

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0317896  
Insp Area: 1  
Thos Bros: 297 C4

Site Address: 400 CAPITOL ML SAC St: 2300  
Parcel No: 006-0144-029 STE 2300

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

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

**OWNER**  
EOP-400 CAPITOL MALL LLC  
PO BOX 3879  
CHICAGO IL 60654

**ARCHITECT**

Nature of Work: 4180 sq ft int. office remodel ste 2300

**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 A License Number 198069 Date 12/3/03 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.)

**CITY OF SACRAMENTO PAID**  
**NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES**  
DEC 13 2003

I, as owner of the property, am exclusively contracting with licensed contractor to construct the structure and who contracts for such work 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 above mentioned property for inspection purposes.

Date 12/3/03 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 AMERICAN GUARANTEE & LIABILITY Policy Number WC 3495307-02 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 12/3/03 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 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

0317896

1C



Applicant **MUST** complete  
ALL Unshaded areas

ADDRESS 400 Capitol Mall

Suite 2300

PARCEL # 006-0144-029

**CONTACT**

Name Caitlin Chu @ SSP  
Street Address 3565 Taylor Rd Ste. D  
City/State/Zip Loomis, Ca 95650  
Phone 916-652-3400 FAX 916-652-7805  
E-mail: ssp@quiknet.com

**LICENSED CONTRACTOR**

Lic No.# 198069

Name Rudolph i Setten  
Address 1504 Eureka Rd #200  
City/State/Zip Roseville, Ca 95661  
Phone 916-781-8001 FAX 916-781-8004  
E-mail:

**ARCHITECT/ENGINEER**

Name Stafford Space Planning  
Address Same as Above  
City/State/Zip Same as Above  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail:

**OWNER**

Name Equity Office  
Address 1610 Arden Way Ste 250  
City/State/Zip Sacramento CA  
Phone 916-64-8850 FAX 916-64-8840  
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: Some demo, some new walls, new p.t., relocation of lighting fixtures

OCCUPANT/TENANT: Available

VALUATION: \$ 40,000.00

FLOOD STATUS:

S.C.A.T.

JOB DESCRIPTION		BLDG	SHELL	APT	TK	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st fl. Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y) N	Fed Code	Via. File		
<u>33</u>		<u>4,180</u>		<u>B</u>	<u>1</u>	<u>(Y)</u>	<u>15</u>	[H] [Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>SPRY</u>	<u>ALARM*</u>	<u>S</u>	<u>D</u>	<u>PW</u> <u>UTIL</u>

COMMENTS: Provide calculations for EXTENDED coverage sprinklers.

REGIONAL SANITATION FEES?  Yes  No

HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



Microfilm @ Final

# AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070  
(415) 594-0182 • (415) 594-4915 • License # 120696

## AIR OUTLET TEST REPORT

400 Capital Mall

DATE: 1/6/04  
PAGE: 1

PROJECT	SPEC SUITE	job # 633856.11
SYSTEM NO.	HOUSE	TEST APPARATUS FLOW HOOD
AREA SERVED	23 rd. flr. NW	OUTLET MANUFACTURER TITUS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)			FINAL			DEVIATION	
	NO.	TYPE	SIZE	AK	COOL		HEAT	COOL		HEAT	COOL	HEAT
C-3	1	CD	10		220			220			0.0%	
	2	CD	10		220			225			2.3%	
	3	CD	6		40			60			50.0%	
	4	CD	8		150			145			-3.3%	
	5	CD	8		160			160			0.0%	
	6	CD	8		160			160			0.0%	
	7	CD	8		150			150			0.0%	
<b>Total</b>	-	-	-	-	<b>1100</b>		<b>0</b>	<b>1120</b>		<b>0</b>	<b>1.8%</b>	
C-2	1	CD	10		220			225			2.3%	
	2	CD	6		120			115			-4.2%	
	3	CD	10		180			190			5.6%	
<b>Total</b>	-	-	-	-	<b>520</b>		<b>0</b>	<b>530</b>		<b>0</b>	<b>1.9%</b>	
DD-3	1	CD	10		360		145	350		150	-2.8%	3.4%
	2	CD	10		215		100	210		100	-2.3%	0.0%
<b>Total</b>	-	-	-	-	<b>575</b>		<b>245</b>	<b>560</b>		<b>250</b>	<b>-2.6%</b>	<b>2.0%</b>

REMARKS: Cooling min. set @ .02" WC

BALANCE TECH: