

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007770
Insp Area: 4

Site Address: 451 ARDEN WY SAC
Parcel No: 275-0131-011 SUITE 1 AND 2

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

CONTRACTOR
NOVA TECH BUILDERS
2915 STANFORD AV
MARINA DEL RAY CA

OWNER
DANIELS LESTER R
1029 K ST
SACRAMENTO CA 95814

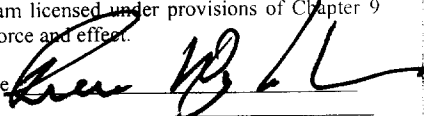
ARCHITECT

Nature of Work: CONVERSION FROM RESIDENTIAL TO OFFICE SUITES. COMMON BATH AND KITCHEN. PLUS FACADE REMODEL AND 303 SQ. OFFICE ADDITION.

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 681078 Date 11-9-00 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.)

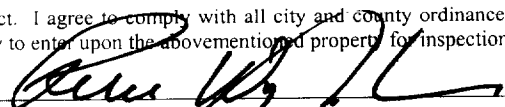
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

_____ I am exempt under Sec. _____ B & PC for this reason: _____

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 11-9-00 Applicant/Agent 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 _____ 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 11-9-00 Applicant 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

**30 DAY TEMPORARY
Certificate of Occupancy**

For Information Contact (916) 264-5716

Building Address: 451 Arden Way Permit No. 00-07770

Building Use: OFFICE Occupancy: B

Building Owner: Lester Daniels & Associates Construction Type: V-1H

Owner Address: 1029 K street Sprinkled? [] Yes [X] No

Portion of Building Occupied: _____ Area: 2,127 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

5/2/01

Date

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals: MW, JE, AC, FJ, MG]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 451 ARDEN WY Permit No. 0007770

Building Use: OFFICE Occupancy: B

Building Owner: DANIEL LESTER Construction Type: V-1

Owner Address: 1029 K ST #28 SACRAMENTO Sprinkled? [] Yes [X] No

Portion of Building Occupied: SUITES 1,2 Area: 2127 Sq. Ft.

6/20/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:MW,JXE,AAC,GRS,FJ]

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

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 451 Arden Way

Assessor's Parcel Number: 275-0131-011

Previous Use: _____

Description of Request/Proposed Use: Commercial - office

Is This a Change of Use? Yes (from residential)

Zoning Designation: C-2 SPD

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: See DR 00-054 conditions

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO - see approval

Planning Review by/Date: J. Goffe 10JUL00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

APPLICATION FOR COMMERCIAL BUILDING PERMIT

JF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 12111 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0007770</u>	Insp. Area <u>4C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 451 ARDEN WAY Suite 1 AND 2
 PARCEL # 275-0131-011

CONTACT Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>DORYL CHINN ARCH</u> Address <u>2672 J ST SUITE 2</u> City/State/Zip <u>SAC, CA 95876</u> Phone <u>446-1293</u> FAX <u>446-2690</u> E-mail: <u>446-2690</u>		OWNER Name <u>LESTER DANIELS & ASSOC.</u> Address <u>1029 K STREET</u> City/State/Zip <u>SAC CA 95814</u> Phone _____ FAX _____ 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: CONVERSION FROM RESIDENTIAL TO 2 OFFICE SUITES W/ COMMON BATH AND KITCHEN, PLUS FURNISH REMODEL AND 300 OFFICE ADDITION
Convert from Resto Commercial office and office addition site 125,000

OCCUPANT/TENANT: # VALUATION: \$ 150,000

FLOOD STATUS: <u>NR.</u>		S.C.A.T.	
JOB DESCRIPTION: <u>BLDG SHELL</u>		APT TI() REM(<input checked="" type="checkbox"/>) SW FIRE ADD <u>OFF</u>	
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG <input checked="" type="checkbox"/> MECH <input checked="" type="checkbox"/> PLUMB <input checked="" type="checkbox"/> ELEC <input checked="" type="checkbox"/> SITE <input checked="" type="checkbox"/> FIRE	
# Stories	1st flr Area	Total Area	Use Zone
		<u>2127</u>	
		Occp Group	Const type
		<u>B</u>	<u>1-1-1</u>
		Fire Req. Y(<input checked="" type="checkbox"/>) N()	Fed Code
		SPR ALARM	<u>15</u>
		Vio. File	
		[H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>
		<u>E</u>	<u>F</u>
		<u>S</u>	<u>D</u>
		<u>PW</u>	<u>UTIL</u>

