

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105891
Insp Area: 1

Site Address: 1 CAPITOL ML SAC
Parcel No: 006-0136-007 # 250

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

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

OWNER
LOWE ENTERPRISES
ONE CAPITOL ML
SAC CA. 95814

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL INC. PLUMBING,ELECT,MECH, & SPRINKLERS

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 72694 Date 5/2/01 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 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 5/2/01 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 will forthwith comply with those provisions.

Date 5/2/01 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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1531 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0105891</u>	Insp. Area <u>IC</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS ONE ... Suite 250
 PARCEL # 006-0136-007

<p style="text-align: center;">CONTACT</p> <p>Name <u>...</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>75164</u></p> <p>Name <u>MINNETT ...</u> Address <u>414 N. MINNETT BLDG SUITE 2</u> City/State/Zip <u>SACRAMENTO, CA 95811</u> Phone <u>...</u> FAX <u>...</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>LPA</u> Address <u>1245 ...</u> City/State/Zip <u>SACRAMENTO, CA 95811</u> Phone <u>916-443-...</u> FAX <u>...</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>...</u> Address <u>ONE CAPITAL MUSEUM ... 310</u> City/State/Zip <u>SACRAMENTO, CA 95811</u> Phone <u>...</u> FAX <u>...</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FARM
 → WORKER'S COMPENSATION POLICY # ... EXPIRATION DATE: ...

NATURE OF WORK IN DETAIL: _____

OCCUPANT/TENANT: _____ VALUATION: \$ 50,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories <u>8</u>	1st flr Area	Total Area <u>978</u>	Use Zone	Occp Group <u>B</u>	Const type <u>#1 HR</u>	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>SPR</u> <u>ALARM</u>	Fed Code <u>15</u>	Vio. File [H] [Quad]		
<u>(B)</u>	<u>(D)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>S</u>	<u>(D)</u>	PW	UTIL	
<u>NONE</u>	<u>137</u>	<u>137</u>	<u>...</u>	<u>13 T.L.M</u>	<u>13 B.S.F</u>		<u>S.E.B.</u>			

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

231-8768



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT RS&E 01-0289-00-03 SYSTEM VAV'S 1, 2 & 3
 OUTLET MANUFACTURER Titus TEST APPARATUS Analog Flow Hood

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS		
	NO.	TYPE	SIZE	AK	CFM.	VEL	VEL OR CFM	VEL OR CFM	Low VEC	High CFM			
VAV-1	1	S1	8"Ø		100		140	120	110		30	110	Hi V.P. .35"
	2	S1	8"Ø		160		150	170	160		40	160	
	3	S1	6"Ø		120		100	100	120		40	120	Lo V.P. .05"
	4	S1	8"Ø		110		160	160	110		40	110	
					490		550	550	500		150	500	
NAV 42	1	S1	8"Ø		230		110	160	215	225	60	225	Hi V.P. = .55"
	2	S1	8"Ø		110		110	70	120	110	40	110	Lo V.P. = .025"
					340		220	250	340	335	100	335	
VAV-3	1	S1	8"Ø		230		140	160	230		60	230	MAX V.P. = 1.0
	2	S1	8"Ø		230		190	240	240		60	240	MIN V.P. = .05
					460		330	400	470		120	470	

REMARKS:

TEST DATE 6-8-01 READINGS BY Kevin Lee / Ernie Loomis



CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

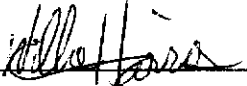
Building Address: 1 CAPITOL ML #250 Permit No. 0105891

Building Use: OFFICE Occupancy: B

Building Owner: LOWE ENTERPRISES Construction Type: II-1HR

Owner Address: 1 CAPITOL ML #310 SAC Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 250 Area: 978 Sq. Ft.

6/29/01  DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:GTD,MJS,JZB,CP]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE