

CITY OF SACRAMENTO

Permit No: 9900052

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 300 J ST SAC

Sub-Type: REM

Parcel No: 0060081037

Housing (Y/N): N

CONTRACTOR

PRECISION BUILDER
12010 THERESA LANE
REDDING CA 96003

OWNER

HAMMONS JOHN Q
300
SPRINGFIELD MO 45242

ARCHITECT

Nature of Work: INTERIOR 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 None 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 A-B License Number 559934 Date 1-4-99 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 1-4-99 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 435-98 UNIT 0000282 Exp Date 10-1-99

____ (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 1-4-99 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.

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 2-19-99

From: Gordon Duncan,
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

300 J ST

has been conducted by Inspector C. PACK

on 2-18-99.

99 00052

~~99 0100~~

Permit Number

8,500

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,
Fire Prevention Officer II

TI - 247

F. D. Reference Number

CITY OF SACRAMENTO
APPLICATION FOR ~~RENOVATION~~ BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____	Insp. Area _____
--------------------	------------------

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS Holiday Inn 300 J St. Suite _____
PARCEL # _____

<p align="center">CONTACT</p> <p>Name <u>Jim Beurstein</u> Address <u>Holiday Inn - 300 J St.</u> Zip _____ Phone <u>446 0100</u> FAX <u>446 0117</u></p>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>559934</u></p> <p>Name <u>Precision Builders</u> Address <u>12010 Theresa Lane</u> <u>Redding Ca.</u> Zip <u>96003</u> Phone <u>530-246-1288</u> FAX <u>530-2461289</u></p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>300 John Q Hammons Parkway</u> Address <u>Ste. 900</u> <u>Spring Field Missouri</u> Zip <u>65806</u> Phone <u>1-417-864-4300</u> FAX _____</p>		<p align="center">OWNER</p> <p>Name <u>JOHN Q. HAMMONS</u> Address <u>Same</u> Zip _____ Phone _____ FAX _____</p>	

→ Will the permittee have any employees on the jobsite? Yes No
→ If yes, WORKER'S COMPENSATION POLICY # 436-98 EXPIRATION DATE: 10-01-99

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: Replace Ceiling Tile-Grid - Carpet -
Wall Covering - Replace Day in Fluorescents
INT. ~~WALLS~~ DOORS & HARDWARE

DBA: HOLIDAY INN VALUATION: ~~65000~~ 65000⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>R-1/A2</u>	<u>R-ITK</u>	Spr Y	Alarm			
	<u>1</u>	<u>NONE</u>	<u>M</u>	<u>R</u>	<u>R</u>	<u>S</u>		<u>D</u>		<u>R</u>

COMMENTS: 1) Description of work scope.
2) Provide ceiling grid layout w/ acoustic tile
ceiling installation detail. The detail shall
include the seismic bracing.
3) Light, copper construction detail & attachment.
4) Finished wall detail.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No

City of Sacramento Development Services Division
Planning and Zoning Information Request

(1025 3RD AVE ANN BORO) only

Project Address: 1200 J St. B2.

please
get plan
approved

Assessor's Parcel Number: 006-0087-049

Current Land Use: Ball Room

Description of Request/Proposed Use: remodeled ✓

incl. ~~ext~~ Doors. INTERIOR WORK ONLY

Zoning Designation: C-3

Prior Applications for Project Site(P#,Z#,DRPB#): _____

Comments: OK interior work only not subject to review.

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: [Signature] 12.30.98

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

SHAFER & ASSOCIATES
Consulting Structural Engineers

JOB _____ SHEET NO _____
CALCULATED BY JDA DATE Jan

Compression Posts:

Based on Donn DX20 ceiling grid
Max Fvert. = Fhoriz. = 234#

$\frac{KL}{r} < 200 \rightarrow L_{max.} = \frac{200r}{1.0}$

Option 1

1 5/8" x 20ga. SS Steel Studs $A = .1535 in^2$ $r_y = .4634 in$ $r_x = .6$
 $L_{y max.} = 200(.4634)/1.0 = 92.6" \rightarrow 7'-8"$
 $L_{x max.} = 200(.6752)/1.0 = 135" \rightarrow 11'-3"$
 $f_a = 234#/.1535 in^2 = 1524 psi < 1.33 \times 3730 = 4960 psi \checkmark okay$

