

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010708
Insp Area: 1

Site Address: 2801 K ST SAC
Parcel No: 007-0113-018 4TH FLOOR SUITE 140

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

CONTRACTOR
WEST FORK CONSTRUCTION
3801 POWER INN RD
SACRAMENTO 95826

OWNER
FORT SUTTER MEDICAL VENTURE
POWER INN RD. #100
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: INTERIOR med office REMODEL.

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 B License Number _____ Date 10/20/00 Contractor Signature Gordon Wells

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 10/20/00 Applicant Agent Signature Gordon Wells

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.

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 policy number are:

Carrier STATE FUND Policy Number 229-00 UNIT 0019113 Exp Date 01/01/2001

____ (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.

X Date 10/20/00 Applicant Signature Gordon Wells

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.

AIRTEX

Job No: WF-24

Area Served: OFFICES

Date: 12-13-00

Page: 1 of 2

Unit No: HP-2

Motor Nameplate Data	Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3
MFR:	MFR: <u>COMMAND AIR</u>	Volts			
FR:	M/N: <u>SWPH354EA</u>	AMPS			
HP:	S/N: <u>L9511514</u>	BHP			
FLA:	Sheave Data Blower	RPM			
SF:	P/N:	SP -			
Sheave Data	Shaft:	SP +			
P/N:	Belts:	TSP			
Shaft:	Fan Design Data	Filter SP			
Adj:	CFM:	CFM Total			
Fixed:	SP:	CFM RA			
	RPM:	CFM OA			
	BHP:				

902

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
102	201	S/A	8		155	175	110	80		160		160
	202	S/A	8		165	185	110	100		170		165
	203	S/A	8		150	165	110	130		160		160
	204	S/A	8		150	165	110	140		155		155
	205	S/A	10		230	255	110	220		230		230
	206	S/A	10		230	255	110	115		235		235
TOTAL					1080	1200		785		1110		1105
	05A					170						

OK
12/13/00

Remarks: ~~* PLUGGED - 6" DIA - 50" L~~
 * NRED 30x16x1 FILTER

AIRTEX

16 x 30 x 1

Job No: WF-24

Area Served: OFFICES

Date: 12-13-00

Page: 1 of 1

Unit No: HP-1

Motor Nameplate Data	Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3
MFR:	MFR: <u>Command Air</u>	Volts			
FR:	M/N: <u>SWPH 354EA</u>	AMPS			
HP:	S/N: <u>LBS11313</u>	BHP			
FLA:	Sheave Data: <u>Blower</u>	RPM			
SF:	P/N:	SP -			
Sheave Data:	Shaft:	SP +			
P/N:	Belts:	TSP			
Shaft:	Fan Design Data:	Filter SP			
Adj:	CFM:	CFM Total	<u>935</u>		
Fixed:	SP:	CFM RA			
	RPM:	CFM OA			
	BHP:				

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		EPM	CFM	EPM	CFM	EPM	CFM	EPM	CFM
101	101	SA	10		230		340	345	V	225		225
	102	SA	6		100		90	95		100		90
	103	SA	6		60		60	75	V	65		65
	104	SA	6		100		80	65		80		90
	105	SA	8		230		50	250	V	230		220
	106	SA	6		80		55	65		80		80
	107	SA	6		100		65	80		80		90
	108	SA	6		100		60	75		80		90
TOTAL					1000		800	1030		930		955
	05A				170							

Remarks: * NEED 30 x 16 x 1 FILTER

AIRTEX

Job No: WF-24

Area Served: OFFICES

Date: 12-13-00

Page: 1 of 3

Unit No: HP-2A

Motor Nameplate Data	Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3
MFR:	MFR: <u>COMMAND AIR</u>	Volts			
FR:	M/N: <u>SWPH414EA</u>	AMPS			
HP:	S/N: <u>N/A</u>	BHP			
FLA:	PH:	Sheave Data Blower			
SF:	RPM:	P/N:			
	Shaft:	SP +			
	P/N:	Belts:			
	Shaft:	Fan Design Data			
	Adj:	CFM:			
	Fixed:	SP:			
		RPM:			
		BHP:			

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	Nbr	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	2A01	S/A			185		205		215		180	
	2A02	S/A			235		125		50		215	
	2A03	S/A			150		140		130		105	
	2A04	S/A			150		165		140	300	185	
	2A05	S/A			160		175		275		150	
	2A06	S/A			160		230		145		155	
	2A07	S/A			160		170		220		155	
					1200		1210		1215		1145	
OSA					120							

Remarks: ~~ALCO 30 x 115 ft~~ FLTR

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>0010708</u>	Insp. Area <u>IC</u>
------------------------------	-------------------------

ADDRESS 2801 K Street, 4th Floor
 PARCEL # 007.013.018

Applicant **MUST** complete ALL Unshaded areas
 Suite 4TH FL. SUITE 400

CONTACT

Name West Fork Construction, Inc.
 Street Address 3801 Power Inn Rd.
 City/State/Zip Sacramento, CA 95826
 Phone 452-8197 FAX 452-8190
 E-mail:

LICENSED CONTRACTOR Lic No. # 724016

Name West Fork Construction Inc.
 Address 3801 Power Inn Rd.
 City/State/Zip Sacramento, CA 95826
 Phone 452-8197 FAX 452-8190
 E-mail:

ARCHITECT/ENGINEER

Name William A. Reid
 Address 4879 Pasadena Ave.
 City/State/Zip Sacramento, CA 95841
 Phone 485-4898 FAX 485-2386
 E-mail:

OWNER

Name Fort Sutter Medical Bldg.
 Address 3321 Power Inn Rd. #100
 City/State/Zip Sacramento, CA 95826
 Phone 736-9000 FAX 736-6979
 E-mail:

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 229-019113-00 EXPIRATION DATE: 1/01/01

NATURE OF WORK IN DETAIL: Interior Remodel - Med Office

OCCUPANT/TENANT: No. Calif. Spine Center VALUATION: \$ 62,000⁰⁰

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	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	L	P	M	E	F	SPR	ALARM	[H] [Quad]			
		1750		B	FR	Y (N)	15				
						S	D	PW	UTIL		
						NONE OR 1/1st					

COMMENTS: 12/21/00

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed N/A

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

called
7-14 *eft mess*
9-15 @ 1/30 *NO*
Ans

Project Address: 2801 K St

They left mess

Assessor's Parcel Number: 007-0113-033

Previous Use: Medical office

Description of Request/Proposed Use: ? ~~To med office?~~

Interior remodel

Is This a Change of Use? _____

Zoning Designation: C-2SPD

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: Can't tell what's going on re:
how much is reg. off + other uses
and how much is med office - sep
note attached

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

exterior work?

medical to Med

no exterior work

Planning Review by/Date: [Signature]

9-13-00

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

MICROFILM AFTER FINAL



Associates, Incorporated
Comprehensive
Care of the Spine

MARK F. HAMBLY, M.D.
Spine Surgeon
MARY A. SCHNEIDERMAN, M.D.
Spine Surgeon
916-733-8277

JOE T. HARTZOG, M.D.
Physical Medicine &
Rehabilitation, Electromyography

STEPHEN I. MANN, M.D.
Physical Medicine &
Rehabilitation, Electromyography

MARK N. TAYLOR, M.D.
Physical Medicine &
Rehabilitation, Electromyography

VINAY M. REDDY, M.D.
Physical Medicine &
Rehabilitation, Electromyography
916-733-5024

THOMAS S. PATTISON, M.D.
Physical Medicine &
Rehabilitation, Electromyography
916-733-5041

MICROFILM AT FINAL

September 26, 2000

To Whom It May Concern:

The physicians and staff at Northern California Spine & Rehabilitation Associates, at 2801 K Street, Suite 410, do not use medical or anesthetic gasses in their practice.

Gasses will not be used in the present suite or in the additional space being added to our office.

Sincerely,

Linda Anderson, Administrator
Northern California Spine &
Rehabilitation Associates, Inc.

