

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0503344

Insp Area: 1
Thos Bros: 297C3

Site Address: 545 L ST SAC St: #1066
Parcel No: 006-0091-022 DOWNTOWN PLAZA

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

CONTRACTOR
RACE BUILDERS INC
6721 FIVE STAR BLVD. #F
ROCKLIN CA 95677

OWNER
DOWNTOWN PLAZA LLC
11601 WILSHIRE BL
LOS ANGELES, CA 90025

ARCHITECT
TORRES ARCHITECTS INC
2421 W 20TH ST SUITE D200
TORRANCE CA 90501

Nature of Work: REMODEL EXISTING TENANT SPACE FOR RESTAURANT

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.

X License Class B-40 License Number 744753 Date 6/1/05 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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.

X Date 6/1/05 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 _____ of the Labor Code, for the performance of work for which the permit is issued.

X ~~X~~ 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 0005359-2003

PAID
CITY OF SACRAMENTO
JUN 01 2005
NORTH PERMITS CENTER
Exp Date 01/01/2006

_____, (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.

X Date 6/1/05 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 545 L ST #1066 Permit No.: 0503344

Building Use: RESTAURANT - REMODEL Occupancy: B

Building Owner: DOWNTOWN PLAZA LLC Construction Type: 1FR

Owner Address: LOS ANGELES, CA Sprinkled? Yes No

Portion of Building Occupied: SUITE 1066 Area: 1350 Sq. Ft.

3/28/06 Carolyn Cooper **CARL HEFNER**
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

[Finaled By:CDY,SLG,TH]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

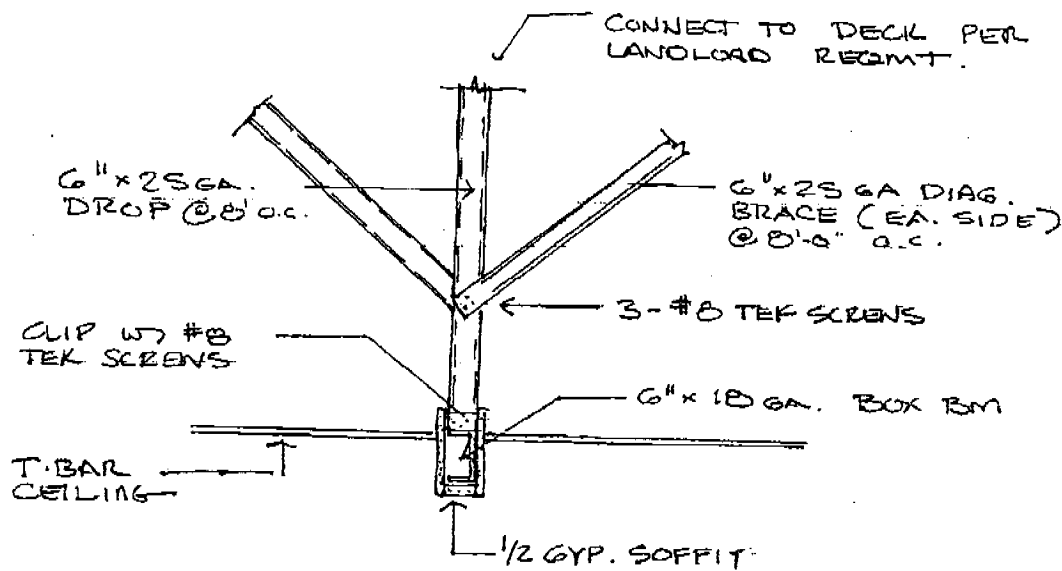
POST IN A CONSPICUOUS PLACE

Torres Architects Inc.

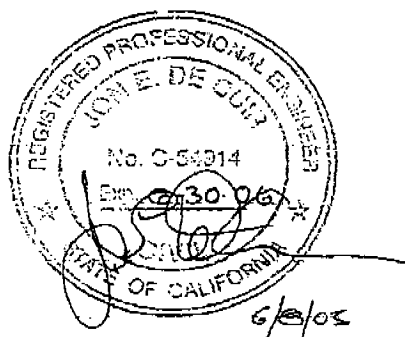
QUIZENO'S #7127
WESTFIELD SHOPPING TOWN

8 JUN 05
PAGE 1 of 1

Permit # 0503344
545 L ST ST: H1066



6" SERVICE LINE SOFFIT DETAIL
NTS



CERTIFICATION OF INSULATION

P A R T I G E N E R A L	ADDRESS OR TRACT NEIF m... LOT # 126 1924 Rosehall Permit # 0419064 Steamboat Bend	SACRAMENTO BUILDING PRODUCTS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED		
	WALLS (SQUARE FEET)	CEILINGS (SQUARE FEET)	FLOORS (SQUARE FEET)	
P A R T II A R E A S I N S U L A T E D	TYPE OF INSULATION MATERIAL FIBERGLASS	TYPE OF INSULATION MATERIAL FIBERGLASS	TYPE OF INSULATION MATERIAL FIBERGLASS	
	FORM BATTS	FORM BATTS & BLOW	FORM BATTS	
	MANUFACTURER'S PRODUCT I.D.			
	MANUFACTURER			
	CT OC JM	CT OC JM	CT OC JM	
	R - VALUE INSTALLED 13/19	APPLIED THICKNESS 35/55	R - VALUE INSTALLED 38	APPLIED THICKNESS 14 3/4
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE			
	MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER CT OC JM
	AIR INFILTRATION SEALANT			
	MATERIAL		MANUFACTURER HILTI HANDY FOAM	
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.				
SIGNATURE — INSULATION CONTRACTOR <i>JC</i>	TITLE MANAGER	DATE 9-2-05		
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE		
REMARKS				

SIC - 303

BUILDER COPY

Steamboat Bend III @ Sacramento
 Project Title
1924 Rosehall Way / 126-3A
 Project Address, Lot Number
Johnny Ocalla 9253836905
 Builder Contact Telephone

5/25/2005
 Date
Hofmann Company
 Builder Name
1536
 Plan Number

~~Rich Giomery~~
 Telephone
[Signature]
 Certifying Signature
 Date **6-2-05**

Sample Group Number
 Sample House Number

Firm: **California Living and Energy**

HERS Provider CalCERTS
 City/State/Zip: Ceres, CA 95307

Street Address: 3649 Mitchell Road, Suite C

Copies to: Builder, HERS Provider

Permit # 0419004

HERS Rater Compliance Statement

The house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- The Installer has provided a copy of the CF-6R (Installation Certificate).
- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of duct).
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	Measured Values
	DOWNSTAIRS	UPSTAIRS
Test Leakage Flow in CFM	<u>49</u>	
If fan flow is calculated as 400cfm/ton x number of tons enter calculated value here	<u>64.5 sq. ft.</u>	
If fan flow is measured enter measured value here		
Leakage Percentage (100 x Test Leakage/Fan Flow) =	<u>4.6%</u>	
Check Box for Pass or Fail (Pass=6% or less)	<input checked="" type="checkbox"/> Pas	<input type="checkbox"/> Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic expansion valve IS INSTALLED AND Access is provided for inspection Yes is a pass Pas Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1 Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan).

2 Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Yes for both 1 and 2 is a Pas Pas Fail

Steamboat Bend III @ Sacramento	1536	5/25/2005
Project Title	Plan Number	Date
1924 Rosehall Way / 126-3A		
Address, Lot Number		
Sample Group Number	Sample House Number	

MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT

Diagnostic Testing Results

Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater 1111 CFM / 2.8 SLA

1. Is measured envelope leakage less than or equal to the required level from CF-1R?
Yes No
2. Is Mechanical Ventilation shown as required on the CF-1R?
Yes No
- 2a. If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?
Yes No
- 2b. Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R.
Yes No
3. Check this box yes if measured building infiltration (CFM @ 50Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no, mechanical ventilation is required.)
Yes No
4. Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.
Yes No

Pass Fail

Pass if:

- a. Yes in line 1 and line 3, or
- b. Yes in line 1 and line 2, 2a, and 2b, or
- c. Yes in line 1 and Yes in line 4.

Otherwise fail.

Hofmann Company - Steamboat Bend - Plan - Elev All

0419064

Site Address LOT-126-1924 ROSEHALL Wy

Permit Number

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-1 (\leq CF-1R Value) ¹	Product SHGC-1 (\leq CF-1R Value) ²	# of Panes	Total Quantity of Like Product (Optional)	Total Square Feet	Interior or Exterior Shading Device or Overhang	Comments- Special Features
Philips 800 S & N (Low E)	Slider	.36	.33					U-Values based on
Philips 800 S & N (Low E)	Single Hung	.36	.33					Products supplied
Philips 800 S & N (Low E)	Fixed	.33	.36					by Insight Glass
Philips 800 S & N (Low E)	Patio Door	.35	.35					Only !!
								U-Values On fenestration
								Products supplied by
								others are not available.