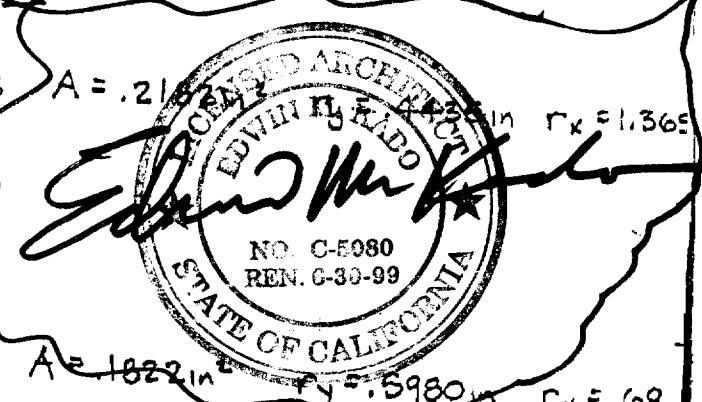
Option 2

2 1/2" x 20ga. SS Steel Studs $A = .1837 in^2$ $r_y = .4677 in$ $r_x = 1.00$
 $L_{y max.} = 91.5" \rightarrow 7'-7"$
 $L_{x max.} = 198" \rightarrow 16'-6"$
 $f_a = 1244 psi \checkmark okay$

Capitol Plaza Holiday
Jan. 1999

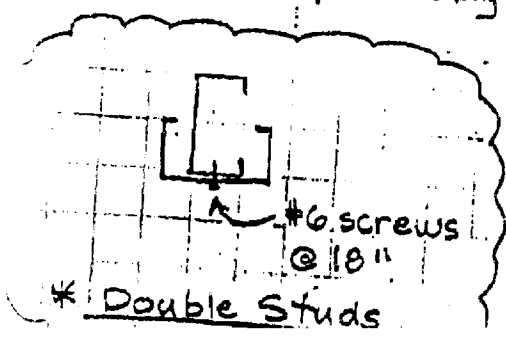
Option 3

3 1/2" x 20ga. SS Steel Studs $A = .218 in^2$ $r_y = .5980 in$ $r_x = 1.365$
 $L_{y max.} = 88.7" \rightarrow 7'-4"$
 $L_{x max.} = 273" \rightarrow 22'-9"$
 $f_a = 1072 psi \checkmark okay$



Option 4

1 5/8" x 20ga. WC Steel Studs $A = .1822 in^2$ $r_y = .5980 in$ $r_x = .69$
 $L_{y max.} = 120" \rightarrow 10'-0"$
 $L_{x max.} = 138" \rightarrow 11'-6"$
 $f_a = 1284 psi \checkmark okay$



Maximum Height of Compression Post

Grabber Steel Studs	Single Stud	Double Studs
1 5/8" x 20ga. SS	7'-8"	11'-3" *
2 1/2" x 20ga. SS	7'-7"	16'-6"
3 1/2" x 20ga. SS	7'-4"	22'-9"
1 5/8" x 20ga. WC	10'-0"	11'-6"

Job No: _____
 Project: Ceiling Compression Posts

 Client: _____
 Date: _____
 Page: _____

ATTN: Jim + Tim
 N.G.C.

CEILING COMPRESSION POSTS:

DESIGN CRITERIA:

CODE: 1994 UBC
 Seismic Zone 4, Z=0.4
 Occupancy Importance Factor, I=1.00
 Seismic Splay Wire Groups Bracing a maximum
 of 144 Sq. Ft. of Ceiling Area
 Ceiling not bracing partitions

Max. KL/R = 200
 Lmax. = 200 r / K

For KL/R = 200
 Fa = 3730(4/3) = 4970 psi

DESIGN LOADS:

Fp = ZICpWp = 0.4(1.0)(0.75)Wp = 0.300Wp
 Fvert. = Fhoriz. = 0.300(4psf)(144) = 173#

EXAMPLE:

3/4" dia. EMT
 Lmax. = 200(.309)/1.0 = 62" = 5'-2"
 fa = 173/.134 = 1291 psi less than 4970 psi

Therefore OKAY

EMT SIZE	AREA	R	fa	Fa	MAX. HEIGHT	
	sq. in.	in.	psi	<4970	in.	ft. - in.
1/2"	0.088	0.238	1966	okay	48	4'-0"
3/4"	0.134	0.309	1291	okay	62	5'-2"
1"	0.198	0.392	874	okay	78	6'-6"
1 1/4"	0.295	0.511	588	okay	102	8'-6"
1 1/2"	0.342	0.593	506	okay	119	9'-11"

