

CITY OF SACRAMENTO

Permit No: 0112109

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros:

Site Address: 2870 GATEWAY OAKS DR SAC

Sub-Type: TI

Parcel No: 225-0230-093

SUITE 120

Housing (Y/N): N

CONTRACTOR

BROWNING CONSTRUCTION INC
9050 RANCHVIEW CT
SACRAMENTO CA 95624

OWNER

BTV CROWN EQUITIES
400 CAPITOL MALL STE 2340
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: 1ST TIME TENANT IMPROVEMENT #120

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 461321 Date 9-19-01 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 9-19-01 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 713-00-6444 Exp Date 10/01/2001

PAID CITY OF SACRAMENTO SEP 19 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 provisions 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 9-19-01 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
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 0112109	Insp. Area 4
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2870 Gateway Oaks Dr Suite 120
 PARCEL # 225-0230-093

<p style="text-align: center;">CONTACT</p> <p>Name <u>Darrell Browning</u> Street Address <u>9050 Ranchview Ct</u> City/State/Zip <u>Elk Grove, CA 95624</u> Phone <u>423-1105</u> FAX <u>605-5835</u> E-mail:</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>461321</u></p> <p>Name <u>Browning Const. Inc.</u> Address <u>9050 Ranchview Ct</u> City/State/Zip <u>Elk Grove, CA 95624</u> Phone <u>423-1105</u> FAX <u>605-5835</u> E-mail:</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Nielsen & Assoc.</u> Address <u>550 Howe Ave</u> City/State/Zip <u>Sacramento, CA 95825</u> Phone <u>925-0333</u> FAX E-mail:</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>RTU Crown Equities Inc.</u> Address <u>2870 Gateway Oaks Dr #110</u> City/State/Zip <u>Sacramento, CA 95833</u> Phone 925-4500 FAX 925-4500 E-mail: 569-1500 <u>569-1500</u> <u>569-1511</u></p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Sate Comp
 → WORKER'S COMPENSATION POLICY # 713 006444 EXPIRATION DATE: 10-21-01

NATURE OF WORK IN DETAIL: 1st Time Interior Improvement 2690 sq

OCCUPANT/TENANT: _____ VALUATION: \$ 50,500⁰⁰

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>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[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>
<u>1300</u>	<u>1300</u>	<u>13KAW</u>	<u>13KAW</u>	<u>13T.L.M</u>						

COMMENTS: _____

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

0112109



air systems
of sacramento, inc.

air systems of sacramento, inc.

3850 Happy Lane
Sacramento, CA 95827

Report #7

DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: BTJ OFFICE

NAME: Page 1
JOB#: 1105.10

SYSTEM: ALL DUAL DUCT

DATE: _____

2870 GATEWAY OAKS DR STE 120

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
1-36	1		10"	220	105	305			345			325	
	2		8"			245			210			240	
				/	/	/			/		/	/	
				220	105	550			555		95	565	
1-37	1		10"	150	150	340						350	
				/	/	/			/	/	/		
				150	150	340				150	150	350	

REMARKS: USED 25% OF HEATING MAX AS A HEATING MIN. FOR CALIBRATION PURPOSES

~~DAMPER DRIVES OPEN AND CLOSED BUT WILL NOT
DENY ANYWHERE BETWEEN~~



air systems
of sacramento, inc.

REPORT #1

DATE:
PAGE: 2
UNIT:

DIFFUSER AND GRILLE TEST SHEET

Name: BTV OFFICE 1105.10 2870 GATEWAY OAKS JR. STE 120

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED		FINAL
					FRM VEL M/S	CFM	FRM VEL CFM	CFM	
1-38	1		10"		275	320	275		350
	2		8"			135	125	125	120
	3		8"			135	125	135	140
	5		8"			125	120	130	130
	6		8"			150	125	150	160
	7		10"			320	275		350
						1185			1250

REMARKS:

