

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0508185

Insp Area: 1

Thos Bros: 297C4

Site Address: 1107 9TH ST SAC

Parcel No: 006-0102-001

SUITE# 230

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

BROWNING CONSTRUCTION INC  
9050 RANCHVIEW CT  
SACRAMENTO CA 95624

OWNER

RUBICON PARTNERS INC  
1107 9TH ST #701  
SACRAMENTO, CA 95814

ARCHITECT

NIELSEN & ASSOCIATES  
1731 E ROSEVILLE PKWY  
ROSEVILLE CA 95661

Nature of Work: INTERIOR REMODEL TO CREATE SPEC SPACE FOR SUITE# 230

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 461321 Date 7/7/05 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 improvement. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvement.

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 7/7/05 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.

OR 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 STATE FUND

Policy Number 713016444-2004

Exp Date 10/01/2005

(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 7/7/05 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.



INDOOR  
ENVIRONMENTAL  
SERVICES

1107-9th St  
0508185

Microfilm

**AIR BALANCE REPORT**

Job Name:          230 Job #          30.0805

Date          8/15/05

Tech:          GARY/ASC

Air Hood:  Alnor Analog #1  
 Alnor Digital #1  
 Shortridge #1

Page          1 OF 1

UNIT	OUTLET	NO.	OPENING		FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
			TYPE	SIZE(in)		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
FC1	OFFICE	1		10'	1.0		350		460				320
	OFFICE	2		10'	↓		350		250				320
							700						640
FC2	↓	1		8'	1.0		210		270				200
	↓	2		8'	↓		210		270				200
	↓	3		6'	↓		75		140				80
							495						480

REMARKS

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TECHNICIAN

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # <span style="font-size: 1.5em; font-family: cursive;">0508185</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">1</span>
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*Applicant MUST complete ALL Unshaded Areas*

ADDRESS: 1107 9th St. Suite: 230

PARCEL #: 006-0162-001

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>Darrell Brewman</u>                  Street Address: <u>9050 Ranchview Ct.</u>                  City/State/Zip: <u>Elk Grove, CA 95624</u>                  Phone: <u>916-423-1105</u> <u>916-685-5835</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>461321</u></p> <p>Name: <u>Brewman Construction Inc.</u>                  Street Address: <u>9050 Ranchview Ct.</u>                  City/State/Zip: <u>Elk Grove, CA 95624</u>                  Phone: <u>916-423-1105</u>                  E-Mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>Nielsen &amp; Associates</u>                  Street Address: <u>1731 E. Roseville Pkwy.</u>                  City/State/Zip: <u>Roseville, CA 95661</u>                  Phone: <u>916-781-6800</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>Rubicon Partners Inc.</u>                  Street Address: <u>1107 9th St.</u>                  City/State/Zip: <u>Sacramento, CA</u>                  Phone: <u>916-930-0960</u>                  E-Mail: _____</p>

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

⇒ WORKER'S COMPANSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: 10/05

NATURE OF WORK IN DETAIL: Interior Remodel

OCCUPANT/TENANT: Spec Space VALUATION: \$26,520

FLOOD STATUS:			S.C.A.T.						
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>	
# Stories	1 <sup>st</sup> Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req	Fed Code	Vio. [H]	File [Quad]
<u>10</u>		<u>862</u>		<u>B</u>	<u>II-FR</u>	<u>Y</u> <u>N</u>	<u>15</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>SPR</u> <u>ALARM</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>BH</u>	<u>BH</u>		<u>PM</u>	<u>ELE</u>	<u>FR</u>		<u>MEJ</u>		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed