

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014645
Insp Area: 4

Site Address: 1650 RESPONSE RD SAC
Parcel No: 277-0273-003

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

CONTRACTOR
KAISER CONSTRUCTION
14520 HAWTHORNE AV
FONTANA CA. 92335

OWNER
KAISER FOUNDATION HEALTH PL
1950 FRANKLIN 6TH FLOOR
OAKLAND CA 94612

ARCHITECT

Nature of Work: 7 NEW RECEIPTALS IN TELEPHONE ROOM

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 370871 Date 12-12-00 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 12-12-00 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 _____ Policy Number _____ Exp Date _____

____ (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 12-12-00 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.



0014645C

Rogers & Associates, Inc. • Mechanical Engineering Consultants

Kaiser Permanente Point West Medical Office Building

"NNP Site Enhancement Project"

Prepared for:

Kaiser Construction Services
3240 Arden Way
Sacramento, CA 95825

CITY OF SACRAMENTO
PERMIT ASSISTANCE

DEC 1 2 2000

Prepared by:

Rogers & Associates, Inc.
1767 Tribute Road, Suite J
Sacramento, CA 95815
(916) 920-5965

RECEIVED

ISSUED

DEC 1 2 2000





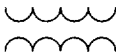
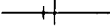

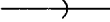
Sacramento Building Division

December 11, 2000

SHEET INDEX

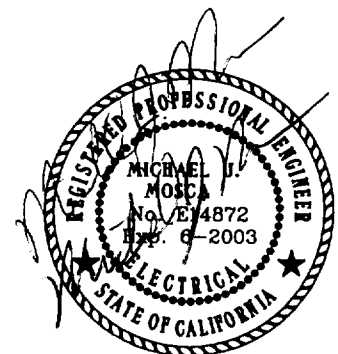
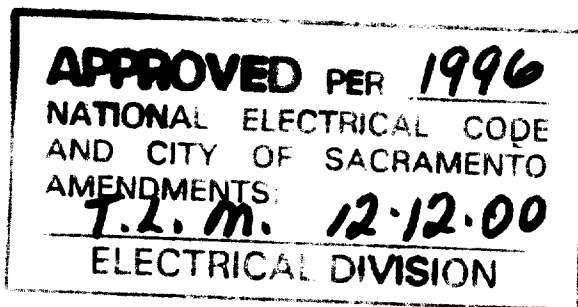
SHEET NO.	DESCRIPTION
E1	SHEET INDEX, LEGEND, AND SCOPE OF WORK
E2	SITE MAP, AREA OF WORK
E3	POWER PLAN
E4	PARTIAL ONE LINE DIAGRAM
E5	PANEL SCHEDULE
E6	ELECTRICAL SPECIFICATION



ELECTRICAL LEGEND

	PANELBOARD
	BY-PASS SWITCH
	SHEET NOTE
	L5-2ØR TWIST LOCK RECEPTACLE, 4' SQUARE BOX
(E)	EXISTING
(N)	NEW
POC	POINT OF CONNECTION
	TRANSFORMER
	HASHMARKS INDICATE NO. OF CONDUCTORS
	HOMERUN TO PANELBOARD
	INDICATES (GREEN) GROUND WIRE, 1/2"
UPS	UNINTERRUPTABLE POWER SUPPLY

SCOPE OF WORK

FURNISH AND INSTALL (7) NEW DEDICATED RECEPTACLES TO BE MOUNTED ONTO EXISTING LADDER RACK. THESE RECEPTACLES ARE TO PROVIDE POWER FOR NEW TELEPHONE/DATA EQUIPMENT TO BE FURNISHED AND INSTALLED BY OWNER.