1. Manufactured Fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards

² Installed U-value must be less than or equal to value from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Values for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is equivalent to or more efficient than that specified in the certificate or compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and (3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

[Signature] 2/22/05

Items #s
(if applicable)

Signature, Date

Insight Glass Inc.

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Items #s
(if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Items #s
(if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

July 1, 1999

Compliance Forms

Plan

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

107-126 - 1924 Ross Hall Wy

0419064

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc) ¹ (CF-1R value)	Duct Location (atig, etc)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc) ¹ (CF-1R value)	Duct Location (atig, etc)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. \geq reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ³ (EF, RE)	Standby Loss (%)	External Insulation R-value ³
NATURAL GAS	65L50X0CTG 50 GAL	STORAGE		1	40,000	50	16.7	3.05	R-16

- 2. For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.50.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Robert C. ...
Signature, Date

Antidich Plumbing Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Site Address Stam boat Lot 126 Plan 1536 Permit Number _____

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 Pa)

Test Leakage (CFM) 49

Fan Flow

If fan flow is calculated as 400cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu Hr. enter calculated value here 64

If fan flow is measured enter measured value here _____
Leakage Fraction = Test Leakage/(Measured or Calculated Fan Flow) = _____

Pass if leakage fraction ≤ 6%

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:
Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test of House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion valve is installed and Access is provided for inspection Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No

2. Yes No

ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.
TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow =

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests Performed

Antonio Flores
Signature, Date

5-31-05 Blue Mountain Air

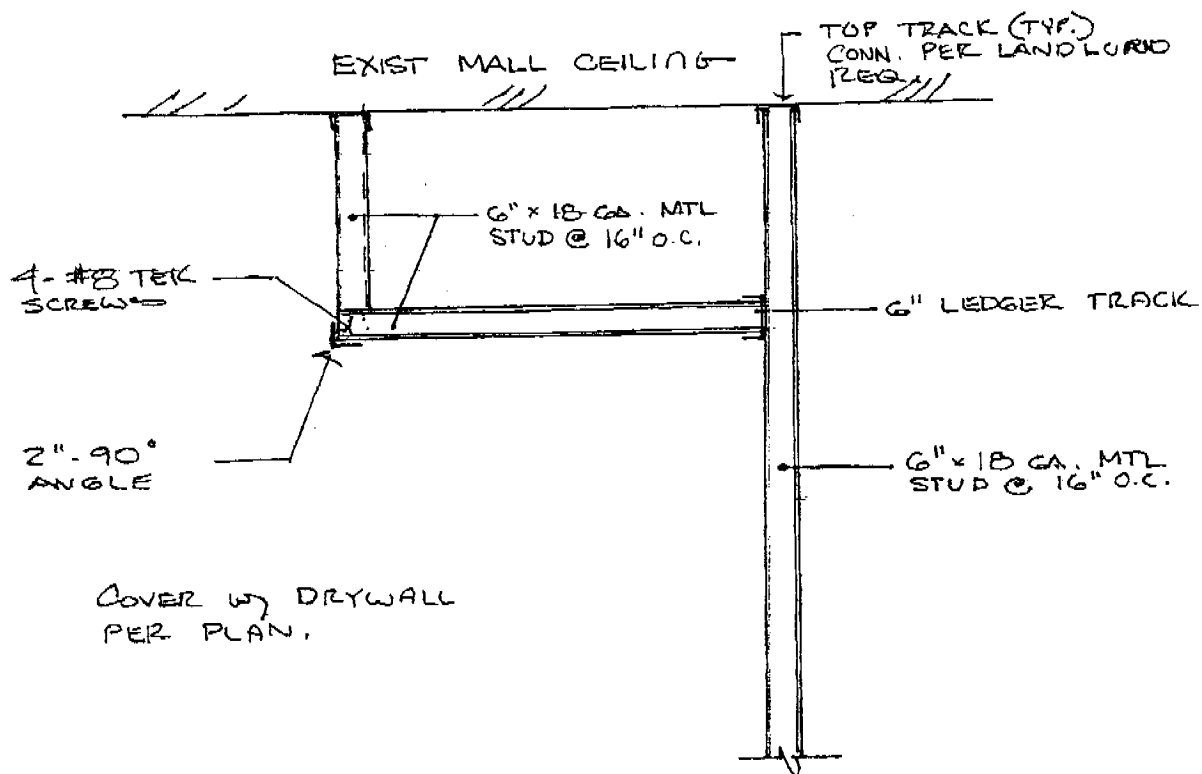
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name)

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Torres Architects Inc.

