

CITY OF SACRAMENTO

Permit No: 0506272

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 3301 C ST SAC

Thos Bros:

Parcel No: 004-0010-031

SUITE# 200 E

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

B P INTERIORS
860 S. RIVER ROAD
SACTO. CA.

OWNER

HOLGERSON HARRY T JR/MARY E
72 98TH AV
OAKLAND, CA 94603

ARCHITECT

Nature of Work: INTERIOR REMODEL FOR EXISTING LAB AREA 3,9999 SQ FT SUITE# 200 E

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 _____ License Number 769331 Date 6/24/05 Contractor Signature Robert Aullings

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 6/24/05 Applicant/Agent Signature Robert Aullings

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury that 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 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 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 VIRGINIA SURETY

Policy Number 00500020575

Exp Date 01/01/2006

(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 these provisions.

X Date 6/24/05 Applicant Signature Robert Aullings

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.

0506272

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DIVISION
PERMIT SERVICES SECTION
(916) 808-2534 FAX: (916) 808-7046

ACTIVITY #	Insp. Area
0506272	

Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 3301 C ST Suite: 200E

PARCEL #: 0004-0D18-031

<p>CONTACT</p> <p>Name: <u>TOM SNELVINS</u></p> <p>Street Address: <u>860 S. RIVER ROAD</u></p> <p>City/State/Zip: <u>WEST SACRAMENTO</u></p> <p>Phone: <u>916-914-7000</u></p> <p>E-Mail: <u>tsnevlins@sbccg.com</u></p>	<p>LICENSED CONTRACTOR Lic No. # <u>769331</u></p> <p>Name: <u>BP INTERIORS LP</u></p> <p>Street Address: <u>860 S. RIVER ROAD</u></p> <p>City/State/Zip: <u>WEST SACRAMENTO CA 95691</u></p> <p>Phone: <u>916-914-7000</u></p> <p>E-Mail: <u>bpinteriors@sbccg.com</u></p>
<p>ARCHITECT/ENGINEER</p> <p>Name: <u>SUE MOE/PM KADG</u></p> <p>Street Address: <u>1661 GARDEN HILLS</u></p> <p>City/State/Zip: <u>SACRAMENTO CA</u></p> <p>Phone: <u>916-921-1661</u></p> <p>E-Mail: _____</p>	<p>OWNER</p> <p>Name: <u>HARRY HANSEN FAMILY TRUST</u></p> <p>Street Address: <u>3301 C ST SUITE 1000</u></p> <p>City/State/Zip: <u>SACRAMENTO CA 95816</u></p> <p>Phone: <u>916-447-7328</u></p> <p>E-Mail: <u>cbparr@pacbell.net</u></p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: STATE EMP FUND

⇒ WORKER'S COMPANSATION POLICY # 713-13611-04 EXPIRATION DATE: 10/1/05

NATURE OF WORK IN DETAIL: TENANT IMPROVEMENT FOR NEW LAB AREA

OCCUPANT/TENANT: DIAGNOSTIC POINT-TO-POINT MG VALUATION: 225,550

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	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]
						SPR	ALARM			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

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COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3301 C St 206 E	APN: 004-0010-031
DRPB AREA / PUD / SPD: None	ZONING: M-1
EXISTING LAND USE: Cannery Business Park Commercial	
PROPOSED USE: Interior Remodel of Existing Medical Lab	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Z01-040 (SP Minor Mod to extend office space & Z00-078 (SP to locate required parking for Moxie Jr's restaurant in the Cammery parking area) Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: No change of use – was medical lab – new tenant is also a medical lab. No exterior work.	
DATE: 5-4-2005	BY: L. Hay



AIRCO MECHANICAL, INC.
 CONTRACTORS & ENGINEERS
 5720 Alder Avenue, Sacramento, CA 95828
 Contractors License Number 311454
 p. 916-381-4523 f. 916-381-1749

Microfilm

Air Outlet Test Report

Project: Diagnostic Pathology Medical Group
 Job Number: 050206
 System: AC-4 & AC-12

Test Date: 11-15-05
 Readings By: Lyle Jacobson
 Test Apparatus: Flow Hood - TE 100

Area Served	No.	Diff.		Design	Test			Final	
		Type	Size		ASPM	ASPM	ASPM	ASPM	ASPM
AC-4	1	S1	8"		160	205			170
	2		8"		180	200			165
	3		6"		90	85			90
	4	S3	8"		225	0			220
	5				225	220			230
	6				225	255			245
	7				225	255			245
	8				225	250			240
			Total Supply		1535	1470			1605
			Total Return		1270	100%			1320
			OSA		265				285
AC-12	1	S1	14"		710	750	735		710
	2				710	565	735		715
	3				710	745	765		715
	4				710	765	765		710
	5		6"		70	65	65		70
	6		6"		30	70	25		30
	7		8"		185	145	175		185
	8		6"		65	65	60		65
			Total Supply		3190	3170	3325		3200
			Total Return		1790				1740
			OSA		1400				1460

Notes



AIRCO MECHANICAL, INC.
 CONTRACTORS & ENGINEERS
 5720 Alder Avenue, Sacramento, CA 95828
 Contractors License Number 311454
 p. 916-381-4523 f. 916-381-1749

Air Outlet Test Report

Project: Diagnostic Pathology
 Job Number: 250206
 System: AC-19

Test Date: 2-25-06
 Readings By: Lyle Jacobson
 Test Apparatus: Flow Hood - TE100

Area Served	Orifice			Design			Test			Final		
	No.	Type	Size	Area (sq ft)	Min CFM	Max CFM	Min CFM	Max CFM	CFM	Min CFM	Max CFM	
AC-19	1	SI	14"			800		1060			840	
	2	Bypass	14"			800		740			780	
			Total	Supply Area			1600		1800			1620
		Min. OSA	19 1/4 x 13 1/4	1.77	FPM	56	106	72	128	FPM	60	106
		Max OSA	" "	" "	" "	800				473	838	
AC-20	1	SI	14"			900		985			985	
	2	"	"			905		930			930	
	3	Bypass	"			945					915	
			Total			2750					2830	
		OSA Min	31 x 18	3.875	FPM	466	1805	498	1930	479	1856	

Notes ① OSA readings were taken at the unit with Alnor RVA digital anemometer



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 CONTRACTORS & ENGINEERS
 5720 Alder Avenue, Sacramento, CA 95828
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 p. 916-381-4523 f. 916-381-1749

Air Outlet Test Report

Project: Diagnostic Pathology Medical Group
 Job Number: 050206
 System: EF-8, 9, 10, 11 + 12

Test Date: 12-22-05
 Readings By: Lyle Jacobson
 Test Apparatus: Flow Hood TE100, Shortridge ADM 860

Area Served	Outlet			Position			Test			Final		
	NO	Type	Size	Area	CFM	CFM	CFM	CFM	CFM	CFM	CFM	
EF-8	1	Slot	48x2		400	410					410	
	2				400	425					410	
	3				300	290					300	
	4				300	280					290	
	Total →					1400	1405					1410
			Size	Area	FPM		FPM	CFM	CFM		FPM	
EF-9	1	Hood	56x18	7.0	100	700	133	931	791		109	763
	2	"	"	"	100	700	154	1078			106	742
	Total →					1400		2009				1505
			Size	Area	FPM		FPM					
EF-10	1	Duct	10"φ	.55	791	435	755	415	79		793	436
	2					435	746	410			791	435
	3					435	920	505			796	438
	Total →					1305		1330				1309
			Size	Area	FPM		FPM					
EF-11	1	Fume Hood	56x18	7.0	100	700	156	1092	113		110	770
	2	Duct	6"	.20	500	100	630	126			534	107
	Total →					800		1218				877
EF-12	1	E 1	10"			400	474					407

Notes ① Readings were taken by pitot traverse in ducts

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 3301 C STREET, SUITE #200E Permit No.: 0506272
Building Use: OFFICE DBA: DPMG LAB Occupancy: B
Building Owner: HARRY T. & MARY E. HOLGERSON Construction Type: VN
Owner Address: OAKLAND, CALIF 94603 Sprinkled? Yes No
Portion of Building Occupied: ENTIRE, SUITE #200E Area: 3999 Sq. Ft.
03/15/2006 *James Leefer* RON BEEHLER
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: PWC, RH, JBB, KT]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

30 DAY TEMPORARY

Certificate of Occupancy

For Information Contact (916) 808-5716

Building Address: 3301 C STREET, SUITE #200E Permit No.: 0506272

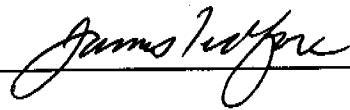
Building Use: OFFICE DBA: DPMG LAB Occupancy: B

Building Owner: HARRY T. & MARY E. HOLGERSON Construction Type: VN

Owner Address: OAKLAND, CA LIF 94603 Sprinkled? [] Yes [] No

Portion of Building Occupied: ENTIRE, SUITE #200E Area: 3999 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

02/28/2006  RON BEEHLER
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals: PWC, RH, JBB, JS]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE