

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110117

Insp Area: 1
Thos Bros: 297E4

Site Address: 911 20TH ST SAC
Parcel No: 007-0016-002

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

CONTRACTOR
PACIFIC COAST BUILDERS
PO BOX 660925
SACRAMENTO CA 95866

OWNER
FERRY JAMES
911 20TH ST
SACRAMENTO 95814

ARCHITECT

Nature of Work: INTERIOR DEMO/REMODEL RAISE/T-BAR CEILING, NEW ELECTRICAL.

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 _____ License Number 492905 Date 8-29-01 Contractor 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.)

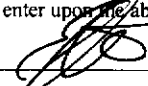
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 8-29-01 Applicant/Agent 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 1497674-99 Exp Date 09/01/2000

_____, (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 8-29-01 Applicant 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.

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#: _____

DATE: 9.19.01

OLD PLAN CHECK NO#: _____

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES NO

JOB ADDRESS 911 20TH ST SUITE _____ PERMIT NO 0110117

AREA: 1 C DBA: _____

DESCRIPTION OF REVISIONS 1. REPLACE XISTING DUGTWORK
2. ADD HVAC TO PERMIT 2. SUBSTITUTE LIGHT FIXTURES
3. REMOVE T BAR CEILING, INSULATE e ROOF

DISCIPLINE	B	L	P	M	E	F	S	R	D
CHECKED BY				JMT					
ROUTE TO									
CODE				13					
HOURS SPENT									

CONTACT: Eli Pitts

ADDRESS: P.O. Box 660925 SACTO, CA. 95866

PHONE#: 916 616.3916

OF PLANS SUBMITTED _____ SUBMITTED TO _____

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN


 Applicant signature

9.18.01
 Date

APP FEE	PAID

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		

HVAC SYSTEM REPORT

FAN NAMEPLATE DATA:

MANUFACTURER: *BDP*
 MODEL: *04ZE036 HP*
 TYPE/SER: *0580097902*
 SIZE: *3 TON*

FAN SHEAVE DATA:

DIAMETER: *N/A*
 SHAFT: *N/A*
 ADJUSTABLE/FIXED: *DIRECT DRIVE*

MOTOR NAMEPLATE DATA:

MANUFACTURER: *UNK*
 VOLTS/PHASE: *208-3Ø*
 HORSEPOWER: *1/3*
 FULL LOAD AMPS: *1.7*
 RPM: *UNK*
 SERVICE FACTOR: *UNK*

MOTOR SHEAVE DATA:

DIAMETER: *N/A*
 SHAFT: *N/A*
 ADJUSTABLE/FIXED: *DIRECT DRIVE*
 BELT SIZE: *N/A*

CONDENSING UNIT DATA:

MANUFACTURER: *N/A*
 MODEL: *N/A*
 TONNAGE: *N/A*
 SERIAL NUMBER: *N/A*

FAN	DESIGN	ACTUAL
TOTAL CFM	—	<i>935</i>
RETURN AIR CFM	—	<i>740</i>
OUTSIDE AIR CFM	<i>185</i>	<i>195</i>
FAN RPM	—	—
STATIC PRESSURE+	—	—
STATIC PRESSURE-	—	—
TOTAL PRESSURE	—	—
FILTER PRESSURE	—	—
MOTOR		
AMPS	<i>1.7</i>	<i>1.9</i>
VOLTS	<i>208</i>	<i>215/215/214</i>
HORSEPOWER	<i>1/3</i>	<i>UNK</i>
RPM	<i>UNK</i>	<i>UNK</i>

DATE: *10/16/01*
 PROJECT: *911 20TH ST. SOUTH UNIT*
 READINGS BY: *BRIAN GILLAM*
 JOB NO.:

FIELD FORMS AVAILABLE:

- N/A* DUCT TRAVERSE REPORT
- AS-BUILT* SYSTEM DIAGRAM
- N/A* EXHAUST FAN REPORT
- N/A* PULLEY CALCULATIONS
- TEMPERATURE IN _____
- TEMPERATURE OUT _____
- DROP / RISE _____

DIFFUSERS AND GRILLS

ROOM #	OUTLET#	CODE	SIZE	REQ. CFM	TEST 1/2	FINAL CFM
	<i>S1</i>					<i>161</i>
	<i>S2</i>					<i>295</i>
	<i>S3</i>					<i>170</i>
	<i>S4</i>					<i>70</i>
	<i>S5</i>					<i>38</i>
	<i>S6</i>					<i>30</i>
	<i>S7</i>					<i>181</i>
						<i>935</i>
						<i>740</i>
						<i>185</i>
	<i>R1</i>					<i>507</i>
	<i>R2</i>					<i>236</i>
						<i>790</i>

