

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107421
Insp Area: 2

Site Address: 7601 HOSPITAL DR SAC
Parcel No: 117-0120-026 1ST FLR

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
CHAMPAS CONSTRUCTION
2316 J STREET SUITE B
SACTO, CA 95816

OWNER
TIMBERLAKE MED. OFFICE JOINT TRUST
8395 JACKSON RD
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: CREATE 5 NEW EXAM RMS. NEW SINK @ NURSES STATION, UPGRADE NURSES SIGNAL SYSTEM

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. 7097, 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 669916 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 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 7-23-01 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.

NC 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 FARMERS Policy Number 405116440 Exp Date 10/02/2001

(This section need not be completed if the permit is for a residential building. I hereby affirm 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 violate 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 7-23-01 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 # 0107421 | Insp. Area ZR |
|--|---|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7601 Hospital Drive Suite 109
 PARCEL # 117 0120 020

| | |
|---|---|
| CONTACT Name <u>CHRIS CHAMPAS CONSTRUCTION CO.</u> Street Address <u>2316 "B" J STREET</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>(916) 444-5793</u> FAX <u>(916) 444-6028</u> E-mail: <u>CHAMPASCONSTRUCTION@ONEMAIN.COM</u> | LICENSED CONTRACTOR Lic No. # <u>669916</u> Name <u>CHAMPAS CONSTRUCTION CO.</u> Address <u>2316 "B" J STREET</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>(916) 444-5793</u> FAX <u>(916) 444-6028</u> E-mail: _____ |
| ARCHITECT/ENGINEER Name <u>GARY ROBERTS</u> Address <u>1572 - 14 TH ST</u> City/State/Zip <u>SAC CA</u> Phone <u>498-7900</u> FAX <u>498-7909</u> E-mail: _____ | OWNER Name <u>TIMBERLAKE MEDICAL OFFICE BUILDING TRUST VENTURE</u> Address <u>8395 JACKSON RD.</u> City/State/Zip <u>SACRAMENTO, CA 95826</u> Phone _____ FAX _____ E-mail: _____ |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: FARMERS
 → WORKER'S COMPENSATION POLICY # A0511.64.40 EXPIRATION DATE: 9/30/11

NATURE OF WORK IN DETAIL: CONSTRUCT 5 NEW EXAM ROOMS, INSTALL SINK @ NURSES STATION, UPGRADE NURSES SIGNAL SYSTEM.

OCCUPANT/TENANT: METHODIST RESIDENCY PROGRAM VALUATION: \$ 54,000.00

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|------------------------|--------------|---------------|-------------|--------------|-------------|--------------------------|----------|-----------|-----------|-------------|--|
| 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 firArea. | Total Area | Use Zone | Occp Group | Const type | Fire Req. <u>(Y) (N)</u> | | Fed Code | Vio. File | | |
| | | <u>11,000</u> | | <u>B</u> | | SPR | ALARM | <u>15</u> | [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> | PW | UTIL | |

COMMENTS: _____

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



FINAL AIR BALANCE COMPANY, INC.
Testing & Balancing - Industrial & Environmental Systems
13020 Piper Hill Dr. Penn Valley, CA 95946
Ph: (530) 432-9294 Fax: (530) 432-2901
License: 777985

AIR DISTRIBUTION TEST SHEET

Date: 10/9/2001
Sheet no: 1

JOB NAME: Methodist Residency 7601 Hospital Dr. Sacramento, CA
SYSTEM: Existing A/C system

| Room No. | Terminal No. | Terminal | | Effective Area | Design | | Test FPM or CFM | | Final | | Notes | |
|----------|--------------|----------|---------|----------------|--------|-----|-----------------|--------|-------|-----|-------|--|
| | | Type | Size | | FPM | CFM | Test 1 | Test 2 | FPM | CFM | | |
| 104 | 1 | CR | 24 x 24 | FH | FH | 100 | | 125 | | FH | 105 | |
| 105 | 2 | CR | 24 x 24 | FH | FH | 100 | | 90 | | FH | 100 | |
| 110 | 3 | CR | 24 x 24 | FH | FH | 150 | | 175 | | FH | 160 | |
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FH = Direct read with flow hood

Remarks:

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 10-5-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

7601 Hospital Dr

Has been conducted by Inspector

C. Pack

On

10-3-01 (8-16-01)

01-07421
Permit Number

11,000
Square Footage

Remodel w/ sprinklers
Type of Inspection

They system is acceptable by this department.

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

TI-A137
F.D. Reference Number

(Handwritten mark)