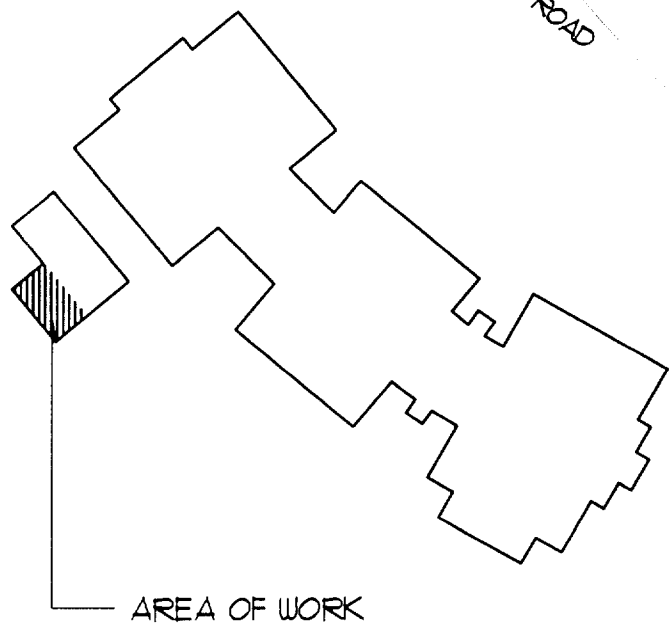
 KAISER SACRAMENTO MEDICAL CENTER 1850 RESPONSE ROAD Sacramento, California 95815	 ROGERS & ASSOCIATES INC. MECHANICAL AND ELECTRICAL ENGINEERING 1767 TRIBUTE ROAD - SUITE J SACRAMENTO, CALIFORNIA 95815 TEL.916 920-5965 FAX.916 920-9239	PROJECT TITLE: POINT WEST NNP ENHANCEMENTS	DRAWN BY: JAS	DCA No.
		SHEET TITLE: SHEET INDEX, LEGEND, AND SCOPE OF WORK	CHECKED BY: HAH	Date: 12/4/00

HERITAGE LANE

RESPONSE ROAD

CHALLENGE WAY

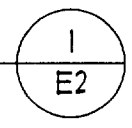
EXPOSITION BLVD.



NORTH



SITE PLAN, AREA OF WORK



SCALE: NONE

The approval of all
Electrical work is subject to field
inspections



**KAISER SACRAMENTO
MEDICAL CENTER**
1650 RESPONSE ROAD
Sacramento, California
9 5 8 1 5

REA
ROGERS & ASSOCIATES INC.
MECHANICAL AND ELECTRICAL ENGINEERING
1767 TRIBUTE ROAD - SUITE J
SACRAMENTO, CALIFORNIA 95815
TEL.916 920-5965 FAX.916 920-9239

