

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0107577**  
**Insp Area: 1**

**Site Address: 1001 I ST SAC**  
Parcel No: 006-0043-001 13TH FLR #1347

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

CONTRACTOR  
M & H BUILDERS  
3830 AUBURN BL.  
SAC CA 95821

OWNER  
THOMAS PROPERTIES  
1001 I ST #100  
SAC CA 95814

ARCHITECT

**Nature of Work: MINOR OFFICE REMODEL ADD ONE ROOM.**

**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 License Number 664602 Date 6/26/01 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 above-mentioned property for inspection purposes.

X Date 6/26/01 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

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 COMPENSATION INS FUND Policy Number 692-00 UNIT 0002287 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.

X Date 6/26/01 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.**

**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 #	Insp. Area
0107577	1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1001 I Street, 13th Floor Suite 1347  
 PARCEL # 000-0043-001

<p align="center"><b>CONTACT</b></p> Name <u>Dean Sanchez</u> Street Address <u>9995 Longview Drive</u> City/State/Zip <u>North Highlands, CA 95660</u> Phone <u>409-9393</u> FAX <u>409-9395</u> E-mail: <u>deane@mandhbuilders.com</u>		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>664602</u></p> Name <u>M &amp; H Builders, Inc.</u> Address <u>9995 Longview Drive</u> City/State/Zip <u>North Highlands, CA 95660</u> Phone <u>409-9393</u> FAX <u>409-9395</u> E-mail: <u>deane@mandhbuilders.com</u>	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>Carly Roberts</u> Address <u>1012 14th St.</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>490-7900</u> FAX <u>490-7909</u> E-mail: <u>croberts@cwb.com</u>		<p align="center"><b>OWNER</b></p> Name <u>Thomas Properties Group LLC</u> Address <u>1001 I Street, #100</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>551-1449</u> FAX <u>551-1794</u> E-mail:	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Excel Bonds & Insurance  
 → WORKER'S COMPENSATION POLICY # State Fund 692994207 EXPIRATION DATE: 10/01/09

NATURE OF WORK IN DETAIL: Office tenant improvement MTVOR  
OFFICE REMODEL ADD ONE ROOM

CONDITIONS 199;207

OCCUPANT/TENANT: Cal/EPA VALUATION: \$ 25,000.-

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> / N	Fed Code	Vio. File		
25				B	I	SPR ALARM		[H]	[Quad]	
B	(L)	P	(M)	(E)	(D)	S	(D)	PW	UTIL	

COMMENTS:

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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
6/20/01	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0577  
 ADDRESS: ST # 1349  
 Commercial  Residential



ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	6/20/01						
STRUCTURAL									
MECHANICAL PLUMBING	13	JMT	6/20/01						
ELECTRICAL	13	R.M.	6/20/01						
FIRE	13	ADD	6/20/01						
PLANNING									

STAFF COMMENTS:

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# air conditioning company, inc.

11375 Sunrise Park Drive, Suite 600 - San Jose, CA 95142 - 916-852-5050 • 916-852-5055

Contractor's License #126886

## DIFFUSER AND GRILLE TEST BALANCE REPORT

Job No.  
Job Name

631246  
Cal EPA 13th Floor

ZONE	ROOM	OUTLET	SIZE	TYPE	FREE AREA	REQUIRED		TEST RESULTS	
						CFM	FPM	CFM	FPM
Z-1302	13-48	1	12x12	4w		390		410	
		2	12x12	4w		390		390	
Z-1336	13-47	1	12x12	4w		315		300	

*Microbaker*

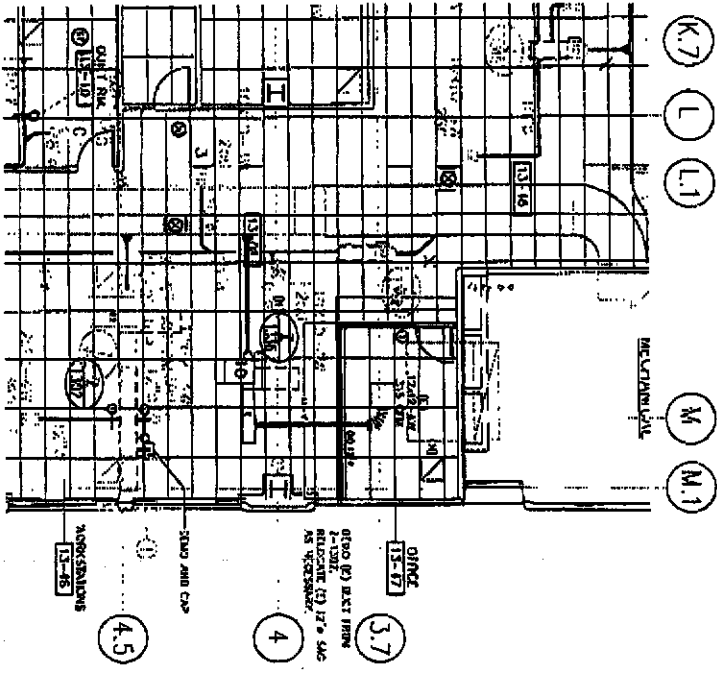
### AIR SUPPLY OUTLET SCHEDULE

Room	Area	Supply	Flow	Temp	Pressure	Notes
101	101	101	101	101	101	101
102	102	102	102	102	102	102
103	103	103	103	103	103	103
104	104	104	104	104	104	104
105	105	105	105	105	105	105
106	106	106	106	106	106	106
107	107	107	107	107	107	107
108	108	108	108	108	108	108
109	109	109	109	109	109	109
110	110	110	110	110	110	110
111	111	111	111	111	111	111
112	112	112	112	112	112	112
113	113	113	113	113	113	113
114	114	114	114	114	114	114
115	115	115	115	115	115	115
116	116	116	116	116	116	116
117	117	117	117	117	117	117
118	118	118	118	118	118	118
119	119	119	119	119	119	119
120	120	120	120	120	120	120

### ZONE SCHEDULE

Zone	Area	Supply	Flow	Temp	Pressure	Notes
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10

**NOTES TO PLAN ARCHITECT:**  
 EXISTING CONTAINER VOLUME LIMITS  
 MODIFYING AIR DISTRIBUTION NETWORK  
 O.K.'s



### TITLE 24 CERTIFICATION

Requirement	Compliance	Date	Inspector
1	Compliant	09/26/01	J. Smith
2	Compliant	09/26/01	J. Smith
3	Compliant	09/26/01	J. Smith
4	Compliant	09/26/01	J. Smith
5	Compliant	09/26/01	J. Smith
6	Compliant	09/26/01	J. Smith
7	Compliant	09/26/01	J. Smith
8	Compliant	09/26/01	J. Smith
9	Compliant	09/26/01	J. Smith
10	Compliant	09/26/01	J. Smith
11	Compliant	09/26/01	J. Smith
12	Compliant	09/26/01	J. Smith
13	Compliant	09/26/01	J. Smith
14	Compliant	09/26/01	J. Smith
15	Compliant	09/26/01	J. Smith
16	Compliant	09/26/01	J. Smith
17	Compliant	09/26/01	J. Smith
18	Compliant	09/26/01	J. Smith
19	Compliant	09/26/01	J. Smith
20	Compliant	09/26/01	J. Smith

### DRAWING SCHEDULE

Sheet	Description
11.15	TITLE 24, MANDATORY MEASURES, & GENERAL NOTES
11.16	14th FLOOR HVAC PLAN

### MANDATORY MEASURES

MANDATORY MEASURES FOR THE 14TH FLOOR HVAC PLAN:

- 1. All air conditioning systems shall be designed to provide a minimum of 15 cfm per sq ft of conditioned space.
- 2. All air conditioning systems shall be designed to provide a minimum of 1.0 air change per hour.
- 3. All air conditioning systems shall be designed to provide a minimum of 55°F dry-bulb temperature and 45% relative humidity.
- 4. All air conditioning systems shall be designed to provide a minimum of 0.1 air changes per hour of outdoor air.
- 5. All air conditioning systems shall be designed to provide a minimum of 0.1 air changes per hour of outdoor air.

### GENERAL NOTES

GENERAL NOTES:

- 1. All air conditioning systems shall be designed to provide a minimum of 15 cfm per sq ft of conditioned space.
- 2. All air conditioning systems shall be designed to provide a minimum of 1.0 air change per hour.
- 3. All air conditioning systems shall be designed to provide a minimum of 55°F dry-bulb temperature and 45% relative humidity.
- 4. All air conditioning systems shall be designed to provide a minimum of 0.1 air changes per hour of outdoor air.
- 5. All air conditioning systems shall be designed to provide a minimum of 0.1 air changes per hour of outdoor air.

SEALING PENS  
 PLAN CHECK  
 DATE: 09/26/01

**PROJECT:** 11.15 TITLE 24, MANDATORY MEASURES, & GENERAL NOTES

**DATE:** 09/26/01

**SCALE:** 1/8" = 1'-0"

**PROJECT NO.:** 11.15

**PROJECT:** 11.15 TITLE 24, MANDATORY MEASURES, & GENERAL NOTES

**DATE:** 09/26/01

**SCALE:** 1/8" = 1'-0"

**PROJECT NO.:** 11.15

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1001 - I ST #1347 Permit No. 0107577

Building Use: OFFICE DBA: CAL EPA Occupancy: B

Building Owner: DEAN SANCHEZ Construction Type: 1-FR

Owner Address: 3335 LONGVIEW DR N. HIGHLANDS, CA Sprinkled?[X]Yes[ ] No

Portion of Building Occupied: SUITE 1347 Area: \_\_\_\_\_ Sq. Ft.

10/19/01 Dennis Richardson **DENNIS RICHARDSON**  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:DP,WJR,RH,VS]

*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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**