

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9906044
Insp Area: 1

Site Address: 655 UNIVERSITY AV SAC
Parcel No: 295-0030-019 SUITE 230

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

CONTRACTOR
CIMORELLI CONSTRUCTION CO
11333 SUNCO DR
RANCHO CORDOVA CA 95742

OWNER
SPIEKER PROPERTIES L P
575 UNIVERSITY AV #160
SACRAMENTO CA 95825

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 525704 Date 6-15-99 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 & 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 6-15-99 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 GOLDEN EAGLE INS CORP Policy Number NWC476899-01 Exp Date 07/01/1999

(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 6-15-99 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 COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 9906049 Insp. Area | C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 655 University Ave. Suite 230

PARCEL # 295-0030-019

<p style="text-align: center;">CONTACT</p> <p>Name <u>T. Bret Hogge</u></p> <p>Address <u>11333 Sunco Dr. # 103</u></p> <p>Phone <u>635 4440</u> FAX <u>635 7084</u></p> <p>E-mail _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>525704</u></p> <p>Name <u>Cimorelli Construction</u></p> <p>Address <u>11333 Sunco Dr. # 103</u></p> <p>Phone <u>635 4440</u> FAX <u>635 7084</u></p> <p>E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Nielsen and Associates</u></p> <p>Address <u>550 Howe Ave.</u></p> <p>Phone <u>925 0333</u> FAX <u>925 8006</u></p> <p>E-mail _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Speiker Properties</u></p> <p>Address <u>575 University Ave.</u></p> <p>Phone <u>646 6000</u> FAX _____</p> <p>E-mail _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Golden Sage Ins.

→ WORKER'S COMPENSATION POLICY # NWC 476899-01 EXPIRATION DATE: 7-99

NATURE OF WORK IN DETAIL: Interior alteration

857

OCCUPANT/TENANT: Spec. Space VALUATION: \$ 4,500.00

FLOOD STATUS: _____				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/>	Fed Code	Vio. File		
<u>2</u>		<u>857</u>		<u>B</u>	<u>V-N</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	P	<u>M</u>	<u>E</u>	F	S	D	PW	UTIL	
<u>13 GYL</u>	<u>13 GYL</u>		<u>13 JMT</u>	<u>13 T.M.</u>						

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential

ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS: _____



AIRCO Commercial Services, Inc.

1700 Alder Avenue, Sacramento, CA 95828

Sacramento 916/381-4526

Santa Rosa 707/576-7644

San Jose 408/436-7770

Fax 916/381-1629

License # 572243

AIR OUTLET TEST REPORT

PROJECT P9229 Unit 230 SYSTEM 655 University

OUTLET MANUFACTURER _____ TEST APPARATUS _____

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
2-15	1		10	100	105	95	100			100	
	2		9	260	275	245	250			250	
2-16 1a lowered	1		10	350	365	335	165	210			
	2		10	345	360	330	205	235			
	3		10	345	360	330	185	290			
				285	300	270	305	305			
				280	295	265	290	290	285		
				280	295	265	280	270			

REMARKS:

TEST DATE 6-30-99 READINGS BY Dave L...