

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

**Permit No: 9910684**  
**Insp Area: 1**

**Site Address: 8795 FOLSOM BL SAC**  
Parcel No: 078-0022-030

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

CONTRACTOR  
JACKSON CONSTRUCTION  
5665 POWER INN RD #140  
SACRAMENTO CA 95824

OWNER  
JPI XVII LLP  
5665 POWER INN RD #140  
SACRAMENTO CA 95824

ARCHITECT

**Nature of Work: INTERIOR 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 30 License Number 44921 Date 11.4.99 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. 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 11.4.99 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:

Carrier: CAL COMP Policy Number W98C113055 Exp Date 12/20/1999

(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 11.4.99 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  
APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 254-7046

ACTIVITY # 9910684 Insp. Area 3

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8795 FOLSOM BLVD Suite \_\_\_\_\_

PARCEL # 078.0022.030

<p align="center"><b>CONTACT</b></p> Name <u>LESLIE LUNDHOLM</u> Address <u>5665 POWER INN RD #140</u> Phone <u>381.8113</u> FAX <u>381.0212</u> E-mail _____		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>365437</u></p> Name <u>JACKSON CONSTRUCTION</u> Address <u>5665 POWER INN RD #140</u> Phone <u>381.8113</u> FAX <u>381.0212</u> E-mail _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>COMSTOCK JOHNSON</u> Address <u>10304 A PLACER LN</u> Phone <u>362.6203</u> FAX <u>362.5841</u> E-mail _____		<p align="center"><b>OWNER</b></p> Name <u>JACKSON PROPERTIES</u> Address <u>5665 POWER INN RD #140</u> Phone <u>381.8113</u> FAX <u>381.0212</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

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 100,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> N	Fed Code	Vio. File		
				<u>B</u>	<u>V-N</u>	<u>SPR</u> <u>ALARM</u>	<u>15</u>	[H] [Quad]		
<u>B</u>	<u>L</u>	<del> </del>	<u>M</u>	<u>E</u>	<u>F</u>	S	D	PW	UTIL	

COMMENTS: EXPEDITED

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

TO: ROBERT WHITNEY  
 FROM: E. FRANK DUARTE - AZTEC  
 CONS.

**FAKED**



air conditioning  
 company, inc.

318 / 244 6571 Voice  
 818 / 247-6533 Fax  
 6265 San Fernando Road  
 Glendale, California  
 91201-2214

November 17 1999

**RECEIVED**

NOV 22 1999

AZTEC CONSULTANTS

Aztec Consultants  
 2110 Omega Road, Suite F  
 San Ramon, CA 94583

Re: **AT&T - Oakland CA-ALS Facility**  
 1587 Franklin Street, 11<sup>th</sup> Floor  
 Oakland, CA 94612

ACCO Job No. 913973

Dear Sir or Madam:

Nov. 18, 1999.

ACCO placed the system for the above project in operation for beneficial usage on ~~October 16, 1999~~. This date establishes the equipment manufacturer's and therefore ACCO's one year warranty starting date. In the event this does not meet with your understanding, please notify us in writing at once. Please transmit this letter to the proper parties for safekeeping, as it is proof of warranty.

We want to emphasize that the manufacturer's warranty, as well as ACCO's warranty, is dependent upon a reasonable and proper preventive maintenance program performed by qualified technicians. ACCO can provide the required preventive maintenance services with supporting documentation at an additional cost to ensure optimum system performance and warranty protection.

If you are interested in pursuing information and costs on ACCO's maintenance programs please contact us at one of the following numbers: Greater Los Angeles and Central California 1-800-998-2226, Northern California and Sacramento 1-800-598-2226, San Diego 1-619-695-0902, Washington and Oregon 1-253-854-8444

Thank you for the opportunity of being the provider of your air conditioning and controls systems.

Very truly yours,

Milton L. Goodman  
 Vice President

cc: ACCO Project Manager-Steve Million  
 System Operations-Bob Pryor and/or R. Stratton  
 Job File

Consumer Credit Air Balance

Zone #	Regist #	Resist #	Design	Actual Min
2-9	1	120	120	120
	2	120	115	115
	3	115	115	115
	4	115	120	120
2-10	1	185	180	180
	2	250	260	260
	3	250	240	240
	4	250	240	240
	5	250	220	220
2-11	1	250	240	240
	2	180	185	185
	3	180	190	190
	4	100	115	115
	5	120	125	125
2-12	1	150	150	150
	2	150	155	155
	3	150	150	150
	4	150	165	165
2-13	1	100	95	95
	2	100	95	95
	3	100	100	100
	4	195	195	195

