

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0106566**
Insp Area: **1**

Site Address: **980 9TH ST SAC**
Parcel No: **006-0036-031** #2150

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

CONTRACTOR
RUDOLPH AND SLETTEN INC
1750 CREEKSIDE OAKS DR STE150
SAC CA 95833

OWNER
US BANK
100 PINE ST STE 3200
SAN FRANCISCO CA 94111

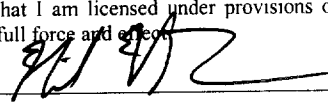
ARCHITECT

Nature of Work: int OFFICE REMODEL

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 BA License Number 198069 Date 07/30/01 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.)

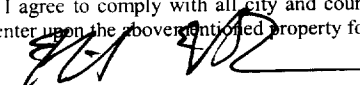
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 above mentioned property for inspection purposes.

Date 06/13/01 Applicant/Agent Signature 

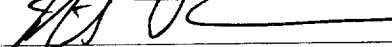
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

_____, 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

nm 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 **AMERICAN GUARANTEE & LIABILITY** Policy Number **WC 3495307 - 00** Exp Date **06/30/2001**

_____, (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 amount 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 06/13/01 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: 980 - 9TH ST #2150 Permit No. 0106566

Building Use: OFFICE Occupancy: B

Building Owner: US BANK PLAZA, GROSVENOR INT Construction Type: 1 FR

Owner Address: 100 PINE ST #3200 SAN FRANCISCO Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 2150 Area: _____ Sq. Ft.

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

8/3/01 Nicholas Buchberger DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:GJ,RSB,WJR,SB]

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 # 0106566	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 980 9th St. Suite 2150
 PARCEL # 006-0036-031

<p style="text-align: center;">CONTACT</p> Name <u>Stafford Space Planning</u> Street Address <u>7585 Gold Dr</u> City/State/Zip <u>Livermore Ca 94550</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: <u>ssp@qinet.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. #</p> Name <u>TBD</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr</u> City/State/Zip <u>Livermore Ca 94550</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>US Bank Plaza / Grosvenor Internet</u> Address <u>100 Pine St. Ste 3200</u> City/State/Zip <u>San Francisco Ca 94111</u> Phone <u>557-1800</u> FAX <u>557-1810</u> 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: interior remodel including demolition and a few new partitions.

OCCUPANT/TENANT: California Apt Assoc. VALUATION: \$ \$85,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	BLEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Via File	
		<u>4819</u>		<u>B</u>	<u>I. FR</u>	<u>SPR</u>	<u>ALARM</u>	<u>15</u>	[H]	[Quad]
<u>(B)</u>	<u>(L)</u>	<u>P</u>	<u>(M)</u>	<u>(E)</u>	<u>(R)</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>NONE</u>	<u>134</u>									

COMMENTS: SPRINKLER PLAN IS SHOWN-4

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
5/23/01	5/25/01	/ /	/ /	/ /	/ /

PLAN CHECK # 0106566
 ADDRESS: 180 9th ST # 2150
 Commercial Residential

ACCEPTED by (Staff): JM


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING	13	KAW	5/25/01						
ELECTRICAL	13	T.L.M	5/25/01						
FIRE	13	BJF	5/25/01						
PLANNING									

STAFF COMMENTS:

447-7903

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: California Apartment Association Phone: 447-7881
Site Address: 980 9th St Suite: 2150
Business Owner/Representative: Debbie Hurst Phone: 447-7881 x15
Nature of Business: Business office
Property Owner: US Bank Plaza Phone: 557-1800
Address: 980 9th St Suite: 260
Sacramento (City) Ca (State) 95814 (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: Jill Condon (Print)
Jill Condon (Signature) 5/22/01 (Date)
per conversation by Debbie Hurst

BID Use Only: Plan Ck#	Permit # <u>0106560</u>
OK to issue prmt? <u>BY 5/25/01</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 9.19.01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9th St

Has been conducted by Inspector

Pack

On

7.17.01

0106566
Permit Number

4,819
Square Footage

Renodel w/sprinklers
Type of Inspection

They system is acceptable by this department.

J. Johnson
By: Ross L. Woodman,
Fire Prevention Officer II

TJ-A-80
F.D. Reference Number

✓
183-12

MEMORANDUM

TO: BUILDING DEPARTMENT

DATE: 7-19-01

FROM: Troy Maspuro
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9TH ST

Has been conducted by Inspector

Bodick

On

7-19-01

Permit Number
01-06566

Square Footage

Type of Inspection

REMODEL
~~FIRE ALARM~~

They system is acceptable by this department.

By: Ross L. Woodman,
Fire Prevention Officer II



F.D. Reference Number

II 450



REMARKS

Room No.	Order No.	Code	Size	Effective Area	FMVA	FM	CM	CM	CM
Room No.	Order No.	Code	Size	Effective Area	FMVA	FM	CM	CM	CM
2108	22	CD	24X24	"	225	"	220	230	135
TOTAL VAV-C									
450									
2106	20	"	"	"	"	"	230	235	135
2110	19	"	"	"	"	"	225	225	135
2111	18	"	"	"	"	"	230	230	135
2112	17	"	"	"	"	"	220	220	135
2111	15	LSD	2'X4'	225	215	215	215	215	135
TOTAL VAV-R-C3									
1575									
2109	8	CD	24X24	475	465	465	490	490	695
2107	9	"	"	"	245	245	250	250	695
2109	11	"	"	"	475	475	490	490	695
CORR	12	"	"	"	125	125	120	120	695
2109	13	"	"	"	200	200	215	215	695
2110	14	"	"	"	275	275	275	275	695
TOTAL VAV-H									
2050									
2114	3	LSD	"	200	215	215	205	205	190
2114	4	"	"	"	"	"	205	205	190
2114	5	"	"	"	"	"	205	205	190
TOTAL VAV-R-C2									
600									
2115	6	CD	24X24	265	270	270	260	260	160
TOTAL VAV-D									
530									
TOTAL VAV-R-C1									
400									
DNL	1	LSD	2'X4'	200	210	210	200	200	125
TOTAL VAV-R-C1									
410									
TOTAL VAV-R-C2									
425									
TOTAL VAV-R-C3									
1575									
TOTAL VAV-C									
450									

VAV DIFFUSER AND GRILLE TEST SHEET

DATE 07/20/01
 PAGE 1
 UNIT EXISTING
 SUPPLY 21ST FLOOR



RSAnalysis, Inc.

REMARKS

Room No.	Room Name	Code	Size	Electric Area	Required	Actual	CM	Notes
2105		LSD	2'X4'		225		CM	
2104		LSD	2'X4'		225		CM	
TOTAL VAV-R-C								
					900			
2107		CD	24X24		275		CM	
TOTAL VAV-B								
					275			
2109		CD	24X24		250		CM	
2107					110			
2102					110			
2107					260			
2103					245			
TOTAL VAV-F								
					860			
2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
TOTAL VAV-R-C								
					930			
2107					260			
2102					260			
2107					245			
TOTAL VAV-F								
					880			
2107		CD	24X24		275		CM	
TOTAL VAV-B								
					275			
2105		LSD	2'X4'		225		CM	
2104					230			
TOTAL VAV-R-C								
					450			
2107					135			
2102					140			
2107					285			
TOTAL VAV-F								
					455			
2107					85			
TOTAL VAV-B								
					275			
2107					265			
2102					110			
2107					260			
2103					245			
TOTAL VAV-F								
					860			
2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
TOTAL VAV-R-C								
					930			
2107					260			
2102					260			
2107					245			
TOTAL VAV-F								
					880			
2107		CD	24X24		275		CM	
TOTAL VAV-B								
					275			
2105		LSD	2'X4'		225		CM	
2104					230			
TOTAL VAV-R-C								
					450			
2107					135			
2102					140			
2107					285			
TOTAL VAV-F								
					455			
2107					85			
TOTAL VAV-B								
					275			
2107					265			
2102					110			
2107					260			
2103					245			
TOTAL VAV-F								
					860			
2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
TOTAL VAV-R-C								
					930			
2107					260			
2102					260			
2107					245			
TOTAL VAV-F								
					880			
2107		CD	24X24		275		CM	
TOTAL VAV-B								
					275			
2105		LSD	2'X4'		225		CM	
2104					230			
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					450			
2107					135			
2102					140			
2107					285			
TOTAL VAV-F								
					455			
2107					85			
TOTAL VAV-B								
					275			
2107					265			
2102					110			
2107					260			
2103					245			
TOTAL VAV-F								
					860			
2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
TOTAL VAV-R-C								
					930			
2107					260			
2102					260			
2107					245			
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2107		CD	24X24		275		CM	
TOTAL VAV-B								
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2105		LSD	2'X4'		225		CM	
2104					230			
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					450			
2107					135			
2102					140			
2107					285			
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2107					265			
2102					110			
2107					260			
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2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
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					930			
2107					260			
2102					260			
2107					245			
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TOTAL VAV-B								
					275			
2105		LSD	2'X4'		225		CM	
2104					230			
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					450			
2107					135			
2102					140			
2107					285			
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					455			
2107					85			
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2107					265			
2102					110			
2107					260			
2103					245			
TOTAL VAV-F								
					860			
2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
TOTAL VAV-R-C								
					930			
2107					260			
2102					260			
2107					245			
TOTAL VAV-F								
					880			
2107		CD	24X24		275		CM	
TOTAL VAV-B								
					275			
2105		LSD	2'X4'		225		CM	
2104					230			
TOTAL VAV-R-C								
					450			
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2102					140			
2107					285			
TOTAL VAV-F								
					455			
2107					85			
TOTAL VAV-B								
					275			
2107					265			
2102					110			
2107					260			
2103					245			
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2104		LSD	2'X4'		225		CM	
2103					230			
2102					235			
2107					235			
TOTAL VAV-R-C								
					930			
2107					260			
2102					260			
2107					245			
TOTAL VAV-F								
					880			
2107		CD	24X24		275		CM	
TOTAL VAV-B								
					275			
2105		LSD	2'X4'		225		CM	
2104					230			
TOTAL VAV-R-C								
					450			
2107					135			
2102					140			
2107					285			
TOTAL VAV-F								
					455			
2107					85			