COMMENTS: 2 1 1
AQM CHANGE OF USE

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

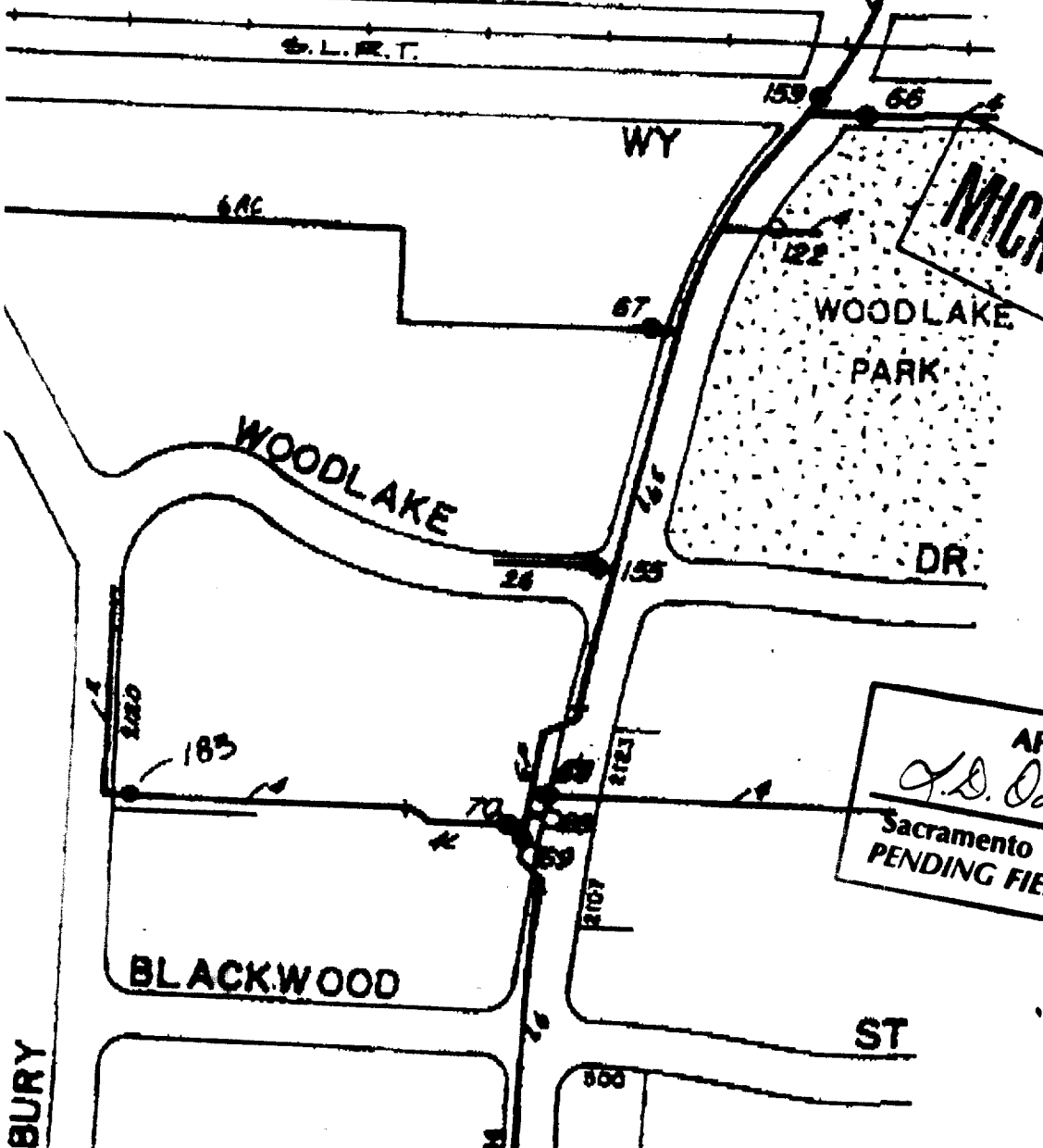
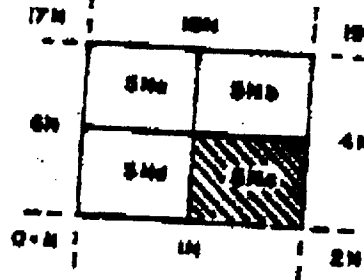
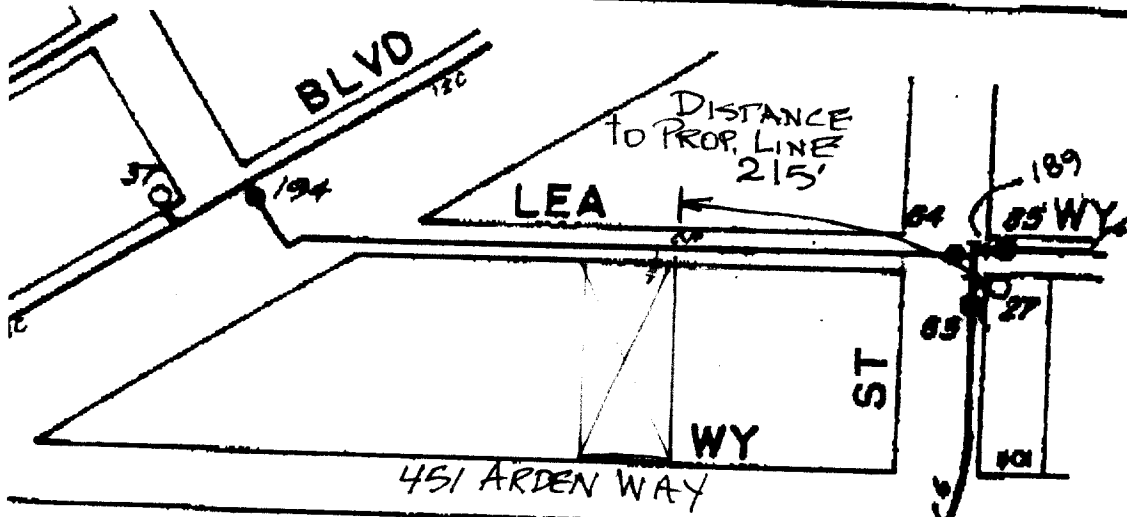
SAC CITY OPERATOR

☎ 916 264 8376

07/18/00 14:58 ☑ :07

PC # 0207770

5



MICROFILM AT FINAL

APPROVED
J.D. Davis 10/31/00
 Sacramento Fire Department
 PENDING FIELD INSPECTION

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE
SACRAMENTO, CA. 95822
PHONE: 916/264-1430
FAX: 916/264-1497

TEST NO: #1 00-99 FILE NO: R00-0099
COMPLETE DATE: 10.18.00 PC#
ANALYSIS FEE: \$90.00 DATE PAID: 10.31.00
FIELD TEST FEE: \$360.00 DATE PAID: 9.22.00

CONTACT PERSON: ✓ Russ Wyluda or Pat Thielen PHONE NO: ✓ (916) 442-8793 FAX NO: ✓ (916) 442-3430
COMPANY: ✓ Lester R. Daniels & Associates CELL PHONE NO: ✓ N/A
COMPANY ADDRESS: ✓ 1029 K Street, Ste. 28 STREET ADDRESS OF TEST: ✓ 451 Arden Way
PURPOSE OF TEST: ✓ Fire Flow at Site ASSESSOR'S PARCEL NUMBER: ✓ 275-0131-011

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: ✓ Pat Thielen Signature: ✓ *Pat Thielen* Date: ✓ 9/21/00

ENGINEERING REQUEST DATE: 10.9.00 DATE OF TEST: 10.18.00 TIME OF TEST: 12:30

WATER MAIN SIZE: 12" TEST CONDUCTED BY: Ferrone, Ledesma - Frank - Dave

Test #	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PTOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	38	5NC	49	43						
FLOWED	37	5NC			14	4 1/2	0.90	0.83	1688	
FLOWED	52	5NC			37	2 1/2	0.90	1	1021	
FLOWED	39	5NC			16	4 1/2	0.90	0.83	1805	
FLOWED							TOTAL		4514	

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

WATER SUPPLY DATA SUMMARY		
	ACTUAL	DESIGN (1)
STATIC PRESSURE	49 PSI	36 PSI
RESIDUAL PRESSURE	43 PSI	30 PSI
TOTAL FLOW @ RESIDUAL	4500 G.P.M.	4500 G.P.M.
TOTAL FLOW @ 20PSI	— G.P.M.	7700 G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.
10/12/99

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

MICROFILM AT FINAL

1395 35TH AVENUE SACRAMENTO, CA 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-1497	TEST NO: #2 00-99 COMPLETE DATE: 10-18-00 ANALYSIS FEE: \$90.00 FIELD TEST FEE: \$360.00	FILE NO: 1200-0099 PC# DATE PAID: 10.31.00 DATE PAID: 9-21-00 J.P. PHONE NO: (916) 442-8793 FAX NO: (916) 442-3430 CELL PHONE NO: N/A STREET ADDRESS OF TEST: 451 Arden Way ASSESSOR'S PARCEL NUMBER: 275-0131-011
CONTACT PERSON: <input checked="" type="checkbox"/> Russ Wyluda or Pat Thielen		
COMPANY: <input checked="" type="checkbox"/> Lester R. Daniels & Associates		
COMPANY ADDRESS: <input checked="" type="checkbox"/> 1029 K Street, Ste. 28		
PURPOSE OF TEST: <input checked="" type="checkbox"/> Fire Flow at Site		

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: Pat Thielen Signature: *Pat Thielen* Date: 9/21/00

ENGINEERING REQUEST DATE: 10-11-00 DATE OF TEST: 10-18-00 TIME OF TEST: 12:40

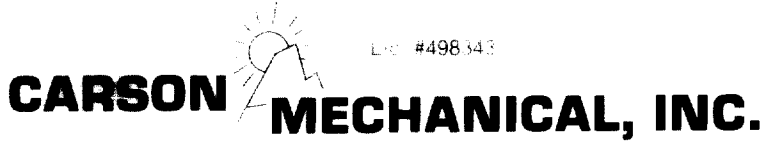
WATER MAIN SIZE: 12" / 6" TEST CONDUCTED BY: Ferrone - Ledesma - FRANK - DAVE

Test #	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PI TOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	37	5NC	50	45						
FLOWED	38	5NC			14	4 1/2"	0.90	0.83	1688	
FLOWED	27	5NC			35	2 1/2"	0.90	1	993	
FLOWED	45	5NB			16	4 1/2"	0.90	0.83	1805	
FLOWED							TOTAL		4486	

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

WATER SUPPLY DATA SUMMARY		
	ACTUAL	DESIGN (1)
STATIC PRESSURE	50 PSI	36 PSI
RESIDUAL PRESSURE	45 PSI	31 PSI
TOTAL FLOW @ RESIDUAL	4500 G.P.M.	4500 G.P.M.
TOTAL FLOW @ 20PSI	— G.P.M.	3400 G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.
 10/12/99



Lic #498343

2081-A Rene Avenue
 Sacramento CA 95838
 PH (916) 920-3733
 FAX (916) 920-5214

JOB NO. 5412

TECHNICIAN Corey

DATE 4/10/01

OUTLET TEST DATA

LOCATION: 451 Arden Way, Sacramento, CA.

SYSTEM: HP-1

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
From	1	12x4	8"			250		190		210		
A	2	12x4	8"			250		190		210		
B	3	12x4	6"			150		150		150		
C		12x4	6"			150		160		150		
D		12x4	6"			150		172		152		
E		12x4	6"			150		180		150		
TOTALS						1100		1042		1022		
								95%		93%		

REMARKS: fan coil is operating on high speed