

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0315803

Insp Area: 4

Thos Bros: 277 A6

Site Address: 2700 GATEWAY OAKS DR SAC St: #200

Parcel No: 225-0230-077

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

ANTHONY & SONS
1790 TERMINAL ST.
WEST SACRAMENTO CA

OWNER

RREEF AMERICA REIT II CORP B
101 CALIFORNIA ST 26TH FLR
SAN FRANCISCO CA 94111

ARCHITECT

MICHAEL FIELDS
2015 U ST #205
SACRAMENTO CA

Nature of Work: INTERIOR REMODEL , NO OCCUPANCY CHANGE, # 200

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

NA

Lender's Address

NA

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 360117

Date

11/18/03

Contractor Signature

Ray Hatfield

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date

11/18/03

Applicant/Agent Signature

Ray Hatfield

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.

RM 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 713-02 UNIT 0000126

Exp Date 10/01/2004

(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

11/18/03

Applicant Signature

Ray Hatfield

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.



AIRCO MECHANICAL, INC.

CONTRACTORS & ENGINEERS

5720 Alder Avenue Sacramento, CA 95828

p. 916-381-4523

f. 916-381-1749

2nd floor STE #200 Air Outlet Test Report

Project: SUTTER HEALTH FINANCE

Test Date: 12-10-03

Job Number: 030800-00-03

Readings By: TODD BOYS / JASON SNAW

System: AC-2

Test Apparatus: ALNOR

Area Served	Outlet			Design			Test			Final		
	NO	Type	Size	Htg CFM	Co Min CFM	Co Max CFM	CFM	CFM	CFM	Htg CFM	Co Min CFM	Co Max CFM
VAU 2-1	1	SI	12"			620	600			265	100	620
12"	2	↓	14"			810	860			375	125	840
		TOTAL	→	665	215	1430	1460			640	225	1460
VAU 2-2	1	SI	16"	370	125	820	900	880		380	130	820
		TOTAL	→	370	125	820	900	880		380	130	820
VAU 2-3	1	SI	12"			530	480	470	500	230	70	500
	2		10"			315	330	300	300	210	70	300
	3		12"			530	480	500	520	230	80	520
	4	↓	↓			580	510	530	550	210	80	550
		TOTAL	→	900	295	1955	1800	1800	1870	880	300	1870
VAU 2-4	1	SI	12"			600	400	500	520	170	80	520
	2	↓	14"			800	300	870	800	280	120	800
		TOTAL	→	500	210	1460	700	1370	1320	450	200	1320
VAU 2-5	1	SI	12"			530	430	480	500	210	75	500
12"	2	↓	↓			530	570	570	510	200	100	510
	3	↓	↓			680	560	600	660	200	105	660
		TOTAL	→	620	265	1740	1610	1650	1670	610	290	1670
VAU 2-6	1	SI	10"			400	250	320	350	270	75	350
	2		14"			600	575	525	570	260	85	570
	3	↓	10"			450	400	385	380	270	75	380
	4	↓	14"			450	400	410	370	270	75	370
		TOTAL	→	810	285	1900	1625	1640	1620	1070	310	1620
VAU 2-7	1	SI	14"			800	500	680	780	350	120	780
		TOTAL	→	220	120	800	500	690	780	350	120	780

