

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014020

Insp Area: 1

Site Address: 930 K ST SAC
Parcel No: 006-0102-014 2ND FLOOR

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

CONTRACTOR
CCS CONSTR.
7000 FRANKLIN BL
SAC CA

OWNER
10TH/K ASSOC/ETAL
4900 RIVERGRADE RD
IRWINDALE CA 91706

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL

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 704415 Date 3/31/2001 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: MAY 22 2000
Date _____ Owner Signature _____

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 11/22/00 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 CALIF INDEMITY Policy Number SP147660A Exp Date 09/01/2001

(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 11/22/00 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

1251 I Street, Rm. 200
 Sacramento, CA 95814 916) 264-7619 FAX 264-7046

18

ACTIVITY # 0014020 Insp. Area 10

Applicant **MUST** complete ALL Unshaded areas
2nd FLR Suite _____

ADDRESS 922 K Street
 PARCEL # 006 0102014

<p style="text-align: center;">CONTACT</p> <p>Name <u>DAN K... [unclear]</u> Street Address <u>7000 Franklin Blvd #652</u> City/State/Zip <u>SACRAMENTO CA 95823</u> Phone <u>(916) 391-4186</u> FAX <u>(916) 391-4187</u> E-mail: <u>[unclear]</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>704415</u></p> <p>Name <u>CORPORATE CONSTRUCTION SERVICES</u> Address <u>7000 Franklin Blvd #652</u> City/State/Zip <u>SACRAMENTO CA 95823</u> Phone <u>(916) 391-4186</u> FAX <u>(916) 391-4187</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>EA</u> Address <u>3080 [unclear] Street #105</u> City/State/Zip <u>[unclear] CA 95624</u> Phone <u>714 754 1100</u> FAX <u>714 754 1105</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>WASHINGTON MUTUAL</u> Address <u>17877 Vow Karman Ave</u> City/State/Zip <u>IRVINE CA 92614</u> Phone <u>(949) 833-4765</u> FAX <u>(949) 833-4338</u> E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: INT OFFICE REMODEL

OCCUPANT/TENANT: WASHINGTON MUTUAL VALUATION: \$ 70,000^{oc}

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE				
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
<u>2</u>		<u>4990</u>		<u>B</u>		SPR ALARM		<u>15</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>	<u>PW</u>	<u>UTIL</u>	
<u>NONE</u>	<u>13 92</u>		<u>13 JMT</u>	<u>13 TM</u>							

COMMENTS: _____

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

Air Balance Report - Washington Mutual

PROGRAM AT FINAL

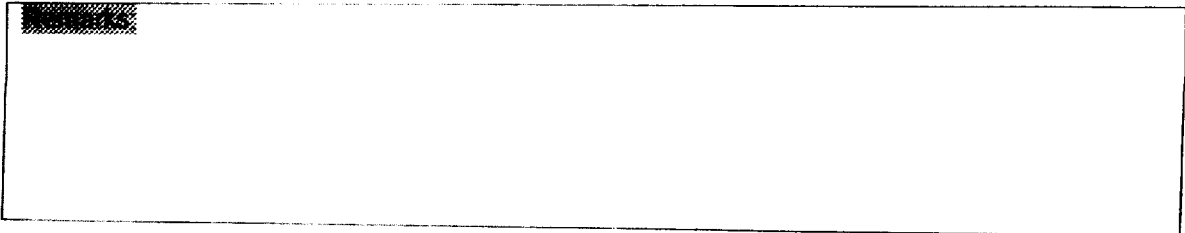
Performed 2/6/01
@ Washington Mutual Bank
Downtown Sacramento – 'K' Street Location
2nd Floor Tenant Improvements



CommAir Mechanical Services
 1309 B. Shore Street
 West Sacramento, CA 95610
 916/372-5160 Ph.
 916/372-1202 Fax

Project Washington Mutual System Unit A
 Outlet Existing Test Aparatus Flow Hood

Area Served	Outlet			Design	Preliminary	Final	Remarks
	No.	Type	Size	Airflow C.F.M. (l/S)	Airflow C.F.M. (l/S)	Airflow C.F.M. (l/S)	
Supply Air	1			230	210	225	Okay (+or- 10%)
Supply Air	2			200	130	180	Okay (+or- 10%)
Supply Air	3			200	150	185	Okay (+or- 10%)
Supply Air	4			200	160	190	Okay (+or- 10%)
S.A. Total				830	650	780	
Return Air	1			150	135	140	Okay (+or- 10%)
Return Air	2			150	140	150	Okay (+or- 10%)
Return Air	3			150	135	155	Okay (+or- 10%)
Return Air	4			140	130	145	Okay (+or- 10%)
R.A. Total				590	540	590	



Test Date: 2/6/01 Readings By: Dean James



CommAir Mechanical Services
 1309 B. Shore Street
 West Sacramento, CA 95610
 916/372-5160 Ph.
 916/372-1202 Fax

Project Washington Mutual System Unit B
 Outlet Existing Test Aparatus FlowHood

Area Served	Outlet			Design	Preliminary	Final	Remarks
	No.	Type	Size	Airflow C.F.M. (I/S)	Airflow C.F.M. (I/S)	Airflow C.F.M. (I/S)	
Supply Air	1			550	500	510	Okay (+or- 10%)
Supply Air	2			550	495	500	Okay (+or- 10%)
Supply Air	3			300	290	290	Okay (+or- 10%)
Supply Air	4			300	310	310	Okay (+or- 10%)
Supply Air	5			550	500	510	Okay (+or- 10%)
Supply Air	6			550	500	520	Okay (+or- 10%)
Supply Air	7			500	480	510	Okay (+or- 10%)
S.A. Total				3300	2995	3150	
Return Air	1			825	1200	1200	No Dampers
Return Air	2			825	1200	1200	No Dampers
Return Air	3			550	1200	1200	No Dampers
R.A. Total				2200	3600	3600	

3 – 18" Dampers must be installed in order to balance Return Registers/Ducts.

Test Date: 2/6/01 Readings By: Dean James



MICROFILM AT FINAL

CommAir Mechanical Services

1309 B. Shore Street

West Sacramento, CA 95610

916/372-5160 Ph.

916/372-1202 Fax

Project Washington Mutual System Unit C
Outlet Existing Test Aparatus Flow Hood

Area Served	Outlet			Design	Preliminary	Final	Remarks
	No.	Type	Size	Airflow C.F.M. (l/s)	Airflow C.F.M. (l/s)	Airflow C.F.M. (l/s)	
Supply Air	1			200	230	180	Okay (+or- 10%)
Supply Air	2			400	450	360	Okay (+or- 10%)
Supply Air	3			500	330	450	Okay (+or- 10%)
Supply Air	4			500	300	450	Okay (+or- 10%)
S.A. Total				1600	1310	1440	
Return Air	1			300	310	310	Okay (+or- 10%)
Return Air	2			1160	700	700	Not enough R/A*
R.A. Total				1460	1010	1010	

*Return does not achieve Design level. Damper wide open.

Test Date: 2/6/01 Readings By: Dean James



CommAir Mechanical Services

1309 B. Shore Street
West Sacramento, CA 95610
916/372-5160 Ph.
916/372-1202 Fax

Project Washington Mutual System Unit D
Outlet Existing Test Aparatus Flow Hood

Area Served	Outlet			Design	Preliminary	Final	Remarks
	No.	Type	Size	Airflow C.F.M. (f/s)	Airflow C.F.M. (f/s)	Airflow C.F.M. (f/s)	
Supply Air	1			550	420	385	Prop. Balanced*
Supply Air	2			550	470	390	Prop. Balanced*
Supply Air	3			550	260	375	Prop. Balanced*
S.A. Total				1650	1150	1150	
Return Air	1			400	360	375	Okay (+or- 10%)
Return Air	2			550	370	390	Okay (+or- 10%)
Return Air	3			550	500	525	Okay (+or- 10%)
R.A. Total				1500	1230	1290	

MICROFILM AT FINAL

*Not enough air for these registers. I Proportionally Balanced these registers. The motor sheaves may be able to be closed to speed up the fans and achieve higher C.F.M.'s.

Test Date: 2/6/01 Readings By: Dean James