

CITY OF SACRAMENTO

Permit No: 0602367

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2800 DEL PASO RD SAC

Thos Bros:

Parcel No: 225-0070-079

BLDG G

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

REEVE-KNIGHT CONSTRUCTION
128 ASCOT DR
ROSEVILLE CA 95661

OWNER

PDA LAND II LLC/MARVIN L OATES
1792 TRIBUTE RD 450
SACRAMENTO, CA 95825

ARCHITECT

Nature of Work: 1ST TIME TI FOR "RIVER CITY BANK"; 4374 SF; SPRINKLERED

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 659107 Date 5/11/06 Contractor Signature C. J.

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 5/11/06 Owner Signature C. J.

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant has 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 5/11/06 Applicant/Agent Signature C. J.

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 INDEMNITY ISURANCE COM. OF NO. Policy Number WSA164161403 Exp Date 01/15/2007

(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 5/11/06 Applicant Signature C. J.

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.

PAID
CITY OF SACRAMENTO
MAY 11 2006
NEIGHBORHOOD PLANNING
AND DEVELOPMENT DEPARTMENT

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # ██████████	Insp. Area 4
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2800 Del Paso Road, Natomas Suite: _____
 PARCEL #: APN - 225-0070-079 (BLDG. G)

<p style="text-align: center;">CONTACT</p> <p>Name: <u>Crysta Flannery</u> Street Address: <u>128 Ascot Drive</u> City/State/Zip: <u>Roseville CA 95661</u> Phone: <u>(916) 257-8440</u> E-Mail: <u>crysta.f@reeve-knight.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>659107</u></p> <p>Name: <u>Reeve-Knight Const.</u> Street Address: <u>128 Ascot Drive</u> City/State/Zip: <u>Roseville CA 95661</u> Phone: <u>(916) 706-5112 ext. 145</u> E-Mail: <u>crysta.f@reeve-knight.com</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>Nielsen & Associates</u> Street Address: <u>1731 East Roseville Plung</u> City/State/Zip: <u>Roseville CA 95661</u> Phone: <u>(916) 701-6200</u> E-Mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>RC Bank</u> Street Address: <u>Gateway Drive</u> City/State/Zip: <u>Sacramento CA</u> Phone: <u>(916) 567-2699</u> E-Mail: _____</p>

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

⇒ WORKER'S COMPANSATION POLICY # WC 399106/03 EXPROATION DATE: 1/15/07

NATURE OF WORK IN DETAIL: Tenant improvement of a 4,374 SF tenant improvement; SPRINKLERED

OCCUPANT/TENANT: RC Bank VALUATION: \$400,000

FLOOD STATUS:				S.C.A.T.						
JOB DISCRPTION		BLDG	SHELL	APT	TI (X)	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1 st Flr Area	2 nd Flr 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>
<u>NND</u>	<u>NND</u>	<u>PM</u>	<u>PM</u>	<u>EVE</u>	<u>FIR</u>	<u>DIH</u>		<u>CR2</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2880 Del Paso Road		APN: 225-0070-079
DRPB AREA / PUD / SPD: Expanded North, Del Paso Road PUD		ZONING: EC-65 PUD
EXISTING LAND USE: RETAIL / COMMERCIAL BUILDINGS		
PROPOSED USE: Building COMMERCIAL TI - RIVER CITY BANK		
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 submitted <i>before</i> project can be submitted for plan check.		
<input type="checkbox"/>	Application(s) IN PROGRESS	
Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.		
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P04-044 (Approved 06-10-04)	
Building permit application approved plans will comply with all conditions of approval. Do NOT issue building permit prior to end of 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 checked="" type="checkbox"/>	Route to SITE for plan check and inspection.	
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.	
COMMENTS: Must meet the conditions found in P04-044. Route to site to check for compliance with conditions.		
RIVER CITY BANK COMMERCIAL TI IN BUILDING "G"		
DATE: 02/22/06	BY: BONNIE SURGEON	

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 808-5716

Building Address: 2800 DEL PASO RD BLD G Permit No.: 0602367
Building Use: T.I. DBA: RIVER CITY BANK Occupancy: B
Building Owner: PDA LAND II LLC/MARVIN L OATES Construction Type: VN
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: BLD G Area: 4374 Sq. Ft.

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

9/14/06
Date

Carolyn Cooper
By: (Print) Sign

ROBERT LEE CHASE, AIA
CHIEF BUILDING OFFICIAL

[TCO approvals:DSP,JET,GDS,MCM,GRS]

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

2800 DEL PASO Rd. Permit # 0602367

Project Name River City Bank *Matamoros*

Date 8/30/06

Tecnician bg/rv

THE AIR CONDITIONING & HEATING CO.

AIR BALANCE REPORT

Unit ID	#	Duct Size	Outlet Size	Design CFM	% CFM	Test 1	Target CFM	Test 2	Test 3	Test 4	Final		
A/C 1													
Supply Air	1	8	10x10	175	11%	300	215	205		180	180		
	2	14	16x16	715	45%	900	880	885		780	780		
	3	14	16x16	715	45%	775	880	870		705	705		
				1605		1975	1975	1960		1665	1665		
Return Air	1	8		130	9%	150	130	135	140		140		
	2	16		1250	91%	1305	1235	1245	1255		1255		
				1380		1455					1395		
										Total Supply Air	1665		
										Total Return Air	1395		
Outside Air				230								Total OSA	270
A/C 2													
Supply Air	1	10	12x12	245	12%	295	260	265			265		
	2	12	14x14	585	29%	635	620	630			630		
	3	12	14x14	585	29%	605	620	615			615		
	4	12	14x14	585	29%	590	620	610			610		
				2000		2125		2120			2120		
Return Air	1	20	22x22	1780		2135	1880	1985	1905	1890	1890		
											Total Supply Air	2120	
										Total Return Air	1890		
Outside Air				225								Total OSA	230
A/C 3													
Supply Air	1	12	14x14	500	25%	520	515	520			520		
	2	12	14x14	500	25%	525	515	525			525		
	3	12	14x14	500	25%	500	515	500			500		
	4	12	14x14	500	25%	520	515	515			515		
				2000		2065					2060		
Return Air	1	18	22x22	885	50%	985	910	915			915		
	2	18	22x22	885	50%	970	910	910			905		
				1770		1955					1820		
										Total Supply Air	2060		
										Total Return Air	1820		
Outside Air				225								Total OSA	240

Project Name River City Bank *Nutomas*

Date 8/30/06

Tecnician bg/rv



AIR BALANCE REPORT

Unit ID	#	Duct Size	Outlet Size	Design CFM	% CFM	Test 1	Target CFM	Test 2	Test 3	Test 4	Final
A/C 4											
Supply Air	1	10	12x12	335	22%	365	374	365	375		375
	2	6	8x8	65	4%	85	73	70	75		75
	3	10	12x12	325	22%	345	363	350	350		350
	4	6	8x8	50	3%	90	56	50	55		55
	5	5	6x6	45	3%	70	50	50	50		50
	6	10	12x12	325	22%	295	363	305	335		335
	7	6	8x8	70	5%	95	78	80	75		75
	8	8	10x10	125	8%	140	140	145	150		150
	9	6	8x8	105	7%	115	117	120	115		115
	10	5	6x6	45	3%	65	50	55	60		60
				1490		1665		1590	1640		1640
Return Air	1	10	12x12	295	24%	385		315			315
	2	6	8x8	65	5%	165		80			80
	3	14	16x16	695	55%	705		685			685
	4	6	8x8	90	7%	140		105			105
	5	8	10x10	110	9%	165		100			100
				1255		1560					1285
Outside Air				345				Total Supply Air			1640
								Total Return Air			1285
								Total OSA			355
A/C 5											
Supply	1	12	14x14	600	50%	615					615
	2	12	14x14	600	50%	625					625
				1200		1240					1240
Return Air	1	20	14x14	570	50%	625	550				550
	2	12	14x14	570	50%	620	560				560
				1140		1245					1110
Outside Air				105				Total Supply Air			1240
								Total Return Air			1110
								Total OSA			130

Project Name River City Bank Natomas

Date 8/30/06

Tecnician bg/rv



AIR BALANCE REPORT

Unit ID	#	Duct Size	Outlet Size	Design CFM	% CFM	Test 1	Target CFM	Test 2	Test 3	Test 4	Final
A/C 1											
Supply Air	1	8	10x10	175	11%	300	215	205		180	180
	2	14	16x16	715	45%	900	880	885		780	780
	3	14	16x16	715	45%	775	880	870		705	705
				1605		1975	1975	1960		1665	1665
Return Air	1	8		130	9%	150	130	135	140		140
	2	16		1250	91%	1305	1235	1245	1255		1255
				1380		1455					1395
									Total Supply Air		1665
Outside Air				230					Total Return Air		1395
									Total OSA		270
A/C 2											
Supply Air	1	10	12x12	245	12%	295	260	265			265
	2	12	14x14	585	29%	635	620	630			630
	3	12	14x14	585	29%	605	620	615			615
	4	12	14x14	585	29%	590	620	610			610
				2000		2125		2120			2120
Return Air	1	20	22x22	1780		2135	1880	1985	1905	1890	1890
									Total Supply Air		2120
									Total Return Air		1890
Outside Air				225					Total OSA		230
A/C 3											
Supply Air	1	12	14x14	500	25%	520	515	520			520
	2	12	14x14	500	25%	525	515	525			525
	3	12	14x14	500	25%	500	515	500			500
	4	12	14x14	500	25%	520	515	515			515
				2000		2065					2060
Return Air	1	18	22x22	885	50%	985	910	915			915
	2	18	22x22	885	50%	970	910	910			905
				1770		1955					1820
Outside Air				225					Total Supply Air		2060
									Total Return Air		1820
									Total OSA		240

Project Name River City Bank *Natoma*

Date 8/30/06

Tecnician bg/rv



AIR BALANCE REPORT

Unit ID	#	Duct Size	Outlet Size	Design CFM	% CFM	Test 1	Target CFM	Test 2	Test 3	Test 4	Final
A/C 4											
Supply Air	1	10	12x12	335	22%	365	374	365	375		375
	2	6	8x8	65	4%	85	73	70	75		75
	3	10	12x12	325	22%	345	363	350	350		350
	4	6	8x8	50	3%	90	56	50	55		55
	5	5	6x6	45	3%	70	50	50	50		50
	6	10	12x12	325	22%	295	363	305	335		335
	7	6	8x8	70	5%	95	78	80	75		75
	8	8	10x10	125	8%	140	140	145	150		150
	9	6	8x8	105	7%	115	117	120	115		115
	10	5	6x6	45	3%	65	50	55	60		60
				1490		1665		1590	1640		1640
Return Air	1	10	12x12	295	24%	385		315			315
	2	6	8x8	65	5%	165		80			80
	3	14	16x16	695	55%	705		685			685
	4	6	8x8	90	7%	140		105			105
	5	8	10x10	110	9%	165		100			100
					1255		1560				
Outside Air				345					Total Supply Air		1640
									Total Return Air		1285
									Total OSA		355
A/C 5											
Supply	1	12	14x14	600	50%	615					615
	2	12	14x14	600	50%	625					625
				1200		1240					1240
Return Air	1	20	14x14	570	50%	625	550				550
	2	12	14x14	570	50%	620	560				560
				1140		1245					1110
Outside Air				105					Total Supply Air		1240
									Total Return Air		1110
									Total OSA		130

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document **LTG-2-A**
Permit # 0602367 Form 1 of 2

PROJECT NAME <u>River City Bank</u>	DATE	
PROJECT ADDRESS <u>2800 Del Paso Rd</u>		
TESTING AUTHORITY <u>Contractor</u>		TELEPHONE <u>568-5180</u>
LIGHTING CONTROL SYSTEM NAME / DESIGNATION <u>Douglas LTR Control Panel</u>		

Intent: Lights are turned off when not needed per 119(d) & 131(d).

Construction Inspection

- 1 Instrumentation to perform test includes, but not limited to:
 - a. Light meter
 - b. Hand-held amperage and voltage meter
 - c. Power meter
- 2 Occupancy Sensor Construction Inspection
 - Occupancy sensor has been located to minimize false signals
 - Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
 - Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source
- 3 Manual Daylighting Controls Construction Inspection
 - If dimming ballasts are specified for light fixtures within the daylight area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems
- 4 Automatic Time Switch Controls Construction Inspection
 - a. Automatic time switch control is programmed for (check all):
 - Weekdays
 - Weekend
 - Holidays
 - b. Document for the owner automatic time switch programming (check all):
 - Weekdays settings
 - Weekend settings
 - Holidays settings
 - Set-up settings
 - Preference program setting
 - Verify the correct time and date is properly set in the time switch
 - Verify the battery is installed and energized
 - Override time limit is no more than 2 hours

Certification Statement: I certify that all statements are true on this LTG-2-A form including the PASS/FAIL Evaluation.
I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: JOHN HOLMAN
Company: Bosley Electric
Signature: [Signature] Date: 9-07-06

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document **LTG-2-A**
 Permit # 0602367 Form 2 of 2

PROJECT NAME Burr City Bank DATE 9-07-06

- A. Select Acceptance Test (Indicate lighting control systems Names/Designations by the applicable tests below)**
- | | | |
|-------------------------------------|---|------------------------------------|
| <input checked="" type="checkbox"/> | 1 | Occupancy Sensor <u>BEST ROOMS</u> |
| <input type="checkbox"/> | 2 | Manual Daylighting Controls |
| <input checked="" type="checkbox"/> | 3 | Automatic Time Switch Controls |

B. Equipment Testing Requirements	Applicable Lighting Control Systems		
	1	2	3
Check and verify those items applicable to selected system:			
Occupancy Sensor - Step 1: Simulate an unoccupied condition			
a. Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 119(d)	(Y)N		
b. The occupant sensor does not trigger a false "on" from movement in an area adjacent to the controlled space or from HVAC operation	(N)		
c. Signal sensitivity is adequate to achieve desired control	(Y)N		
Step 2: Simulate an occupied condition			
a. Status indicator or annunciator operates correctly	(X)N		
b. Lights controlled by occupancy sensors turn on when immediately upon an occupied condition OR (this requirement is mutually exclusive with Step 2.c.)	(Y)N		
c. Sensor indicates space is "occupied" and lights turn on manually	(Y)N		
Step 3: System returned to initial operating conditions			
Manual Daylighting Controls - Step 1: Manual switching control			
a. At least 50% of lighting power in daylight areas is separately controlled from other lights		Y/N	
b. The amount of light delivered to the space is uniformly reduced		Y/N	
Step 2: System returned to initial operating conditions			
Automatic Time Switch Controls - Step 1: Simulate occupied condition			
a. All lights can be turned on and off by their respective area control switch			(Y)N
b. Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located			(Y)N
Step 2: Simulate unoccupied condition			
a. All non-exempt lighting turn off per Section 131(d)1			(Y)N
b. Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs			(Y)N
c. All non-exempt lighting turns off			Y(N)
Step 3: System returned to initial operating conditions			
			(Y)N

Note: Shaded areas do not apply for particular test procedure

- C. PASS / FAIL Evaluation (check one):**
- PASS:** All applicable Construction Inspection responses are complete and all applicable Equipment Testing Requirements responses are positive (Y - yes)
- FAIL:** Any applicable Construction Inspection responses are incomplete OR there is one or more negative (N - no) responses in any applicable Equipment Testing Requirements section. Provide explanation below. Use and attach additional pages if necessary.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 2800 DEL PASO RD BLDG # G Permit No.: 0602367

Building Use: T.I. DBA RIVER CITY BANK Occupancy: B

Building Owner: PDA LAND II LLC/MARVIN L. OATES Construction Type: VN

Owner Address: SACRAMENTO, CA Sprinkled? Yes No

Portion of Building Occupied: BLDG # G Area: 4374 Sq. Ft.

09/14/2006 Keith W. ... 9-19-06 ROBERT LEE CHASE, AIA
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: CED,JET,GDS,MCM,GRS]

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