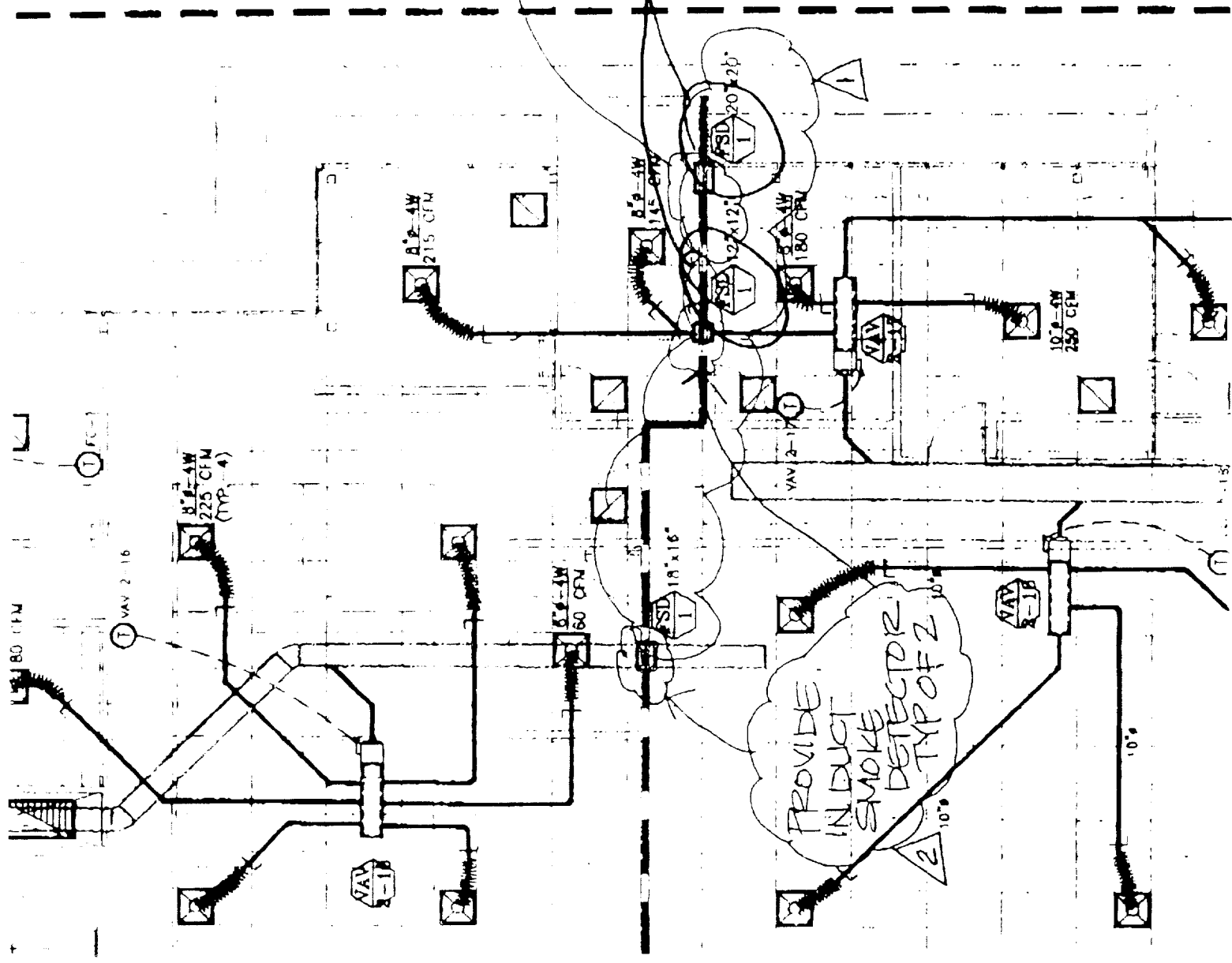
Actual	Design	Drill #	Zone #
180	180	1	2-14
165	180	2	
150	150	3	
215	215	4	
210	215	1	2-15
175	180	2	
250	250	3	
80	80	1	2-16
235	225	2	
225	225	3	
225	225	4	
225	225	5	
65	60	6	
250	240	1	2-18
255	240	2	
240	240	3	
235	240	4	
<del>2180</del>	<del>2180</del>	1	2-17
215	215	2	
180	180	3	
250	250	4	
150	150	5	
300	300	6	
181	181	7	
048	048	8	
147	147	9	
355	300	10	

4th Robert  
952-5055

NOTES:  
ADJUST GRILLES TO FIT IN!  
AS NEEDED

PROVIDE SMOKE  
DETECTOR WITHIN  
5' OF OPENING

OK FRAME ONLY  
RVC 11-18-99



# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 11-17-99

FROM: Troy Malaspino  
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

8795 Folsom Blvd

has been conducted by Inspector S. Budick


on 11-16-99

99-10684  
Permit Number

5000  
Square Footage

Remodel  
Type of Inspection

The system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

99-491  
F. D. Reference Number