PROJECT TITLE:
**POINT WEST
NNP ENHANCEMENTS**

SHEET TITLE:
SITE PLAN, AREA OF WORK

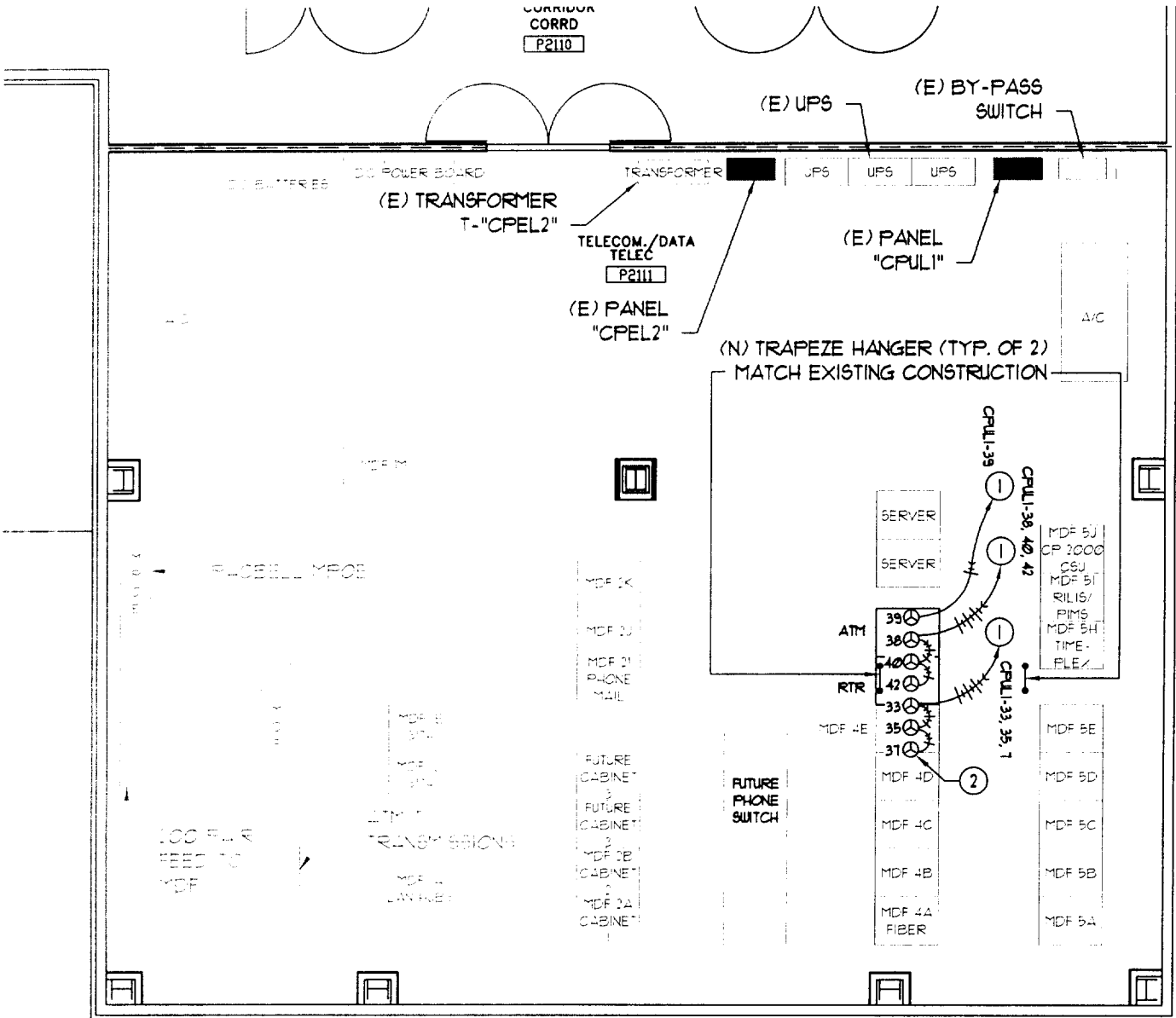
DRAWN BY:
JAS

CHECKED BY:
HAH

Date:
12/4/00

DCA No.

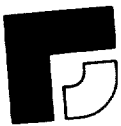
DRAWING No.
E2



SHEET NOTES

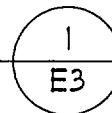
- ① ROUTE HOMERUNS TOGETHER ONTO NEW AND EXISTING TRAPEZE HANGERS.
- ② TYPICAL - RECEPTACLE TO BE MOUNTED ON LADDER RACK ABOVE EQUIPMENT, COORDINATE LOCATION IN FIELD WITH OWNER.

NORTH

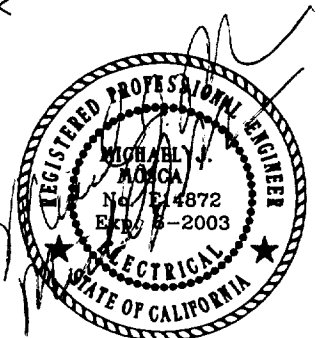


POWER PLAN

SCALE: 1/8" = 1'-0"

