

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0014552

Insp Area: 1

Site Address: 630 BERGUT DR SAC

Parcel No: 001-0181-011

SUITE B

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

JLP SERVICES, INC
14 NUTWOOD CR
SAC CA 95833

OWNER

C/PRK III, C/O C/B RICHARD ELLIS
555 CAPITAL MALL #215
SAC CA 95814

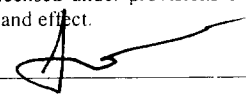
ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL FOR STATE OF CALIFORNIA: NEW WALL AND EXPAND RESTROOMS

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 680995 Date 12-8-00 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 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.)

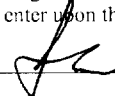
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 12-8-00 Applicant/Agent 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 ACE USA GROUP

Policy Number NWC005013-00

Exp Date 10/01/2001 

(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 12-8-00 Applicant 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 630 BERKELEY DR #B Permit No. 00-14552

Building Use: OFFICE Occupancy: B

Building Owner: CPRK III, OC B RICHARD Construction Type: _____

Owner Address: 555 CAPITOL BL #215 SAC Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE B Area: 1000 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy

1/31/01

Date

Willie Harris

By: Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

City approval of AC/MIS

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

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 # 0014552	Insp. Area 16
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 630 Bercut Dr. Sacramento, Ca. 95814 Suite B
 PARCEL # 00101810110000

<p style="text-align: center;">CONTACT</p> Name <u>JLP Services, Inc./ Allen Forbus</u> Street Address <u>14 Nutwood Circle</u> City/State/Zip <u>Sacramento, Ca. 95833</u> Phone <u>(916)922-6567</u> FAX <u>(916)925-6328</u> E-mail: <u>jlpsservices@worldnet.att.net</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>680995</u></p> Name <u>JLP Services, Inc.</u> Address <u>14 Nutwood Circle</u> City/State/Zip <u>Sacramento, Ca. 95833</u> Phone <u>(916)922-6567</u> FAX <u>(916)925-6328</u> E-mail: <u>jlpsservices@worldnet.att.net</u>
<p style="font-size: 0.8em; margin: 0;">DEPT. OF GEN. SERVICES ARCHITECT/ENGINEER DESIGN SVCS SECTION</p> Name <u>State of California Dept. Health</u> Address <u>1102 Q Street, suite 6000 Srvc's.</u> City/State/Zip <u>Sacramento, Ca. 95814-6511</u> Phone <u>(916)445-9693</u> FAX <u>(916)324-7277</u> E-mail: <u>www.dgs.ca.gov</u>	<p style="text-align: center;">OWNER</p> Name <u>C.P.R.K. III c/o C/B Richard Ellis</u> Address <u>555 Capital Mall # 215</u> City/State/Zip <u>Sacramento, Ca. 95814</u> Phone <u>(916)446-8224</u> FAX <u>(916)446-8741</u> E-mail:

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ACE USA Group
 → WORKER'S COMPENSATION POLICY # NWC005013-00 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL: Tenant Improvement for State of California Dept. of Health Services. EXPAND MEN'S & WOMEN'S R/RMS. ADD 1-URINAL, 1-LAV. TO MEN'S R/RM. ADD 1-TOILET, 1-LAV to WOMEN'S R/RM. - EXPAND SINK FROM MID. OF R/RMS. CAP 2-TOILET DRAINS, SHOWER DRAIN(L), 2-LAV. DRAIN 43,700

OCCUPANT/TENANT: Department of Health Services VALUATION: \$ 10,000.00

FLOOD STATUS:				S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI(XX)	REM()	SW	FIRE	ADD	OTH		
INSPECTION DISCIPLINES		BLDG		MECH		PLUMB		ELEC		SITE	FIN	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y (XXX)</u>		Fed Code		Vio. File		
	10,000	same ¹⁰⁰⁰		B		SPR	ALARM	15		[H]	[Quad]	
(B)	(L)	(P)	(M)	(E)	(I)	S		(D)		PW	UTIL	
JL (3)		JL (3)		1ST LVL				SMB				

COMMENTS: JLP SERVICES, INC. contact Allen Forbus cell # (916)717-3439

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



Hudson Environmental Services

AIR BALANCE REPORT

JOB NAME: 630 BERGUT JOB #: HEALTH SCUS DATE: 01/25/01

TECH: ALLAN SECTION _____ PAGE 1

UNIT #: RTU 7 & 2

Unit	Outlet	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
7	1	S	10		400		380		-		-	
	2	S	10		400		380		-		-	
					800		760					
	3	R	14		680		700		640		-	
	4	OSA	-		120		60		120		-	
					800		760		760			
2	1	S	10		350		300		340		340	
	2	S	10		350		300		320		330	
	3	S	10		190		250		200		190	
	4	S	10		310		330		320		320	
					1200		1180		1180		1180	
	5	R	14		855		900		875		850	
	6	R	10		165		90		130		160	
	7	OSA	-		180		190		175		170	
					1200		1180		1180		1180	

REMARKS: _____



Indian Environmental Services

AIR BALANCE REPORT

JOB NAME: 630 PERLUT JOB #: HEALTH SCUB DATE: 01/25/01

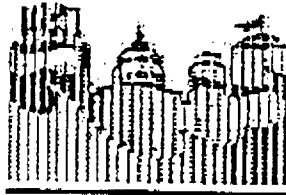
TECH: ALLAN SECTION _____ PAGE 2

UNIT #: RTU 11 & 14

Unit	Outlet	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
11	1		S 10		400		300		350		375	
	2		S 10		400		350		350		370	
	3		S 10		400		425		410		420	
	4		S 10		400		500		465		410	
					1600		1575		1575		1575	
	5		R 14		680		630		660		—	
	6		R 14		680		640		675		—	
	7		OSA		240		305		240		—	
					1600		1575		1575		—	
14	1		S 12		400		370		—		—	
	2		S 12		400		380		—		—	
					800		750		—		—	
	3		R 12		340		310		310		—	
	4		R 12		340		290		315		—	
	5		OSA		120		150		125		—	
					800		750		750		—	

REMARKS: _____

X



Johnson Environmental Services

AIR BALANCE REPORT

JOB NAME: 630 BERWY JOB #: HEALTH SVCS DATE: 01/25/01

TECH: ALLAN SECTION _____ PAGE 3

UNIT #: RTU 12 & 9

Unit	Outlet	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM		
12	1		S 10		330	300		X				
	2		S 12		490	440		X				
	3		S 10		400	360		X				
	4		S 10		380	340		X				
					1600	1440						
	5		R 10		280	300		275				
	6		R 14		1080	1100		900				
	7		OSA -		240	40		265				
					1600	1440		1440				
9	1		S 12		600	580						
	2		S 12		600	580						
					1200	1140						
	3		R 14		1020	1040		980	960			
	4		OSA -		180	100		160	180			
					1200	1140		1140	1140			

REMARKS: _____





Indoor Environmental Services

AIR BALANCE REPORT

JOB NAME: 1030 BERWIT JOB #: HEALTH SCUB DATE: 1/25/01
 TECH: ALLAN SECTION _____ PAGE 4
 UNIT #: RTU 6

Unit	Outlet	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
6	1	S	8		225		180		210			
	2	S	8		130		140		135			
	3	S	10		300		310		295			
	4	S	8		200		220		220			
	5	S	12		450		470		460			
					1300		1320		1320			
6	6	R	8		190		160		180		180	
	7	R	8		110		120		120		120	
	8	R	10		260		300		280		270	
	9	R	14		545		450		500		525	
	10	OSA	-		195		280		240		225	
					1300		1320		1320		1320	

REMARKS: _____



Indoor Environmental Services

AIR BALANCE REPORT

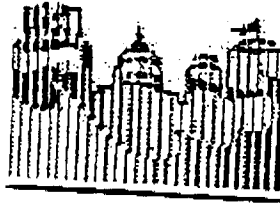
JOB NAME: 630 BERCUT JOB #: HEALTH SCUS DATE: 1/29/01

TECH: ALLAN SECTION _____ PAGE 5

UNIT #: RTU 8

Unit	Outlet	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
8	1		S 8		165		225		190			
	2		S 12		500		375		400			
	3		S 10		285		210		220			
	4		S 8		165		220		170			
	5		S 8		150		210		160			
	6		S 8		130		100		190			
	7		S 12		550		510		520			
					1950		1850		1850			
	8		R 8		140		130		130			
	9		R 14		890		900		880			
	10		R 10		240		270		230			
	11		R 8		140		130		130			
	12		R 8		130		130		130			
	13		R 8		110		100		100			
	14		DSA		300		240		250			
					1950		1850		1850			

REMARKS: _____



Indoor Environmental Services

AIR BALANCE REPORT

JOB NAME: 630 BERCLT

JOB #: HEALTH SVCS

DATE: 1/25/01

TECH: ALLAN

SECTION _____

PAGE 6

UNIT #: RTU-10

Unit	Outlet	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
10	1		S 8									
	2		S 8		180		210		190			170
	3		S 8		200		190		190			205
	4		S 8		150		140		145			150
	5		S 10		150		140		150			145
	6		S 10		400		410		395			390
	7		S 10		400		380		390			390
					400		380		380			400
					1880		1860		1880			1860
	8		R 8		150		170		160			
	9		R 8		170		180		175			
	10		R 10		250		210		230			
	11		R 10		1020		1000		1010			
			OSA		300		290		305			
					1880		1880		1880			

REMARKS: _____



Indoor Environmental Services

AIR BALANCE REPORT

JOB NAME: 630 BERCUT JOB #: HEALTH SUES DATE: 1/25/01

TECH: ALLAN SECTION _____ PAGE 6

UNIT #: RTU-10

Unit	Outlet	OPENING		FAC TOP	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
10	1		S 8		180	210		190		170		
	2		S 8		200	190		190		205		
	3		S 8		150	140		145		150		
	4		S 8		150	140		150		145		
	5		S 10		400	410		395		390		
	6		S 10		400	380		390		390		
	7		S 10		400	380		380		400		
					1880	1860		1880		1860		
	8		R 8		150	170		160				
	9		R 8		170	180		175				
	10		R 10		250	210		230				
	11		R 16		1020	1000		1010				
			OSA		300	290		305				
					1880	1880		1880				

REMARKS: _____