

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0519272**

Insp Area: 1
Thos Bros: 297D4

Site Address: **1215 K ST SAC**
Parcel No: 006-0111-017 10TH FLOOR

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

CONTRACTOR
RUDOLPH AND SLETTEN INC
1504 EUREKA RD SUITE 200
ROSEVILLE CA 95661

OWNER
TSAKOPOULOS 523 INVESTORS
555 CAPITOL MALL
SACRAMENTO, CA 95814

ARCHITECT
KADO ED M AND ASSOCIATES
1661 GARDEN HY
SACRAENTO CA 95790

Nature of Work: 2,400 SF OFFICE TO OFFICE INTERIOR REMODEL TO 10TH FLOOR

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.

X License Class B License Number 198069 Date 1/4/06 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 or 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: JAN 04 2006
Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
NEW CITY HALL
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 1/4/06 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.

pv 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 GUARANTEE & LIABILITY Policy Number WC 3495307-06 Exp Date 10/01/2006

(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 1/4/06 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.

[Signature]

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
 31 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 0519272	Isnp. Area 1
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Applicant MUST complete ALL Unshaded areas

ADDRESS 1215 K. ST. Suite 1000
PERMIT # 006-0111-017

CONTACT		LICENSED CONTRACTOR Lic No. # <u>198069</u>	
Name <u>RALPH ALSGOOD</u>		Name <u>RUDOLPH & SUTTEN</u>	
Street Address <u>1504 EUREKA RD.</u>		Address <u>1504 EUREKA RD. SUITE 200</u>	
City/State/Zip _____		City/State/Zip <u>ROSEVILLE CA 95661</u>	
Phone _____ FAX _____		Phone <u>788-7011</u> FAX _____	
E-mail: _____		E-mail: <u>valph-alsgood@rscoast.com</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>KADO & ASSOC.</u>		Name <u>Tsokopolos INVESTMENTS</u>	
Address <u>1661 GARDEN HWY.</u>		Address <u>FAIR OAKS BLVD.</u>	
City/State/Zip <u>SACRAMENTO</u>		City/State/Zip <u>CARMICHAEL</u>	
Phone <u>961-1661</u> FAX _____		Phone <u>825-53002</u> FAX _____	
E-mail: _____		E-mail: <u>CONTACT: BRIAN BAUMHOVER</u>	

Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** AMERICAN GUARANTEE & LIABILITY CO
WORKER'S COMPENSATION POLICY # WC 34 9530706 **EXPIRATION DATE:** 10-1-06

NATURE OF WORK IN DETAIL: REMODEL / T.I.
Office to office (10th floor) to expand exist. tenant space.
2400SF

OCCUPANT/TENANT: CGI/AMS **VALUATION:** \$ 34,516

GOOD STATUS				S.C.A.T.									
BLDG DESCRIPTION		BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM ()		SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>									
SPECTION DISCIPLINES		BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File			
						SPR	ALARM						
<u>(E)</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>	

COMMENTS:

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



VAV TEST SHEET

JOB NAME: Esquire Plaza - CGI AMS - 10th Floor

0519272

SYSTEM: VH10.1, V10.1, VH10.17, V10.7

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VH10.1		8"								
Office	1	CR	24 x 24	FH	FH	205	FH	205			
Office	2	CR	24 x 24	FH	FH	275	FH	285			
		Factor = 156				Cold	480		490	145	150
						Hot	240		250		
	V10.1		10"								
Open	1	CR	24 x 24	FH	FH	250	FH	245			
Open	2	CR	24 x 24	FH	FH	350	FH	360			
		Factor = 115				Cold	600		605	230	230 (1)
	VH10.17		6"								
Office	2	CR	24 x 24	FH	FH	200	FH	200			
		Factor = 114				Cold	200		200	80	85
						Hot	100		105		
	V10.7		10"								
Open	1	CR	24 x 24	FH	FH	280	FH	255			
Open	2	CR	24 x 24	FH	FH	290	FH	300			
Corridor	3	CR	10 x 10	FH	FH	250	FH	265			
Open	4	CR	24 x 24	FH	FH	280	FH	280			
		Factor = 151				Cold	1100		1100	230	230

FH = Direct read with flow hood

Factor = Calibration Factor

Remarks:

(1) V10.1 has a bad actuator (per L & H). All parameters were set and box calibration performed by manually adjusting VAV damper.



Microfilm

VAV TEST SHEET

0519272

JOB NAME: Esquire Plaza - CGI AMS - 10th Floor

SYSTEM: VH10.8, VH10.9

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes	
		Type	Size		FPM	CFM	FPM	CFM	Design	Final		
	VH10.8		10"									
Office	1	CR	24 x 24	FH	FH	400	FH	390				
Office	2	CR	24 x 24	FH	FH	500	FH	520				
		Factor = 147				Cold	900		910	270	275	(1)
						Hot	450		450			(1)
	VH10.9		10"									
Office	1	CR	24 x 24	FH	FH	240	FH	240				
Open	2	CR	24 x 24	FH	FH	240	FH	260				
Open	3	CR	24 x 24	FH	FH	240	FH	220				
		Factor = 186				Cold	720		720	230	235	
						Hot	360		370			

FH = Direct read with flow hood

Factor = Calibration Factor

Remarks:

(1) VH10.8 NIC. (Verified box operation and calibration. Also input minimum/heat CFM quantities typical to similar boxes.)