Notes: VAV #2-3 Box is too small for design CFM - Balanced proportionally



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Air Outlet Test Report

Project: SUTTER HEALTH FINANCE

Test Date: 12-10-03

Job Number: 030800-00-03

Readings By: TODD BOYS / JASON SHAW

System: AL-2

Test Apparatus: ALNOR

335EA, 200EA

Area Served	Outlet			Design			Test			Final		
	NO	Type	Size	High CFM	CG Min CFM	CG Max CFM	CFM	CFM	CFM	High CFM	CG Min CFM	CG Max CFM
VAU 2-8	1	SI	14"		240	700	540	640	680	430	240	680
	2	↓	↓		200	700	560	640	700	310	200	700
	3	↓	16"		200	700	700	620	680	340	200	680
	4	↓	↓		160	700	900	800	680	280	160	680
		TOTAL	→		1340	810	2800	2720	2700	2740	1360	800
VAU 2-9	1	SI	6"	NA		100	85	100		NA		100
	2	↓	10"			350	350	380				380
	3	↓	↓			350	345	350				350
	4	↓	↓			350	475	350				350
	5	↓	↓			350	345	350				350
	TOTAL	→			350	1500	1540	1530			360	1530
VAU 2-10	1	SI	10"			350	300	390	360			360
	2	↓	↓			350	340	350	350			350
	3	↓	↓			350	310	360	355			355
	4	↓	↓			350	320	370	350			350
	5	↓	8"			200	180	270	200			200
	TOTAL	→			400	1600	1450	1690	1615		405	1615
VAU 2-11	1	SI	10"			350	250	335	355			355
	2	↓	↓			350	260	340	365			365
	3	↓	↓			350	290	360	350			350
	4	↓	↓			350	260	350	350			350
	5	↓	↓			350	250	330	340			340
	TOTAL	→			440	1750	1360	1715	1750		450	1750

Notes

K:\Project Job Files\2002\UL\Ingr Cover Office Bldg 02-0486-09\Project Form Standard\zabon.xls



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Project: SUTTER HEALTH FINANCE

Test Date: 12-10-03

Job Number: 030800-00-03

Readings By: TODD BUYS / JASON SHAW

System: AL-2

Test Apparatus: ALUOR

Area Served	Outlet			Design			Test			Total		
	No.	Type	Size	Htg CFM	Co. Min CFM	Co. Max CFM	CFM	CFM	CFM	Htg CFM	Co. Min CFM	Co. Max CFM
VAU 2-12	1	SI	6"	NA		50	35	50		NA		50
	2		8"			200	140	185				185
	3					200	140	180				180
	4					200	140	185				185
	5					125	85	120				120
	6	SI				200	140	190				190
	7	SI				160	110	155				155
	8		6"			120	85	120				120
	TOTAL		→		315	1255	875	1185			325	1185
VAU 2-13	1	SI	12"			470	700	590	450		290	450
		TOTAL	→			270	470	700	590	450	290	450

Notes

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO BUILDING DIVISION

PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

0315803



**Applicant MUST complete
ALL Unshaded areas**

ADDRESS 2700 Gateway Oaks Dr. Suite 200 Suite _____
PARCEL # 225-0230077

CONTACT	LICENSED CONTRACTOR
Name <u>BOULDER ASSOCIATES</u>	Name <u>ASL Anthony & Sons General Contractors</u>
Street Address <u>2015 J Street Suite 205</u>	Address <u>1790 Terminal Street</u>
City/State/Zip <u>Sacramento CA 95814</u>	City/State/Zip <u>West Sacramento, CA 95691-3022</u>
Phone <u>(916) 492-8796</u> FAX <u>(916) 492-8798</u>	Phone <u>(916) 373-0707</u> FAX _____
E-mail: <u>Pancy Schultz</u>	E-mail: _____
ARCHITECT/ENGINEER	OWNER
Name <u>BOULDER ASSOCIATES</u>	Name <u>Sutter Health</u>
Address <u>SAME AS CONTACT</u>	Address <u>2200 River Plaza Dr.</u>
City/State/Zip _____	City/State/Zip <u>Sacramento, CA 95833</u>
Phone _____ FAX _____	Phone <u>(916) 286-5800</u> FAX _____
E-mail: _____	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: T1 remodel of office suite. (12148 sq. ft.)
in an existing building

OCCUPANT/TENANT: B-OCCUPANCY SUTTER HEALTH VALUATION: \$ 387,146.00

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION		BLDG	SHELL	APT	TI (X) REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>(BLDG)</u>	<u>(MECH)</u>				<u>(ELEC)</u>		<u>(FIRE)</u>
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vlo. File
<u>2</u>		<u>12148</u>		<u>B</u>	<u>V-1H</u>	SPR	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>	PW UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed