

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102647
Insp Area: 1

Site Address: 2015 J ST SAC
Parcel No: 007-0016-019 STE 103

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

CONTRACTOR

OWNER

ARCHITECT

KRAMBS MICHAEL & OLGA
2015 J ST STE 210
SACRAMENTO CA 95816

Nature of Work: INTERIOR REMODEL : MECH, ELEC, PLUMBING, INTERIOR PARTITIONS, FIRE SPRINKLERS

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, C.R.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 _____ Date _____ 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 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 3/29/01 Owner Signature [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 3/29/01 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

_____, 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 _____ Policy Number _____ Exp Date _____

(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 3/29/01 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
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0102647 Insp. Area IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2015 J. St. Suite 103
 PARCEL # 007-0016-019

<p style="text-align: center;">CONTACT</p> <p>Name <u>TED JOHNS</u> Street Address <u>2115 J. St Ste 210</u> City/State/Zip <u>SAC CA 95816</u> Phone <u>444-0599</u> FAX <u>444 9070</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MICHAEL KRAMBS</u> Address <u>2115 J. St Ste 210</u> City/State/Zip <u>SAC CA 95816</u> Phone <u>444 0599</u> FAX <u>444 9070</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: OFFICE REMODEL

OCCUPANT/TENANT: NATURE CONSERVANCY VALUATION: \$ 30,000

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
<u>2</u>		<u>3250</u>	<u>C2</u>	<u>B</u>	<u>V-N</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	PW	UTIL	
		<u>13 BK</u>	<u>13 BK</u>				<u>LAL</u>			

COMMENTS: _____

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



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) TED JOHNS
to sign the Owner-Builder Verification on my behalf.

Signature Michael Kramps
Print Name MICHAEL KRAMPS
Address 2115 J ST, Ste 210
SACRAMENTO 95816
Telephone 444-0599

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:

MANUFACTURER:
 MODEL:
 TYPE:
 SIZE:
 SERIAL NUMBER:
FAN SHEAVE DATA:

DIAMETER
 SHAFT:
 ADJUSTABLE/FIXED
MOTOR NAMEPLATE DATA:

MANUFACTURER:
 VOLTS/PHASE:
 HORSEPOWER:
 FULL LOAD AMPS.
 RPM:
 SERVICE FACTOR:

MOTOR SHEAVE DATA:

DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED:
 BELT SIZE:

CONDENSING UNIT DATA:

MANUFACTURER:
 MODEL:
 TONNAGE:
 SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM			31-May-01
RETURN AIR CFM			PROJECT:
OUTSIDE AIR CFM			
FAN RPM			Nature
STATIC PRESSURE+			Conservancy
STATIC PRESSURE-			READINGS BY:
TOTAL PRESSURE			
FILTER PRESSURE			Russ B
MOTOR			SYSTEM:
AMPS			A/C 103
VOLTS			JOB NO.
HORSEPOWER			
RPM			

FIELD FORMS AVAILABLE:

- _____ DUCT TRAVERSE REPORT
- _____ SYSTEM DIAGRAM
- _____ EXHAUST FAN REPORT
- _____ PULLEY CALCULATIONS
- TEMPERATURE IN _____
- TEMPERATURE O _____
- DROP / RISE _____

DIFFUSERS AND GRILLS

ROOM #	OUTLET#	CODE	REQ. CFM	TEST 1	TEST 2	FINAL CFM
Supply	1		150	156	156	156
Supply	2		150	141	141	141
Supply	3		150	80	210	162
Supply	4		240	290	161	256
Supply	5		170	139	139	139
Return	1		270	260	260	260
Return	2		510	499	499	499

REMARKS:

CLARKE & RUSH MECHANICAL

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:

MANUFACTURER:
 MODEL:
 TYPE:
 SIZE:
 SERIAL NUMBER:
 FAN SHEAVE DATA:

DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED:

MOTOR NAMEPLATE DATA:

MANUFACTURER:
 VOLTS/PHASE:
 HORSEPOWER:
 FULL LOAD AMPS:
 RPM:
 SERVICE FACTOR:

MOTOR SHEAVE DATA:

DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED:
 BELT SIZE:

CONDENSING UNIT DATA:

MANUFACTURER:
 MODEL:
 TONNAGE:
 SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM			31-May-01
RETURN AIR CFM			PROJECT:
OUTSIDE AIR CFM			
FAN RPM			Nature Conservancy
STATIC PRESSURE+			READINGS BY:
STATIC PRESSURE-			
TOTAL PRESSURE			Russ B
FILTER PRESSURE			SYSTEM:
MOTOR			A/C 101
AMPS			JOB NO.
VOLTS			
HORSEPOWER			
RPM			

FIELD FORMS AVAILABLE:

- _____ DUCT TRAVERSE REPORT
- _____ SYSTEM DIAGRAM
- _____ EXHAUST FAN REPORT
- _____ PULLEY CALCULATIONS
- TEMPERATURE IN _____
- TEMPERATURE O _____
- DROP / RISE _____

DIFFUSERS AND GRILLS

ROOM #	GRILET#	CODE	REQ. CFM	TEST 1	TEST 2	FINAL CFM
Supply	1		180	198	198	
Supply	2		400	360	360	
Supply	3		200	191	191	
Return	1		630	618	618	

REMARKS:

CLARKE & RUSH MECHANICAL

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:

MANUFACTURER:
MODEL:
TYPE:
SIZE:
SERIAL NUMBER:
FAN SHEAVE DATA:

DIAMETER:
SHAFT:
ADJUSTABLE/FIXED:
MOTOR NAMEPLATE DATA:

MANUFACTURER:
VOLTS/PHASE:
HORSEPOWER:
FULL LOAD AMPS:
RPM:
SERVICE FACTOR:

MOTOR SHEAVE DATA:

DIAMETER:
SHAFT:
ADJUSTABLE/FIXED:
BELT SIZE:

CONDENSING UNIT DATA:

MANUFACTURER:
MODEL:
TONNAGE:
SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM			31-May-01
RETURN AIR CFM			
OUTSIDE AIR CFM			
FAN RPM			
STATIC PRESSURE+			PROJECT: Nature Conservancy
STATIC PRESSURE-			
TOTAL PRESSURE			READINGS BY: Russ B
FILTER PRESSURE			
MOTOR			SYSTEM: A/C 104
AMPS			
VOLTS			JOB NO.
HORSEPOWER			
RPM			

FIELD FORMS AVAILABLE:

- _____ DUCT TRAVERSE REPORT
- _____ SYSTEM DIAGRAM
- _____ EXHAUST FAN REPORT
- _____ PULLEY CALCULATIONS
- TEMPERATURE IN _____
- TEMPERATURE O _____
- DROP / RISE _____

DIFFUSERS AND GRILLS

ROOM #	OUTLET#	CODE	REQ. CFM	TEST 1	TEST 2	FINAL CFM
Supply	1		510	484	484	484
Supply	2		450	472	472	472
Return	1		165	166	166	166
Return	2		165	159	159	159
Return	3		450	445	445	445

REMARKS:

CLARKE & RUSH MECHANICAL

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:

MANUFACTURER:
 MODEL:
 TYPE
 SIZE
 SERIAL NUMBER.

FAN SHEAVE DATA:

DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED.

MOTOR NAMEPLATE DATA:

MANUFACTURER:
 VOLTS/PHASE:
 HORSEPOWER
 FULL LOAD AMPS:
 RPM:
 SERVICE FACTOR:

MOTOR SHEAVE DATA:

DIAMETER:
 SHAFT:
 ADJUSTABLE/FIXED:
 BELT SIZE:

CONDENSING UNIT DATA:

MANUFACTURER:
 MODEL:
 TONNAGE:
 SERIAL NUMBER:

FAN	DESIGN	ACTUAL	DATE:
TOTAL CFM			31-May-01
RETURN AIR CFM			PROJECT:
OUTSIDE AIR CFM			
FAN RPM			
STATIC PRESSURE+			
STATIC PRESSURE-			Nature Conservancy
TOTAL PRESSURE			READINGS BY:
FILTER PRESSURE			Russ B
MOTOR			SYSTEM:
AMPS			A/C 102
VOLTS			JOB NO.
HORSEPOWER			
RPM			

FIELD FORMS AVAILABLE:

- _____ DUCT TRAVERSE REPORT
- _____ SYSTEM DIAGRAM
- _____ EXHAUST FAN REPORT
- _____ PULLEY CALCULATIONS
- TEMPERATURE IN _____
- TEMPERATURE O _____
- DROP / RISE _____

CLARKE & RUSH MECHANICAL

DIFFUSERS AND GRILLS

ROOM #	OUTLET #	CODE	REQ. CFM	TEST 1	TEST 2	FINAL CFM
Supply	1		165	156	156	156
Supply	2		165	190	133	133
Supply	3		150	75	126	144
Supply	4		150	181	101	162
Supply	5		150	210	97	151
Return	1		165	181	181	181
Return	2		165	145	145	145
Return	3		150	101	132	159
Return	4		150	156	156	156

REMARKS:

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 6-8-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2015 J St #103

Has been conducted by Inspector

R. Robles

On

6-4-01

0102647
Permit Number

Square Footage

D.H. Visual
Type of Inspection

They system is acceptable by this department.

[Signature]
By: Ross L. Woodman,
Fire Prevention Officer II

01-41
F.D. Reference Number



CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2015 J ST #103 Permit No. 0102647

Building Use: OFFICE DBA: NATURE CONSERVENCY Occupancy: B

Building Owner: MICHAEL KRAMBS Construction Type: VN

Owner Address: 2115 J ST #210 Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 103 Area: 3200 Sq. Ft.

6/12/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:GTC,MJS,JZB,RR]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE