

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0007942

Insp Area: 4

Site Address: 51 MAIN AV SAC

Parcel No: 226-0050-024

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

EBARA INTERNATIONAL CORP
51 MAIN AV
SACRAMENTO CA 95838

Nature of Work: 438 SQ FT OFFICE REMODEL IN MEZZANINE

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 _____ License Number _____ Date _____ 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 3 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 shall 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 contractor(s) 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 10 AUG 2000 Owner Signature [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 above mentioned property for inspection purposes.

Date 10 AUG 2000 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 EXEMPT 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 these provisions.

Date 10 AUG 2000 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
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	7/21/00	/ /	/ /	/ /

PLANNING DIVISION
ADDRESS: _____
 Commercial Residential

DATE: _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Staff	Staff	Date	Staff	Staff	Date	Staff	Staff	Date
CONSULTING	3	YK	7/14	13	YK	7/26			
ARCHITECTURAL	3	YK	7/14	13	YK	7/26			
MECHANICAL/ELECTRICAL	13	KAW	7-14-00						
ELECTRICAL	13	DM	7/14/00						
PLUMBING	13	BTF	7-14-00						
PLANNING									

STAFF COMMENTS:

FIRE: RED CARD - NO PLANS TO FIRE DEPT.

SHEET A3 REPLACED BY NEW SHF 7/20/00 LAL

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 # 000794Z	Insp. Area 4C
------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 51 MAIN AVE. Suite —
 PARCEL # 226-0050-033

<p style="text-align: center;">CONTACT</p> Name <u>JOHN NEFF</u> Street Address <u>3110 WATT AVE, SUITE 1</u> City/State/Zip <u>SAC, CA 95821</u> Phone <u>483-1791</u> FAX <u>483-1792</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>PATTERSON + NEFF DESIGN Group</u> Address <u>(SEE CONTACT)</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>EBARA TECHNOLOGIES, INC.</u> Address <u>51 MAIN AVE.</u> City/State/Zip <u>SAC, CA 95838</u> Phone <u>920-5451</u> 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: 438 SQ. FT. OF OFFICE/WORK ROOM T.I.
IN EXISTING MEZZANINE SPACE

OCCUPANT/TENANT: EBARA TECHNOLOGIES, INC. VALUATION: \$ 8,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File [H] [Quad]		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<u>438</u>	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> B	<u>III N</u>	<input checked="" type="checkbox"/> PR <input type="checkbox"/> ALARM		<u>7/4</u>	PW	UTIL

COMMENTS: _____

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I (have/have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed 

Job Address 251 MAIN AVENUE, SACRAMENTO, CA. 95838

Permit No: 0007912

REO Mechanical

2795-A Del Monte Street • P.O. Box 1051 • West Sacramento, CA 95691
FAX: 916 / 372-2134 • OFFICE: 916 / 372-3776

January 3, 2001

The Castle Company
7935 9th Street
Elverta, CA 95626

RE: Air Balance
Ebara Technologies
51 Main Street
Sacramento, CA 95838

Dear Darrell,

We completed the air balance to the new office area at Ebara. The system installed is a Trane Model YCC030F1LOBF, Serial number P4440082H. We found that we had 0.42 in. W.G. which gives us a total cfm of 1,050.00.

We used a Alnor air hood Model 150 to balance the air flow. We set the 2nd floor register at 455 cfm and the original area on the first floor at a total of 450 cfm. We made these readings with a wet coil and clean filters.

Please call if you have any questions.

Sincerely,



Ralph Oosterman
Owner, REO Mechanical

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 12-6-00

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

51 Main Ave

Has been conducted by Inspector

12-6-00 - SB

On

12-6-00

0007942-194 438

Permit Number

Square Footage

TI - 438 SF

Type of Inspection

They system is acceptable by this department.

R Woodman

By: Ross L. Woodman,
Fire Prevention Officer II

TI 794

F.D. Reference Number

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 12-21-00

A final inspection of the newly installed fire system at:

51 Main Ave

Has been conducted by Inspector

S. Bodick

On

12-6-00
12-19-00

00-07942-194 438
Permit Number Square Footage

Tenant Improvement Final
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

TI-794
F.D. Reference Number

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