

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101189
Insp Area: 1

Site Address: 2100 Q ST SAC
Parcel No: 007-0324-005 MEZZANINE

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

CONTRACTOR
DPR
1451 RIVER PARK DR SUITE 210
SACRTO, CA. 95815

OWNER
MC CLATCHY NEWSPAPERS
SACRAMENTO CA
95816

ARCHITECT

Nature of Work: 1000 OF OFFICE AREA RELOCATE EQUIPMENT TO MEZZANINE FROM 1ST FLOOR 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. 3097.1(a)(1)).

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 _____ Date 2/26/01 Contractor Signature Mark Scholle

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 & P 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.

Date 2/26/01 Applicant/Agent Signature Mark Scholle

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 LUMBERMENS MUTUAL CASUALTY CO Policy Number 5ba15998800 Exp Date 02/01/2002

____ (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 2/26/01 Applicant Signature Mark Scholle

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2100 Q STREET Permit No. 0101189

Building Use: NEWSPAPER Occupancy: B

Building Owner: THE SACRAMENTO BEE Construction Type: II

Owner Address: 2100 Q STREET Sprinkled? [X] Yes [] No

Portion of Building Occupied: ENTIRE - PLATEROOM Area: 1,000 Sq. Ft.

08/27/01 Bryan Hala Per DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: RCY;WJR;RDH;CP]

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

POST IN A CONSPICUOUS PLACE

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: Sacramento Bee Phone: 321-1616
 Site Address: 2100 Q Street 95816 Suite: _____
 (Street) (Zip)
 Business Owner/Representative: McClellan Newspapers Phone: _____
 Nature of Business: Newspaper
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
 (Street)

2. Are you developing an undetermined tenant space? Yes ___ No ___ 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 ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

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 ___

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.

X Applicant's Name: Ron Schulte
 (Print)
Ron Schulte
 (Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____ OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1	1	2	1/3/01	1	1

PLAN CHECK # _____
 ADDRESS _____
 Commercial Residential

ACCEPTED REJECTED

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW	
	Staff	Staff	Date	Staff	Staff	Date	Staff	Date
PLUMBING	3	YL	1/31/01	13	YL	2/16/01		
STRUCTURAL	3	YL	1/31/01	13	YL	2/16/01		
MECHANICAL/PLUMBING	3P 13M	JMT	1/31/01	13	JMT	2/16/01		
ELECTRICAL	13	DM	4/2/01					
FIRE	03	BJE	1/31	13	BS	2-16-01		
PLANNING								

STAFF COMMENTS: _____

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 6/14/01
PAGE
UNIT
EXISTING
PLATE Rm.

DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested	
					FPM Vel	CFM	FPM Vel	CFM
PD12	1	CD	24x24			600		610
	2				600	580		
	3				600	560		
PD13	4				600		540	
PD12	5				400		410	
	6				600		630	
	7				600		600	
	8				600		560	
	9				400		375	
	10				270		300	
PD15	11				200		220	
PD14	12				225		250	
PD12	13	CR	24x24			1200		1160
	14				1200	1140		
	15				1200	1120		
	16				800		730	
	17				540		500	
PD13	18				205		165	
PD15	19				180		140	
PD14	20				245		210	
CORR	21	CD	12x12			350		360
	22				350	320		
	23				350	300		

Remarks:

FC-1 NOT RUNNING The Bee = Ran Mahron Has it set to only come on when temp needs adjusting in room

DRIVE ROOM