

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

**Permit No: 0009222**  
**Insp Area: 3**

**Site Address: 6341 SKY CREEK DR SAC**  
Parcel No: 062-0150-024

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

CONTRACTOR

OWNER

ARCHITECT

TFD FSTRATIS  
143 HOPFIELD  
FOLSOM, CA 95630

**Nature of Work: (T/I) NEW OFFICE IN EXISTING WAREHOUSE**

**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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ 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 the same, 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: 8/25/00 Owner Signature: \_\_\_\_\_

AUG 25 2000

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

**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: 8/25/00 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 \_\_\_\_\_ 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: 8/25/00 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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 6341 SKY CREEK DR #100 Permit No. 0009222

Building Use: OFFICE DBA: TILE CO. Occupancy: F2

Building Owner: TED EFSTRATIS Construction Type: IIIN

Owner Address: 143 HOPFIELD FOLSOM, CA Sprinkled?  Yes  No

Portion of Building Occupied: SUITE 100 Area: \_\_\_\_\_ Sq. Ft.

8/10/01 William Haines DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:VF,MJS,JZB,AW ]

*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**

**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 # <u>00.0977</u>	Insp. Area <u>3C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6341 Sky Creek, SACRAMENTO Suite \_\_\_\_\_  
 PARCEL # 062-050-024

<b>CONTACT</b> Name <u>NICK EFSTRATIS</u> Street Address <u>4395 WINDING WOODS</u> City/State/Zip <u>FAIR OAKS 95628</u> Phone <u>(916) 965-7217</u> FAX <u>965-8555</u> E-mail: _____		<b>LICENSED CONTRACTOR Lic No. #</b> Name <u>GENEV BULLER</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<b>ARCHITECT/ENGINEER CO16232</b> Name <u>JOHN MASTROTOTARO</u> Address <u>5960 JAMISON Blvd</u> City/State/Zip <u>JACKSONVILLE</u> Phone <u>921 9502</u> FAX _____ E-mail: _____		<b>OWNER EFSTRATIS</b> Name <u>Nick EFSTRATIS</u> Address <u>143 HOPFIELD</u> City/State/Zip <u>SACRAMENTO 95834</u> Phone <u>985-7193</u> FAX _____ E-mail: _____	

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

→ WORKERS COMPENSATION POLICY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Building Office Area

OCCUPANT/TENANT: tile company VALUATION: \$ 41,175

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	Int. Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/>	Fed Code	Vio. File		
<u>1</u>		<u>2700</u>		<u>FZ</u>	<u>III-N</u>	<u>SPR</u>	<u>ALARM</u>	<u>TO</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>R</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS:  
FIRE: RED CARD - NO PLANS TO FIRE DEPT.

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					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1 / 1	1 / X	08/18/00	1 / 1	1 / 1	1 / 1

PLAN CHECK # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 Commercial  Residential



APPROVED BY (SIGNATURE) \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
MECHANICAL/PLUMBING	13	YL	8/11						
STRUCTURAL	13	YL	8/11						
MECHANICAL/PLUMBING	13	JMT	8/11						
ELECTRICAL	13	JM	8/10/00	13	JM	8/24/00			
FIRE	13	BST	8-11-00						
PLANNING									

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_
2. I have / have not) \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name TBD Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature] \_\_\_\_\_

Job Address 0341 SKY CREEK DR XDATE

Permit No: 0009222

Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 6341 Sky Creek

Assessor's Parcel Number: 062-0150-029

Previous Use: Industrial

Description of Request/Proposed Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: M2S

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: - less than 25% office  
\_\_\_\_\_  
\_\_\_\_\_

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* Field Inspection Required? (Circle one) YES NO
- \* Design Review/Preservation Required? (Circle one) YES NO

Planning Review by/Date: [Signature] 8-9-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

- 1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) yes
- 2. I (have/have not) yes signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
Gatsojer Electric			Electrical
Eider (CONSTRUCTION)		709 2188	FRANC
NICHOLS Plumbing		(530) 662-1502	Plumb
ARIPAN DRYWALL		985-2155	Sheetrock

Signed [Signature] NICHOLAS EPITARTIS  
Job Address 4261 6341 SKY CREEK, SACRAMENTO  
Permit No: \_\_\_\_\_

# CIRCO SYSTEM BALANCE, INC.

SB JOB NO. \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE 10-29-00

## FAN & OUTLET TEST SHEET

AREA SERVED Ted EFS+RAT's Warehouse-Sky Creek UNIT (E) AC-1

### MOTOR NAMEPLATE DATA

MFG \_\_\_\_\_ FR \_\_\_\_\_  
 HP 1 V \_\_\_\_\_ FLA \_\_\_\_\_  
 PH \_\_\_\_\_ SF \_\_\_\_\_ RPM \_\_\_\_\_

#### SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
 ADJ \_\_\_\_\_ % \_\_\_\_\_ FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG \_\_\_\_\_  
 MODEL \_\_\_\_\_  
 TYPE \_\_\_\_\_  
 SIZE \_\_\_\_\_

#### SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
 BELTS \_\_\_\_\_

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	1565	1510	
CFM RA	1360		
CFM OA	205		

### FAN DESIGN DATA

CFM 1610 SP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
 GA=360

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3		
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
					<u>Supply</u>								
	1	CD	7"	1.0		140		140		130			
	2		7"			140		60		60			
	3		4"			40		40		40			
	4		4"			40		40		40			
	5		7"			140		120		130			
	6		7"			140		110		110			
	7		9"			140		235		200			
	8		10"			140		215		150			
	9		8"			140		120		120			
	10		7"			140		95		110			
	11		9"			140		210		200			
	12		4"			140		25		50			
	13		4"			40		20		30			
	14		4"			40		10		20			
	8A		7"	1.0		140		125		120			
						1700		1565		1510			

REMARKS: System doesnt have dampers for each outlet.

Nick-965-7217



# CIRCO SYSTEM BALANCE, INC.

SB JOB NO. \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE 10-29-00

## TEST SHEET

SERVED AREA Ted EFSTATS Warehouse UNIT \_\_\_\_\_

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<u>Return</u>							
	R1	CR	14"	1.0				680				
	R2	CR	14"	1.0				680				
								1360				
					<u>CEF-1</u>							
	CE	2x8	1.0		110			20				
					<u>CEF-2</u>							
	CE	2x8	1.0		110			30				
					<u>CEF-3</u>							
	CE	8x8	1.0		110			40				
					<u>CEF-4</u>							
	CE	8x8	1.0		110			40				

Remarks: EXHAUST very low!