

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0308846
Insp Area: 4
Thos Bros: 278A3

Site Address: 3441 MARYSVILLE BL SAC
Parcel No: 251-0183-008

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

CONTRACTOR
J P HEINTZ
3560 BUSINESS DR #104
SACRAMENTO CA 95820

OWNER
HELVID, LLC
4730 47TH AV
SACRAMENTO CA 95824

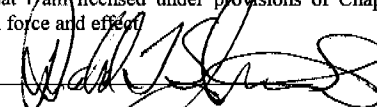
ARCHITECT

Nature of Work: NEW COMM/7661 SF MEDICAL CLINIC, SITE DEVELOPMENT

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 589391 Date 7/8/04 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.)

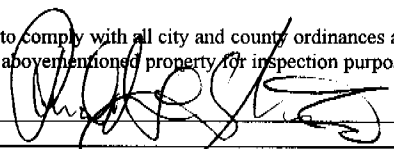
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 7/8/04 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 SSTATE FUND Policy Number 1697616-02 Exp Date 07/01/2004

(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 7/8/04 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.

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 # <u>0308846</u>	Insp. Area <u>4C</u>
---------------------------	----------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3441 Marysville Blvd, Sacramento; 1536 Nogales st, Sacramento Suite

PARCEL # 251-0183-007 & 008

<p style="text-align: center;">CONTACT</p> <p>Name <u>Dave Gilliland</u></p> <p>Street Address <u>2900 Tam O'Shanter</u></p> <p>City/State/Zip <u>El Dorado Hills CA 95762</u></p> <p>Phone <u>(916) 933-0429</u> FAX <u>(916) 939-3836</u></p> <p>E-mail: <u>gillilandd@comcast.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>B-1 41622T</u></p> <p>Name <u>Dave Gilliland</u></p> <p>Address <u>2900 Tam O'Shanter dr.</u></p> <p>City/State/Zip <u>El Dorado Hills CA 95762</u></p> <p>Phone <u>(916) 933-0429</u> FAX <u>(916) 939-3836</u></p> <p>E-mail: <u>gillilandd@comcast.net</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>HGA</u></p> <p>Address <u>1613 Santa Clara Dr.</u></p> <p>City/State/Zip <u>Roseville CA 95661</u></p> <p>Phone <u>(916) 787-5100</u> FAX <u>(916) 784-7738</u></p> <p>E-mail:</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Dr. Gilbert Simon</u> / <u>Robert Ag...</u></p> <p>Address <u>4730 47th Avenue</u></p> <p>City/State/Zip <u>Sacramento CA 95824</u></p> <p>Phone _____ FAX _____</p> <p>E-mail:</p>

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

→ WORKER'S COMPENSATION POLICY # 166548802 EXPIRATION DATE: 12-1-03

NATURE OF WORK IN DETAIL: A 7500 Sq. Ft. MEDICAL CLINIC
WALK IN DAY USE ONLY, NO SPECIAL PROCEDURE
OR OPERATING ROOMS, PARKING LOT AND
LAND SCAPED - NO OSH 100 Req.

OCCUPANT/TENANT: DR. GILBERT SIMON VALUATION: \$ 1,200,000.00

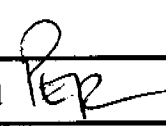
FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File		
						SPR	ALARM		[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>1661</u>	<u>PZ</u>	<u>M</u>	<u>B</u>	<u>VN</u>	<u>S</u>	<u>S</u>	<u>D</u>	<u>6PW</u>	<u>UTIL</u>

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3441 Marysville Blvd / 1536 Nogales Street	APN: 251-0183-008 & -007
DRPB AREA / PUD / SPD: Del Paso Heights	ZONING: C-2
EXISTING LAND USE: Vacant commercial property	
PROPOSED USE: New medical office	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB
	Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: DR03-004, app'd 3/19/03; Z03-044, app'd 3/27/03
	Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: ZA entitlements include special permit to reduce parking, variance of front setback, lot merger. See also previous pink sheet (attached). Lot merger must be finalized/recorded prior to issuance of building permit. I assume that project is in keeping with all requirements of the emergency ordinance in place, M02-069.	
DATE: 6/18/03	BY: Phil Reed 

PLANNING AND ZONING REVIEW

..... filled out by Planning staff

ADDRESS:	3441 Marysville Blvd.		
APN:	251-0183-008 & 007	ZONING:	C-2
DESIGN REVIEW AREA:	Del Paso Heights		
PREVIOUS FILES RELATED TO SITE:	DR03-004		
EXISTING LAND USE:	Vacant		
PROPOSED USE:	Medical Offices. (100%)		
COMMENTS:	DR03-004 Was previously submitted.		
<p>Site requires a Lot Merger, and as currently reviewed at the Planning Counter, will require a Zoning Administrator's Special Permit for Parking Reduction, and Probably will require a Variance for reducing the front setback. (Residential Zone on Same Street side block.)</p> <p>Other issues discussed at counter were the masonry wall requirements, tree shading, trash enclosure, and basic design issues.</p>			
	DATE:	15 January 2003	BY: Robert W. Williams
DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?			
(Enter an "X" next to those that apply)			
	YES	XXX	NO
Staff:	Planning Commission:	Design Review:	Submitted
ZA: Required	Preservation Review:		
CONCLUSION:			
	DATE:	15 January 2003	BY: Robert W. Williams

city copy

From:

Att. P. dance

SIERRA BUSINESS FORMS - SAC (818) 873-0381



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

40407

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0355

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, AND ENERGY CODE, CALIFORNIA, IN THE BUILDING LOGGED AT:

R Heintz LOT # _____ TRACT # Dal Poso Heights
3441 Maeyville Blvd CITY Sacramento
Med. Arts Ctr.

EXTERIOR WALLS:
MANUFACTURER F/G THICKNESS/TYPE 6 1/2" R-VALUE 19

CEILING:
BATTES: MANUFACTURER F/G THICKNESS/TYPE 10" R-VALUE 30
BLOWN IN: ALL Batts MINIMUM THICKNESS _____ R-VALUE _____
MANUFACTURER _____

SQUARE FOOTAGE COVERED _____ NUMBER OF BAGS USED _____

FLOORS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES
FOUNDATION WALLS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE TITLE

INSULATION CONTRACTOR **ARCADE INSULATION**
CALIFORNIA CONTRACTORS LICENSE #013205
NEVADA CONTRACTORS LICENSE #88201

[Signature] DATE 9/24/04
Superintendent
SIGNATURE TITLE

Case Fee Summary

COUNTY SANITATION DISTRICT 1 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT SEWER IMPACT FEE PERMIT AND CALCULATION	
APPLICATION NO:	BLDG PERMIT NO: <u>1102204-02333</u>
GENERAL INFORMATION <i>CITY OF SAC.</i>	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER PAID APR 02 2004 THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE
FEE CALCULATION	BUILDING USE
INSPECTION	RESIDENTIAL SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1	COMMERCIAL USE
SRCSD	<u>7100# MEDICAL CLINIC</u>
CONSTRUCTION	
N LIEU	
	<u>(3.04-8374)</u>
TOTAL FEE	\$ 7036
PN: <u>357-0183-003</u>	
DESCRIPTION/ DIVISION	LOT:
PROPERTY ADDRESS	<u>3441 MANDEVILLE BLVD</u>
OWNER	<u>DR. GILBERT SIMON</u>
MAILING ADDRESS	
STATE-ZIP	PHONE
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.	
APPLICANT SIGNATURE:	
VALIDATED UTILITY BILLING USE ONLY	
_____ INPUT _____	START _____

