

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0100442**  
**Insp Area: 1**

**Site Address: 1515 K ST SAC**  
Parcel No: 006-0121-013 #350,400,530

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

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

OWNER  
LEGACY PARTNERS  
1515 K ST  
SAC CA

ARCHITECT

**Nature of Work:** REMODEL #350,400,530 OFFICES INCLUDING NEW MECHANICAL & FIRE PROTECTION GHANGHES

**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 3/6/01 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 3 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 & P. for this reason: \_\_\_\_\_

Date 3/6/01 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 3/6/01 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 STATE FUND Policy Number 692-99 0002229 Exp Date 10/01/2001

\_\_\_\_ (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 3/6/01 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

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 J Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0100442 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 1515 K st. Sacramento Suite 350, 400, 530  
 PARCEL # 006-0121-013

<p>CONTACT</p> <p>Name <u>John Russell</u></p> <p>Address <u>1419 N. Market Blvd. Ste 1</u></p> <p>Phone <u>916-928-7478</u> FAX <u>916-928-7475</u></p> <p>E-mail _____</p>		<p>LICENSED CONTRACTOR Lic No. # <u>737694</u></p> <p>Name <u>Market One Builders</u></p> <p>Address <u>1419 N. Market Blvd.</u></p> <p>Phone <u>916-928-7474</u> FAX <u>916-928-7475</u></p> <p>E-mail _____</p>	
<p>ARCHITECT/ENGINEER</p> <p>Name <u>Techspace</u></p> <p>Address <u>1765 Challenge Way</u></p> <p>Phone <u>916-565-0888</u> FAX <u>916-565-0480</u></p> <p>E-mail _____</p>		<p>OWNER</p> <p>Name <u>Legacy Partners</u></p> <p>Address <u>1515 K st Ste 510</u></p> <p>Phone <u>916-443-6569</u> FAX <u>916-443-2618</u></p> <p>E-mail _____</p>	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund  
 → WORKER'S COMPENSATION POLICY # 692-00 unit 0002229 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL: Minor office Renovation. Work includes, New + relocated Mechanical, Electrical, Fire Protection CONDITIONS; 100; 200

OCCUPANT/TENANT: Department of Health Services VALUATION: \$ 887,333

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>		Fed Code	Vio. File	
		<u>38,247</u>		<u>B</u>	<u>II</u>	<u>SPR</u>	<u>ALARM</u>		[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL
<u>SEE P</u>										

COMMENTS:

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

**CITY OF SACRAMENTO**  
BUILDING INSPECTION DIVISION  
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1 Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Site Address: 1515 K St Suite: \_\_\_\_\_  
(Street) (Zip)  
Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Business: Business/office space  
Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street) \_\_\_\_\_  
(City) (State) (Zip)

2 Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3 Does/Will your business generate hazardous waste? Yes \_\_\_ No

4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: \_\_\_\_\_  
(Print) \_\_\_\_\_  
(Signature) 3/6/01  
(Date)

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No _____ init date _____
Hold on Certificate of Occupancy? Yes No _____
Fire Dept. Use Only:
OK to issue permit? init _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

**CITY OF SACRAMENTO**  
**BUILDING INSPECTION DIVISION**  
**APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY**

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1 Business Name: DEPT OF HEALTH SERVICE Phone: 443-6569  
 Site Address: 1515 K STREET Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: MARKETONE BUILDERS Phone: 928-7474  
 Nature of Business: BUSINESS/OFFICE SPACE  
 Property Owner: LEGACY PARTNERS Phone: 443-6569  
 Address: 1515 K STREET Suite: 510  
SACRAMENTO CA  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No

7. Is Will your business be located within 1,000 feet of a school? Yes \_\_\_ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

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Applicant's Name: MINDY LT  
(Print)  
[Signature]  
(Signature)  
3/6/01  
(Date)

BID Use Only: Plan Ck# _____	Permit # <u>0100442</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>Y</u> <u>15B 3-6-01</u> init date _____	F.D. Appr Req'd? Yes No
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept of Health Services 142

SYSTEM: 3rd floor DATE: 3-16-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
1A/3-8	1				410	325	390		390	
	2				265	260	260		260	
					675				650	
1A/3-9	1		12		475					
	2		12		475				480	
									485	
					850				965	
1A/3-10	1		10		290	265			290	
	2		10		290	365			290	
	3		10		290	365			285	
					870	850			845	
1A/3-12	1		10		240	240	225		225	
	2		1		290	230	275		275	
	3		1		290	240	285		280	
	4		1		290	230			275	
					1110	1060			1045	

REMARKS:

*Ria H.*

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Health Services 142 10

SYSTEM: 3<sup>rd</sup> floor

DATE: 3-16-01

AREA SERVED:

VAV NUMBER	OUTLET			DESIGN		PRELIMINARY		FINAL		NOTE
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
VAV 3-25	1		10		290		330		290	
	2		10		290		280		300	
	3		10		290		275		290	
	4		10		290		220		295	
					/				/	
					1160				1175	
VAV 3-26	1		8		150		150	110	150	
	2		10		290		390	260	290	
	3		10		290		475	330	295	
	4		12		290		490	320	300	
	5		10		275		470	310	270	
					/		/		/	
					1295		1975		1305	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept of Health Services

142 10

SYSTEM: 1<sup>st</sup> Floor

DATE: 3-16-01

AREA SERVED:

VAV NUMBER	OUTLET NO.	OUTLET TYPE	OUTLET SIZE	DESIGN		PRELIMINARY		FINAL		NOTE
				MIN	MAX	MIN	MAX	MIN	MAX	
VAV 4-1	1		8		120		140		125	
	2		8		120		130		120	
	3		8		120		110		120	
						/			/	
					360				365	
VAV 4-2	1		14		565		730		560	
	2		14		565		715		565	
						/			/	
					1130				1125	
VAV 4-3	1		10		320		440		325	
	2		10		320		400		330	
	3		10		320		320		335	
	4		10		320		310		330	
					/				/	
					1280				1320	
VAV 4-4	1		14		580		515		590	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept of Health Services

142.10

SYSTEM: VAV

DATE: 2-16-01

AREA SERVED: 4<sup>th</sup> Flr.

VAV NUMBER	OUTLET			DESIGN		PRELIMINARY		FINAL		NOTE
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
VAJ4-5	1		10		245		225		250	
	2		10		245		250		245	
	3		10		245		210		245	
					/		/		/	
					735		685		740	
VAJ4-6	1		10		265		205		265	
	2		10		265		250		265	
	3		10		265		140		260	
	4		10		265		230		260	
	5		10		265		225		265	
	6		10		265		225		265	
					/		/		/	
					590				1580	
VAJ4-7			10		280		285		280	
			10		245		250		250	
			10		245		285		245	
					/		/		/	
					770		820		775	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT: Dept of Health Services 142 10

SYSTEM: 1st Floor DATE: 3-16-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV 4-9	1		10		235	220	300		235	
	2		10		235	220	300		240	
	3		10		235	220	310		230	
	4		8		200	150	150		210	
	5		6		80	50	50		90	
	6		8		200	150	150		210	
					1185	1185			1220	
VAV 4-17	1		10		220		180		225	
	2		10		220		235		230	
	3		10		220		260		225	
	4		10		220		250		225	
					880				905	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Built in Remodeling 142.10 Flowhood #1

SYSTEM: 4th Floor DATE:

AREA SERVED: 4th Flr.

VAV		OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE
NUMBER	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
142-4-8	1				550				550	
142-4-23	1				455				455	
142-4-2	1				220				215	
	2				220				215	
					/				/	
					220				430	
142-4-11	1				375	375			375	
					120	120			120	
	2				280	280			280	
	4				280	275			275	
					/				/	
					1055				1050	
142-4-12	1				275				270	
	2				220				225	
	3				220				230	
					/				/	
					715				735	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept of Health Services

SYSTEM: VAV DATE: March 16, 2001

AREA SERVED: 4<sup>th</sup> Fl.

VAV NUMBER	OUTLET			DESIGN		PRELIMINARY		FINAL		NOTE
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
VAV 4-13	1		10		275		170		275	
	2		10		275		160		275	
	3		10		275		340		275	
					/				/	
					885		600		885	
VAV 4-15	1		14		530				530	
VAV 4-16	1		10		335				340	
	2		10		365				370	
					/				/	
					700				710	
VAV 4-14	1				300		220		305	
	2				300		220		300	
	3				300		350		300	
	4				300		310		300	
	5				300		250		300	
	6				300		350		275	
					/				/	
					1800		1250		1800	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT: 1234567890

SYSTEM: U-1000 DATE: 3-16-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV 4-18	1		10		295		160		305	
	2		10		295		310		300	
	3		10		295		350		300	
	4		10		295		300		305	
	5		10		295		280		300	
	6		10		295		325		300	
	7		8		200		200		125	
	8		10		295		350		310	
					2185		2275		2280	
VAV 4-19	1		10		300		320		360	
	2		10		300		275		355	
					720				715	
VAV 4-20	1		12		465		510		460	
	2		12		465		430		465	
	3		12		465		410		470	
					1395				1395	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Health Services

SYSTEM: 5<sup>th</sup> Floor

DATE: 3-16-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV 5-11	1		6		45				45	
	2		10		355				355	
	3		10		355				355	
	4		6		200				200	
					955				955	
VAV 5-12	1		10		355		370		355	
	2		10		355		300		355	
					710				710	
VAV 5-13	1		10		295		210		295	
	2		10		295		380		295	
	3		10		295		325		295	
					885		915		885	

REMARKS:

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# AIR SYSTEMS of SACRAMENTO, INC.

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept OF Health Services ANALOG Flowhood

SYSTEM: 5th Floor DATE: 3-16-01

AREA SERVED:

VAV NUMBER	NO.	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE
		TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
VAV 5-14	1		12		295		230		290	
	2		10		225		180		220	
	3		10		225		200		220	
					/		/		/	
					745		610		730	
VAV 5-15	1		14		570		460		580	
VAV 5-16	1		10		240		280 265		290	
	2		10		290		345 330		300	
					/		/ 675		/	
					580		625		590	

REMARKS:

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**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:

1515 K St 3RD, 4th & 5th FLOORS

Has been conducted by Inspector

C. Pack

On

6-7-01

01-00442  
Permit Number

\_\_\_\_\_  
Square Footage

Shell/O.A. & Alarm  
Type of Inspection

They system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

01-21

F.D. Reference Number

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