

**CITY OF SACRAMENTO****1231 I Street, Sacramento, CA 95814****Permit No: 9903635****Insp Area: 1****Site Address: 2801 CAPITOL AV SAC****Parcel No: 007-0173-004****Sub-Type: AOTHR****Housing (Y/N): N****CONTRACTOR**ACF CONSTRUCTION  
PO BOX 163622  
SAC CA 95816**OWNER**SUTTER COMMUNITY HOSPITALS  
1481 RIVERPARK DR #100  
SACRAMENTO CA 95815**ARCHITECT****Nature of Work: MRI REPLACEMENT****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.X License Class B License Number 511900 Date 5/11/99 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 &amp; 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 above mentioned property for inspection purposes.

Date 5/11/99 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 **FREMONT INDEMNITY**Policy Number **WN9761476704**Exp Date **10/01/1999**

(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 5/11/99 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.**

CITY OF SACRAMENTO  
APPLICATION FOR BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES DIVISION

1231 I Street, Rm. 200  
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC # 9903635 AREA # 1C

ADDRESS 2501 K STREET CAPITOL AV Suite \_\_\_\_\_  
PARCEL # 007-0173-004

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>ALF CONSTRUCTION, INC.</u></p> <p>Address <u>PO BOX 163622</u></p> <p><u>SACR CA</u> Zip <u>95816</u></p> <p>Phone <u>392-5076</u> FAX <u>392-0734</u></p>	<p style="text-align: center;"><b>LICENCED CONTRACTOR</b> Lic No. # <u>511900</u></p> <p>Name <u>ALF CONSTRUCTION, INC.</u></p> <p>Address <u>PO BOX 163622</u></p> <p><u>SACR CA</u> Zip <u>95816</u></p> <p>Phone <u>392-5076</u> FAX <u>392-0734</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>BOULDER ASSOCIATES</u></p> <p>Address <u>4747 FAIR MESA DR #202</u></p> <p><u>BOULDER, CO</u> Zip <u>80303</u></p> <p>Phone <u>(303) 499-1795</u> FAX <u>(303) 499-7767</u></p>	<p style="text-align: center;"><b>OWNER/TENANT</b></p> <p>Name <u>3 RADIOLOGICAL ASSOCIATES</u></p> <p>Address <u>1800 I STREET</u></p> <p><u>SACR CA</u> Zip <u>95814</u></p> <p>Phone <u>444-0645</u> FAX <u>444-8523</u></p>

→ Will the permittee have any employees on the jobsite? ☒ Yes ☐ No

→ If yes, WORKER'S COMPENSATION POLICY # WN9861476105 EXPIRATION DATE: 10/1/99

NAME OF INSURANCE COMPANY: Fremont Indemnity

NATURE OF WORK IN DETAIL: MRI Installation Replacement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DBA: <u>Radiological Associates</u>					VALUATION: <u>225,000</u>								
FLOOD STATUS:					S.C.A.T.								
JOB DESCRIPTION					BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES					BLDG	MECH	PLUMB	ELEC	SITE		FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File				
		<u>6795</u>		<u>B</u>	<u>II 14</u>	<u>Spr</u> <u>Alarm</u>		<u>5</u>	<u>NO</u>				
<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>R</u>				
<u>JT</u>	<u>JT</u>												

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REGIONAL SANITATION FEES? ☐ Yes ☐ No HEALTH DEPARTMENT? ☐ Yes ☐ No

# Certificate of Treatment

## TO WHOM IT MAY CONCERN:

This is to certify that the lumber and/or plywood in this invoice has been treated with DRICON® fire retardant chemicals and has been processed in accordance with the requirements of Underwriters Laboratories Inc. (ULI), the American Wood-Preservers' Association (AWPA) and meets the criteria set forth in NER-303 published by the Council of American Building Officials (CABO).

The results of treatment and redrying conform to AWPAs Standards C20-93 and/or C27-93, which are required by the model building codes and noted in NER-303. Verification is indicated on the ULI label affixed to the DRICON fire retardant treated wood (FRTW).

Dricon FRTW has a flamespread index of 25 or less when tested in accordance with ASTM E-84 and CAN/ULC-S102M Standard Test Method for Surface Burning Characteristics of Building Materials. Tests showed no evidence of significant progressive combustion when the testing was extended for an additional 20-minute period under ASTM E-84, and 30 minutes under CAN/ULC-S102M. In addition, the flame front did not progress more than 10.5 feet/3.2 metres beyond the centerline of the ignition burner at any time during the tests.

This Dricon FRTW has been redried to 19% moisture content for lumber and 15% for plywood at temperatures not exceeding 160°F/71°C in compliance with both AWPAs and CSA standards. Dricon FRTW also complies with the National Building Code of Canada and has been tested by Underwriters' Laboratories of Canada Standard CAN4-S102M and classified as the surface burning characteristics listed below.

Sold to LANDMARK

Shipped to LANDMARK

Contents D. FIR PLYWOOD

	ULC Flame Spread Index	ULC Smoke Dev. Index
SPF LUMBER*	10-20	0-60
SYP LUMBER	15	10
D. FIR PLYWOOD	15	15
HEM-FIR LUMBER	5	20

\*UNINCISED

The above is a true and valid statement.

PACIFIC WOOD PRESERVING

BAKERSFIELD CA

Licensed Producer/ Location

Signed: Don Baize

Plant Operator/ DON BAIZE  
Manager: PLANT SUPERINTENDENT

Print name

Sworn to and subscribed before me

this 16 day of FEB., 1999 in the city of BAKERSFIELD CA.

**DRICON®**  
Fire Retardant Treated Wood

**CERTIFICATE OF COMPLIANCE**

(Part 1 of 3)

**MECH-1**

PROJECT NAME <b>OLD TAVERN MRI REPLACEMENT</b>		DATE <b>31 MAR 99</b>
PROJECT ADDRESS <b>2801 CAPITOL, SACRAMENTO CA</b>		Building Permit # _____ Checked by/Date Enforcement Agency Use
PRINCIPAL DESIGNER-MECHANICAL <b>AIRCO MECHANICAL</b>	TELEPHONE <b>916 381 4523</b>	
DOCUMENTATION AUTHOR <b>AIRCO MECHANICAL</b>	TELEPHONE <b>916 381 4523</b>	

**GENERAL INFORMATION**

DATE OF PLANS <b>30 MAR 99</b>	BUILDING CONDITIONED FLOOR AREA <b>450 #</b>
BUILDING TYPE <input checked="" type="checkbox"/> NONRESIDENTIAL <input type="checkbox"/> HIGH RISE RESIDENTIAL <input type="checkbox"/> HOTEL/MOTEL GUESTROOM	
PHASE OF CONSTRUCTION <input type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> UNCONDITIONED (file affidavit)	
METHOD OF MECHANICAL COMPLIANCE <input checked="" type="checkbox"/> PRESCRIPTIVE <input type="checkbox"/> PERFORMANCE	
PROOF OF ENVELOPE COMPLIANCE <input checked="" type="checkbox"/> PREVIOUS ENVELOPE PERMIT <input type="checkbox"/> ENVELOPE COMPLIANCE ATTACHED	

**STATEMENT OF COMPLIANCE**

This Certificate of Compliance lists the building features and performance specifications need to comply with Title 24, Parts 1 and 6 of the California Code of Regulations. This certificate applies only to building mechanical requirements.

The documentation preparer hereby certifies that the documentation is accurate and complete.

DOCUMENTATION AUTHOR <b>AIRCO MECHANICAL INC</b>	SIGNATURE 	DATE <b>31 MAR 99</b>
---	--	--------------------------

The Principal Mechanical Designer hereby certifies that the proposed building design represented in this set of construction documents is consistent with the other compliance forms and worksheets, with the specifications, and with any other calculations submitted with this permit application. The proposed building has been designed to meet the mechanical requirements contained in the applicable parts of Sections 110 through 115, 120 through 124, 140 through 142, 144 and 145.

Please check one:

- ☐ I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am a Civil Engineer, Mechanical Engineer, or Architect.
- ☒ I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am a licensed contractor preparing documents for work that I have contracted to perform.
- ☐ I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section \_\_\_\_\_ of the \_\_\_\_\_ Code to sign this document as the person responsible for its preparation; and for the following reason(s): \_\_\_\_\_.

PRINCIPAL MECHANICAL DESIGNER-NAME <b>AIRCO MECHANICAL INC.</b>	SIGNATURE 	DATE <b>31 MAR 99</b>	LIC. # <b>311454</b>
--	---	--------------------------	-------------------------

**MECHANICAL MANDATORY MEASURES**

Indicate location on plans of Note Block for Mandatory Measures **SHEET M1-1**

**INSTRUCTIONS TO APPLICANT**

For Detailed instructions on the use of this and all Energy Efficiency Standards compliance forms, please refer to the Nonresidential Manual published by the California Energy Commission.

MECH-1: Required on plans for all submittals. Parts 2 & 3 may be incorporated in schedules on plans.

MECH-2: Required for all submittals; choose appropriate version depending on method of mechanical compliance.

MECH-3: Required for all submittals, but may be incorporated in schedules on plans

MECH-4: Required for all submittals unless required outdoor ventilation rates and airflows are shown on plans per Section 4.3.4.

# CERTIFICATE OF COMPLIANCE

(Part 2 of 3)

MECH-1

PROJECT NAME

OLD TAVERN MRI REPLACEMENT

DATE

31 MAR 99

## SYSTEM FEATURES

SYSTEM NAME	MECHANICAL SYSTEMS			NOTE TO FIELD Building Dept. Use
	WSHP 1-1A			
TIME CONTROL	S			
SETBACK CONTROL	B			
ISOLATION ZONES	N/A			
HEAT PUMP THERMOSTAT?	Y			
ELECTRIC HEAT?	N			
FAN CONTROL	O			
VAV MINIMUM POSITION CONTROL?	N			
SIMULTANEOUS HEAT/COOL?	N			
HEAT AND COOL SUPPLY RESET?	N			
VENTILATION	B			
OUTDOOR DAMPER CONTROL?	G			
ECONOMIZER TYPE	A			
DESIGN AIR CFM (MECH-4, COLUMN H)	750			
HEATING EQUIP. TYPE	HEAT PUMP			
HIGH EFFICIENCY? IF YES ENTER EFF. #	N -			
MAKE AND MODEL NUMBER	MAMMOTH F-024-V			
COOLING EQUIP. TYPE	ELECTRIC			
HIGH EFFICIENCY? IF YES ENTER EFF. #	N -			
MAKE AND MODEL NUMBER	MAMMOTH F-024-V			

CODE TABLES: Enter code from table below into columns above.

HEAT PUMP THERMOSTAT?	Y: Yes N: No	TIME CONTROL	SETBACK CTRL.	ISOLATION ZONES	FAN CONTROL
ELECTRIC HEAT?		S: Prog. Switch O: Occupancy Sensor M: Manual Timer	H: Heating C: Cooling B: Both	Enter number of Isolation Zones	I: Inlet Vanes P: Variable Pitch V: VFD O: Other C: Curve
VAV MINIMUM POSITION CONTROL?					
SIMULTANEOUS HEAT/COOL?					
HEAT AND COOL SUPPLY RESET?					
HIGH EFFICIENCY?		VENTILATION	OUTDOOR DAMPER	ECONOMIZER	O.A. CFM
		B: Air Balance C: Outside Air Cert. M: Out. Air Measure D: Demand Control N: Natural	A: Auto G: Gravity	A: Air W: Water N: Not Required	Enter Outdoor Air CFM. Note: This shall be no less than Column G on MECH-4.

## NOTES TO FIELD - For Building Department Use Only

# CERTIFICATE OF COMPLIANCE

**(Part 3 of 3)**

# MECH-1

PROJECT NAME

# OLD TAVERN MRI REPLACEMENT

DATE           

31-MAR-99

## ROCK WOOL INSULATION

[illegible]

## PIPE INSULATION

[illegible]

## NOTES TO FIELD - For Building Department Use Only

--

# MECHANICAL SIZING AND FAN POWER

MECH-2

PROJECT NAME <b>OLD TAVERN MRI REPLACEMENT</b>	DATE <b>31 MAR. 99</b>
SYSTEM NAME <b>WSHP 1-1A</b>	FLOOR AREA <b>450 #</b>

NOTE: Provide one copy of this form for each mechanical system when using the Prescriptive Approach.

## SIZING and EQUIPMENT SELECTION

### 1. DESIGN CONDITIONS:

- OUTDOOR, DRY BULB TEMPERATURE (APPENDIX C)
- OUTDOOR, WET BULB TEMPERATURE (APPENDIX C)
- INDOOR, DRY BULB TEMPERATURE (APPENDIX C)

COOLING	HEATING
101	30
70	
75	72

### 2. SIZING

- DESIGN OUTDOOR AIR 75 CFM (MECH 4; COLUMN H)
- ENVELOPE LOAD
- LIGHTING 1.5 WATTS / SF (LTG-2)
- PEOPLE 3 # OF PEOPLE (MECH 4; COLUMN E)
- MISC. EQUIPMENT 3.2 WATTS / SF
- OTHER (PROCESS LOADS, DUCT LOSS, INFILTRATION, ETC.)
- OTHER SUPPLY FAN  
(Describe)

2.126	3.434
2.363	3.927
2.304	
1.497	
4.915	
0.238	

(Describe)

TOTALS

13.448	7.361
1.21	1.43
16.272	10.526

SAFETY/ WARM UP FACTOR

MAXIMUM ADJUSTED LOAD (TOTALS FROM ABOVE x SAFETY/ WARMUP FACTOR)

### 3. SELECTION:

INSTALLED EQUIPMENT CAPACITY

16.178	31.70
Kbtu / Hr	Kbtu / Hr

IF INSTALLED CAPACITY EXCEEDS MAXIMUM ADJUSTED LOAD, EXPLAIN

THIS UNIT WAS SELECTED FOR COOLING.

## FAN POWER CONSUMPTION

A	B	C	D	E	F	G
FAN DESCRIPTION	DESIGN BRAKE HP	EFFICIENCY		NUMBER OF FANS	PEAK WATTS B x E x 746 / (C x D)	CFM (Supply Fans)
N/A	3HP < 25	MOTOR	DRIVE			

TOTALS

TOTAL FAN SYSTEM  
POWER DEMAND  
WATTS / CFM

Col. F / Col. G

NOTE: Include only fan systems exceeding 25 HP (see § 144).  
Total Fan System Power Demand may not exceed 0.8 Watts/CFM for  
constant volume systems or 1.25 Watts/CFM for VAV systems.

**MECH-3**

PROJECT NAME

DATE \_\_\_\_\_

31-MAR-99

[illegible][illegible]



# MECH-4

**NOTE:** Provide one copy of this form for each mechanical system.

## MECHANICAL VENTILATION

C	E	H	I	J	K
---	---	---	---	---	---

Must be greater than or equal to (G - H), and, for VAV, greater than or equal to (G - J).

# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-6-00

FROM: Troy Malaspino  
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2801 CAPITOL AVE

has been conducted by Inspector

D. DeMello

on 1-4-00

99-03635

Permit Number

-

Square Footage

Remodel

Type of Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

TI-468

F. D. Reference Number

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 2801 CAPITOL AV Permit No. 99-03635

Building Use: MEDICAL Occupancy: B

Building Owner: RADIOLOGICAL ASSOC. Construction Type: II-1HR

Owner Address: 1800 I ST SACRAMENTO Sprinkled? [Y ] Yes [ ] No

Portion of Building Occupied: DBA: RADIOLOGICAL ASSOC. Area: 6795 Sq. Ft.

<u>9/5/00</u>	<u>Willie Harris</u>	<u>DENNIS RICHARDSON</u>
Date	By:Print	Sign
		CHIEF BUILDING OFFICIAL

[ Finaled By: VF,KW,JM,DD]

*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**