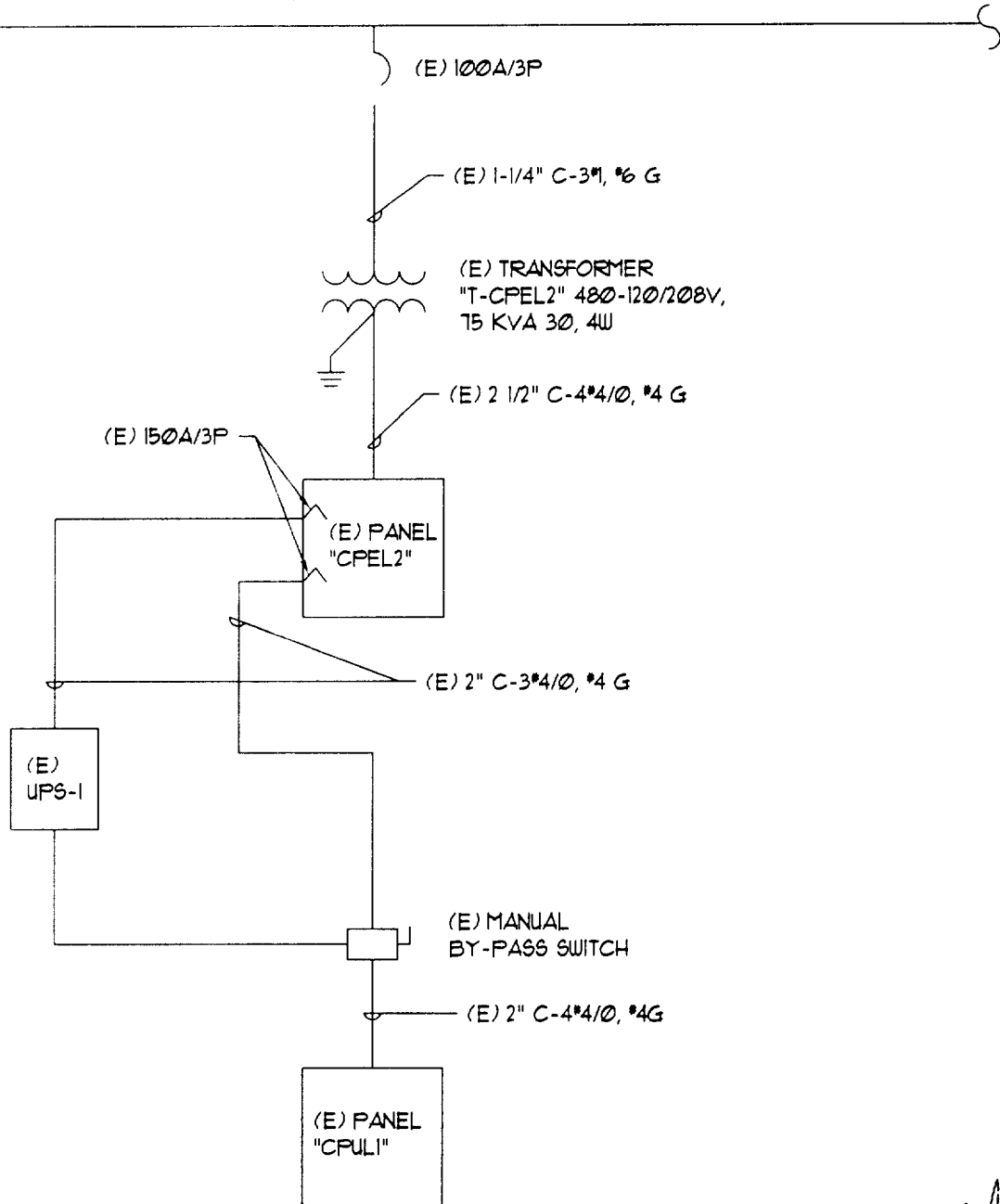


the approval of all
 Electrical work is subject to field
 inspections



 KAISER SACRAMENTO MEDICAL CENTER 1650 RESPONSE ROAD Sacramento, California 9 5 8 1 5	 ROGERS & ASSOCIATES INC. MECHANICAL AND ELECTRICAL ENGINEERING 1767 TRIBUTE ROAD - SUITE J SACRAMENTO, CALIFORNIA 95815 TEL.916 920-5965 FAX.916 920-9239	PROJECT TITLE: POINT WEST NNP ENHANCEMENTS	DRAWN BY: JAS	DCA No.
		SHEET TITLE: POWER PLAN	CHECKED BY: HAH	DRAWING No. E3
		Date: 12/4/00		

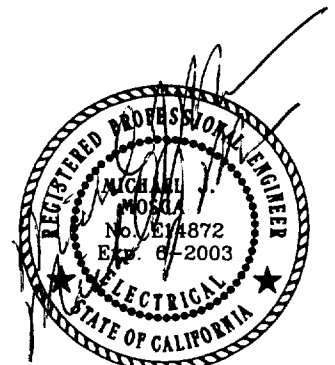
(E) DISTRIBUTION PANEL "CPEHI" (EMERGENCY)
 225 AMPS, 277/480 VOLTS, 3 PHASE, 4 WIRE