REMARKS: *OA REQ 1238 CFM @ 0.15 = 185 CFM*
FILTERS PLUGGED, REMOVED FOR TEST
OAD CLOSED ALL OA BY LEAKAGE

CLARKE & RUSH MECHANICAL

HVAC SYSTEM REPORT

MANUFACTURER: BDP
 MODEL: UNREADABLE
 SERIAL: 0580099802
 TYPE: _____
 SIZE: _____

FAN SHEAVE DATA:

DIAMETER: N/A
 SHAFT: N/A
 ADJUSTABLE (FIXED) DIRECT DRIVE

MOTOR NAMEPLATE DATA:

MANUFACTURER: UKN
 VOLTS/PHASE: 208 3Ø
 HORSEPOWER: UKN
 FULL LOAD AMPS: UKN
 RPM: UKN
 SERVICE FACTOR: UKN

MOTOR SHEAVE DATA:

DIAMETER: N/A
 SHAFT: N/A
 ADJUSTABLE (FIXED) DIRECT DRIVE
 BELT SIZE: N/A

CONDENSING UNIT DATA:

MANUFACTURER: N/A
 MODEL: N/A
 TONNAGE: N/A
 SERIAL NUMBER: N/A

TEST #	CFM	DATE
TOTAL CFM	—	1205
RETURN AIR CFM	—	704
OUTSIDE AIR CFM	212	501
FAN RPM	—	—
STATIC PRESSURE+	—	—
STATIC PRESSURE-	—	—
TOTAL PRESSURE	—	—
FILTER PRESSURE	—	—
MOTOR		
AMPS	—	30
VOLTS	—	242/215/214
HORSEPOWER	—	—
RPM	—	—

10/16/01
 PROJECT:
 911 20th ST.
 NORTH UNIT
 READINGS BY:
 BRIAN GILLAM

JOB NO.

FIELD FORMS AVAILABLE:

- N/A DUCT TRAVERSE REPORT
- AS-BUILT SYSTEM DIAGRAM
- N/A EXHAUST FAN REPORT
- N/A PULLEY CALCULATIONS
- TEMPERATURE IN _____
- TEMPERATURE OUT _____
- DROP / RISE _____

CLARKE & RUSH MECHANICAL

DIFFUSERS AND GRILLS

ROOM #	OUTLET#	CODE	SIZE	REQ. CFM	TEST 1/2	FINAL CFM
	S1				106	156
	S2				73	151
	S3				87	133
	S4				102	154
	S5				147	247
	S6				130	213
	R1				407	704

REMARKS: OA, REQ 1411 DFF @ 0.15 = 211.65
 FILTERS DIRTY REMOVED FOR FINAL TEST
 OAD CLOSED. ALL OA IS VIA LEAKAGE

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 911 20th Street

APN: 007-0016-002

ZONING: C-2

DESIGN REVIEW AREA: Central City

PREVIOUS FILES RELATED TO SITE: none

EXISTING LAND USE: exist. office

PROPOSED USE: interior remodel

COMMENTS: no exterior work proposed; entry door being changed is within enclosed entry area w/ no impact on street facade.

DATE: _____ BY: _____

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES

NO

(If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: _____

DATE: 8/21/01 BY: Paul Reed

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #	Insp. Area
0110117	IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 911 20TH ST, SAGTO, CA. Suite _____

PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>492905</u>	
Name <u>Eli Pitts</u>	Street Address <u>P.O. Box 660925</u>	Name <u>PACIFIC COAST BUILDERS</u>	Address <u>P.O. BOX 660925</u>
City/State/Zip <u>SAGTO, CA 95866</u>	Phone <u>616.3916</u> FAX _____	City/State/Zip <u>SAGTO, CA. 95866</u>	Phone <u>616.3916</u> FAX _____
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____	Address _____	Name <u>JAMES PERRY</u>	Address <u>911 20TH ST</u>
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip <u>SAGTO, CA. 95814</u>	Phone _____ FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

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

NATURE OF WORK IN DETAIL: RECONFIGURE OFFICE SPACE: ADD WALLS, RAISE T-BAR CEILING, ADD/MOVE ELECTRICAL.
Interior Demo.

OCCUPANT/TENANT: _____ VALUATION: \$ 20,000.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH	
INSPECTION 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		
1	3100 ^{sq ft}	3100 ^{sq ft}		B	V-N	SPR	ALARM		[H]	[Quad]	
(B)	(L)	P	M	(E)	F	S		D	PW	UTIL	
13 ft	13 ft			13 TM							

COMMENTS: (1) PROVIDE DOOR SCHEDULE (2) SUSPENDED CEILING DETAIL.
(2) INT PARTITION CONST DETAIL.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed