

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0319552

Insp Area: 1

Thos Bros: 297 D4

Site Address: 900 J ST SAC

Parcel No: 006-0101-003

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

MARKET ONE BUILDERS INC
1419 N MARKET BL #1
SACRAMENTO CA 95834

OWNER

MARK HEFNER
900 J ST
SACTO, CA 95815-4028

ARCHITECT

Nature of Work: OFFICE REMODEL, 4148 SF

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 B License Number 737694 Date 3-17-04 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 Professions 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 _____

PAID
CITY OF SACRAMENTO
MAR 17 2004
RECEIVED

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 above mentioned property for inspection purposes.

Date 3-17-04 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 STATE FUND Policy Number 692-0002229-2003 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 3-17-04 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

PLANNING & BUILDING DEPARTMENT
 1000 Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0319592	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 900 J STREET Suite 3RD FLOOR
 PARCEL # 006-010-1003

<p style="text-align: center;">CONTACT</p> Name <u>BRIAN KLUBBEN</u> c/o → Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>MARKETONE BUILDERS</u> Address <u>1419 N. MARKET ST.</u> City/State/Zip <u>SACTO, CA. 95834</u> Phone <u>916-928-7474</u> FAX <u>916-928-7475</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>MARK HEFNER</u> Address <u>900 J STREET</u> City/State/Zip <u>SACTO, CA.</u> Phone <u>916-438-5200</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 0002229-2003 EXPIRATION DATE: 10-1-04

NATURE OF WORK IN DETAIL: RE-MODEL

OCCUPANT/TENANT: Hefner Stral Realty VALUATION: \$ 60,000

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	1 st flr Area	Total Area	Use-Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File		
						SPR	ALARM		PW	UTIL	
B	L	P	M	E	F	S		D			
		2		3	4						

COMMENTS:

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

CITY OF SACRAMENTO

**30 DAY TEMPORARY
Certificate of Occupancy**
For Information Contact (916) 264-5716

Building Address: 900 J ST Permit No.: 0319552
 Building Use: OFFICE Occupancy: B
 Building Owner: MARK HEFNER Construction Type: V-N
 Owner Address: 900 J ST SACRAMENTO CA 95815 Sprinkled? [] Yes [X] No
 Portion of Building Occupied: MEZZANINE & 3RD FLOOR Area: 4148 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

06/11/04 *Thomas Richards* *Thomas Richards* **DENNIS RICHARDSON**
 Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals: PWC, CDY, AAC, JJ]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE



Job Number: _____
 Job Name: 900 J st
 Date: 6-10-04
 Tech: Dennis

CONSTANT VOLUME DISTRIBUTION REPORT

AREA SERVED	OUTLET		DESIGN CFM	PRELIMINARY CFM	PRELIMINARY CFM	FINAL CFM
	NO.	TYPE				
3 rd FL	1	S-1	110			110
	2	↓	100			100
	3		100			100
	4		145			150
	5		300			290
	6		110			110
	7		110			100
	8		320			290
	9		320			305
	10		320			320
	11		320			310
	12		450			435
	13		450			445
Totals				3155		

REMARKS: Rebalanced area



**WALLACE - KUHL
& ASSOCIATES INC.**

June 14, 2004

900 J St

Geotechnical Engineering

Engineering Geology

Environmental Consulting

Remediation Services

Construction Inspection

Materials Testing

**Thomas Ford
Market One Builders
1419 North Market Blvd., Suite 1
Sacramento, CA 95834**

Special Inspection Final Report
HEFNER STRAIN REALTY CORPORATION
Permit No. 03-19552
WKA No. 5956.01

In accordance with City of Sacramento special inspection requirements, our firm has performed *Special Inspection and Testing* in accordance with Sections 106 and 1701 of the Uniform Building Code for the subject project. Our observation and test results indicate that the following items were constructed, to the best of our knowledge, in accordance with the project's plans and specifications:

Structural

Steel: Performed field welding inspection of angle iron ledger at mezzanine, connection above stairway area and tube steel and wide flange beam connections at the mezzanine and 3rd floor. Monitored contractor compliance with Welding Procedure Specifications (WPS). Identified material with manufacturer's mill certificates. Checked welder certification records.

**Epoxy
dowel:** Verified correct installation of epoxied 3/4" allthread anchors for steel framing per manufacturer's instructions and the project plans.

CORPORATE OFFICE
3050 Industrial Boulevard
West Sacramento
CA 95691
Tel 916.372.1434
Fax 916.372.2565

ROCKLIN OFFICE
500 Menlo Drive
Suite 100
Rocklin, CA 95765
Tel 916.435.9722
Fax 916.435.9822

STOCKTON OFFICE
3410 West Hammer Lane
Suite F
Stockton, CA 95219
Tel 209.234.7722
Fax 209.234.7727

Last date at jobsite: May 12, 2004

Wallace - Kuhl & Associates, Inc.


**David A. Redford
Senior Engineer**



DAR:mlo

cc: City of Sacramento