

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTOR	DATE
B10	FOUNDATION FORMS
B11	CONCRETE SLAB FORMS
B12	PLUMB UNDERFLOOR/SLAB
B13	MECH/UNDERFLOOR/SLAB
B14	ELECT UNDERGROUND
B15	ELECT CONDUIT-SLAB
B16	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED
B17	FLOOR JOISTS OR GIRDERS
B18	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED
B19	INSULATION/WALL/FLOOR
B20	TOP PLUMBING
B21	TOP MECHANICAL/WALL/CELL
B22	ROUGH ELECTRICAL/WALL/CELL
B23	FRAME
B24	ROOF FLYWOOD NAIL COMM & APTS
B25	EXTERIOR LATH/SIDING
B26	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED
B27	INT LATH OR WALL BD NAILING
B28	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED
B29	SERVICE UNDERGRD CONDUIT
B30	SEWER SERVICE
B31	WATER SERVICE
B32	SPRINKLER SYSTEM
B33	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED
B34	GAS TEST
B35	TEMP. GAUGES
B36	POWER POLE
B37	TEMP. GAUGES

SWIMMING POOLS ONLY

FINAL APPROVALS

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED.
THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL

1601 RESPONSE RD #300 4C

ASSESSOR PARCEL NO	277-0272-014	ADDRESS	1431 22ND ST	PHONE NO	492-2800
NAME OF APPLICANT	THE SANDSTROM CO.				
LICENSED CONTRACTOR	WILSON CORNERSTONE PROP.				
PROPERTY OWNER	ARCH ENGR				
STAFFORD SPACE PLANNING	7585 GOLD DR				
NO. OF STORES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA
THIS PERMIT IS FOR: <input checked="" type="checkbox"/> BUILDING <input checked="" type="checkbox"/> MECHANICAL <input checked="" type="checkbox"/> PLUMBING <input checked="" type="checkbox"/> ELECTRICAL <input type="checkbox"/> SITE <input checked="" type="checkbox"/> FIRE					
NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL					
FLOOD STATUS	SPECIAL CONDITIONS ATTACHMENTS:				
CITY OF SACRAMENTO BUILDING INSPECTION DIVISION	PERMIT SERVICES 264-7619				
WORKER'S COMPENSATION DECLARATION					
ISSUED BY	VALUATION \$105,000.00				
DATE ISSUED	BUILDING PERMIT FEE \$				
	FIRE SP. Y				
	FED CODE 15				

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ISSUED BY	VALUATION \$105,000.00				
DATE ISSUED	BUILDING PERMIT FEE \$				
	FIRE SP. Y				
	FED CODE 15				
	EXCISE TAX \$				
	FEE \$				
	WATER \$				
	DEV FEE \$				
	SEWER FEE \$				
	TOTAL FEES \$				

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APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 1000 WEST 10TH AVENUE
 DENVER, CO 80202-3176

ACTIVITY # **0005609**

Insp. Area **4**

Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS **277**

Suite **100**

<p>CONTACT</p> <p>Name: W. Sandstrom</p> <p>Address: 431 22nd St</p> <p>Phone: 477-2800</p> <p>FAX: 477-5142</p> <p>E-mail: _____</p>	<p>LICENSED CONTRACTOR Lic No. # 20164072</p> <p>Name: W. Sandstrom Company</p> <p>Address: 431 22nd St</p> <p>Phone: 477-2800</p> <p>FAX: 477-5142</p> <p>E-mail: _____</p>
<p>ARCHITECT/ENGINEER</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>E-mail: _____</p>	<p>OWNER</p> <p>Name: WILCO (OFFICE-SEMP) PROPERTIES</p> <p>Address: 100 CAMDEN MAN # 610</p> <p>Phone: 477-0400</p> <p>FAX: 477-2100</p> <p>E-mail: _____</p>

→ All permittees have an employee or sub? No Yes → **INSURANCE CO:** _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

SCOPE OF WORK IN DETAIL: **REMODEL**

REMODEL

VALUATION: \$ **100,000.00**

LOAD STATUS		S.C.A.T.							
DESCRIPTION	BLDG	MECH	PLUMB	ELEC	SITE	FIRE	ADD	OTH	
INSPECTION DISCIPLINES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Startups									
Total Area	11,632								
Fire Reg.				<input checked="" type="checkbox"/>					
SPR									
ALARM									
Fed Code						15			
Viol. File									
[H] [Quad]									
P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
OK for copies									

EXRESS: **O.K. PER YANG LAM, TOM MELANIC, JIM TEDFORD, & ELAINE CLARK**

REGIONAL SANITATION FEES Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed


CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
5/24/00			/ /	/ /	/ /

PLAN CHECK # 0005609
 ADDRESS: 1601 RESPIRE RD
 Commercial Residential



ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY			5/26/00						
STRUCTURAL			"						
MECHANICAL/PLUMBING			5/26/00						
ELECTRICAL			5/30/00						
FIRE			5-26-00						
PLANNING									

STAFF COMMENTS:

AIR CONDITIONING COMPANY INC.

PROJECT MULLON & FILLIPI APPARATUS ALANOR HOOD JOB # 830118
 SYSTEM NO HOUSE A/C OUTLET MANUFACTURER TITIS
 AREA SERVED 3rd flr. West TECHNICIAN CALLOWAY DATE 7/7/00

AIR OUTLET TEST REPORT

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	FINAL (CFM)	DEVIATION
	NO.	TYPE	SIZE	AK	SUPPLY	SUPPLY	SUPPLY
VV-5	1	CD	2412		400	400	
	2	CD	2412		400	405	1.3%
VV-10	1	CD	2408		260	270	3.8%
	2	CD	2414		640	660	3.1%
VV-6	1	CD	2408		140	160	14.3%
	2	CD	2408		140	150	7.1%
	3	CD	2408		140	150	7.1%
	4	CD	2408		120	135	12.5%
VV-16	1	CD	2410		330	335	1.5%
	2	CD	2408		165	170	3.0%
	3	CD	2408		165	170	3.0%
	4	CD	2410		330	340	3.0%
VV-5	1	CD	2408		185	200	8.1%
	2	CD	2408		185	195	5.4%
VV-10	1	CD	2410		300	300	
	2	CD	2410		300	310	3.3%
	3	CD	2408		250	240	4.0%
	4	CD	2408		250	235	6.0%
VV-?	1	CD	2408		250	230	8.0%
	2	CD	2408		225	185	17.8%
	3	CD	2408		200	185	7.5%

Remarks : EXISTING VAV'S ARE VOLOCITY DEPENDANT & HAVE NO MIN. POSITION .

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 1601 RESPONSE RD #300 Permit No. 00-05609

Building Use: OFFICE Occupancy: B

Building Owner: EQUITY OFFICE Construction Type: I

Owner Address: 400 CAPITOL ML #670 SACRAMENTO Sprinkled? [Y] Yes [] No

Portion of Building Occupied SUITE 300 Area: 11632 Sq. Ft.

8/28/00

Date

Dennis Richardson

By Print

Sign

DENNIS RICHARDSON

CHIEF BUILDING OFFICIAL

Complies With _____

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