

Permit No: 0105755

Insp Area: 1

Sub-Type: REM

Housing (Y/N): N

ARCHITECT

MGB ARCHITECTS

1780 BELLAIR ST

DENVER, CO 80222

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 800 NORTH 10TH ST SAC

Parcel No: 001-0020-008

CONTRACTOR

M.A. MORTENSON

21918 BELMONT DR

PALO CEDRO, CA 96073

OWNER

CITY OF SACRAMENTO

915 I ST RM 12

SACRAMENTO CA 95814

Nature of Work: INTERIOR REMODEL FOR SPLICING FIBER-OPTIC CABLE ROOM

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.).

N/A

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 3 (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: 911721 Date: 6-4-01

Contractor Signature: [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 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 prohibited locations for such improvements. This building permit does not authorize any illegal location or 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 above mentioned property for inspection purposes.

Date: 6-04-01

Applicant/Agent Signature: [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: WILLIS CORROON

Policy Number: MVK650084

Exp Date: 05-01-2002

(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: 6-04-01 Applicant Signature: [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 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

# EXPRESS PLAN REVIEW

1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

Comments:

Signature: \_\_\_\_\_

REV#	1st Review		2nd Review		3rd Review	
	Staff	Status	Staff	Status	Staff	Status
1	Y. 5/14/01					
2	Y. 5/14/01					
3	T.A. 5/14/01					
4	J.L.M. 5/14/01					
5	ESP 5/16/01					

STAFF COMMENTS:

1. CHECK FOR SPARKER PANS U/LIST  
 2. PUMP OPERATOR SHALL PROVIDE SEISMIC ANCHORAGE  
 OR VOTE PER THE CONVERSATION WITH ARCH.

# 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 #

0105755

Insp. Area

1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 800 N. 10th St. Suite \_\_\_\_\_

PARCEL # 001-0020-008

**CONTACT**  
 Name Catherine Niltmeyer  
 Street Address 128 Pepper Ave.  
 City/State/Zip Burlingame, CA 94010  
 Phone 650.347.0757 FAX 650.347.0650  
 E-mail: \_\_\_\_\_

**LICENSED CONTRACTOR** Lic No. # 411701  
 Name M. A. Mortenson Co.  
 Address 700 Meadow Lane N.  
 City/State/Zip Minneapolis, MN 55422  
 Phone 530.518.1323 FAX 530.547.4102  
 E-mail: \_\_\_\_\_

**ARCHITECT/ENGINEER**  
 Name MCB Architects  
 Address 180 Bellaire St.  
 City/State/Zip Denver, CO 80222  
 Phone 303.758.7650 FAX 303.758.7984  
 E-mail: \_\_\_\_\_

**OWNER**  
 Name 360networks /o Jerry Lundquist  
 Address 1011 SW Emkay Dr. #209  
 City/State/Zip Bend, OR 97702  
 Phone 541.318.7482 FAX 541.318.7414  
 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: Temp. stand alone room of 44'x18' built of gypbd. on metal studs - ceiling & walls / Temp. cooling units are being provided / Temp. lights will be attached to new exp blk. ceiling

OCCUPANT/TENANT: 360networks VALUATION: \$ 100,000.00

FLOOD STATUS:		S.C.A.T.									
		BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH	
JOB DESCRIPTION											
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			
1	1000 sq ft			B	III-N	SPR ALARM	16	[H]	[Quad]		
								PW	UTIL		

COMMENTS: TAKE IN PER JMT. bring in cut sheets for quantity quantities of full pipe sprinkler plan  
NEED ENGINEERING  
We'll try to do it as an express! JMT

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

DATE 5/22/01

PLAN CHECK # 0125755

PROJECT ADDRESS 800 N. 10th St.

# PLAN REVIEW RESUBMITTAL

	B	L	P	M	E	F	S	U	PW
<b>1<sup>ST</sup> CYCLE</b>									
STATUS	Exp	Exp	Exp	Exp	Exp	Exp			
<b>2<sup>ND</sup> CYCLE</b>									
STATUS	13 4	13 4			Charge	3			
<b>3<sup>RD</sup> CYCLE</b>									
STATUS									

### PROJECT DETAILS:

REMODELS & T.I.'s ..... 2 SETS    NEW BLDGS & ADD's. .... 5 SETS  
 \*\* APPLICANT TO PROVIDE SAME NUMBER OF PLANS AS 1<sup>ST</sup> REVIEW.  
 For remodels and T.I.'s an additional set of any fire protection systems drawings  
 are required for Fire Dept use.

NUMBER OF SETS SUBMITTED: 4      RECEIVED BY: \_\_\_\_\_

SUBMITTED BY: Catherine Nilmeyer

PHONE # 650.347.0757      FAX # 650.347.0650

COMMENTS: removed generator / revised electrical info.

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**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: 360 Networks Phone: 541-318-7482  
 Site Address: 800 N. 10<sup>th</sup> Street Suite: H0J  
 (Street) (Zip) Phone: 541 318-7482  
 Business Owner/Representative: Kene Colos  
 Nature of Business: Telecom Switch-700 TEMP POP  
 Property Owner: 360 Networks Phone: 541 318-7482  
 Address: 1011 S.W. EMKAY DR Suite: 203  
Bend (City) OR (State) 97702 (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X  
 Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.
3. Does/Will your business generate hazardous waste? Yes \_\_\_ No X
4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

- If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.
5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No X
6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No X
7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No X
- If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.
8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No X

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Dave Nordstrom  
 (Print) 6-4-02  
 (Signature) (Date)

BID Use Only: Plan Ck# <u>0105755</u> Permit # <u>0105755</u>	
OK to issue prmt? <u>Y</u>	init date <u>6-15-02</u>
F.D. Appr Req'd? Yes No	
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init	date
OK to issue Certificate of Occupancy? init	date

# SPECIAL CONDITIONS ATTACHMENT

Mitigation Monitoring Plan Yes No  
Timing Range - PERMIT ISSUANCE - thru

ADDRESS \_\_\_\_\_ PERMIT # \_\_\_\_\_  
PROJECT TITLE \_\_\_\_\_ P.C. # \_\_\_\_\_

Insp #	Description	Orig. Dept.	Timing	Remarks
				Inspection request not necessary
X1	Special inspections in accordance with section 306 of the U.B.C. (All)	SPI	Prior to final, C of C, or C of O	(1)
X2	Verify floor elevation staking per elevation certificate.	LFA	Prior to foundation inspection	(1)
X3	A surveyor/engineer shall re-survey the finished floor elevation and provide an elevation certificate based on finished floor elevation.	LFA	Prior to framing inspection	(1)
X4	Life-Safety testing is required for high-rise	CPC	Prior to final, C of C, or C of O	(1), (2)
X5	Smoke control/Alarm systems testing is required for malls and atriums	CPC	Prior to final, C of C, or C of O	(1), (2)
X6	Verify that C of C has been issued	CPC	Prior to final, C of C, or C of O	(1)
X11	Site improvements/T-24 handicap	SCU	Prior to final, C of C, or C of O	(1) FOR INSPECTIONS CALL GARY SPRASS 264-7720
X12	Site improvements/Zoning code	SCU	Prior to final, C of C, or C of O	(1)
X13	Special permit conditions	CRP	Prior to final, C of C, or C of O	(1)
X14	Noise and Dust abatement program	ESD	Random	Random inspections will be arranged by Building Inspections Division
X15	Archaeological findings	ESD	Verify at foundation inspection	Notify building inspector at foundation inspection
X16	Design Review	CRP	Prior to final, C of C, or C of O	(1) MR SPRASS 264-7720
100	Fire alarm	FRI	Prior to final, C of C, or C of O	(2) FOR FIRE INSPECTIONS CALL 264-5260
101	Sprinkler monitoring	FRI		
102	Fire alarm monitoring	FRI	Prior to final, C of C, or C of O	(2)
200	Fire sprinkler O/H	FRI		
201	Fire sprinkler U/G	FRI		
202	Fire Pump	FRI		
203	Pre-action System	FRI		
204	Wet/Dry Standpipe System	FRI		
205	Deluge System	FRI		
206	Other systems	FRI		
300	Halon systems	FRI		
301	FM200 System	FRI		
302	CO2 System	FRI		
303	Inergen System	FRI		
304	Dry Chemical System	FRI		
305	Wet Chemical System	FRI		
306	Foam System	FRI		
307	Paint Booth System	FRI		
308	Other System	FRI		
309	Medical Gas System	FRI		
310	Smoke Removal System	FRI		
311	Hood System	FRI		
600	Tank Install	FRI		
701	Knox Box at Gates	FRI		call 264-
X99	Misc.			call 264-
207	Misc. FIRE EXTINGUISHER			
	Misc.			