

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105142
Insp Area: 1

Site Address: 1121 L ST SAC
Parcel No: 006-0106-005 2ND,3RD,4TH FLR.

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

CONTRACTOR
GUNNELL CONSTRUCTION
3128 INDUSTRIAL BL
WSAC CA 95691

OWNER
JONES LANG LASALLE
1121 L STREET STE 402
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL OFFICES # 207,209,301,402.

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 B License Number 558590 Date 4/24/01 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 3 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 improvements 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 4/24/01 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.

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 1497619-99 Exp Date 08/30/2001

(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 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 4/24/01 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

1221 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7019 FAX 264-7386

ACTIVITY # 0105142	Insp. Area IC
--	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1121 L STREET Suite 207, 208, 301, 402
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name <u>Jeff Gurnell</u> Street Address <u>3128 Industrial Blvd</u> City/State/Zip <u>West Sacramento CA 95691</u> Phone <u>(916) 374-0538</u> FAX <u>(916) 374-0533</u> E-mail <u>Gurnellone@aic.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>598580</u></p> Name <u>Gurnell Construction</u> Address <u>3128 Industrial Blvd</u> City/State/Zip <u>West Sacramento CA 95691</u> Phone <u>374-0538</u> FAX <u>374-0533</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>CHMID</u> Address <u>2150 CAPITOL AVE #200</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>446-7741</u> FAX <u>446-0457</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>JONES LANG LASALLE</u> Address <u>1121 L STREET #105</u> City/State/Zip <u>Sacramento CA 95814</u> Phone <u>446-3594</u> FAX <u>446-3767</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 1497619-00 EXPIRATION DATE: 8-30-01

NATURE OF WORK IN DETAIL: Interior ALTERATION OF EXISTING OFFICE SPACE
APPROXIMATE # 3071

OCCUPANT/TENANT: CALIFORNIA Housing and Finance VALUATION: \$ 49,500⁰⁰

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	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Fed Code	Vio. File			
<u>10</u>				<u>B</u>	<u>ILFR</u>	<input checked="" type="checkbox"/> SPR / <input type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]		
<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>NONE</u>	<u>13%</u>		<u>13 JMT</u>	<u>13-T.L.M.</u>	<u>15</u>		<u>8.P.B.</u>				

COMMENTS:

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



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME Sanger Hotel 301 422 ^{Suite 209,} JOB NUMBER 010256-00-03
 OUTLET MANUFACTURER titus TEST APPARATUS Anglog Hood
 SYSTEM WSHP

AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		REMARKS
	NO	TYPE	SIZE	RAK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
WSHP 2-1	S1		6"φ		100		50	90	90	90		90	
	S2		10"φ		200		0	10	210	200		200	
	S3		10"φ		250		270	260	250	250		250	
	S4		10"φ		250		320	260	170	210		210	
					800		640	620	720	750		750	
WSHP 3-1	S1		10"φ		220		190	200				220	
	S2		10"φ		350		330	320				320	
	S3		8"φ		230		180	190				190	
					800		700	710				710	
WSHP 3-2	S1		8"φ		240		240					240	
	S2		8"φ		100		110					110	
	S3		8"φ		120		115					115	
				440		465					465		

REMARKS:

TEST DATE 7-12-01 READINGS BY E. Loomis



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME Senator Hotel ^{suites} 209, 301, 402 JOB NUMBER 010256-00-03
 OUTLET MANUFACTURER titus TEST APPARATUS Analog Hood
 SYSTEM LSHP

AREA SERVED	NO.	OUTLET			DESIGN		PRELIMINARY			FINAL		REMARKS
		TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM		VEL	CFM	
LSHP 4-8	S1		8" ϕ		200		130	170	150		150	.
	S2		8" ϕ		200		220	180	180		180	x
	S3		8" ϕ		200		150	180	160		160	.
	S4		8" ϕ		200		140	130	170		170	.
					800		670	650	660		660	
LSHP 4-9	S1		8" ϕ		250		180	190	200		200	.
	S2		8" ϕ		250		150	180	200		200	.
	S3		10" ϕ		300		340	300	270		270	.
					800		670	670	670		670	

REMARKS:

TEST DATE 7-12-01 READINGS BY E. Loomis