SPECIFICATIONS

MICROFIL

SENTINEL

Dry Chemical Extinguishers	SENTINEL 2 1/2		SENTINEL 5		SENTINEL 6		SENTINEL 10		SENTINEL 20					
Model	SY-Q216	SY-Q286*	SY-0515*	SY-05N6*	SY-0517*	SY-0521	SY-0531	SY-0514*	SY-1014*	SY-1024*	SY-1034*	SY-2014	SY-2024*	SY-2034*
Filling/Refiller Part No.	79734 79735 with vehicle bracket	79735 79737 with vehicle bracket	76130 79738 vehicle bracket	415205 415899 with vehicle bracket	415916 416010 with vehicle bracket	416464	416120	32963 24734 with CO ₂ hanger	32871 24735 with CO ₂ hanger	32926	32929	32932 24735 with CO ₂ hanger	32937	32940
Net Weight (lb.)	24610	24610	54100	415824	415824	415824	415824	31025	30865	30865	30865	30937	30937	30937
Agent Capacity	2 1/2 lb. (1.13 kg) FOAM PLUS-FIFTY C	2 1/2 lb. (1.13 kg) PLUS-FIFTY C	4 1/2 lb. (2.04 kg) FOAM	5 lb. (2.27 kg) FOAM	5 lb. (2.27 kg) FOAM	5 lb. (2.27 kg) Purple-K	5 lb. (2.27 kg) PLUS-FIFTY C	6 lb. (2.72 kg) FOAM	10 lb. (4.54 kg) FOAM	10 lb. (4.54 kg) Purple-K	10 lb. (4.54 kg) PLUS-FIFTY C	20 lb. (9.07 kg) FOAM	20 lb. (9.07 kg) Purple-K	20 lb. (9.07 kg) PLUS-FIFTY C
U.L. Rating	1-A:10-B:C	10-B:C	2-A:10-B:C	3-A:40-B:C	2-A:10-B:C	00-B:C	40-B:C	3-A:40-B:C	10-A:60-B:C	00-B:C	40-B:C	20-A:120-B:C	100-B:C	00-B:C
Discharge Classification	Type B, C, Size I	Type B, C, Size I	Type A, Size II Type B, C, Size I	Type A, Size II Type B, C, Size I	Type A, Size II Type B, C, Size I	Type B, C, Size I	Type B, C, Size I	Type A, Size II Type B, C, Size I	Type A, Size II Type B, C, Size II	Type B, C, Size II	Type B, C, Size II	Type A, Size II Type B, C, Size II	Type B, C, Size II	Type B, C, Size II
Discharge Time	9 seconds	10 seconds	13 seconds	14 seconds	15 seconds	17 seconds	14 seconds	14 seconds	21 seconds	24 seconds	17 seconds	28 seconds	30 seconds	21 seconds
Minimum Effective Range	11 ft. (3.4 m)	11 ft. (3.4 m)	14 ft. (4.3 m)	14 ft. (4.3 m)	14 ft. (4.3 m)	16 ft. (4.9 m)	16 ft. (4.9 m)	14 ft. (4.3 m)	19 ft. (5.8 m)	19 ft. (5.8 m)	19 ft. (5.8 m)	22 ft. (6.7 m)	22 ft. (6.7 m)	22 ft. (6.7 m)
Agent Flow Rate	31 lb./sec. (14 kg/sec.)	28 lb./sec. (1.13 kg/sec.)	31 lb./sec. (14 kg/sec.)	38 lb./sec. (1.17 kg/sec.)	34 lb./sec. (1.15 kg/sec.)	30 lb./sec. (1.14 kg/sec.)	35 lb./sec. (1.16 kg/sec.)	46 lb./sec. (2.1 kg/sec.)	52 lb./sec. (2.4 kg/sec.)	48 lb./sec. (2.2 kg/sec.)	65 lb./sec. (2.9 kg/sec.)	76 lb./sec. (3.4 kg/sec.)	68 lb./sec. (3.1 kg/sec.)	99 lb./sec. (4.5 kg/sec.)
Charged Weight (with agent)	5 lb. (2.27 kg)	5 lb. (2.27 kg)	8 lb., 14 oz. (4.03 kg)	9 lb., 14 oz. (4.15 kg)	9 lb., 14 oz. (4.15 kg)	9 lb., 14 oz. (4.15 kg)	9 lb., 14 oz. (4.15 kg)	11 lb., 6 oz. (5.17 kg)	17 lb., 14 oz. (8.13 kg)	17 lb., 14 oz. (8.13 kg)	17 lb., 14 oz. (8.13 kg)	32 lb., 2 oz. (14.60 kg)	32 lb., 2 oz. (14.60 kg)	32 lb., 2 oz. (14.60 kg)
Dimensions: Height	14 3/16 in. (35.9 cm)	14 3/16 in. (35.9 cm)	13 7/8 in. (35.3 cm)	16 5/8 in. (42 cm)	16 5/8 in. (42 cm)	16 5/8 in. (42 cm)	16 5/8 in. (42 cm)	16 13/16 in. (42.7 cm)	19 1/4 in. (48.9 cm)	19 1/4 in. (48.9 cm)	19 1/4 in. (48.9 cm)	23 3/4 in. (60.3 cm)	23 3/4 in. (60.3 cm)	23 3/4 in. (60.3 cm)
Width	4 1/2 in. (11.4 cm)	4 1/2 in. (11.4 cm)	7 1/2 in. (19.1 cm)	7 3/8 in. (18.7 cm)	7 3/8 in. (18.7 cm)	7 3/8 in. (18.7 cm)	7 3/8 in. (18.7 cm)	8 1/2 in. (21.5 cm)	9 in. (22.9 cm)	9 in. (22.9 cm)	9 in. (22.9 cm)	9 1/2 in. (24.1 cm)	9 1/2 in. (24.1 cm)	9 1/2 in. (24.1 cm)
Depth	3 3/8 in. (8.6 cm)	3 3/8 in. (8.6 cm)	5 in. (12.7 cm)	4 7/16 in. (11.3 cm)	4 7/16 in. (11.3 cm)	4 7/16 in. (11.3 cm)	4 7/16 in. (11.3 cm)	5 in. (12.7 cm)	5 27/32 in. (14.8 cm)	5 27/32 in. (14.8 cm)	5 27/32 in. (14.8 cm)	7 7/32 in. (19.3 cm)	7 7/32 in. (19.3 cm)	7 7/32 in. (19.3 cm)
Flux Suppression Capability**	10 sq. ft. 25 sq. ft.	10 sq. ft. 25 sq. ft.	10 sq. ft. 25 sq. ft.	40 sq. ft. 100 sq. ft.	10 sq. ft. 25 sq. ft.	60 sq. ft. 150 sq. ft.	40 sq. ft. 100 sq. ft.	40 sq. ft. 100 sq. ft.	60 sq. ft. 150 sq. ft.	60 sq. ft. 150 sq. ft.	40 sq. ft. 100 sq. ft.	120 sq. ft. 300 sq. ft.	120 sq. ft. 300 sq. ft.	80 sq. ft. 200 sq. ft.
Operator: Routine Experience	25 sq. ft.	25 sq. ft.	25 sq. ft.	100 sq. ft.	25 sq. ft.	100 sq. ft.	100 sq. ft.	100 sq. ft.	150 sq. ft.	150 sq. ft.	100 sq. ft.	300 sq. ft.	300 sq. ft.	200 sq. ft.