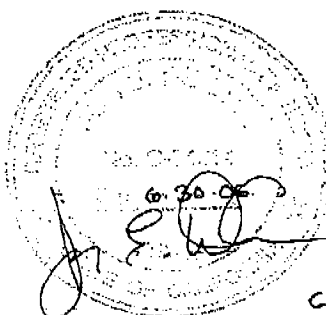
QUIZENOS - #7127
WESTFIELD SHOPPING TOWN

8 JUN 05
SHEET 1 OF 1



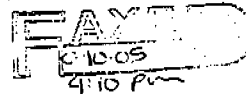
FRONT SOFFIT DETAIL
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0503344
545 L ST ST A
1066



6/8/05

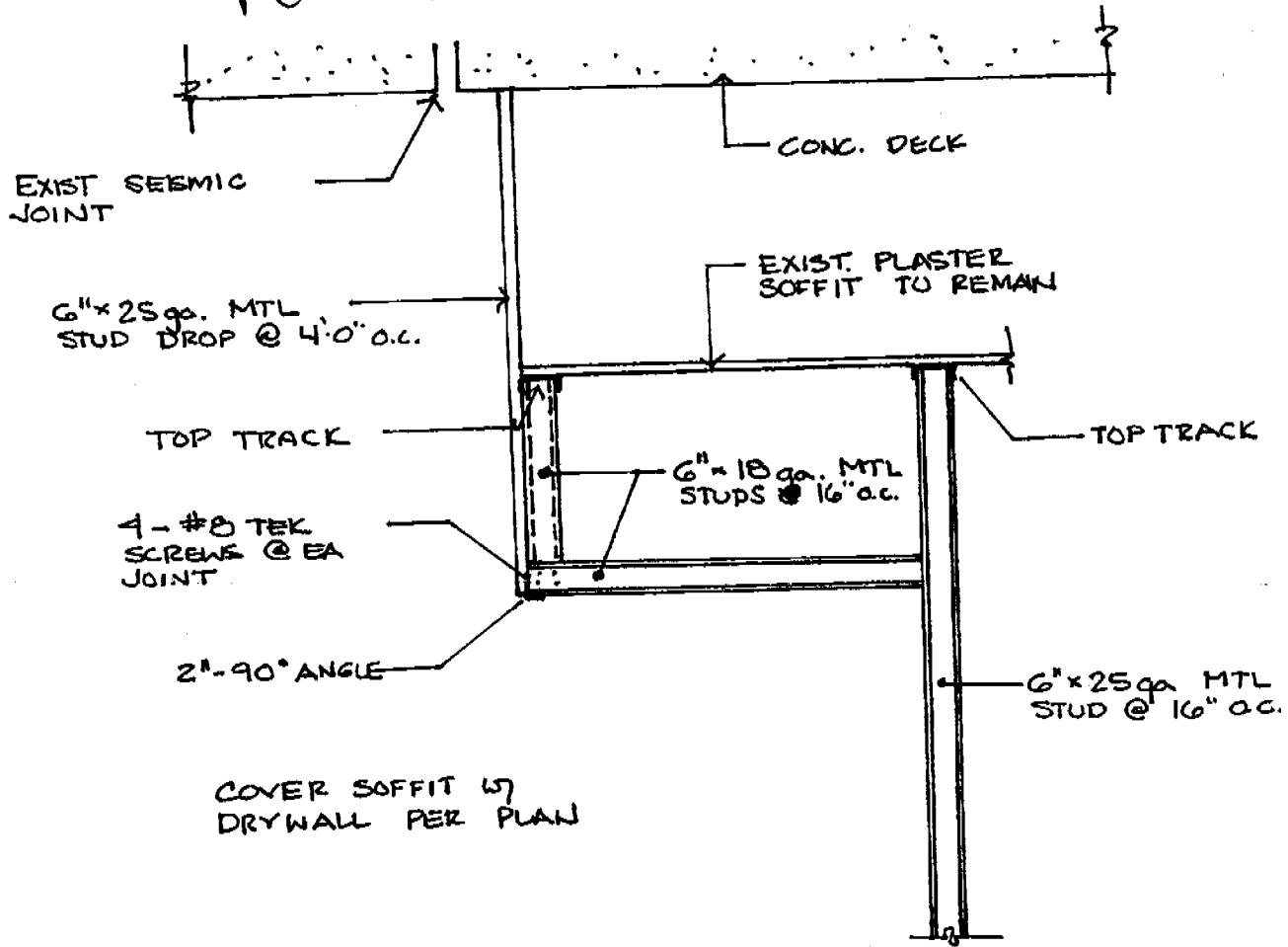
Torres Architects Inc.



QUIZNOS - #7127
WESTFIELD SHOPPING TOWN

10 JUN 05
3MT 1 OF 1

545 L ST.
Permit 0503344



FRONT SOFFIT DETAIL
NTS



Microfilm
Permit #
0503344

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 808-5716

Building Address: 545 L ST #1066 Permit No.: 0503344
Building Use: REMODEL FOR RESTAURANT Occupancy: B
Building Owner: DOWNTOWN PLAZA LLC Construction Type: 1FR
Owner Address: LOS ANGELES, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 1066 Area: 1350 Sq. Ft.

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

7/21/05 Carolyn Cooper RON BEEHLER
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals::PWC,MJB,JZB,JX]

CBC 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
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # <div style="text-align: center; font-size: 1.2em;">050334A</div>	Isnp. Area
---	-------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 545 L STREET SUITE 1066 Suite _____

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>DENISE TORRES</u></p> <p>Street Address <u>2421 W 205TH SUITE D200</u></p> <p>City/State/Zip <u>TORRANCE, CA 90501</u></p> <p>Phone <u>310-320-6285</u> FAX <u>310-320-8073</u></p> <p>E-mail: <u>DENISE@TORRESARCHITECTS.COM</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>Red Hackett / Joe Minkler</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone <u>916-416-7177</u> FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>TORRES ARCHITECTS INC</u></p> <p>Address <u>2421 W 205TH SUITE D200</u></p> <p>City/State/Zip <u>TORRANCE, CA 90501</u></p> <p>Phone <u>310-320-6285</u> FAX <u>310-320-8073</u></p> <p>E-mail: <u>DENISE@TORRESARCHITECTS.COM</u></p>	<p style="text-align: center;">OWNER MARILYN SLIPE</p> <p>Name <u>WESTFIELD SHOPPING TOWN</u></p> <p>Address <u>547 L STREET</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95814</u></p> <p>Phone <u>916-442-4000</u> FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____

→ **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: INTERIOR TENANT IMPROVEMENT - SELECTIVE DEMOLITION AND INSTALLATION OF NON-STRUCTURAL PARTITIONS, CEILING GRIDS, SOFFITS, LIGHT FIXTURES AND FINISHES.

OCCUPANT/TENANT: QUIZOS SUB **VALUATION:** \$ 85,000

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI () <input type="checkbox"/>	REM () <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1" flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
						SPR	ALARM			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>BSU</u>	<u>BSU</u>	<u>PM</u>	<u>PM</u>	<u>ELE</u>	<u>FIR</u>					

COMMENTS: Submitted Less fire sprinklers per RDH

\$ 1,196.46

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 545 J Street Ste. 1066	APN: 006-0091-022
JRPB AREA / PUD / SPD: Central Business District SPD	ZONING: C3-SPD
EXISTING LAND USE: Retail	
PROPOSED USE: Interior remodel of suite into Quiznos restaurant	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input type="checkbox"/>	Application(s) COMPLETED: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Interior remodel only. No exterior work. Change in use from retail to restaurant, however, parking within the Central Business District is not required for restaurant use according to Title 17.64.060. Any exterior work will require Design Review approval.	
DATE: 3-10-05	BY: Sally Shore

OWEN'S

HEATING • A.C. • REFRIGERATION

AIR DISTRIBUTION REPORT

PROJECT: Quinzanos Westfield Mall # 7127

SYSTEM: 1-3-2 DATE: 7-18-05

AREA SERVED: Front & back

NUMBER	NO.	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE
		TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
1		T-BAR	8	260	360		290		300	
2		T-BAR	8	260	360		305		280	
3		T-BAR	8	260	360		300		300	
4		T-BAR	10	320	480		420		410	
5		T-BAR	10	260	360		280		305	
6		T-BAR	10	320	480		380		390	
7.										
8.										
Unit # 2										
1		T-BAR	10	320	480		415		407	
2		T-BAR	10	320	480		415		410	
3		T-BAR	10	295	355		300		305	
4		T-BAR	6	67	83		70		71	
Exhaust FAN 1		T-BAR		600	800		750		750	

REMARKS:

"Where Prompt Professional Service is our #1 Priority"

2149 Belvedere Circle • Roseville CA 95678 • Phone 916-212-6475 • CA Lic#802882