

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9913458
Insp Area: 1

Site Address: 155 CADILLAC DR SAC
Parcel No 295-0020-003

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

CONTRACTOR

OWNER

ARCHITECT

OWENS MORTGAGE INVESTMENT FUND
7311 GREENHAVEN DR #270
SACRAMENTO CA 95831

LEO A. DALY

**Nature of Work: OFFICE REMODEL DEFERRED FIRE APPROVAL OF OVERHEAD FIRE
SPRINKLERS**

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 No. 7688972 License Number 7688972 Date 12/28/99 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. 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.

Date 12/28/99 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

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:

Name _____ Policy Number _____ Exp Date _____

(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 12/28/99 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

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 155 CADILLAC DRIVE Permit No. 99-13458

Building Use: Office remodel Occupancy: B

Building Owner: Salomon, Smith, Barney Construction Type: _____

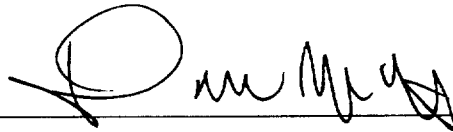
Owner Address: 388 Grenwich St., 15th Flr, NY, NY Sprinkled? [X] Yes [] No

Portion of Building Occupied: 100% remodeled area Area: 2,320 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: Tenant move-in; remaining correction notice 1 item: Glass not in - TCO approved by Bill Henry, Building Inspector

03/13/00

Date



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals:Henry/McDonald/Leiker/Cooke]

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

CITY OF SACRAMENTO APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9913458 Insp. Area 1

Applicant MUST complete ALL Unshaded areas

ADDRESS 155 Cadillac Drive

Suite N/W Corner

PARCEL # 295-0020-003

Sandy Giacalone

LEO DAILY CONTACT 9007 Name <u>Leo A. Daly</u> Address <u>911 Wilshire Blvd, Suite 2200</u> Phone <u>(213) 629-0100</u> FAX <u>(213) 629-8054</u> E-mail <u>jlkenney@leodaily.com</u>		LICENSED CONTRACTOR Lic No. # <u>768052</u> Name <u>Huntington Constr.</u> Address <u>2277 West Av. Ste B100</u> Phone <u>SACTO, CA</u> FAX <u>95825</u> E-mail <u>916) 485-2500</u>	
ARCHITECT/ENGINEER Name <u>Leo A. Daly</u> Address <u>911 Wilshire Blvd, Suite 2200</u> Phone <u>(213) 629-0100</u> FAX <u>(213) 629-8054</u> E-mail <u>jlkenney@leodaily.com</u>		OWNER Name <u>Salomon Smith Barney</u> Address <u>388 Greenwich St., 15th FL</u> NY, NY <u>10013</u> Phone _____ FAX _____ E-mail _____	

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

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

NATURE OF WORK IN DETAIL: Tenant Improvement
Office Remodel - deferred fire approval of overhead fire sprinklers

OCCUPANT/TENANT: Salomon Smith Barney VALUATION: \$ 70,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
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 checked="" type="checkbox"/> FIRE			
# Stories	Int. fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vlo. File		
		<u>2320</u>		<u>B</u>		SPR ALARM	<u>15</u>	[H] [Quad]		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL	
			<u>JMT</u>	<u>13/11/99</u>			<u>SIS</u>			

COMMENTS: OK for express

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

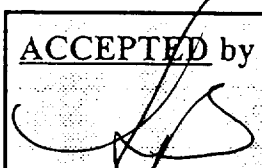
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
11 / 22 / 99	1 / 1	1 / 1	1 / 1	1 / 1	1 / 1

PLAN CHECK # 9913458
 ADDRESS: 155 CADILLAC DR
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>LIFE SAFETY</u>	03	GYL	11/24	03	GYL	12/15	13	GYL	12/16
<u>STRUCTURAL</u>	13	GYL	11/24						
<u>MECHANICAL/PLUMBING</u>			11-24						
<u>ELECTRICAL</u>									
FIRE									
PLANNING									

STAFF COMMENTS: _____

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1 Business Name: Salomon Smith Barney Phone: _____
 Site Address: 155 Cadillac Dr. Sacramento Suite: _____
 Business Owner/Representative: Huntington Construction (Street) (Zip) Phone: 485-2500
 Nature of Business: Construction
 Property Owner: _____ Phone: 773-1102
 Address: 140 Industrial Drive Suite: 200
Travisville (City) CA (State) 95661 (Zip)

2 Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3 Does/Will your business generate hazardous waste? Yes ___ No
 4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Sordani C. Gricalone
 _____ (Print)
 _____ (Signature) 12/28/99 (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No
_____ init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Soleman Smith Barney

SYSTEM: _____

DATE: 3-6-00

AREA SERVED: _____

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VVT 1A-2	1				350		230		370	
	2				400		420		410	
					/		/		/	
					750		650		780	
AC-8	1				200		265		245	
	2				200		335		250	
	3				200		200		255	
	4				200		200		250	
						/		/		/
					800		1000		1000	*

REMARKS: AC-8 No fan speed control resulting in too much a.r.
Balanced proportional. Filters are dirty.

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Soloman Smith Barney

SYSTEM: 125/100

DATE: 3-6-00

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VVT1-1	1				300		380		310	
	2				300		290		300	
						/			/	
					600				610	
VVT1-2	1				450		300		440	
	2				450		450		440	
	3				225		180		220	
	4				225		160		220	
					/			/		
					1350				1350	
VVT1A1	1				350		370		375	
	2				500		385		515	
	3				500		300		510	
					/			/		
					1350		1055		1400	

REMARKS:
