

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0513560

Insp Area: 3

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 2521 STOCKTON BL SAC

Parcel No: 011-0183-015

7TH FLOOR - SUITE #7102

CONTRACTOR
OWNER BUILDER

OWNER
GLASSROCK PARTNERSHIP
7700 COLLEGE TOWN DR
SACRAMENTO, CA 95826

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL IN SUITE 7102: BUILD 3 OFFICE SPACES IN EXISTING BREAKROOM (7TH FLR)

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 _____ License Number C000005935 Date _____ 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 & PC for this reason: SEP 07 2005

Date 9/7/05 Owner Signature Kenneth J. La

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 9/7/05 Applicant/Agent Signature Kenneth J. La

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 _____ Policy Number _____ Exp Date _____

(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 9/7/05 Applicant Signature Kenneth J. La

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.



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5658 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name Hawley & Sons Warren Hawley Phone 916 762-6506
 Address _____
 Type of Work Wall Framing Drywall and Paint

Name Air Systems Phone 916 368-0336
 Address _____
 Type of Work HVAC

Name Schetter Electric Phone 446 2521
 Address 471 Bannon Street Sacto CA 95814
 Type of Work Electrical

Name _____ Phone _____
 Address _____
 Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner KENNETH FAWN Kenneth Fawn
 Date 9/6/05 (Printed name) (Signature)
 Case No. _____ Permit No. 0513560
 Job Address 2521 Stockton Blvd Ste 7102

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # 0513567	Insp. Area
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Applicant MUST complete ALL Unshaded Areas

ADDRESS: 2521 Stockton Blvd Sacramento Suite: _____

PARCEL #: _____

<p style="text-align: center;">CONTACT</p> <p>Name: <u>MARCO BABICH</u> Street Address: <u>PO Box 191825</u> City/State/Zip: <u>Sacto CA 95819</u> Phone: <u>916 386-8580 #2</u> E-Mail: <u>marco@calnet</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>Ernie Moore</u> Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>Glasscock Partners</u> Street Address: <u>PO Box 191825</u> City/State/Zip: <u>Sacto CA 95819</u> Phone: _____ E-Mail: _____</p>

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

⇒ WORKER'S COMPANSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: build out 3 offices in existing break room
~~BE~~ remodel

OCCUPANT/TENANT: UC Davis Med Center **VALUATION:** \$10,000

FLOOD STATUS:			S.C.A.T.							
JOB DISCIPTION	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. File	
						SPR	ALARM		[H] [Quad]	
B	L	P	M	E	F	S		D	PW UTIL	

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT:** Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed



AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Lane
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

Job Number: W/O # 22988
 Job Name: 2521 STOCKTON BLVD 7THF
 Date: 10-5-05
 Tech: LANCE

PAGE 1 OF 1

VAV	RAW SENSOR READINGS				OUTLET			DESIGN			ACTUAL			DIFFERENCE		
	ASD	OPEN	MAX	MIN	NO.	TYPE	SIZE	DESIGN	ACTUAL	DIFF	DESIGN	ACTUAL	DIFF	DESIGN	ACTUAL	DIFF
VAV 7-10	N/A	N/A	N/A	N/A				350	500	1170						
					1	SI	12"φ		500	550					490	
					2		10"φ		290	500					295	
					3		↓		250	370					250	
					4		8"φ		130	240					130	
									/	/					/	/
									1170	1160				500	1165	350

REMARKS:

CALIBRATED WITH PATRICK (U.C. DAVIS) 734-6012
THIS ZONE ON THE SOFTWARE (VAV 130)
SUPPLY MULTIPLIER = 2.7