

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0508479**
Insp Area: **4**
Thos Bros: **277F1**

Site Address: **4421 PELL DR SAC**
Parcel No: **237-0022-083**

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

CONTRACTOR
HMH BUILDERS INC
15 BUSINESS PARKWAY SUITE 101
SACRAMENTO, CA 95828

OWNER
UNITED BROTHERHOD OF CARPENTERS/JOINERS
4421 PELL DR
SACRAMENTO, CA 95838

ARCHITECT

Nature of Work: **1 story 28,000 sf 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 _____ 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 ABC-8 License Number 780999 Date 6-30-2006 Contractor Signature Ray Barnes

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 Ray Barnes

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 9-28-05 Applicant/Agent Signature Ray Barnes

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 ZURICH AMERICAN INSU. CO. Policy Number 3696719-00 Exp Date 08/01/2005

(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 9-28-05 Applicant Signature Ray Barnes

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.



Lawson Mechanical Contractors
A California Corporation

6090 South Watt Avenue (916) 381-5000
Sacramento, CA 95829-1302 (916) 381-5073 Fax

P.O. Box 15224
Sacramento, CA 95851-0224 www.lawsonmechanical.com



License # 178385
Since 1947

FACSIMILE TRANSMISSION

From LMC West

To: Ray Barnes Date: 2-7-06 Job#: 05-008
 Co: HMH Total Pages: 3 (Including this page)
 Tel: _____ From: Gary Peck Roger Reynolds
 Fax: _____ Mike Smith

Please notify Lawson Mechanical Contractors immediately if you do not receive the number of pages indicated above.

LAWSON MECHANICAL CONTRACTORS

Main Office Telephone: (916) 381-5000
Main Office Fax: (916) 381-5073
Detailing Dept. Fax: (916) 381-5037
LMC West Fax: (916) 381-7058

Reference: _____

Message: CARPENTER'S HALL PRIMER BAL NUMBER

Hard copy to follow Yes No

A/C 5 Total CFM 1470	Register #	Design CFM	First	Final
Supply	1	280	330	
	2	280	330	
	3	275	310	
	4	275	325	
	5	100	25 *	UNOCCUPIED
	6	100	20 ↓	↓
	7	100	15 ↓	↓
	8	100	20 ↓	↓
Total		1510		
Return	1	100		UNOCCUPIED
	2	100	135	↓
	3	100	60	↓
	4	100	60	
	5	1000	750	
Total		1400		
OSA		170	OPEN 100%	

NO REGISTER
NOT OCCUPIED

A/C 6 Total CFM 2000	Register #	Design CFM	First	Final
Supply	1	480	440	460
	2	480	370	380
	3	480	1170	500
	4	220	250	210
	5	220	230	200
	6	220	240	205
Total		2100	2000	1955
Return	1	1200	900	900
	2	500	520	520
Total		1700		
OSA		250	OPEN 100%	

A/C 7 Total CFM 1335	Register #	Design CFM	First	Final
Supply	1	265	345	
	2	265	345	
	3	265	300	
	4	265	230	
	5	100	25 *	UNOCCUPIED
	6	150	25 *	"
Total		1310		
Return	1	1000	700	
	2	100	150	UNOCCUPIED
	3	150	135	"
Total		1250		
OSA		200	OPEN 100%	

* TEMP COMPENSATED DAMPER ROOM SATISFIED DAMPER AT MIN

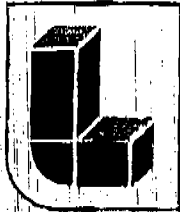
Carpenters Hall Air Distribution

A/C 1 Total CFM 3000	Register #	Design CFM	First	Final
Supply	1	650		
	2	350		
	3	500		
	4	250		
	5	250		
	6	500		
	7	500		
Total		3000		
Return	1	1650		
	2	225		
	3	900		
Total		2775		
OSA		260		

A/C 2 Total CFM 1370	Register #	Design CFM	First	Final
Supply	1	690		
	2	680		
Total		1370		
OSA		190		

A/C 3 Total CFM 1350	Register #	Design CFM	First	Final
Supply	1	195	190	160
	2	500	380	410
	3	195	165	185
	4	195	175	190
	5	100	165	120
Total		1085	1065	1055
OSA		150	OPEN 100%	

A/C 4 Total CFM 1390	Register #	Design CFM	First	Final
Supply	1	300	310	310
	2	500	400	400
	3	220	195	195
	4	220	250	250
	5	220	240	240
	6	100	105	105
Total		1560	1490	1490
Return/Transfer	1	95	✓	✓
OSA		200	OPEN 100%	



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P.O. Box 15224
Sacramento, CA 95851-0224 www.lawsonmechanical.com



4510
451

FACSIMILE TRANSMISSION

From LMC West

To: RAY BARNES Date: MAY 19, 2006 Job#: _____
 Co: HMH Total Pages: 5 (Including this page)
 Tel: _____ From: Gary Peck Roger Reynolds
 Fax: 388-9195 MIKE SMITH

Please notify Lawson Mechanical Contractors immediately if you do not receive the number of pages indicated above.

LAWSON MECHANICAL CONTRACTORS

Main Office Telephone: (916) 381-5000
Main Office Fax: (916) 381-5073
Detailing Dept. Fax: (916) 381-5037
LMC West Fax: (916) 381-7058

Reference: _____

Message: RAY - BALANCE REPORT FOR CARPENTER'S HALL.
5 PAGES INCLUDING COVER

TO: RAY BARNES
FAX: 614.7911

Hard copy to follow

Yes No

Carpenters Hall Air Distribution

A/C 1 Total CFM 3000	Register #	Design CFM	First	Final
Supply	1	650	610	680
	2	950	315	340
	3	600	230	260
	4	250	248	260
	5	250	300	250
	6	600	460	470
	7	500	410	440
Total		3000	2570	2890
Return	1	1660	1180	1225
	2	225	240	260
	3	900	480	480
Total		2775	1890	1935
OSA		260	1033	300

A/C 2 Total CFM 1370	Register #	Design CFM	First	Final
Supply	1	690	740	740
	2	680	840	640
Total		1370	1580	1580
OSA		100	170	200

A/C 3 Total CFM 1185	Register #	Design CFM	First	Final
Supply	1	195	190	160
	2	500	380	410
	3	195	185	185
	4	195	175	190
	5	100	165	120
Total		1185	1075	1066
OSA		150	100% Open	170

A/C 4 Total CFM 1390	Register #	Design CFM	First	Final
Supply	1	300	310	310
	2	500	400	400
	3	220	185	185
	4	220	250	250
	5	220	240	240
	6	100	105	105
Total		1390	1500	1500
OSA		200	100% Open	200

A/C 8 Total CFM 1470	Register #	Design CFM	First	Final
Supply	1	280	330	280
	2	280	330	280
	3	275	310	240
	4	275	325	230
	5	100	25	100
	6	100	25	110
Total	7	100	25	100
	8	100	0	80
		1510	1370	1390
Return	1	100	0	50
	2	100	0	50
	3	100	0	120
	4	100	0	85
	5	1000	900	640
Total		1400	900	645
OSA		170	100% Open	185

A/C 6 Total CFM 2000	Register #	Design CFM	First	Final
Supply	1	480	440	460
	2	480	370	380
	3	480	470	500
	4	220	250	210
	5	220	230	200
	6	220	240	205
Total		2100	2000	1855
Return	1	1200	900	900
	2	500	520	520
Total		1700	1420	1420
OSA		250	100% Open	275

A/C 7 Total CFM 1335	Register #	Design CFM	First	Final
Supply	1	265	345	270
	2	265	345	280
	3	265	300	260
	4	265	230	190
	5	150	25	160
	6	100	25	125
Total		1310	1270	1275
Return	1	1000	700	700
	2	150	150	150
	3	100	135	135
Total		1260	885	985
OSA		200	100% Open	210

A/C 8 Total CFM 3500	Register #	Design CFM	First	Final
Supply	1	70	100	100
	2	330	300	300
	3	400	440	440
	4	330	400	400
	5	400	440	440
	6	330	480	480
	7	400	500	500
	8	520	600	600
	9	520	580	580
Total		3300	3840	3840
Return	1	1500	1100	1100
	2	1500	1250	1250
Total		3000	2350	2350
OSA		570	1800	725

A/C 9 Total CFM 2280	Register #	Design CFM	First	Final
Supply	1	280	480	350
	2	280	400	380
	3	475	640	550
	4	345	400	430
	5	345	420	400
	6	475	600	580
	7	475	680	580
	8	354	500	450
	9	345	430	380
	10	475	520	500
Total		3849	5070	4580
Return	1	500	680	680
	2	500	820	720
	3	600	700	650
	4	500	740	670
Total		2000	2820	2620
OSA #9		1500	1200	1425
OSA #10		1500	1000	1580

A/C 11 Total CFM 1800	Register #	Design CFM	First	Final
Supply	1	450	480	480
	2	450	440	440
	3	450	500	500
	4	450	450	450
Total		1800	1870	1870
OSA		170	275	185

EF2 Total CFM 1600	Register #	Design CFM	First	Final
Exhaust	1	300	350	350
	2	300	340	340
	3	480	440	440
	4	480	370	370
	5	280	150	150
Total		1610	1660	1660

0508479



City Of Sacramento
Planning & Building Department, Building Division
915 I Street
Sacramento, CA 95814
Phone: 808-5656
Attn: John Tang

RE: P.C. #0508479, 4421 Pell Dr.

In reference to the project listed above we submit the clarification to the requested TCO area.

The temporary certificate of occupancy request is to encompass the following rooms;

Copy / Break #119
Fire Sprk. #120
Restroom #121
Office #122
Break #123
Open Office #124
Office #125
Open Office #127
Open Office #128
Open Office #133
Office #134
Reception #135
Vestibule #136
Local 1618 Reception area off of door #136B
Open Office #137
Office #139

APPROVED
City of Sacramento Plan Review

Life Safety

John Tang 3/10/06
Signature Date

Please note that all of these rooms are indicated on the city approved sheet A2.1 with a dot hatch.

If you have any questions please feel free to call.

Thank You,

Trevor Smith
Calpo | Hom | Dong Architects
2120 20th Street, Suite One
Sacramento, Ca 95818
916.446.7741 Phone
916.446.0457 Fax

0508479

4421 PELL DR

• 2120 20th Street, Suite One • Sacramento, California 95818 • Telephone: 916/446-7741 Facsimile: 916/446-0457 •