

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9914250**  
**Insp Area: 1**

**Site Address: 400 CAPITOL ML SAC**  
Parcel No: 006-0144-029

IL FORNIAO

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

CONTRACTOR  
MORAN CANVAS  
18001 IRVINE BL  
DUSTIN CA

OWNER  
CAPITAL MALL VENTURE  
2929 CAMPUS DR #450  
SAN MATEO CA 94403

ARCHITECT

**Nature of Work: AWNING ADDITION TO DINING PATIO**

**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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor Signature Nickie With

**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 Professions 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.

X Date \_\_\_\_\_ Applicant/Agent Signature Nickie With

**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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_\_, (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.

X Date \_\_\_\_\_ Applicant Signature Nickie With

**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.**



**CONSOLIDATED ENGINEERING  
LABORATORIES**

November 27, 2000

City of Sacramento  
1231 I Street  
Room 200  
Sacramento, CA 95814-2998

**RE: Il Fornaio Restaurant Outdoor Dining Canopy  
400 Capitol Mall  
Sacramento, CA  
CEL #: S1773  
Permit # 99-14250**

**FINAL LABORATORY AFFIDAVIT**

**THIS IS TO CERTIFY** that in accordance with Section 1701 of the Uniform Building Code, Consolidated Engineering Laboratories has provided special inspection and testing on the subject project as listed below:

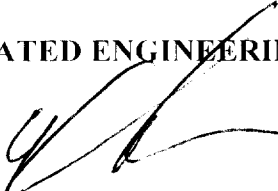
1. Review of out-of-area shop welding inspection report
2. Visual inspection of shop welded pieces delivered to the site
3. Inspection of epoxied anchors

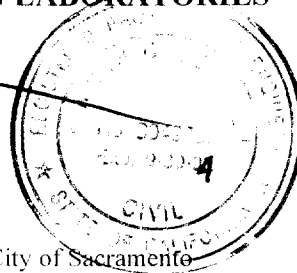
These inspections were performed by personnel under the general supervision of a Registered Civil Engineer in the State of California. Details of our work on this project are contained in our testing and inspection reports, issued during the course of construction.

Based upon the inspections performed and upon our substantiating reports, it is our professional judgment that the inspected work was performed substantially in conformance with the approved plans and specifications, and the applicable workmanship provisions of the Uniform Building Code.

Sincerely,

**CONSOLIDATED ENGINEERING LABORATORIES**

  
Kenneth G. Sorensen, R.C.E. #49736  
Reviewing Engineer



cc: Moran Canvas Products

City of Sacramento

All reports are submitted as the confidential property of clients. Publication of statements, conclusions or extracts is reserved pending our written approval.

**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 # 9914250 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 400 Capital Mall (Horniac) Suite \_\_\_\_\_  
 PARCEL # 000777

<b>CONTACT</b> Name <u>Sandy Swett</u> Address _____ Phone _____ FAX <u>916 264 2549</u> E-mail _____		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>Fellow</u> Address _____ Phone _____ FAX _____ E-mail _____	
<b>ARCHITECT/ENGINEER</b> Name _____ Address _____ Phone _____ FAX _____ E-mail _____		<b>OWNER</b> Name <u>400 Capital Mall Venture</u> Address <u>400 Capital Mall</u> Phone _____ FAX _____ 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: swimming addition to dining patio

OCCUPANT/TENANT: 11 For ~~h~~ n ac Rest VALUATION: \$ 12950

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	ELEC	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>A</u>		SPR	ALARM	<u>18</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>	PW	UTIL

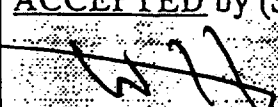
COMMENTS: Sandy with corner 3rd set fire resistivity letter for fire plans

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

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/10/99	/ /	1/19/00	/ /	/ /	/ /

PLAN CHECK # 99/14250 C  
 ADDRESS: 400 Capitol Mall  
 Commercial     Residential

ACCEPTED by (Staff):  


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
<u>STRUCTURAL</u>	03	GYL	10/15	3	JT	1/21/00	13	JT	1/24/00
MECHANICAL/PLUMBING									
ELECTRICAL									
<u>FIRE</u>	03	BS	12/15	03	BS	1-31-00			
<u>PLANNING</u>	13	MT	12/16						

STAFF COMMENTS:  
 Response to structure comments 2nd cycle still  
\* special inspection is req'd X1  
J. Tang



CONSOLIDATED ENGINEERING  
LABORATORIES

201 Harris Avenue, Suite 14  
Sacramento, CA 95838  
916-568-6700 / Fax: 916-568-1212

SPECIAL INSPECTOR'S  
DAILY REPORT

CEL No.: 4773  
Page 2 of 2

Project Name 1K FINALE Report No. \_\_\_\_\_ Date 11-10-00  
Project Address 400 CAPITAL Mall Permit No. \_\_\_\_\_  
City/County Sacramento Inspection Type: EPOXY OBSERVATION  
[  ] Continuous [  ] Periodic  
Prime Contractor FRANCO INDUSTRIES Superintendent \_\_\_\_\_

Summary of Work Done  
WHILE INSPECTING I OBSERVED THE REPOXYING OF TWENTY FOUR  
7/8" S ALUMINUM ANCHORS INSTALLED INTO 5" DIA X 7 1/2" D  
CONCRETE USING EPOXY (ICBO #4205) AT  
MINIMUM DAIL 1 INCH. ALL Holes WERE CLEAN & DRY  
AT TIME OF INSTALLATION, ALL WORK WAS DONE  
IN CONFORMANCE WITH MANUFACTURERS RECOMMENDATIONS

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature] Date: 11-10-00  
(ATTACH - Quantities Reports, Inspector's Check List)



**Construction Inspections & Materials Testing Consulting**  
 10444 Flanders Cove  
 San Diego, CA 92126

Ph (858) 693-0984  
 Fax (858) 693-3211  
 Pager/voice mail (858) 637-9598  
 E-mail: sburrola@hotmail.com

Job No.	For Week Ending
	/ /

**REGISTERED INSPECTORS' DAILY REPORT**

TYPE OF INSPECTION REQUIRED	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post Tensioned Concrete <input type="checkbox"/> Reinforced Masonry	<input checked="" type="checkbox"/> Structural Steel Assembly <input type="checkbox"/> Fire Proofing <input type="checkbox"/> Epoxy Anchors	<input type="checkbox"/> Quality control <input type="checkbox"/> Other
-----------------------------	---	---	--

Job Address	400 MADRAL MALL	City	SACRAMENTO
Job Name	IL TORNAIO	Permit No.	
Type of structure		Architect	CUZT HOLDER
Material Description (type, grade, source)	A 513 E-77F-1	Engineer	
Inspector(s) Name	SALVADOR BURROLA	Contractor	MORAN MANUAS
		Sub Contractor	

INSPECTION SUMMARY - LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT, NO'S OF TEST SAMPLES TAKEN: STRUCT, CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

PERFORMED SPECIAL INSPECTION FOR SHOP FABRICATION AND WELDING OF TUBE STEEL TRUSSES 1x1, 1x2 305 THICKNESS OBSERVED FIT-UP AND WELDING OF ALL TRUSSES. CHECKED WELDS FOR SIZE, POROSITY AND UNPLACED. ALL WELDS CONFORM TO AWS CODE AND FOUND NO DEFECTS.

CERTIFICATION OF COMPLIANCE

Continues on next page

PAGE 1 OF 1

I HEREBY CERTIFY THAT I HAVE OBSERVED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

*Salvador Burrola* 11/6/00  
 SIGNATURE OF REGISTERED INSPECTOR DATE

SPECIALTY AWS BC-1 CERT NO. #500 CITY/SAN DIEGO #



TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	CYLINDERS

All Inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum in addition, 2 hour show-up minimum for job cancellations.

Approved by \_\_\_\_\_ Project Superintendent



CONSOLIDATED ENGINEERING  
LABORATORIES

201 Harris Avenue, Suite 14  
Sacramento, CA 95838  
916-568-6700 / Fax: 916-568-1212

**SPECIAL INSPECTOR'S  
DAILY REPORT**

CEL No.: 51773

Page 2 of 2

Project Name IL F. 2 N A I O Report No. \_\_\_\_\_ Date 11-11-00

Project Address 400 CAPITAL MALL Permit No. \_\_\_\_\_

City/County \_\_\_\_\_ Inspection Type: FIELD WORKING

[ ] Continuous [  ] Periodic

Prime Contractor \_\_\_\_\_ Superintendent \_\_\_\_\_

Summary of Work Done

WHILE ON SITE I INSPECTED THE FOUNDATION TESTS -  
5 T 1'S, 4 T 2'S, 12 T 3'S, 4 T 4'S, AND 2 T 5'S. THESE  
WERE DONE IN ACCORDANCE WITH APPLICABLE PLANS.

