

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103827
Insp Area: 1

Site Address: 350 UNIVERSITY AV SAC
Parcel No: 295-0402-013 #210

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

CONTRACTOR
CIMORELLI CONSTRUCTION
11333 SUNCO DR #103
RANCHO CORDOVA, CA 95742

OWNER
350 UNIVERSITY PARTNERSHIP
1481 RIVERPARK DR #100
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: OFFICE REMODEL RELOCATE WALLS W ELEC AND MECH

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, Civil Code)

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.

X License Class B License Number 500004 Date 03/29/01 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 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: SECTION 7000

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.

X Date 03/29/01 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.

X 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 AMERICAN INTERSTATE INSURANCE Policy Number 00WCCA152704 Exp Date 07/01/2001

____ (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.

X Date 03/29/01 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

12311 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0103827	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS _____ Suite 200
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>525204</u></p> Name <u>Simovelli Construction</u> Address <u>11333 Sonoma Pt #100</u> City/State/Zip <u>Panorama City CA 91302</u> Phone <u>635 4440</u> FAX <u>635 7224</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>SSU University Partnership</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Am. International Ins
 → WORKER'S COMPENSATION POLICY # 10000152704 EXPIRATION DATE: 07/01

NATURE OF WORK IN DETAIL: Interior renovation - relocate walls
with electrical and mechanical

OCCUPANT/TENANT: Business VALUATION: \$ 23,000.00

FLOOD STATUS:					S.C.A.T.					
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	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 Ret. <u>Y</u> <u>N</u>		Fed Code	Vio. File	
		<u>2200</u>		<u>B</u>	<u>1 1'</u>	SPR ALARM		<u>15</u>	[H] [Quad]	
<u>B</u>	<u>L</u>	P	<u>M</u>	<u>E</u>	<u>F</u>	S		D	PW	UTIL
<u>13 ft</u>	<u>13 ft</u>		<u>13 Jmt</u>	<u>13 TLM</u>	<u>13 LMB</u>			<u>7 1/2</u>		

COMMENTS: _____

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

CM SERVICE

DATE: 5/10/01

AIR BALANCE REPORT

MANUFACTURER: TRANE

FAN HP: _____

SYSTEM #: A/C #7

SERIAL #: _____

	STATIC P			FAN RPM	FAN AMPS			FAN VOLTS		
	S	R	T		L1	L2	L3	L1	L2	L3
INITIAL										
FINAL										

NUMBER	SIZE	DESIGN CFM	TEST 1	TEST 2	FINAL CFM	REMARKS
1	7"φ	150	210	170	160	
2	7"φ	150	190	160	160	
3	8"φ	170	300	210	185	
4	7"φ	160	170	165	165	
5	8"φ	200	340	225	215	
6	8"φ	170	190	180	180	
7	8"φ	180	200	185	185	
8	8"φ	180	185	185	185	
9	9"φ	250	310	270	265	
10	7"φ	150	180	165	160	
11	9"φ	300	280	280	285	
12	8"φ	170	150	155	160	
13	8"φ	180	170	170	170	
14	8"φ	180	160	175	175	
15	8"φ	180	170	170	170	
16	8"φ	180	160	170	170	
17	9"φ	250	190	230	235	
OSA		300	0	235	275	

8 5 10M
1320 6A

Alt #7
10 10M
277H 6A

