

1231 I Street, Sacramento, CA 95814

Insp Area: 4
99-12825-C
Sub-Type: NUNDGRD
Housing (Y/N): N

Site Address: 2200 RIVER PLAZA DR SAC
Parcel No: 274-0320-088

CONTRACTOR
HMH
8589 THYS CT
SACRAMENTO CA 95828

OWNER
ADS RIVER PLZ. ASSOC.
2300 RIVER PLAZA DR
SAC CA

ARCHITECT

Nature of Work: GRADING AND UNDERGROUND UTILITIES INCLUDING FIRE MAINS,
STORM DRAINS, DOMESTIC WATER, & SEWER,

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 GUARANTY BANK Lender's Address DALLAS, TX

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 250934 Date 10 FEB 00 Contractor Signature SEB WELVES

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 10 FEB 00 Applicant/Agent Signature SEB WELVES

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 Z C INSURANCE CO Policy Number WBN-68608-A Exp Date 04/01/2000

(This section need not be completed if the permit is for \$3700 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 10 FEB 00 Applicant Signature SEB WELVES

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.

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

ACTIVITY # 9912825 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 2200 River Plaza Dr. Suite _____

PARCEL # 214 320-88 & ~~89~~ ~~274 0360007~~

<p style="text-align: center;">CONTACT</p> <p>Name <u>Greg S. Balderrey (Architect)</u></p> <p>Address <u>1661 Garden Hwy Sac 95833</u></p> <p>Phone <u>921 1461 Ext 22</u> FAX <u>921 1839</u></p> <p>E-mail <u>emkarch@worldnet.att.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>280934</u></p> <p>Name <u>HMH</u></p> <p>Address <u>8529 Thys Ct</u></p> <p>Phone <u>383-4225</u> FAX <u>383-6014</u></p> <p>E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>E M Kado Associates A A Inc</u></p> <p>Address <u>As Above</u></p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>ADS River Plaza Partners I, LLC</u></p> <p>Address <u>2300 River Plaza Dr</u></p> <p>Phone <u>561-4500</u> FAX <u>561-4504</u></p> <p>E-mail <u>trudd@allengroup.com</u></p>

Insured by employees No Yes → INSURANCE CO: Contractors ZC Insurance Co.

WORKER'S COMPENSATION POLICY # WBN-68606-A EXPIRATION DATE: April 2000

NATURE OF WORK IN DETAIL: Site Rough Grading, Excavations, Underground, Bldg Foundations, Pour slab on grade / Grading restricted per attached from E. Rowson, similar to approx footprint only / initial Grading Permit # 99-1007801 with parking lot

OCCUPANT TENANT Sutter Health VALUATION: \$ 850,000

FLOOD STATUS				S.C.A.T.				
JOB DESCRIPTION	<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> APT	<input type="checkbox"/> HI	REM()	SW	<input checked="" type="checkbox"/> FIRE	ADD <input checked="" type="checkbox"/> OTH
INSPECTION DISCIPLINES	<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	Area	Total Area	Use Zone	Deep Group	Const type	Fire Req. Y/N	Fed Code	Viol. File
1	27.3	8069	OB	B	III N	SPR ALARM		(H) (Qual)
B	I	P	M	E	F	S	D	PW UTIL

REMARKS: Call for more sets of Civils

REGIONAL SANITATION FEES: Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

WATER SUPPLY TEST - DEPT. OF UTILITIES

1393 15TH AVENUE
SACRAMENTO, CA. 95822
PHONE: 916 / 264-1430
FAX: 916 / 264-8897

TEST NO: 89-71 49	YLRK NBR: NWA-0071
REQUEST DATE: 8/23/99	PCN
COMPLETE DATE: 10-5-99	
ANALYSIS FEE: \$98.00	DATE PAID: 8/23/99
FIELD TEST FEE: \$366.00	DATE PAID: 9-9-99
PHONE NO: <input checked="" type="checkbox"/> 561-4500	FAX NO: <input checked="" type="checkbox"/> 561-4504
COMPANY: <input checked="" type="checkbox"/> The Allen Group	CELL PHONE NO: <input checked="" type="checkbox"/>
COMPANY ADDRESS: <input checked="" type="checkbox"/> 2380 River Plaza Dr. #100 Sac, Ca. 95833	STREET ADDRESS OF TEST: <input checked="" type="checkbox"/> South Side River Plaza Dr.
PURPOSE OF TEST: <input checked="" type="checkbox"/> Fajon Building	ASSESSOR'S PARCEL NUMBER: <input checked="" type="checkbox"/> 274-0320 088-0000

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: John Pitalo Signature: *[Signature]* Date: 9/14/99

ENGINEERING REQUEST DATE: **9-17-99** DATE COMPLETED: **10-5-99** TIME OF TEST: **2:05**

WATER MAIN SIZE: **12"** TEST CONDUCTED BY: **Adrian Tapera, Maurice**

	HYDRANT NO	MAP PAGE	STATIC PRESS. (PSI)	RESIDUAL PRESS. (PSI)	PISTON PRESS. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (O.P.M.)
							C ₁	C ₂		
RESIDUAL	22	9N	56	29						
FLOWED	21	9N			16	4.5	0.90	0.8	1805	
FLOWED	23	9N			16	4.5	0.90	0.83	1805	
FLOWED							TOTAL		3610	4217
FLOWED										

• THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
• (STATIC PRESS. - RESIDUAL PRESS.) / (STATIC PRESS. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING G.P.M.

$$Q = 29.83 C_c D^{0.75} \sqrt{P_{head}}$$

$$Q_w = Q_d \left(\frac{P_d - 20}{P_s - P_c} \right)^{0.5}$$

	ACTUAL	DESIGN (D)
STATIC PRESS.	56 PSI	42 PSI
RESIDUAL PRESS.	29 PSI	15 PSI
TOTAL FLOW @ RESIDUAL PRESS.	3600 G.P.M.	3600 G.P.M.
TOTAL FLOW @ 20 PSI	4200 G.P.M.	5200 G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 7/18/98

TEST # 99-71 FILE # R99-0071