Issue Date: 4/2/2004

Date Printed: 4/2/2004

Fee Paid	Date Paid
0.00	
0.00	

RECEIPT

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address D. G. [unclear]
 Project Address 3441 Marysville Blvd
 Parcel Number 751-0183-008 Lot No. _____
 Subdivision Name _____ Number of Units 1
 Applicant's Signature & Title [Signature] [unclear] REP.
 Date 4/12/04 Phone No. _____

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 030884W
 Square Feet of Chargeable Building Area 7,461
 Signature [Signature]
 Title Blng Tech
 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Date 04/07/04

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 044514
 EXEMPT _____
 Comments _____
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL
7661 Sq.Ft. x \$ 34 = \$ 260474
 OTHER FEE TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 260474

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments _____
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.
 As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

GRANT Authorized School District Official **ROBLA**

Signature _____ Title _____ Date <u>4/12/04</u>	Signature _____ Title _____ Date _____
---	--



SEND
TO
MICROFILM

September 24, 2004

Dave Gilliland
4730 47th Avenue
Sacramento, CA 95824

**SUMMARY REPORT
CONSTRUCTION OBSERVATION AND TESTING SERVICES
DEL PASO HEIGHTS MEDICAL ARTS CENTER**
Marysville Boulevard and Nogales Street
Sacramento, California
Raney Reference No. 2379-001.01

INTRODUCTION

In accordance with your request, we have performed construction observation and testing services for the subject project. The project included construction of an approximate 7,600 square foot one-story wood-frame building with a concrete slab-on-grade floor. Our construction testing and observations were performed between April 16 and May 14, 2004. Our firm prepared a Foundation Investigation for the project dated May 20, 2003.¹

EARTHWORK OBSERVATION AND TESTING

Building Pad Construction

Following general site clearance, the building pad area was scarified, moisture conditioned and mechanically compacted. Engineered fill was placed in level lifts on the order of eight inches, moisture conditioned and compacted. Maximum fill depths within the building pad were less than one foot. Building pad areas appeared stable under earthwork equipment during and following earthwork construction.

¹ Raney Geotechnical Inc.; "Foundation Investigation, Del Paso Heights Medical Arts Center, Marysville Boulevard and Nogales Street, Sacramento, California"; File No. 2379-001; May 20, 2003.

Page 2
 Del Paso Heights Medical
 Raney Reference No. 2379-001.01
 September 24, 2004

Foundation Excavation Observation

Our representative observed all building foundation excavations prior to foundation concrete placement. All foundation excavations engaged suitable bearing materials in accord with the recommendations of our referenced report. Foundations appeared to meet or exceed minimum specified dimensions and were clean at the time of our observation.

Field Density Testing

Our representative performed field density tests on building pad soils in accordance with ASTM Test Designations D2922-96 and D3017-96 (Nuclear Probe Method). Our test data indicate that the building pad soils were compacted to a minimum of 90 percent of the laboratory determined maximum dry density.

Laboratory Compaction Testing

We performed laboratory compaction tests on representative samples of the site soils and aggregate base materials used during construction. The compaction tests were performed in accordance with ASTM Test Designation D1557-00. The results of the laboratory compaction tests are summarized below.

Material Description	Method	Maximum Dry Density (pcf)	Optimum Moisture Content (%)
Composite - Red silty sand, Brown clay	A	127	8.1
Aggregate base	B	123	11.2

CONCRETE CONSTRUCTION

Reinforcing Steel Placement Observations

Our scope of work included observation of floor slab reinforcing steel for the subject building. Detailed observations generally were performed one day prior to concrete placement with any corrections being verified by our representative prior to structural concrete placement. All reinforcing steel appeared to be placed in compliance with industry standards and the project plans, for size and placement location.

Page 3
Del Paso Heights Medical
Raney Reference No. 2379-001.01
September 24, 2004

Concrete Placement Observation

Our representative observed concrete placement procedures during concrete construction of building foundations and slab-on-grade. Concrete truck batch and placement times were recorded to ensure that the concrete was placed within a reasonable period (generally less than 90 minutes). Concrete temperatures were monitored and recorded. Concrete appeared to be placed and consolidated in general accord with industry standards.

Slump Testing

Our representative performed concrete slump testing during concrete placement. Slump testing was generally performed at least once per 150 cubic yards of concrete in accord with ASTM Test Designation C143-90a, Slump of Portland Cement Concrete. Slump test specimens were obtained in accord with ASTM C172-90, Sampling Freshly Mixed Concrete. Slump test measurements were relayed to the contractor verbally. Our data would indicate that no significant amount of concrete was placed with an excessive slump.

Compressive Strength Testing

Generally, one set of four test specimens was cast per 150 cubic yards of concrete placed. The test specimens were returned to our laboratory for curing and compressive strength testing. Test specimens were cast, transported, and cured in accord with ASTM Test Designation C31-91, Making and Curing Concrete Test Specimens in the Field. Test specimens were stored in a humidity room complying with ASTM Specification C511-93. The test specimens were tested in unconfined compression in our laboratory at 7 and 28 days in accord with ASTM Test Designation C39-93a. Copies of compressive strength test data are attached.

STRUCTURAL STEEL CONSTRUCTION

Shop Welding Observations

Our representative observed structural shop welding for columns. We observed welding materials and workmanship; materials and workmanship appeared to comply with project specifications, industry standards and provisions of the American Welding Society.

Page 4
Del Paso Heights Medical
Raney Reference No. 2379-001.01
September 24, 2004

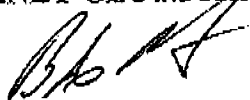
SUMMARY AND LIMITATIONS

Our test data and observations indicate that the described construction observed by this company has, to the best of our knowledge, been performed in accord with sound engineering practice and our referenced report. Horizontal and vertical limits of the described work were determined by others. We cannot guarantee construction, nor should our work or this letter be construed as relieving the contractors from their primary responsibility to conform to contractual agreements and sound engineering practice.

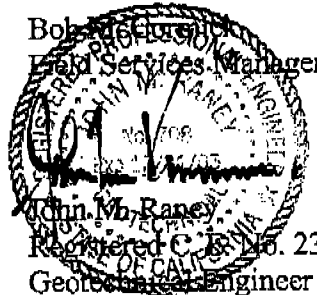
Should you have any questions regarding this letter or require any further information, please contact our office.

Very truly yours,

RANEY GEOTECHNICAL, INC.



Bob DeLuca
Field Services Manager



Attachments: Compressive Strength Reports

(2) Addressee

BM/JMR

Compressive Strength Report

ASTM METHOD: C-39

Dr. Gilbert Simon
 Dave Gilliland
 4730 47th Avenue
 Sacramento, CA 95824

SAMPLE ID: 04-00888
PROJECT: 2379-001.01
 Del Paso Heights Medical Arts Center
 Marysville Blvd and Nogales Street

SAMPLE DATA

DATE SAMPLED:	5/4/2004	TICKET #:	53043776
MATERIAL TYPE:	Concrete	MIX DESIGN:	258
SAMPLED BY:	Randy S.	SLUMP:	4.25 inches
SPEC. STRENGTH:	3000 psi	AIR TEMP:	83 Degrees F
SUPPLIER:	RMC Pacific Materials	MIX TEMP:	79 Degrees F
AIR ENTRAINMENT:			
LOCATION:	Footings, Line A @ 1		

STRENGTH RESULTS

SAMPLE	AGE(days)	ULTIMATE LOAD(lbs.)	Dia (in)	AREA(in ²)	BREAK DATE	Corr:	STRENGTH (psi)
A	7	62960	6	28.27	5/11/2004		2230
B	28	97170	6	28.27	6/1/2004		3440
C	28	94950	6	28.27	6/1/2004		3360

- Meets 28 day strength requirement
 Does not meet 28 day strength requirement
 No strength requirement given

Specimens are free from defects and fractures are of a typical nature unless otherwise noted below.

