 (Date)

BID Use Only: Plan Ck# <u>0103104</u> Permit # <u>0103104</u>
OK to issue prmt? Y <u>SA</u> F.D. Appr Req'd? Yes No init date
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE
 SACRAMENTO, CA. 95822
 PHONE: 916 / 264-1430
 FAX: 916 / 264-1497

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COMPLETE DATE: 3/8/01	PCM
ANALYSIS FEE: \$90.00	DATE PAID: 3/6/01
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CONTACT PERSON: Steve Cain	PHONE NO: 388-0255
COMPANY: Pro-Tech-Fire	FAX NO: 388-0487
COMPANY ADDRESS: 8540 Younger Creek Dr.	CELL PHONE NO:
PURPOSE OF TEST: Fire Sprinklers	STREET ADDRESS OF TEST: 700 16th Street
	ASSESSOR'S PARCEL NUMBER: 002-0172-024-0000

0103104C

CITY OF SACRAMENTO
PERMIT ASSISTANCE

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