

**CITY OF SACRAMENTO**

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

**Permit No: 0007237**

**Insp Area: 1**

**Site Address: 980 9TH ST SAC**

Parcel No: 006-0036-031 #175

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

REIDOPH AND SLETTEN INC  
1750 CREEKSIDE OAKS DR STE150  
SAC CA 95833

OWNER

LPT ASSOCIATES  
100 PINE ST STE 3200  
SAN FRANCISCO CA 94111

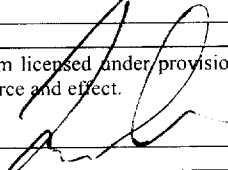
ARCHITECT

**Nature of Work: INTERIOR OFFICE REMODEL: 2 LOW WALLS, 1 FULL HT WALL, MINOR ELECT AND NEW MECH**

**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 BA License Number 198069 Date 9/30/01 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.)

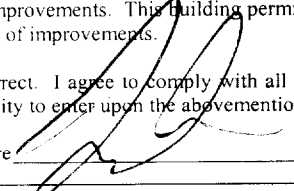
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 7/27/00 Applicant/Agent Signature 

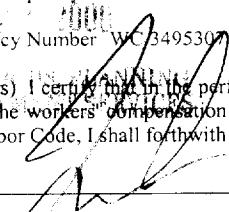
**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

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: AMERICAN ZURICH INSURANCE CO Policy Number WC 3495307-00 Exp Date 06/30/2001

(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 7/27/01 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0007237 Insp. Area IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 980 9th street Suite # 175  
 PARCEL # 006-0036-031-0000

CONTACT		LICENSED CONTRACTOR	
Name <u>Stafford Space Planning</u>		Lic No. # <u>198069</u>	
Address <u>7585 Gold Dr.</u>		Name <u>Rudolph &amp; Sletten</u>	
Phone <u>652-3400</u> FAX <u>652-7805</u>		Address <u>1750 Creekside Oaks Dr #150</u>	
E-mail _____		Phone <u>568-5000</u> FAX _____	
E-mail _____		E-mail _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>Stafford Space Planning</u>		Name <u>Grosvender International/Liz Ame</u>	
Address <u>7585 Gold Dr.</u>		Address <u>100 Pine Street, ste 3200</u>	
Phone <u>652-3400</u> FAX <u>652-7805</u>		Phone <u>(916) 557-1800</u> FAX _____	
E-mail _____		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: Add 2 low walls, 1 full height wall, some electrical, Mechanical (new)  
INT. OFFICE Remodel including new HVAC

OCCUPANT/TENANT: Capitol Weekly Corporation VALUATION: \$ 14,500.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REMO	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		(BLDG)	(MECH)	(PLUMB)	(ELEC)	(SITE)	(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			
				<u>B</u>	<u>I-FR</u>	<input checked="" type="checkbox"/> PR <input type="checkbox"/> ALARM	<u>15</u>	(H) [Quad]			
(B)	(L)	(P)	(M)	(E)	(F)	S	D	PW	UTIL		
<u>13</u>	<u>Y/LM</u>	<u>13</u>	<u>13</u>	<u>KAW/B</u>							

COMMENTS: Clarify/verify size of HVAC conductor & breaker/ Show Fire Sprinkler coverage in Mechanical Room, show how piping will be routed, hung, sizes etc as required by NFPA-13. Provide general notes for pipe type etc...

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

CITY OF SACRAMENTO  
BUILDING INSPECTION DIVISION  
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Capitol Weekly Phone: 444-7665  
Site Address: 180 9th street Suite: 175  
(Street) Business Owner/Representative: Ken Mandler (Zip) Phone: 444-7665  
Nature of Business: office  
Property Owner: contact: Insignia/Liz Ames Grosvenor International Phone: (916)557-1800  
Address: 100 Pine street, Suite: 300  
(Street) San Francisco (City) CA (State) 94111 (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of this responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered 'YES' to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered 'yes' to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED 'YES' TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 448-5418.

~~Notwithstanding of a certificate of occupancy, each business owner(s) shall contact the City Department of Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.~~

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of clearing up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Ken Mandler  
(Print) 6/27/00  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue permit? Y _____	F.D. Appr Req'd? Yes ___ No ___
Ink date _____	
Hold on Certificate of Occupancy? Yes ___ No ___	
Fire Dept. Use Only:	
OK to issue permit? Ink _____	date _____
OK to issue Certificate of Occupancy? Ink _____	date _____

fill out our form



**CERTIFIED CONTROLS ENGINEERING, INC.**

4400 Laird Rd. Loomis, CA 95650 (916) 652-3975  
CA. Lic. #404596

COMPLETION REPORT

Date Aug 15, 00

JOB DESCRIPTION: Capitol Weekly T.I.  
U.S. Bank Bldg  
Sacramento, Ca.

CONTRACTOR: Frank M. Booth Design Build Co.

ARCHITECT: Vitiello + Assoc.

ENGINEER: Glumac International

TEST PERFORMED BY: Norm KOenigsberg

CHECKED BY: Norm Koenigsberg  
Norm Koenigsberg



**CERTIFIED CONTROLS ENGINEERING, INC.**

4400 Laird Rd. Loomis, CA 95650 (916) 652-3975  
CA. Lic. #404596

GENERAL NOTE SHEET

A Shortridge Electronic Flowhood was used to measure all supply and return/exhaust grilles.

A Meriam differential pressure gauge was used to measure condenser water flow rates.



**CERTIFIED CONTROLS ENGINEERING, INC.**  
 4400 laird Road  
 Loomis, Ca. 95650  
 916-652-3975

SB JOB NO.  
**AB00-1552**

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**FAN AND OUTLET TEST SHEET**

DATE  
**AUG 15, 2000**

AREA SERVED **US BANK BLDG - CAPITOL WEEKLY T.I.**

UNIT **WSHP-1**

MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1	TEST 2	TEST 3					
MFG	NA			VOLTS	476	476						
HP	V 460 FLA 2.7			AMPS	2.5	2.15						
PH	SFTHERMAL RPM 3SPD			BHP	-	-						
SHEAVE DATA												
DIA	SHAFT											
ADJ	% FIXED											
FAN NAMEPLATE DATA												
MFG	TRANE			RPM	MED SPD	MED SPD						
MODEL	GEVA06041A0110TL			SP -	-	.23						
TYPE	0000000   00000000000			SP +	-	.32						
SIZE				TSP/ESP	-	.55						
SHEAVE DATA				FILTER SP	-	.06						
DIA	SHAFT			CFM TOTAL	2251	1995						
BELTS				CFM RA	1704	1797						
				CFM OA MIN.	547	198						
FAN SUBMITTAL DATA				CFM 1900	SP 0.55	RPM	BHP					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	14 Ø		475	533		482				
	2	↓	↓		475	541		508				
	3	↓	↓		475	555		501				
	4	↓	↓		475	622		504				
	TOTAL	SUPPLY	AIR		1900	2251		1995				
	5	CRG	14 Ø		750	755		761				
	6	↓	12 Ø		475	508		520				
	7	↓	12 Ø		475	441		516				
	TOTAL	RETURN	AIR		1700	1704		1797				
			MIN	OSA	200	547		198				

REMARKS:



CERTIFIED CONTROLS ENGINEERING, INC.  
 4400 Laird Rd  
 Loomis, Ca. 95650  
 916-652-3975

SB JOB NO.  
 AB00-1552

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WATER FLOW  HOT WATER  
 ELEMENT FOR  CHILLED WATER

DATE  
 AUG 15, 2000

AREA SERVED CAPITOL WEEKLY T.I. 1ST FLOOR

UNIT EXISTING C.W.

DESIGN				TEST ONE			TEST TWO		
LOCATION	SIZE	PD	GPM	SET	PD	GPM	SET	PD	GPM
WSHP-1	T&A 1" STAD 25		14.5	4.0	14.5'	26	1.7	57'	15.5

REMARKS: TEST 1 & 2 WITHOUT STRAINER - FLOW SET 1 GPM HIGH TO COMPENSATE FOR FUTURE STRAINER.

