

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0510103
Insp Area: 1
Thos Bros: 297E4
Sub-Type: HSG
Housing (Y/N):

Site Address: 1716 L ST SAC

Parcel No: 006-0175-006

PERMIT EXPIRES IN 60 DAYS, 07-14-2005

Y

CONTRACTOR
CLARKE & RUSH MECH
4411 AUBURN BL
SACRAMENTO CA 95841

OWNER
PETERSON 2000 REVOCABLE TRUST
PO BOX 254451
SACRAMENTO, CA 95865

ARCHITECT

Nature of Work: C/O HVAC, LIKE FOR LIKE PACKAGE UNIT ON ROOF & T-BAR UPGRADE.

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 608005 Date 7.14.05 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 _____ 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.

Date 7.14.2005 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 ZENITH INS CO Policy Number Z066385801 Exp Date 10/01/2005

_____, (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 7.14.2005 Applicant 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 0510103 #	Isnp. Area 1C
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Applicant MUST complete ALL Unshaded areas

ADDRESS 1716 L STREET Suite _____
PARCEL # DDU 0175 DDU 0000

CONTACT		LICENSED CONTRACTOR Lic No. # <u>300117</u>	
Name <u>TONY ANZELC</u>		Name <u>ANTHONY 5 SONS INC.</u>	
Street Address <u>1790 TERMINAL STREET</u>		Address <u>1790 TERMINAL ST.</u>	
City/State/Zip <u>WEST SACRAMENTO/CA/95811</u>		City/State/Zip <u>W. SAC / CA. / 95691</u>	
Phone <u>373.0707</u> FAX <u>373.1523</u>		Phone <u>373.0707</u> FAX <u>373.1523</u>	
E-mail: <u>TANZELC@ASIGC.COM</u>		E-mail: <u>TANZEL@ASIGC.COM</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>CH&D ARCHITECTS</u>		Name <u>GREG PETERSON</u>	
Address <u>2120 BARBARA 20TH STREET</u>		Address <u>400 CAPITOL MALL 11TH FLOOR</u>	
City/State/Zip <u>SACRAMENTO/CA/95816</u>		City/State/Zip <u>SACRAMENTO/CA/95814</u>	
Phone <u>442.7741</u> FAX _____		Phone <u>558.6142</u> FAX _____	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: CHARTRWELL SURETY
 → WORKER'S COMPENSATION POLICY # 713000012604 EXPIRATION DATE: 10.1.2005

NATURE OF WORK IN DETAIL: T-BAR UPGRADE
NO AVAC, LIKE FOR LIKE PACKAGE UNIT ON ROOF

OCCUPANT/TENANT: GREG PETERSON **VALUATION:** \$ ~~21000~~ 16,755

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 type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>																	
INSPECTION DISCIPLINES						BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File							
						SPR	ALARM										
B	L	P	M	E	F	S		D		PW		UTIL					
13 JST	13 JST																

COMMENTS:

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

10F2

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 # 0510103 C	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 1716 "L" ST Sacramento Suite: _____

PARCEL #: _____

<p style="text-align: center;">CONTACT</p> <p>Name: <u>LARRY KAHLE</u> Street Address: <u>4411 Auburn Blvd</u> City/State/Zip: <u>SACRAMENTO, CA</u> Phone: <u>916-609-2626</u> E-Mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>608005</u></p> <p>Name: <u>CLARK & RUSH</u> Street Address: <u>4411 Auburn Blvd</u> City/State/Zip: <u>SACRAMENTO, CA</u> Phone: <u>916-609-2665</u> E-Mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>GREG PETERSON</u> Street Address: <u>400 CAPITAL MALL</u> City/State/Zip: <u>SACRAMENTO, CA 95814</u> Phone: <u>323--0303-AS7-Tony</u> E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: HVAC - Change-out

OCCUPANT/TENANT: _____ VALUATION: 14,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION	BLDG	SHELL	AFT	TI ()	REM ()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		FIRE		
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Coast type	Fire Reg. Y / N		Fed Code	File [Quad]	
						SPR	ALARM	Viol. [H]		
<u>B</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>13 ST</u>	<u>13 ST</u>	<u>13 R.M.H.</u>	<u>13 R.M.H.</u>	<u>13/721</u>					<u>UTIL</u>	

VALUES
 ADD
 TOGETHER
 ON FRONT
 PAGE

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

2022



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: CLARKE + RUSH Mechanical Phone: 609-2626
Project Address: 1716 - h St, Sacramento Phone: 373-0707 Tony ASI

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. [] There is an existing ground-mounted unit.
[] The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
[] The new unit differs in location from the existing unit.
[] The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
b. [] There is no unit in the proposed location.
[] The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
[] Existing shrubs or building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. [x] There is an existing roof-mounted unit.
[x] The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
[] The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
b. [] There is no existing roof-mounted unit.
[] The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 7-11-05
FOR CITY STAFF USE ONLY Counter Staff: [Signature]

- [x] In a DR District. Meets DR criteria? [x] Yes [] No (route to DR staff)
[] In a P area or listed (route to P staff)
[] Not in a DR or P area

HVAC SYSTEM REPORT					DATE: 12/19/05		
FAN NAMEPLATE DATA MANUFACTURER MODEL TYPE SIZE SERIAL NUMBER FAN PULLEY DATA DIAMETER SHAFT ADJ/FIXED MOTOR NAMEPLATE DATA MANUFACTURER VOLTS/PHASE HORSEPOWER FULL LOADS AMPS RPM MOTOR PULLEY DATA DIAMETER SHAFT ADJ/FIXED BELT NO. & SIZE CONDENSING UNIT DATA MANUFACTURER Trane MODEL TONNAGE 7 1/2 SERIAL NUMBER	FAN	DESIGN	ACTUAL				
	TOTAL CFM	2150	2050				
	RETURN AIR CFM	1760	1750				
	OUTSIDE AIR CFM	390	400				
	FAN SPEED						
	STATIC PRESSURE +						
	STATIC PRESSURE -						
	TOTAL STATIC PRESSURE						
	FILTER STATIC PRESSURE						
	MOTOR						
	AMPS						
	VOLTS						
	HORSEPOWER						
	MOTOR SPEED						
DIFFUSERS AND GRILLS							
Room	Outlet Number	Code	Size	Required CFM	Test 1	Final CFM	% Of Design
	15	CS	10"	250	200	240	96%
	25	CS	10"	250	240	240	96%
	35	CS	9"	150	145	145	97%
	45	CS	9"	150	145	145	97%
	55	CS	9"	150	200	155	103%
	65	CS	9"	150	115	145	97%
	75	CS	9"	150	125	140	93%
	85	CS	9"	200	180	195	98%
	95	CS	9"	150	140	155	103%
	105	CS	9"	200	220	205	103%
	115	CS	9"	150	175	145	97%
	125	CS	9"	200	225	190	95%
	1R	CR	12"	400	390	400	100%
	2R	CR	9"	200	210	190	95%
	3R	CR	9"	200	220	205	103%
	4R	CR	9"	200	180	200	100%
	5R	CR	9"	150	140	148	99%
	6R	CR	9"	150	160	155	103%
	7R	CR	9"	150	150	145	97%
REMARKS:							
2003 NCI, INC.							

PROJECT
 Peterson Law
 1716 L Street
 Sacramento, Ca

SYSTEM
 HVAC #1

READINGS BY
 Dan Pinkham

JOB NUMBER

Clarke & Rush Mechanical, Inc.