Notes:

CC: RMC Pacific Materials
 J.P. Heinz & Company, Inc., Ron

Reviewed By: 

Compressive Strength Report

ASTM METHOD: C-39

Dr. Gilbert Simon
 Dave Gilliland
 4730 47th Avenue
 Sacramento, CA 95824

SAMPLE ID: 04-00947
 PROJECT: 2379-001.01
 Del Paso Heights Medical Arts Center
 Marysville Blvd and Nogales Street

SAMPLE DATA

DATE SAMPLED:	5/7/2004	TICKET #:	54101700
MATERIAL TYPE:	Concrete	MIX DESIGN:	318
SAMPLED BY:	Scott E.	SLUMP:	4.5 inches
SPEC. STRENGTH:	3000 psi	AIR TEMP:	60 Degrees F
SUPPLIER:	RMC Pacific Materials	MIX TEMP:	67 Degrees F
AIR ENTRAINMENT:			
LOCATION: Building Slab on Grade. Line E-6			

STRENGTH RESULTS

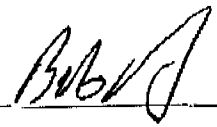
SAMPLE	AGE(days)	ULTIMATE LOAD(lbs.)	Dia (in)	AREA(in)	BREAK DATE	Corr:	STRENGTH (psi)
A	7	97090	6	28.27	5/14/2004		3430
B	28	119390	6	28.27	6/4/2004		4220
C	28	131250	6	28.27	6/4/2004		4640

- Meets 28 day strength requirement
 Does not meet 28 day strength requirement
 No strength requirement given

Specimens are free from defects and fractures are of a typical nature unless otherwise noted below.

Notes:

CC: RMC Pacific Materials
 J.P. Heinz & Company, Inc., Ron

Reviewed By: 

FROM :

FAX NO. : 9164565774

Apr. 26 2004 01:36PM P2

JP HEINTZ

Request For Information # 2



JP Heintz & Co. Inc.
GENERAL CONTRACTORS

Job #: 0351 COMPANY INC Date: 4-26-04

To:	Brent Forsberg HGA Architects		Project:	Del Paso Hts. Med. Ctr.
	Via Fax #		Job #:	0351
	Phone #			
From:	JPHCO Field Office Project Superintendent-Ron Sylvia		Priority:	<input type="checkbox"/> Standard <input checked="" type="checkbox"/> Urgent
	Via Fax #		Due By:	
	Phone #			
RE:	Pad/FF Elevations		Plan Ref:	C/2 of 4
			Spec Ref:	

Question:

This is to confirm that per our conversation earlier this morning the pad elevation shown on C/2 of 4 will remain @ 40.61 and the FF elevation will be raised to accommodate the 5" concrete, 2" Sand, 4" crushed rock (11" total) per the sheet note for SOG section.

Attachment(s):

Co:	Co:	Co:
Fax #	Fax #	Fax #

Response:

OKAY AS NOTED		
Print Name: BRENT FORSLIN	Signature: <i>Brent Forslin</i>	Date: 4/23/04
Co:	Co:	Co:

SHARED PROJECT 20020219 St. Marys Superintendant Package RFI Form.doc * 03/24/2002 khj

3460 Business Drive, #104
Sacramento, CA 95830

Phone: 916-456-5777
Fax: 916-486-6774

Website: www.jpheintz.com
Lic: #589351





Architecture | Engineering | Planning

JP HEINTZ

APR 28 2004

& COMPANY INC.

