

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0208597

Insp Area: 1

Thos Bros: 297 C4

Site Address: 300 CAPITOL ML SAC

Parcel No: 006-0142-038 SUITE 360

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

ANTHONY & SONS
BROWN JODI-CHAN KARL ARCHITECT (PLEASE SENT COMM
1790 TERMINAL ST.
W SAC CA

OWNER

JONES, LANG LASALLE
300 CAPITOL MALL SU 275
SACTO, CA 95814

ARCHITECT

CH & D

Nature of Work: TI/INTERIOR 5123 SF/OFFICE

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 360117 Date 7-30-02 Contractor Signature *Aura Bragg for ASI*

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 Professions 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 7-30-02 Applicant/Agent Signature *Aura Bragg for ASI*

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 713-01 UNIT 0000126 Exp Date 10/01/2002

(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 7-30-02 Applicant Signature *Aura Bragg for ASI*

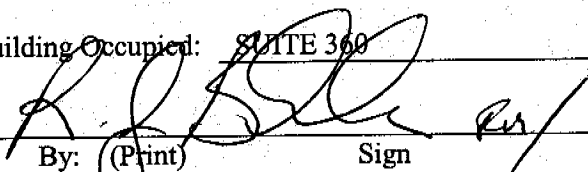
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	300 CAPITOL ML #360	Permit No.:	0208597
Building Use:	OFFICE	Occupancy:	B
Building Owner:	JONES, LANG LASALLE	Construction Type:	II-FRX
Owner Address:	SACRAMENTO, CA	Sprinkled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	SUITE 360	Area:	5123 Sq. Ft.
3/4/03		DENNIS RICHARDSON	
Date	By: (Print) Sign	CHIEF BUILDING OFFICIAL	

[Finaled By: MW,JBB,AC,RR]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

CIRCO System Balance, Inc.

Contractor License #824117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLORIN-PERKINS RD. SACRAMENTO, CA. 95826 (916) 387-5100 FAX (916) 387-5101

AUGUST 14, 2002

802-8318-B1

AIR BALANCE REPORT

ACS - T.I.
300 CAPITAL, 3RD. FLOOR
SACRAMENTO, CALIFORNIA

CONTRACTOR:

AIRCO MECHANICAL, INC.

TEST PERFORMED BY:

GARY STEVENSON



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

TABLE OF CONTENTS

SECTION	DESCRIPTION
1	REMARKS CONCERNING BALANCING PROCEDURES
2	3 RD , FLOOR AIR DATA
3	EXHAUST DATA



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

SECTION ONE

1. THE TOTAL AIR DELIVERY OF EACH FAN WAS ESTABLISHED BY OUTLET TOTAL AND DOES NOT INCLUDE POSSIBLE DUCT LEAKAGE.
2. THE SCHEMATIC LOCATED IN THE BACK OF THE BALANCE REPORT IS KEYED TO THE CORRESPONDING FAN AND OUTLET TEST SHEETS.
3. INLET AND OUTLET AIR QUANTITIES, WITH PERFORATED PLATES, WERE MEASURED BY SPECIAL AIR SCOOP. SEE DATA SHEET THIS SECTION
4. FOLLOWING THIS SHEET ARE:
 1. SYMBOL SHEET
 2. FLOWHOOD DATA

CIRCO System Balance, Inc.

4100 Florin Perkins Rd.
 Sacramento, Ca. 95826
 (916) 387-5100

Calibration Data Sheet

FLOWHOOD DATA
SERIAL # 3R8796
MODEL # 634513044

DATE TESTED: 8/3/02
TESTED BY: [Signature]
TEST DATA READ IN: CFM FPM VP SP

FLOWHOOD RANGE	CALIBRATED FLOW READING	FLOWHOOD ACTUAL READING	CALIBRATED HOOD READING
800/2000	8.2 = 1400	1450	1450
	6.0 = 1200	1220	1270
	3.1 = 875	850	895
400/1000	2.4 = 765	790	790
	1.9 = 660	670	670
	1.2 = 540	520	540
100/500	1.0 = 490	490	490
	.63 = 385	405	395
	.20 = 220	205	215
	.14 = 80	175	175
0/250 With low flow plate installed	.10 = 180	215	215
	.14 = 180	175	175
	.10 = 155	155	155
	.04 = 95	100	100
	.02 = 70	75	75

THE CALIBRATION TEST DATA WAS ESTABLISHED BY AN IN HOUSE CALIBRATED 8" ORIFICE PLATE AND FLOW CURVE CHARTS. AS RECOMMENDED BY A A B C STANDARDS IT WILL BE RECHECKED BY MEANS OF DUCT TRAVERSE IN THE FIELD. THIS EQUIPMENT HAS BEEN CALIBRATED USING STANDARDS WHOSE ACCURACIES ARE TRACEABLE TO A CALIBRATED ORIFICE PLATE.



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO System Balance, Inc.

SB JOB# 8318
SECTION 2 PAGE 1
DATE August 9, 2002

TEST SHEET

AREA SERVED 3RD. FLOOR UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX. COOLING		MIN. COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV 3-1 465/135												
	1	CD	8"Ø	1.0		170		200		180		
	2	CD	8"Ø	1.0		180		180		165		
	3	CD	6"Ø	1.0		125		100		125		
						---		---		---		---
						405		480		470		140
VAV 3-2 410/125												
	4	CD	8"Ø	1.0		175		150		180		
	5	CD	8"Ø	1.0		235		210		240		
						---		---		---		---
						410		360		420		125
VAV 3-3 245/80												
	6	CD	8"Ø	1.0		245		300		245		80
VAV 3-4 280/85												
	7	CD	10"Ø	1.0		280		230		295		85
VAV 3-5 350/105												
	8	CD	10"Ø	1.0		350		300		350		105
VAV 3-6 350/105												
	9	CD	10"Ø	1.0		350		250		350		110

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB#	8318		
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DATE	August 9, 2002		

TEST SHEET

AREA SERVED 3RD. FLOOR UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX. COOLING		MIN. COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 3-7		350/105					
10	CD	10"Ø	1.0		350		300			360		110
					VAV 3-8		530/160					
11	CD	9"Ø	1.0		265		220			270		
12	CD	9"Ø	1.0		265		220			270		
							830		440		540	
					VAV 3-9		820/125					
13	CD	8"Ø	1.0		180		180			105		
14	CD	10"Ø	1.0		200		230			205		
15	CD	10"Ø	1.0		200		230			200		
16	CD	9"Ø	1.0		270		230			270		
							820		940		825	
					VAV 3-10		880/180					
17	CD	8"Ø	1.0		210		210			215		
18	CD	8"Ø	1.0		210		320			220		
19	CD	8"Ø	1.0		210		200			210		
20	CD	8"Ø	1.0		250		210			260		
							880		940		905	
					VAV 3-11		200/50					
21	CD	8"Ø	1.0		200		140			205		50

REMARKS: VAV 3-9 exterior 350 CFM
3-10 exterior 265 CFM

CIRCO System Balance, Inc.

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 DATE August 9, 2002

TEST SHEET

AREA SERVED 3RD. FLOOR UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX. COOLING		MIN. COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	VAV 3-12 260/130											
	22	CD	10"Ø	1.0		260		200		265		120
	VAV 3-18 460/90											
	23	CD	6"Ø	1.0		50		0		50		
	24	CD	6"Ø	1.0		100		150		105		
	25	CD	6"Ø	1.0		100		130		100		
	26	CD	8"Ø	1.0		210		220		215		
						460		500		470		90

REMARKS: 8-13 exterior 140 CFM



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 # <u>0208597</u>	Insp. Area <u>16</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 300 Capitol Mall Suite 340
 PARCEL # 006-0142-038

<p style="text-align: center;">CONTACT</p> Name <u>LAURA BRAGG</u> Street Address <u>7031 KINNEY STREET</u> City/State/Zip <u>ORANGEVALE, CA 95062</u> Phone <u>(916) 628-0100</u> FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>B 310017</u></p> Name <u>AST</u> Address <u>1790 TERMINAL STREET</u> City/State/Zip <u>W. Sacramento, CA 95691</u> Phone <u>(916) 373-0707</u> FAX <u>(916) 373-1523</u> E-mail: <u>asimmons@asigc.com</u>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>CH & D Architects</u> Address <u>2150 Capitol Avenue, Suite 200</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>(916) 441-7741</u> FAX <u>(916) 446-0157</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Jones Lang LaSalle</u> Address <u>300 Capitol Mall, Suite 275</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>(916) 447-6300</u> FAX <u>(916) 443-4758</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 7131262001 EXPIRATION DATE: 10-1-02

NATURE OF WORK IN DETAIL: Interior Remodel

OCCUPANT/TENANT: ACS VALUATION: \$ 200,000 ⁵⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	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. <u>Y</u> N	Fed Code	Vio. File		
		<u>5123</u>		<u>B</u>	<u>IFR</u>	SPR ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>1</u>	<u>L</u>	<u>P</u> <u>2</u> <u>M</u>	<u>3</u> <u>E</u>	<u>4</u> <u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS: _____

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