SINGLE 25 GAGE STUDS WITH 1 1/4" FLANGES AND 1/8" MIN. FLANGE RETURNS:

	AREA	Ry	fa	Fa	MAX. HEIGHT	
25 ga. X 1 5/8"	0.078	0.430	2218	okay	86	7'-2"
25 ga. X 2 1/2"	0.094	0.421	1840	okay	84	7'-0"
25 ga. X 3 1/2"	0.113	0.404	1531	okay	81	6'-9"

SINGLE 20 GAGE STUDS WITH 1 1/4" FLANGES AND 3/8" MIN. FLANGE RETURNS:

	AREA	Ry	fa	Fa	MAX. HEIGHT	
20 ga. X 1 5/8"	0.159	0.475	1088	okay	95	7'-11"
20 ga. X 2 1/2"	0.189	0.471	915	okay	94	7'-10"
20 ga. X 3 1/2"	0.224	0.458	772	okay	92	7'-8"

SINGLE 20 GAGE STUDS WITH 1 5/8" FLANGES AND 3/8" MIN. FLANGE RETURNS:

	AREA	Ry	fa	Fa	MAX. HEIGHT	
20 ga. X 1 5/8"	0.185	0.603	935	okay	121	10'-1"
20 ga. X 2 1/2"	0.215	0.605	805	okay	121	10'-1"
20 ga. X 3 1/2"	0.250	0.598	692	okay	119	9'-11"

DOUBLE 25 GAGE STUDS WITH 1 1/4" FLANGES AND 1/8" MIN. FLANGE RETURNS:

	AREA	Rx	fa	Fa	MAX. HEIGHT	
25 ga. X 2 1/2"	0.094	1.011	1840	okay	202	15'-0"
25 ga. X 3 1/2"	0.113	1.359	1531	okay	272	15'-0"
25 ga. X 4"	0.122	1.528	1418	okay	306	15'-0"

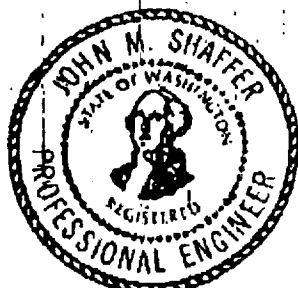
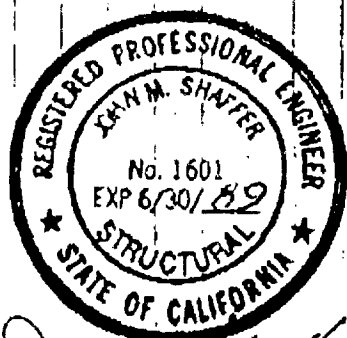
DOUBLE 20 GAGE STUDS WITH 1 1/4" FLANGES AND 3/8" MIN. FLANGE RETURNS:

	AREA	Rx	fa	Fa	MAX. HEIGHT	
20 ga. X 2 1/2"	0.189	1.005	915	okay	201	15'-0"
20 ga. X 3 1/2"	0.224	1.366	772	okay	273	15'-0"
20 ga. X 4"	0.241	1.540	718	okay	308	15'-0"

Connect double studs together with #6 screws at 18" o.c. to form tee section.

Consulting Structural Engineers

CALCULATED BY JDA DATE 4-5-89

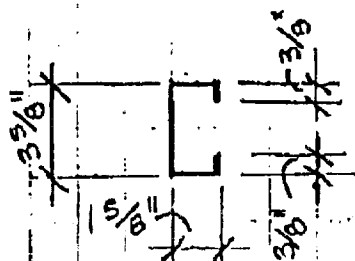


John M. Shaffer

SET 737-7
Exp. 2/3/90

Ceiling Compression Posts using Steel Stud:

With $3\frac{5}{8}'' \times 20$ ga. steel studs
 $1\frac{5}{8}''$ wide with $\frac{3}{8}''$ return lips



Min. $r_x = 1.45$ in.

Min. $r_y = .588$ in.

based on $\frac{KL}{r} < 200$

Single Stud \therefore use $r_y = .588$ in.

$L_{max} = \frac{200 r}{K} = \frac{200 (.588)}{1.0} = 117'' = 9'-9''$ max. height

Double Stud \therefore use $r_x = 1.45$ in.

$L_{max} = \frac{200 (1.45)}{1.0} = 290'' = 24'-2''$ max. height

for Tee configuration
#6 screws @ 16"