

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0108582

Insp Area: 1

Thos Bros: 297C4

Site Address: 400 CAPITOL ML SAC

Parcel No: 006-0144-029

Site: 1490

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

THE SANDSTROM CO
1717 S I
SACRAMENTO CA 95814

OWNER

CAPITAL MALL VENTURE
2929 CAMPUS DR #450
SAN MATEO CA 94403

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL 2414 SQ.FT., ADD WALLS/ELEC.
UTILITIES/SINK & CABINET, Ste.1490

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. 7097, Civil Code).

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 296493 Date 8-1-01 Contractor Signature 

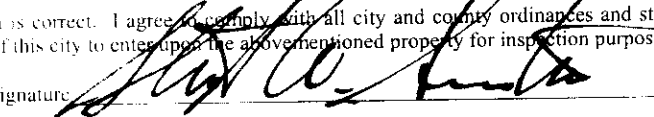
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 & P. 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.

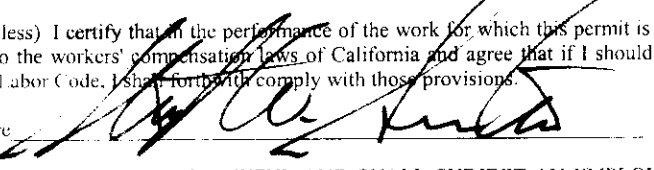
I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.
Date 8-1-01 Applicant Agent 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.

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 1536656-00 Exp Date 10/01/2001

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.

Date 8-1-01 Applicant 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.

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 # <u>0128582</u>	Insp. Area <u>1</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 400 Capitol Mall Suite 1490
 PARCEL # 006-0144-029

<p style="text-align: center;">CONTACT</p> Name <u>Stafford Space Planning</u> Street Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis, CA 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>296493</u></p> Name <u>Steve Sandstrom</u> Address <u>1431 22nd St.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>492-2200</u> FAX <u>452-5142</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis, CA 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Equity office Properties</u> Address <u>400 Capitol Mall, Suite 670</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>448-0400</u> FAX <u>448-4440</u> 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: add a couple of walls, elec. outlets, add sink + cabinet
2414.

OCCUPANT/TENANT: Houghton Mifflin VALUATION: \$ 20,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				B	I	SPR	ALARM	18	[H]	[Quad]
<u>(R)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	S		<u>(D)</u>	PW	UTIL
<u>13 dt</u>	<u>13 dt</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 T.L.M.</u>	<u>13 B.S.F.</u>					

COMMENTS: _____

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



air conditioning company, inc.

11276 Sunrise Park Drive, Suite 509 • Roseto Gardens, CA 95742 • 916-952-6868 • 916-952-8015

Contractor's License #128995

DIFFUSER AND GRILLE TEST BALANCE REPORT

Job No.
Job Name

631153
Houghton Millin
Suite 1490

ZONE	ROOM	OUTLET	SIZE	TYPE	FREE AREA	REQUIRED		TEST RESULTS	
						CFM	FPM	CFM	FPM
C-1		1	12"			325		320	
		2	12"			325		320	
C-2		1	12"			320		330	
		2	12"			320		330	
C-3		1	8"			225		225	
		2	6"			75		60	



air conditioning company, inc.

11375 Sunrise Park Drive, Suite 600 - Rancho Cordova, CA 95742 - 916-852-5050 - 916-852-5055

Contractor's License #120636

400 Capital MI #1490
01-08582

DIFFUSER AND GRILLE TEST BALANCE REPORT

Job No.
Job Name

631153
Houghton Mifflin
Suite 1490

ZONE	ROOM	OUTLET	SIZE	TYPE	FREE AREA	REQUIRED		TEST RESULTS	
						CFM	FPM	CFM	FPM
C-1		1	12"			325		320	
		2	12"			325		320	
C-2		1	12"			320		330	
		2	12"			320		330	
C-3		1	8"			225		225	
		2	6"			75		80	

NO. OF WORKERS ON SITE
 INSPECTOR
 DATE

INSPECTOR
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BUILDING SITE ADDRESS
 400 CAPITOL MALL
 SUITE

ASSESSOR
 PARCEL NO. 096-0144-028
 NAME OF APPLICANT

LICENSED CONTRACTOR
 NAME OF APPLICANT

PROPERTY OWNER
 NAME OF APPLICANT

ARCH ENGR
 NAME OF APPLICANT

NO. OF STORIES
 NO. OF ROOMS
 ROOM-COUNT

THIS PERMIT IS FOR
 BUILDING
 MECHANICAL
 PLUMBING
 ELECTRICAL

NATURE OF WORK (DETAIL)
 DRA: ROBERTSON

FLOOD STATUS
 CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION

WORKER'S COMPENSATION DECLARATION
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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: _____
 Policy Number: _____

(This section need not be completed if the permit is for one hundred dollars (\$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 will forthwith comply with those provisions.

Date: _____ Applicant: (Signature) _____

WARNING: FAILURE TO SECURE WORKERS' 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 COURT COSTS, ATTORNEY'S FEES AND ATTORNEY'S FEES.

DATE ISSUED: 8-14-94
 BY: [Signature]

DATE ISSUED: 8-14-94
 BY: [Signature]

DATE ISSUED: 8-14-94
 BY: [Signature]

DATE ISSUED: 8-14-94
 BY: [Signature]

DATE ISSUED: 8-14-94
 BY: [Signature]

DATE ISSUED: 8-14-94
 BY: [Signature]

DATE ISSUED: 8-14-94
 BY: [Signature]

TOTAL FEES \$

TOTAL FEES \$

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TOTAL FEES \$

CORRECTION NOTICE

AREA NO
1C

PERMIT NO
0108530

100 Capital Mall
Fines

CALL 264-5191 FOR REINSPECTION OF WORK
FOR VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- BUILDING
- PLUMBING
- MECHANICAL
- ELECTRICAL

As disciplines signed
prior to building
inspect all interior details
hereafter
OK for apply for
Temp Out O

INSPECTOR _____ DATE _____
 BUILDING INSPECTIONS 264-5716

JOB COPY
DO NOT REMOVE THIS TAG

CORRECTION NOTICE

AREA NO
1C

PERMIT NO
0108530

400 Capital Mall #1490
Fines

CALL 264-5191 FOR REINSPECTION OF WORK
FOR VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- BUILDING
- PLUMBING
- MECHANICAL
- ELECTRICAL

1 Provide Air Balance Report,
As indicated by drawings
Balance Report shall indicate
Compliance w/ drawings
OK for temp re O

INSPECTOR _____ DATE _____
 BUILDING INSPECTIONS 264-5716

JOB COPY
DO NOT REMOVE THIS TAG