

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0318952

Insp Area: 1
Thos Bros: 297 G3

Site Address: 201 29TH ST SAC
Parcel No: 003-0105-001

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

CONTRACTOR
TURNER CONSTRUCTION CO
1450 HARBOR BL SUITE A
WEST SACRAMENTO CA 95691

OWNER
PLANNED PARENTHOOD MAR MONTE INC
1691 THE ALAMEDA
SAN JOSE CA 95126

ARCHITECT
ARKTEGRAF INC.
1800 27TH ST
SACRAMENTO CA 95816

Nature of Work: INTERIOR 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.

License Class B License Number 210639 Date 12/9/07 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 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.

Date 12/9/07 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:

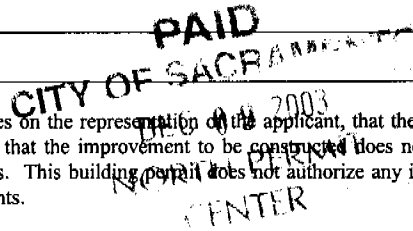
Carrier LIBERTY MUTUAL Policy Number WC2-625-004321-013 Exp Date 01/01/2004

_____, (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 12/9/07 Applicant Signature [Signature]

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.

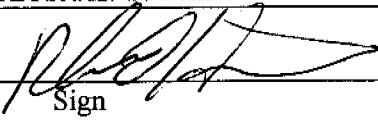
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	<u>201 - 29TH ST</u>	Permit No.:	<u>0318952</u>
Building Use:	<u>OFFICE</u>	Occupancy:	<u>B</u>
Building Owner:	<u>PLANNED PARENTHOOD MAR MONTE INC</u>	Construction Type:	<u>V-1HR</u>
Owner Address:	<u>SAN JOSE, CA</u>	Sprinkled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	<u>INTERIOR REMODEL</u>	Area:	<u>328</u> Sq. Ft.
Date	<u>1/20/04</u>	By: (Print)	<u>DENNIS RICHARDSON</u>
		Sign	 <u>DENNIS RICHARDSON</u> CHIEF BUILDING OFFICIAL

[Finaled By:PWC,MSK,KR,JI]

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



201-29th St
0318952

San Jose (HQ): Ph: 408-928-3000 Fax: 408-928-3003
 San Francisco: Ph: 415-951-4848 Fax: 415-951-8989
 Sacramento: Ph: 916-774-7174 Fax: 916-783-6248
 www.mesa3.com admin@mesa3.com

Report Name _____ No. _____
 Client Project _____
 Facility Name _____

Air Distribution Fan System: (E) AC-2 Section: _____ Item: _____ Page: _____ of _____

Register		Design		Date/By: 1/15/04 m/eq EQ# 632					Date/By: 1/15/04 m/eq EQ# 632					Date/By: _____ EQ# _____		Note Code		
I.D.	Type	Size or Model	AK	PPM or AP	CFM	Test # 1 - Prelim.	% Open	SPVP	FPWC/FM	CFM	Analysis	Test # 2 - Final	% Open	SPVP	FPWC/FM		CFM	Analysis
6	CD	8"φ			120	100%				105	88%	60%				120	100%	
6A					↓	100%				139	116%	65%				120	100%	
6B					↓	75%				128	106%	60%				120	100%	
7					200	100%				137	69%	100%				200	100%	
8					205	100%				132	64%	100%				205	100%	
9					120	75%				112	93%	60%				121	101%	
10		4"φ			215	100%				215	100%	75%				235	109%	
11		10"φ			↓	75%				226	105%	75%				237	110%	
12		6"φ			↓	25%				61	102%	25%				66	110%	
13					↓	30%				67	112%	20%				66	110%	
14		10"φ			215	45%				232	108%	45%				234	109%	
15		6"φ			50	50%				56	112%	50%				55	110%	
16					↓	30%				46	92%	20%				55	110%	
17					↓	30%				56	112%	20%				51	102%	
(E) AC-2 SUPPLY					1300					1712	95%					1885	105%	
6D	CEG	12"φ			585	100%				515	88%					592	101%	
6DA		8"φ			110	75%				190	173%	50%				111	101%	
6DB					↓	100%				175	159%	50%				112	100%	
6DC					↓	0%				31	28%	50%				111	101%	
6E					120	35%				121	101%					125	104%	
6F					95	35%				88	93%					95	100%	
6G		6"φ			60	35%				62	103%					62	105%	
6H					50	35%				51	102%					55	110%	
6I					60	30%				60	100%					66	110%	
6J					50	30%				51	102%					52	104%	
6K					↓	30%				49	98%					50	100%	
(E) AC-2 RETURN					1400					1393	100%					1429	102%	
DEA	Return	9x9			400							100%				371	93%	(2)

NOTE: FILTERS LOADED ON FIRST TEST. 1/15/04
 note (2) OSE min 100% open. 1-15-04



Say Area: Ph: 408-928-3000 Fax: 408-928-3003
 Sacramento: Ph: 916-774-7174 Fax: 916-783-6246
 www.mesa3.com admin@mesa3.com

Report Name _____ No. _____

Client Project _____

Facility Name _____

Supply Fan

Fan: (E)AC-2 Section: _____ Item: _____ Page: _____ of _____

Test Description				Design		Test # 2		Test #		Test #	
				Plans	Submit	FINAL		Date/By: 1/15/04 mm/kg		Date/By:	
Fan	Manufacturer					CARROLL					
	Model Number					48HJDD05--551--					
	Type or Size					FC					
	Volume Control Type					NONE					
Motor	Manufacturer					G.E.					
	HP	RPM-hi	RPM-lo	025		1	1620				
	Frame	Phase	SF			-	1	-			
	Volts					208	230				
	FLA					4.9	4.9				
	SFA										
	Motor Sheave					1 1/2"					
Bore or Bushing					1 1/2"						
Adj. % of Max					80%						
Fan Sheave					4 1/4" OD						
Bore or Bushing					5/8"						
Number Belts					1	A36					
Centerline					13 1/4"	70%					
Volume Control	Set Point	Indicated	Actual			-	-	-			
	Position					---					
Tested RPM		Motor				1541					
		Fan				1031					
Air Dist. Total	SAcfm	% des.	1800								
Fan Air Flows	SAcfm	% des.	1800			1885					
	RAcfm	% SA	400			1514					
	OAcfm	% SA	400			371					
Discharge SP	ESP	TSP			0.487						
Suction SP	ESP	TSP			0.592						
Total Resistance	ESP	TSP	0.50		1.079						
ΔP's	FILTER/DX COIL					0.236					
Volts	T1-T2	T1-T3	T2-T3			215					
Voltage Corrected FLA						4.74					
Amps	T1	T2	T3			3.5					
Approximate BHP			1.20		0.738						
No Load Amps (if overloaded)											

Comments: FIXED OSA DAMPER IS AT 100% OPEN. T

0.36

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0318952	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 201 29th STREET Suite _____
PARCEL # 003-0105-001

<p style="text-align: center;">CONTACT</p> <p>Name <u>JEFF CECIL / ARTEGRAE, INC.</u> Street Address <u>1800 27th STREET</u> City/State/Zip <u>SACTO CA 95816</u> Phone <u>736.6920</u> FAX <u>736.6924</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>210639</u></p> <p>Name <u>TURNER CONSTRUCTION</u> Address <u>2484 NATOMAS PARK DRIVE</u> City/State/Zip <u>SACTO CA 95833</u> Phone <u>614.9311</u> FAX <u>614.9345</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>SAME AS ABOVE</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>PLANNED PARENTHOOD Mom Monte</u> Address <u>1691 THE ALAMEDA</u> City/State/Zip <u>SAN JOSE CA 95126</u> Phone <u>(408) 287-7532</u> FAX <u>(408) 971-6935</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** Liberty Mutual
 → **WORKER'S COMPENSATION POLICY #** WC 2-625-004321-013 **EXPIRATION DATE:** 3/31/04

NATURE OF WORK IN DETAIL: ADD (3) NEW OFFICES TO EXISTING T.I.
PARENTHOODS

OCCUPANT/TENANT: B, OFFICE PLANNED **VALUATION: \$** 16,000.00

FLOOD STATUS						S.C.A.T.								
JOB DESCRIPTION						BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TH () <input type="checkbox"/>	REM () <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES						BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N		Fed Code		Vio. File				
1		328	M	B	V-1 HR	SPR	ALARM							
B	L	P	M	E	E	S		D		PW	UTIL			

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No