** For dry chemical (FUD approved) agents only. For CO₂ agents, see separate literature. For foam agents, see separate literature. For wet chemical agents, see separate literature. For K Class agents, see separate literature.

U.S. Dept. of Commerce, Bureau of Standards, National Institute of Standards and Technology, Gaithersburg, MD 20899

U.S. Dept. of Commerce, Bureau of Standards, National Institute of Standards and Technology, Gaithersburg, MD 20899

U.S. Dept. of Commerce, Bureau of Standards, National Institute of Standards and Technology, Gaithersburg, MD 20899

REVIEW NO. 1PC# 0010708Sht. 1 of 1JOB ADDRESS: 2801 K StreetDate: 9-14-00Reviewed by: LMBDISCIPLINE: FireSCOPE: Interior remodel.**MAKE CORRECTIONS NOTED BELOW, REVIEW AND INCLUDE WITH NEXT SUBMITTAL:**

- () **APPROVED AS NOTED**
 (X) Make corrections, review and include with next submittal
 () See notes on sheets _____, revise and include with next submittal.
 (X) Complete plan check cannot be done without the information requested below. Include this information with your next submittal.

IMPORTANT NOTE:**RETURN CHECK SET OF PLANS WITH NEXT SUBMITTAL!**

Cloud, delta and date **ALL** revisions with next submittal of plans. Indicate detail and sheet number in last column where correction was made on the plans.

ITEM #	COMMENTS	Sht/Det. No.
1	Provide information on fire extinguishers. Extinguishers shall comply with article 10-1 of U.F.C.	
2	Provide a medical gas letter that indicates any and all types of medical gases that will or will not be used on the site. Information shall include the type of gases, container sizing, location of containers, and if the tanks are portable or permanent and information on piping for gases.	
3	Provide a fire sprinkler plan by a licensed fire sprinkler contractor.	
	<i>Non-sprinklered</i>	
	END	

MICROFILM AT FINAL

FAX MEMO
 # PAGES: 1 DATE: 9-26 FAX: 1752-9190
 TO: West Fork
 FROM: _____
 CO: _____
 PH: _____ FAX: _____

ELL