

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0508209

Insp Area: 4

Thos Bros: 277B6

Site Address: 2515 VENTURE OAKS WY SAC

Parcel No: 274-0320-084

STE 140

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

BROWNING CONSTRUCTION INC
9050 RANCHVIEW CT
SACRAMENTO CA 95624

OWNER

CCPOA BENEFIT TRUST FUND
2515 VENTURE OAKS WY
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: INTERIOR REMODEL ADD BREAKROOM

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 461321

Date 6/8/05

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.)

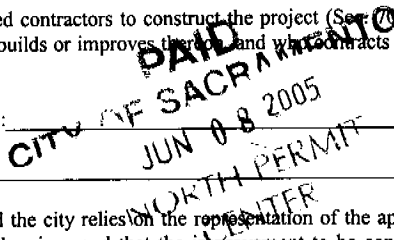
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

Date 6/8/05

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.

DB 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 713016444-2004

Exp Date 10/01/2005

(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 6/8/05

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.



3850 Happy Lane  
Sacramento, CA 95827

# VAV Air Distribution Report

Date: 7-11-05

Project: CCPDA suite 140

Job # 5-960-6289

System: 1st floor

Name: Jacob Alsgood + Mike Baggerman

AREA	Raw Sensor Reading				OUTLET			DESIGN			PRELIMINARY			FINAL		
	Zero	Open	Min	Max	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max
* Vav 1-4					1	Ø	10"			250		330	280	170	280	255
					2	Ø	12"			300		400	320	190	270	330
					3	Ø	10"			260		340	300	200	280	270
					4	Ø	10"			200		350	300	180	270	220
										/		/	/	/	/	/
										1050		1420	1200	740	1190	1075
* Vav 1-13					1	Ø	6"			86		280	80	100		85
					2	Ø	6"			100		410	170	160		110
					3	Ø	6"			90		60	20	90		90
					4	Ø	6"			90		150	20	30		95
										/		/	/	/	/	/
										360		840	290	380		380

REMARKS: VAV 1-4 - one drop in existing suite has been capped off  
 VAV 1-13 - box (6") was added to new TL (4 interior drops)

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO  
PLANNING & BUILDING DIVISION  
PERMIT SERVICES SECTION**  
(916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <u>0508209</u>	Insp. Area
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2515 Venture Oaks Way Suite: 140

PARCEL #: \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>Darrell Browning</u> Street Address: <u>9050 Ranchview Ct.</u> City/State/Zip: <u>Elk Grove, CA 95624</u> Phone: <u>916-423-1105</u> <u>916-685-5835</u> E-Mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>461321</u></p> <p>Name: <u>Browning Construction</u> Street Address: <u>9050 Ranchview Ct.</u> City/State/Zip: <u>Elk Grove, CA 95624</u> Phone: <u>916-423-1105</u> E-Mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>Stafford Space Planner</u> Street Address: <u>3565 Taylor Rd.</u> City/State/Zip: <u>Loomis, CA 95650</u> Phone: <u>916-652-3400</u> E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>CCPOA</u> Street Address: <u>2515 Venture Oaks Way</u> City/State/Zip: <u>Sacramento, CA</u> Phone: <u>916</u> E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: State Compensation

⇒ WORKER'S COMPANSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: 10/05

NATURE OF WORK IN DETAIL: Interior Remodel

OCCUPANT/TENANT: CCPOA VALUATION: 23,690

FLOOD STATUS:			S.C.A.T.							
JOB DISCRPTION	BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>AL</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1 <sup>st</sup> Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> <u>N</u>	Fed Code	Vio. [H]	File [Quad]	
<u>2</u>		<u>1261</u>		<u>B</u>	<u>III-N</u>	<u>SPR</u> <u>ALARM</u>				
<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>RSB</u>	<u>RSB</u>	<u>WJR</u>	<u>JMT</u>					

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed