

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0405705**

**Insp Area: 4**

**Thos Bros: 298B1**

**Site Address: 1610 ARDEN WY SAC St: #270**

**Parcel No: 277-0272-016**

**Sub-Type: REM**

**Housing (Y/N): N**

**CONTRACTOR**

**BROWNING CONSTRUCTION INC  
9050 RANCHVIEW CT  
SACRAMENTO CA 95624**

**OWNER**

**SPIEKER PROPS 183  
P.O. BOX 3879  
CHICAGO IL 60654**

**ARCHITECT**

**Nature of Work: INTERIOR OFFICE 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 KB License Number 461321 Date 5/5/04 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 5/5/04 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 STATE FUND Policy Number 713016444 Exp Date 10/01/2004

(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 5/5/04 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.**

# 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

<b>ACTIVITY #</b> <span style="font-size: 1.5em; font-family: cursive;">0405705</span>	<b>Insp. Area</b>
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Applicant to complete all areas down to valuation

**ADDRESS** 1610 Arden Way Suite 270

**PARCEL #** \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Darrell Browning</u></p> <p>Street Address <u>9050 Ranchview Ct</u></p> <p>City/State/Zip <u>Elk Grove CA 95624</u></p> <p>Phone <u>(916) 423-1105</u> FAX <u>(916) 685-5835</u></p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>461321</u></p> <p>Name <u>Browning Construction Inc.</u></p> <p>Address <u>9050 Ranchview Ct.</u></p> <p>City/State/Zip <u>Elk Grove, CA 95624</u></p> <p>Phone <u>(916) 423-1105</u> FAX <u>685-5835</u></p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Nielsen + Associates</u></p> <p>Address <u>550 Howe Ave.</u></p> <p>City/State/Zip <u>Sacramento CA 95825</u></p> <p>Phone <u>(916) 925-0333</u> FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Equity Office Properties</u></p> <p>Address <u>1610 Arden Way</u></p> <p>City/State/Zip <u>Sacramento, CA 95825</u></p> <p>Phone <u>(916) 614-8850</u> FAX <u>614-8840</u></p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** State Compensation

→ **WORKER'S COMPENSATION POLICY #** \_\_\_\_\_ **EXPIRATION DATE:** 10/09

**NATURE OF WORK IN DETAIL:** Interior Remodel

**OCCUPANT/TENANT:** Collins International **VALUATION:** \$ 17,500

<b>FLOOD STATUS</b>										
<b>S.C.A.T.</b>										
<b>JOB DESCRIPTION</b>		<input type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI	<input type="checkbox"/> REM	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTHER
<b>INSPECTION DISCIPLINES</b>		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
<b># Stories</b>	<b>1<sup>st</sup> Flr Area</b>	<b>Total Area</b>	<b>Use Zone</b>	<b>Occp Group</b>	<b>Const type</b>	<b>Fire Req. Y/N</b>		<b>Fed Code</b>	<b>Viol. File</b>	
						<b>SPR</b>	<b>ALARM</b>		<b>PW</b>	<b>UTIL</b>
<u>8</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>D</u>		

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

**REGIONAL SANITATION FEES?**  Yes  No **HEALTH DEPARTMENT?**  Yes  No

**WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?**  Yes  No

# AIR OUTLET TEST REPORT

PROJECT NAME \_\_\_\_\_

PROJECT NUMBER P4249

PROJECT ADDRESS 1610 Ardmore

SUITE NUMBER 270

OUTLET MANUFACTURER \_\_\_\_\_

TEST APPARATUS Flowhood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM			MAX	MIN	
VAV 2-15	1				115		100	105				45	2.2794
Zone 344	2				115		105	110					2.4050
					230		205	215					
VAV 2-16	1				240		210	240				100	2.989
Zone 343	2				240		200	245					
	3				165		240	160					
					645		50	645					
VAV 2-17	1				160		130	155				55	2.530
Zone 345					160		170	160					2.7334
					320		300	315					
VAV 2-18	1				105		135	95	120	105	100	0	2.978
m344	2				105		125	95	110	100	100		1.7232
	3				120		190	135	125	130	125		2.0469
	4				120		160	125	130	140	125		1.8188
	5				70		65	40	55	75	75		
					520		675	490	535	550	525		
VAV 2-19	1				280		225	275	290			155	2.982
m346	2				280		220	320	290				3.2926
	3				455		495	445	470				
					1015		940	1040	1050				

REMARKS:

TEST DATE 5/7/14

S. Christensen  
Project Technician

[Signature]  
Project Manager