PARTIAL ONE LINE DIAGRAM

SCALE: NONE

1
E4



 KAISER SACRAMENTO MEDICAL CENTER 1650 RESPONSE ROAD Sacramento, California 9 5 8 1 5	 ROGERS & ASSOCIATES INC. MECHANICAL AND ELECTRICAL ENGINEERING 1787 TRIBUTE ROAD - SUITE J SACRAMENTO, CALIFORNIA 95815 TEL.916 920-5965 FAX.916 920-9239	PROJECT TITLE: POINT WEST NNP ENHANCEMENTS	DRAWN BY: JAS CHECKED BY: HAH	DCA No.
		SHEET TITLE: PARTIAL ONE LINE DIAGRAM	Date: 12/4/00	DRAWING No. E4

(E) PANEL "CPUL1"

BREAKER		DESCRIPTION	CIRCUIT		PHASE LOADS (VA)			CIRCUIT		DESCRIPTION	BREAKER	
A	P	OF LOAD	VA	NO	A	B	C	NO	VA	OF LOAD	A	P
20	1	(E) LAN1	600	1	1200			2	600	(E) LAN2	20	1
20	1	(E) LAN3	600	3		1200		4	600	(E) LAN4	20	1
20	1	(E) LAN5	600	5			1200	6	600	(E) LAN6	20	1
20	1	(E) LAN7	600	7	1200			8	600	(E) LAN8	20	1
20	1	(E) LAN9	600	9		1200		10	600	(E) LAN10	20	1
20	1	(E) EQUIPMENT	600	11			1200	12	600	(E) RILIS/PIMS	20	1
20	1	(E) EQUIPMENT	600	13	1200			14	600	(E) WAN	20	1
20	1	(E) 3174 CABINET	600	15		1200		16	600	(E) T/R	20	1
20	1	(E) 3174 CABINET	600	17			1200	18	600	(E) TDM	20	1
20	1	(E) 3174 CABINET	600	19	4000			20	3400	(E) PM1	30	-
20	1	(E) WDM1	1400	21		4800		22	3400	(E) PM1	-	-
20	1	(E) WDM2	1400	23			4800	24	3400	(E) PM1	-	3
20	1	(E) WDM3	1400	25	4800			26	3400	(E) PM2	30	-
20	1	(E) EQUIPMENT	600	27		4000		28	3400	(E) PM2	-	-
20	1	(E) EQUIPMENT	600	29			4000	30	3400	(E) PM2	-	3
20	1	(E) P2111	360	31	1260			32	1400	(E) WDM4	20	1
20	1	(N) EQUIP. RECEPT. (*)	600	33		2000		34	1400	(E) WDM5	20	1
20	1	(N) EQUIP. RECEPT. (*)	600	35			1200	36	600	(N) EQUIP. RECEPT. (*)	20	1
20	1	(N) EQUIP. RECEPT. (*)	600	37	1200			38	600	(N) EQUIP. RECEPT. (*)	20	1
20	1	(N) EQUIP. RECEPT. (*)	600	39		1200		40	600	(N) EQUIP. RECEPT. (*)	20	1
20	1	SPARE	0	41			0	42	0	SPARE	20	1

VOLT-AMPS/PHASE	15360	15600	13600	(*) - DENOTES EXISTING CIRCUIT BREAKER.
25% CONTINUOUS LOAD	0	0	0	
PHASE TOTALS (VA)	15360	15600	13600	
AMPS/PHASE	128	130	113	
TOTAL LOAD (KVA)		45		
TOTAL AMPS		124		



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inspections

PANEL SCHEDULE

SCALE: NONE

1
E5



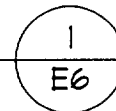
 KAISER SACRAMENTO MEDICAL CENTER 1650 RESPONSE ROAD Sacramento, California 9 5 8 1 5	 ROGERS & ASSOCIATES INC. MECHANICAL AND ELECTRICAL ENGINEERING 1787 TRIBUTE ROAD - SUITE J SACRAMENTO, CALIFORNIA 95815 TEL.916 920-5965 FAX.916 920-9239	PROJECT TITLE:	DRAWN BY:	DCA No.
		POINT WEST NNP ENHANCEMENTS	JAS	
		SHEET TITLE:	CHECKED BY:	DRAWING No.
		PANEL SCHEDULE	HAH	
			Date:	
			12/4/00	E5



ELECTRICAL SPECIFICATIONS

- 1 ALL WORK SHALL BE IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL CODES, LAWS AND REGULATIONS.
- 2 CONTRACTOR IS DIRECTED TO VISIT SITE AND BE FULLY COGNIZANT OF ALL CONDITIONS PRIOR TO PROPOSAL.
- 3 ALL ELECTRICAL MATERIALS AND EQUIPMENT SHALL BE LISTED BY UNDERWRITER'S LABORATORIES.
- 4 GUARANTEE ALL WORK AND MATERIALS FOR ONE YEAR FROM DATE OF FILING NOTICE OF COMPLETION.
- 5 DURING ENTIRE CONSTRUCTION PERIOD, THE CONTRACTOR SHALL MAINTAIN ADEQUATE CO₂ FIRE EXTINGUISHERS READY FOR USE IN CASE OF FIRE.
- 6 FURNISH AND INSTALL COMPLETE ALL MATERIALS, EQUIPMENT AND LABOR AS SHOWN AND AS NECESSARY FOR COMPLETE WORKABLE SYSTEM.
- 7 CONTRACTOR SHALL BE RESPONSIBLE FOR ALL CUTTING AND PATCHING RELATED TO HIS WORK.
- 8 SHUT DOWNS SHALL BE AGREED TO BY THE OWNER PRIOR TO BEGINNING WORK.
- 9 WIRE SHALL BE COPPER, SOLID CONDUCTOR MINIMUM 75°C INSULATION, (THHN OR THWN) MINIMUM = 12 AWG UNLESS OTHERWISE NOTED. ALL WIRING SHALL BE IN CONDUIT
 - A) EMT
 - B) EMT CONNECTORS COMPRESSION
- 10 UPDATE PANELBOARD DIRECTORY AS CIRCUITS ARE INSTALLED.
- 11 RESTORE ALL DAMAGE RESULTING FROM YOUR WORK AND LEAVE PREMISES IN CLEAN CONDITION WHEN FINISHED WITH WORK.
- 12 AS-BUILT. SUBMIT AT THE PROJECT COMPLETION AND PRIOR TO FINAL PAYMENT ONE SET OF RECORD PRINTS NOTING ACTUAL ROUTINGS OF

ELECTRICAL SPECIFICATION

SCALE: NONE



 KAISER SACRAMENTO MEDICAL CENTER 1650 RESPONSE ROAD Sacramento, California 9 5 8 1 5	 ROGERS & ASSOCIATES INC. MECHANICAL AND ELECTRICAL ENGINEERING 1767 TRIBUTE ROAD - SUITE J SACRAMENTO, CALIFORNIA 95815 TEL.916 920-5965 FAX.916 920-9239	PROJECT TITLE: POINT WEST NNP ENHANCEMENTS	DRAWN BY: JAS CHECKED BY: HAH	DCA No.
		SHEET TITLE: ELECTRICAL SPECIFICATION	Date: 12/4/00	DRAWING No. E6

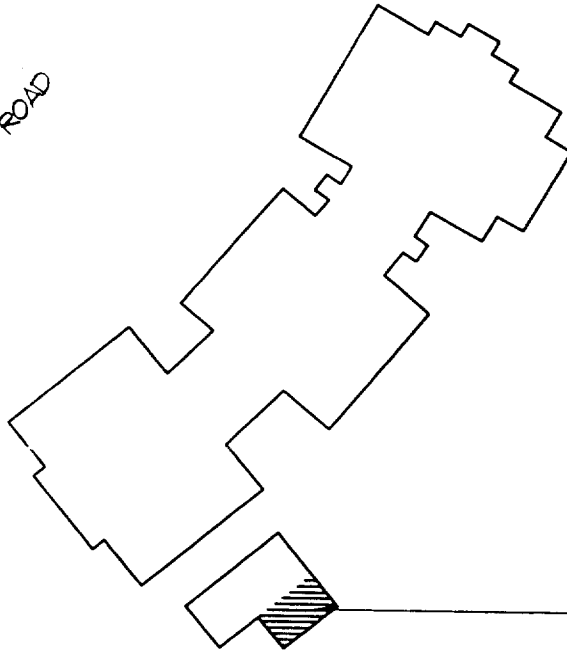
HERITAGE LANE

RESPONSE ROAD

CHALLENGE WAY

EXPOSITION BLVD.

AREA OF WORK



NORTH



1
2015/11/10

