

Permit No: 0314443

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 297 E4

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

ARCHITECT
VRIIAKAS ARCHITECTS
1109 22ND ST
SACRAMENTO CA 95816

OWNER
VRIIAKAS RON & ERNESTO JIMENEZ
1901 16TH ST
SACRAMENTO CA 95816

CONTRACTOR
ASCENT BUILDERS INC
2225 19TH ST #C
SAC CA

Site Address: 1809 CAPITOL AV SAC
Parcel No: 007-0141-020

Nature of Work: INTERIOR REMODEL TO INCLUDE MEZZANINE FOR OFFICE USE

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 _____ License Number 777618 _____ Date 1-21-04 _____ 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 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 Professions 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 1-21-04 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.

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 692-99 0002274 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 1-21-04 Applicant Signature _____

WARNING: FAILURE TO SECURE WORKERS 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
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0314443 **Insp. Area** 1C

Applicant to complete all areas down to valuation

ADDRESS 1809 CAPITOL AVE Suite _____
PARCEL # 007-0141-020-0000

CONTACT Name <u>RON URILAKAS</u> Street Address <u>1109 22ND ST.</u> City/State/Zip _____ Phone <u>441 4685</u> FAX <u>447-4685</u> E-mail: <u>ron @ urilakasarchitects.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name _____ Address <u>TBD</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name _____ Address <u>same as above</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		OWNER Name <u>GLENN LEW</u> Address <u>615 34TH ST.</u> City/State/Zip <u>SACRAMENTO</u> <u>95816</u> Phone _____ FAX _____ 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: 1st time tenant improvement in existing shell includes B, P, A, E, FS
INTERIOR REMODEL PLUS (N) MEZZANINE

OCCUPANT/TENANT: DRAGONFLY / FUSIONS **VALUATION: \$** 98,999.00

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI <input type="checkbox"/>	REM <input checked="" type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG <input checked="" type="checkbox"/>	MECH <input type="checkbox"/>	PLUMB <input checked="" type="checkbox"/>	ELEC <input checked="" type="checkbox"/>	SITE <input checked="" type="checkbox"/>	FIRE <input checked="" type="checkbox"/>			
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Viol. File		
<u>1</u>	<u>(L)</u>	<u>3770</u>	<u>C-2</u>	<u>A3</u>	<u>VN</u>	<u>SPR</u> <u>ALARM</u>	<u>1B</u>		PW	UTIL
<u>(B)</u>		<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>(S)</u>	<u>(D)</u>			

COMMENTS:

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

1,207.59

To. Dragon Fly Rest.
1801 Capital ave.
Sacramento, 95814
916 - 498 - 9200

From: SECO HEATING & A/C
3390 Penryn Rd.
Loomis, Ca.
916 - 727 - 1567
916 257 - 5882

Subject. Balance Report for the following
equipment: A/C #3 - A/C #4
HEF #1 - HEF #2 and MAU #1
and MAU #2

Balancer
GLENN L. ELSTON III
T.A.B.B. Certified
Certification # 207050
exp. date: 3/1/06

Summary:
The following report is copy of
design specs. and actual specs.
of A/C units (207) and kitchen
exhaust hoods, with make-up air
specs.

The following report was done
on 10/25/04 by GLENN L. ELSTON III

Balancer
cert. # 207050
exp date 3/1/06
T.A.B.B.
Testing adjusting & Balancing Bureau
signed Glenn L. Elston III
date: 10/25/04

Balance Report

Hood # 1 on HEF # 1 + HEF # 2

Hood # 1
make: A.O. Smith
mod: P56C17 BDV20
Ser.#: 2C04
Volts: 230 3 phase
Amps 5.7
R.P.M 1725
H.P. 1 1/2
S.F. 1.20
Frame 56H
Belt (1) AX27
Exhaust outlet
Fat Hood #1

1 only

ET Hood # 2
1 only

HEF # 1
BELT SIZE
(1) AX27

Design CFM
and duct size

4,800 CFM
26 x 14

3,750 CFM
24 x 12 CFM

Hood # 2
MAKE: CAPTIVE AIRS
mod.# NAC 24FA
Ser.# P66C19
Volts: 230 3 phase
amps: 9.5
RPM 1725
H.P. 2
SF 1.15
FRAME 56H2
Belt (2) AX29
actual CFM
and duct size

4,560 CFM
24 x 16

3,590 CFM
24 x 12

HEF # 2
BELT SIZE
(2) AX29

Balance Report for
M.U.A. Unit #1 and #2

MUA #1

MAKE: Champion cooler
 mod: 7500SD
 Ser. # MC 38786
 MFG. DATE: 1/04
 H.P. 3/4
 R.P.M. 1725
 Volts: 230 3 phase
 Belt (1) 4L830

M.U.A. #1

Supply outlets #'s
 design

- 1
 - 2
 - 3
 - 4
- original print shows
 (1) MUA unit for bath
 hoods at 7700 CFM

M.U.A. #2

SAME AS #1

M.U.A. #2

MAKE Champion cooler
 mod. # 6500SD
 ser. # LC85572
 MFG. DATE:
 H.P. 3/4
 R.P.M. 1725
 Volts 115
 Belt (1) 4L670

Supply outlets #'s
 actual

- 1 820 CFM
- 2 840 CFM
- 3 860 CFM
- 4 850

- 3370 TOTAL

- 1-1020 CFM
- 2-1040 CFM
- 3-1080
- 4-1090

TOTAL 4230 CFM

Balance Report

A/C # 3

Supply #s	Design CFM	Actual CFM	NOTES
1	200	185	Supply #'s are marked on Print
2	200	190	
3	200	180	
4	200	180	
5	250	195	
6	250	240	
7	250	220	
8	200	210	
9	250	260	
0	250	245	
1	250	240	
2	250	260	
3	250	260	
4	250	265	
5	200	190	
6	250	235	
7	250	240	
8	250	240	
9	150	140	
0	150	160	
1	150	155	
2	NOT THERE IN OFFICE @ 150	140	
	4800 CFM	4640	

A/C # 3

make: American Standard

model: YCDISIC3LOBA

serial: 338100703D

location: Roof

area served: Front section - main dining area

BELT: (1) BX62

Total reqd CFM 4800 @ 0.6 E.S.P.

Total Req'd. CFM O.S.A. 1400 CFM

Return #s

1 1650 CFM

1 1650 CFM

1 OSA

1350 CFM

Total return

4640 CFM @ 0.6 ESP

BALANCE Report
A/C # 4

Supply #'s	Design CFM	actual CFM
1	150	130
2	150	125
3	150	135
4	330	320
5	330	310
6	125	115
7	125	110
8	125	120
9	125	120
10	150	140
11	<u>150</u>	<u>135</u>
	1860	1760

Return #'s

1	580	560
2	580	550
3 O.S.A.	<u>640</u>	<u>650</u>
	1800	1760

A/C # 4

MAKE# American Standard

Mod # PHC048A3EMA

Ser. # 325100435L

Location: Roof

area served: Back section of Restaurant

Total req. CFM 1800 @ 0.5 E.S.P.

Total req. O.S.A. 640 CFM

NO BELT: D.D.