

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0401811

Insp Area: 4

Thos Bros: 298A1

Site Address: 1455 RESPONSE RD SAC St: #165

Parcel No: 277-0287-003 STE 165

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR  
BROWNING CONSTRUCTION INC  
9050 RANCHVIEW CT  
SACRAMENTO CA 95624

OWNER  
EQUITY OFFICE PROPERTIES  
1610 ARDEN WAY STE 298  
SACRAMENTO CA 95815

ARCHITECT  
NIELSEN & ASSOCIATES  
550 HOWE AVE  
SACRAMENTO CA 95825

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 \_\_\_\_\_ 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 2-5-04 Contractor Signature Daniel Burg

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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
FEB 05 2004  
BUILDING PERMIT

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 2-5-04 Applicant/Agent Signature Daniel Burg

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.

DOB 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 713016444 Exp Date 10/01/2004

(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 2-5-04 Applicant Signature Daniel Burg

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.



### AIR OUTLET TEST REPORT

PROJECT NAME Alliance Title PROJECT NUMBER P 4184  
 PROJECT ADDRESS 1455 Response SUITE NUMBER 199  
 OUTLET MANUFACTURER Titing TEST APPARATUS \_\_\_\_\_

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM			MAX	MIN	
AC#18	1	4Way	8		160	⊖	250	220	90		90	⊖	
	2		10		350		275	230	300		300	⊖	
	3		12		375		310	250	320		320	⊖	
	4		12		375		340	340	330		330	⊖	
	5		8		250		200	220			220	⊖	
	6		12		450		400	395			395	⊖	
	7		8		100		130	90			90	⊖	
AC#17	15		12		155		150				150	⊖	
	16		12		155		150				150	⊖	
	17		10		155		160				160	⊖	
	18		12		270		260				260	⊖	
AC#13	19		10		240		220				220	⊖	
	20		8		130		120				120	⊖	
	21	∇	8		140	∇	130				130	⊖	

REMARKS:

TEST DATE 1-16-04

Ken Sola  
Project Technician

Jimmy Miller  
Project Manager

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #	Insp. Area
0401811	

Applicant to complete all areas down to valuation

ADDRESS 1455 Response Rd. Suite 165  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></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>(916) 423-1105</u> FAX <u>(916) 685-5835</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> 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>(916) 423-1105</u> FAX <u>(916) 685-5835</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Nelson &amp; Associates</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;"><b>OWNER</b></p> <p>Name <u>Equity Office Properties</u>                  Address <u>1610 Arden Way #250</u>                  City/State/Zip <u>Sacramento CA 95815</u>                  Phone <u>(916) 614-8801</u> FAX <u>614-8840</u>                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Compensation  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: 10/04

NATURE OF WORK IN DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCCUPANT/TENANT: Alliance Title VALUATION: \$ 20,000

<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>			
JOB DESCRIPTION						<input type="checkbox"/> BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TR <input checked="" type="checkbox"/> REM <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> -ADD <input type="checkbox"/> OTHER			
INSPECTION DISCIPLINES						<input checked="" type="checkbox"/> (BLDG) <input checked="" type="checkbox"/> (MECH) <input type="checkbox"/> PLUMB <input checked="" type="checkbox"/> (ELEC) <input type="checkbox"/> SITE <input type="checkbox"/> FIRE			
# Stories	1 <sup>st</sup> Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File
B	L	P	(M)	E	(F)	SPR	ALARM	D	PW UTIL
<u>13</u>	<u>13</u>		<u>AP JMT</u>		<u>AP JMT</u>				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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