Non-conforming Materials or Work \_\_\_\_\_

Person/persons Notified of Non-conformance to Project Requirements \_\_\_\_\_

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) \_\_\_\_\_

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature]  
(ATTACH - Quantities Reports, Inspector's Check List)

Date: 11-11-00

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-11-00

Project Number: 51773

Day: SAT

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) Don Bell

Job Name:(Required) IL FOREMAN

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) 410 JARVIS BLVD

Equipment Pick-up:  YES  NO  
 Type of Equipment: \_\_\_\_\_  
 Travel Time to Lab to pick-up equip.: \_\_\_\_\_

Lab Site: \_\_\_\_\_  
 Pick-up Time: \_\_\_\_\_ AM/PM  
 Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: \_\_\_\_\_  
 From Home  From Lab  Other  
 Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_

Mileage to Job-site: \_\_\_\_\_  
 From Home  From Lab  Other  
 Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
400	01	FIELD WORK	1			

Equipment Drop-off:  YES  NO  
 If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_

Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_  
 Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_  
 Is this the last job of the day?  YES  NO

Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO  
 Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_

Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: Don Bell

Verification Signature: Don Bell

Print Name/Company: Don Bell / MORAN CANVAS

\*\*\*\*\* ACCOUNTING USE ONLY \*\*\*\*\*

ACCOUNTING USE ONLY			ACCOUNTING USE ONLY			ACCOUNTING USE ONLY		
01	Regular Time		20	Vacation		Travel to Job-site:		
31	Expanded Regular Time		24	Sick		Travel to Home:		
10	Overtime		26	Holiday		Sub-Total of Travel Time:		
32	Expanded Overtime		30	Jury Duty		Deductible Travel Time:		
11	Double Time					Payable Travel Time:		
33	Expanded Double Time		18	Travel Time		Mileage from Home:		
40	Night Shift RT		52	Out of Pocket Exp.'s		Mileage to Home:		
34	Expanded N/S RT		54	Subsistence		Sub-total Round-trip Mileage:		
45	Night Shift O.T.			Round-trip Mileage		Deductible Mileage:		
35	Expanded N/S O.T.			In-Between Mileage		Reimbursable Mileage:		
46	Night Shift D.T.		53	Total Mileage				
36	Expanded N/S D.T.							



- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING  
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-10-00

Project Number: 51773

Day: Fri

# 1 of 2

Permit /Application #: \_\_\_\_\_

Inspector's Name: (Print) DAVID R. BELL

Job Name:(Required) IL FORNAIO

Shop Name: \_\_\_\_\_

Job/Shop Address:(Required) 400 CAPITAL MALL, SAC

Equipment Pick-up:  YES  NO

Lab Site: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_ AM/PM

Travel Time to Lab to pick-up equip.: \_\_\_\_\_

Mileage to Lab to pick-up equip.: \_\_\_\_\_

Travel Time to Job-site: 15 min

Mileage to Job-site: 11-12 mi

From Home  From Lab  Other

From Home  From Lab  Other

Time Start: \_\_\_\_\_ AM/PM Lunch Start: \_\_\_\_\_ Lunch Stop: \_\_\_\_\_ Time Stop: \_\_\_\_\_ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
<u>1.00</u>	<u>00</u>	<u>LOWING WEST (1.00)</u>	<u>1.5</u>			

Equipment Drop-off:  YES  NO

Drop-off Time: \_\_\_\_\_ AM/PM Lab Site: \_\_\_\_\_

If Yes: Travel time to Lab drop-off equip.: \_\_\_\_\_

Mileage to Lab to drop-off equip.: \_\_\_\_\_

Reimbursable Expenses: (Attach Receipts) Parking: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_ Subsistence: YES/NO

Is this the last job of the day?  YES  NO

Notified Dispatch?  YES  NO Time: \_\_\_\_\_

Travel Time to Home: \_\_\_\_\_

Mileage to Home: \_\_\_\_\_

Remarks: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Verification Signature: Donald A. Bell

Print Name/Company: DON BELL / MORAN CANVAS

\*\*\*\*\*

**ACCOUNTING USE ONLY**

**ACCOUNTING USE ONLY**

**ACCOUNTING USE ONLY**

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 400 Capital Mall (Il Fornaio)

Assessor's Parcel Number: 006-0144-029

Previous Use: Il Fornaio Restaurant

Description of Request/Proposed Use: Additional awning-  
over existing - See Plans

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): DR 99-177 Zoning Designation: C3

Comments: \_\_\_\_\_  
Copy to ch plans

Are There Any Planning Issues?: (circle one) YES NO  
\* Staff Site Plan Check Required? (Circle one) YES NO  
\* Field Inspection Required? (Circle one) YES NO  
\* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 12-14-99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 3-21-01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

400 Capitol Mall

Has been conducted by Inspector

R. Robles

On

11-15-00

99-14250-<sup>194</sup>  
Permit Number

2400  
Square Footage

Remodel  
Type of Inspection

They system is acceptable by this department.

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

7I-777  
F.D. Reference Number