Memorandum

TO: Ron Sylvia, via fax transmittal 456-5774
FROM: Brent Forslin
DATE: April 28, 2004
SUBJECT: Del Paso Heights Medical Center
Construction Questions 4/28/04
HGA Commission Number 2426-001-00

WRITER'S DIRECT DIAL. (916) 787-5120

Ron, the following are the responses to Rick Workman's questions on this day:

- On sheet S200 near grids 1 and E, the correct detail reference is E/S511, not A/S511.
- The skirt, base detail 10/A470, does occur at the door alcoves along grid 1 as noted on elevation 3/A400. It will be necessary to recess the slab edge 2-1/2" at the door opening relative to the slab edge for the skirt. Relative to the finished wall it may be necessary to chamfer the skirt at the door jambs.
- At detail 6/S510 the concrete pilaster occurs at each of the post at the storefront conditions. The projection is 3" beyond the typical slab edge at a storefront condition, and is 1-1/2" wider on each side of the post width. The post is typically a 6x8 with 8x8 post at the corners. Detail 6/S510 occurs at the corner storefront condition near grids 1 and E, at the reception area, and the conference area.
- Near grid 1 and E at the storefront condition the slab edge would be 5-1/2" in from the slab edge for the typical base with a skirt.

The following items will be resolved later:

- The drainage pattern at the riser room. Note that no curbs are intended at this area.
- Relative to Floor Plan Keynote 4 on sheet A200, locations of concrete pads will be verified. Equipment housekeeping pads may be required in the Electrical/Utility Room.

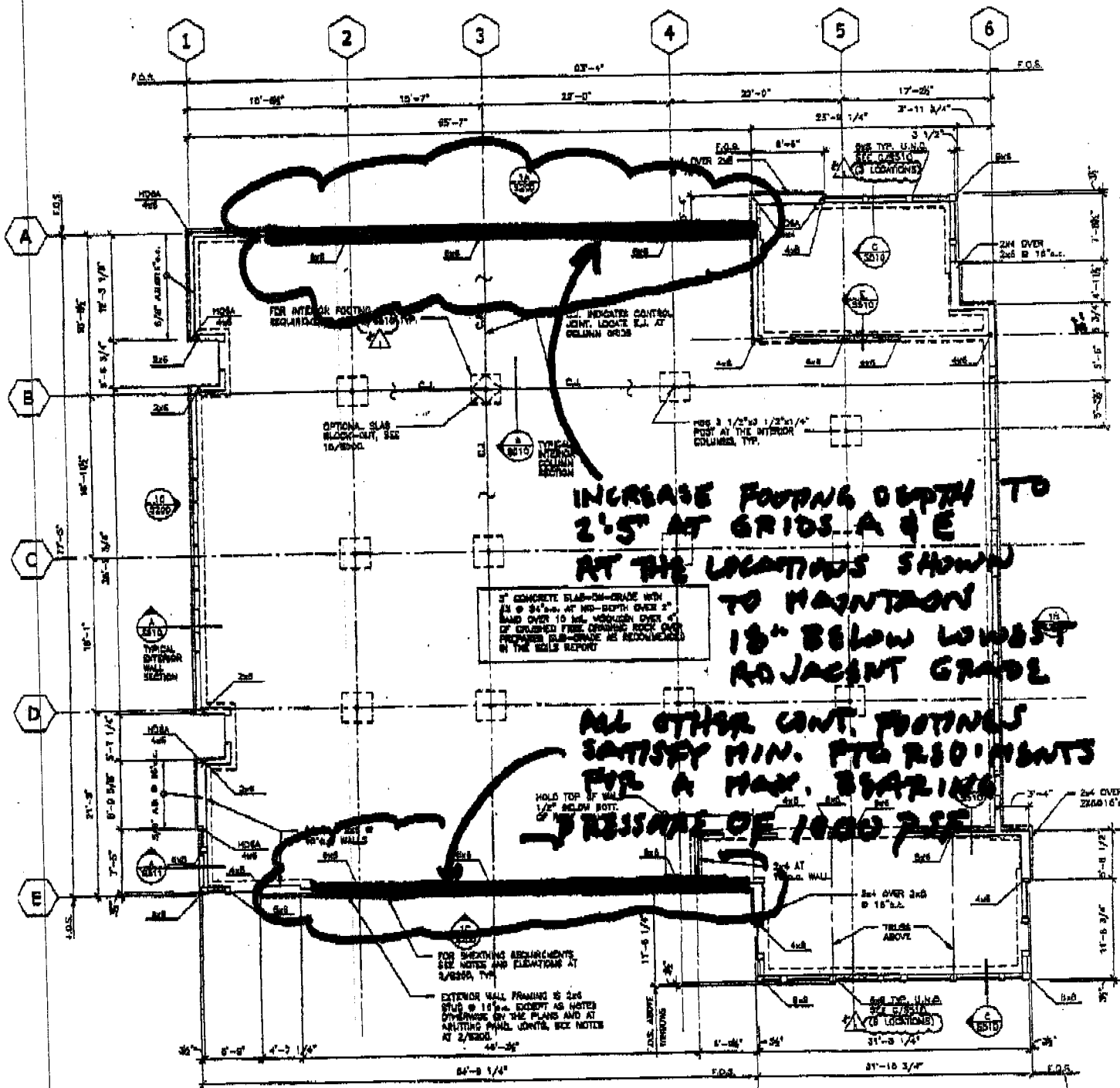
cc: Jozef Van Ruiten

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Hammel, Green and Abrahamson, Inc. 1615 Santa Clara Drive • Roseville, California USA 95661

Telephone 916.787.5100 Facsimile 916.784.7738

Visit our Website: www.hga.com



1" CONCRETE SLAB-ON-GRADE WITH
 2# @ 24" o.c. AT MIN. DEPTH OVER 2"
 SAND OVER 10 MIL. VULCANIZED
 OF CRACKED FINE GRADING ROCK OR
 PROPOSED SLAB-GRADE AS INDICATED
 IN THE BILLS REPORT

**INCREASE FOOTING DEPTH TO
 2'-5" AT GRIDS A & E
 AT THE LOCATIONS SHOWN
 TO MAINTAIN
 18" BELOW LOWEST
 ADJACENT GRADE**

**ALL OTHER CONT. FOOTINGS
 SATISFY MIN. PFG REQUIREMENTS
 FOR A MAX. BEARING
 PRESSURE OF 1000 P.S.F.**

1 FOUNDATION PLAN
 12/1/78

- FOUNDATION PLAN NOTES:**
1. SEE 9000 FOR GENERAL STRUCTURAL NOTES.
 2. THE TOP OF FOOTING ELEVATION IS 0'-11" TYPICAL.
 3. ELEVATION 0'-0" = MSL ± PER PROJECT ELEVATION DATA.
 4. THE FOLLOWING TYPICAL DETAILS APPLY FOR ALL FOOTING CONSTRUCTION U.N.D.
- 4 # 5/8" FOOTING @ UTILITY PENETRATIONS AND TRENCHES.
 - 8/8" FOOTING STEP
5. THE FOLLOWING TYPICAL DETAILS APPLY FOR ALL SLAB-ON-GRADE CONSTRUCTION U.N.D.
- 6/8" CONSTRUCTION JOINT
 - 7/8" CONTROL JOINT
 - 10/8" ISOLATION JOINTS AT COLUMNS

SLAB EDGE NOTE:
 DIMENSIONS ARE TO FACE OF STUD
 LOCATE THE SLAB EDGE 1/2" BELOW
 F.O.S. PER ARCHITECTURAL DETAIL 11
 TYPICALLY AND A 1/2" BEYOND THE
 AT THE CANTILEY LOCATIONS PER ARE
 DETAIL 11/8/78.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 3441 MARYSVILLE BL Permit No.: 0308846
Building Use: MEDICAL CLINIC Occupancy: B
Building Owner: HELVID, LLC Construction Type: VN
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 7661 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

9/27/04

Date

By: (Print)

Sign



RON BEEHLER

INTERIM CHIEF BUILDING
OFFICIAL

[TCO approvals: CED, TK, JBB, GRS, CP]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

Sep 24 04 12:21p

Cannon Water Technology

916-783-7242

p.1

3441 Marysville Bl

CANNON
WATER
TECHNOLOGY INC

September 23, 2004

Westco Plumbing Contractors
4755 Auburn Blvd.
Sacramento CA 95841-3643

Certification Of Chlorination

Del Paso Heights Medical Arts Center

Cannon Water Technology Inc. chlorinated the water lines serving the new fixtures at the Del Paso Heights Medical Arts Center on September 21, 2004. Using disinfection methods in accordance with AWWA C651-99 'Disinfecting Water Mains', a residual concentration of 50 ppm+ free chlorine was measured at all working outlets. All outlets were tagged with warning signs. After the retention period, the lines were re-tested and the chlorine concentration was above 50 ppm at all tagged outlets. The lines were then thoroughly flushed until the chlorine concentration dropped below 0.2 ppm.

Two water samples were collected for Bacteriological Examination. The Colilert Test Method was used to test for the presence of Coliform Bacteria. No Coliform Bacteria were detected in the water samples.

If there are any questions regarding the chlorination of this facility, please contact us.



Richard S. Cannon
License CalEPA DPR # 04445

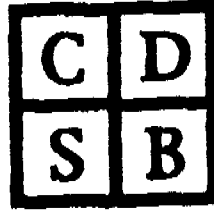
8412 Hillgrove St. Granite Bay CA 95746-6086 Phone (916) 783-7232 FAX (916) 783-7242

09/21/2004 08:29
09/20/2004 19:54

19164565774
916-727-2734

JP HEINTZ
CERTIFIED DESIGN

City Copy PAGE 02



PAGE 1
JOB # CD04-0583

CERTIFIED • DESIGN • SYSTEM • BALANCE

COMPLETION REPORT

September 16, 2004

JOB DESCRIPTION: Del Paso Heights Medical Arts Center
Nogales Street & Marysville Blvd
Sacramento, CA

CONTRACTOR: Barron's Heating & Air Conditioning

ARCHITECT: Sacramento Family Medical Center

ENGINEER: The McDermott Group

TEST PERFORMED BY: Gary Oulrey

CHECKED BY: *Gary Oulrey*
GARY OULREY

PO. Box 1249, Citrus Heights, CA 95611-1249 • Phone 916 • 725-6317
CA Lic. #717298 • Fax 916 • 727-2734

GENERAL NOTES SHEET

The outside air dampers were set and marked in the minimum open position.

The return air outlets do not have volume control dampers installed for balancing.

A Shortridge Electronic Flowhood was used to measure all supply return/exhaust terminal units unless noted otherwise.

A Fluke multi meter was used to measure all voltages and amperages.

A Zernickow tachometer was used to measure rotational speed.

BALANCE REPORT ABBREVIATIONS

CD
CEG
CER
CRG
CSR
DNA
DNL
FEG
FRR
FSR
NA
NI
NT
NVL
OPEN
TD
WEG
WRG
WSR
LSD
LRR
LER

CEILING DIFFUSER
CEILING EXHAUST GRILLE
CEILING EXHAUST REGISTER
CEILING RETURN GRILLE
CEILING SUPPLY REGISTER
DATA NOT AVAILABLE
DATA NOT LISTED
FLOOR EXHAUST GRILLE
FLOOR RETURN REGISTER
FLOOR SUPPLY REGISTER
NON ACCESSIBLE
NOT INSTALLED
NOT TAKEN, DUE TO IRREGULAR READINGS
NO VALID LOCATION FOR TESTING
NO TERMINAL, DUCT OPEN
THERMAL DIFUSSER
WALL EXHAUST GRILLE
WALL RETURN GRILLE
WALL SUPPLY REGISTER
LINEAR SUPPLY DIFFUSER
LINEAR RETURN REGISTER
LINEAR EXHAUST REGISTER