

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 9914036**

**Insp Area: 4**

**Site Address: 4720 BELOIT DR SAC**

**Parcel No: 238-0012-020**

**Sub-Type: NCOM**

**Housing (Y/N): N**

**CONTRACTOR**

CHAMPION CONTRACTORS  
1755 HELENA AV  
SACRAMENTO CA 95815

**OWNER**

CLARK PEST CONTROL  
4750 BELOIT DR  
SACRAMENTO CA 95838

**ARCHITECT**

**Nature of Work: NEW METAL MAINTENANCE BLDG**

**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 349826 Date 2/28/01 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 representation of this city to enter upon the abovementioned property for inspection purposes.

X Date 3/28/00 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 COMP. INS. CO. Policy Number WN00786501 Exp Date 1/31/2001

\_\_\_\_ (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 3/28/00 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 J Street, Rm. 200

Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9914036

Insp. Area 4

ADDRESS 4720 BELLOIT DR

Suite \_\_\_\_\_

PARCEL # 238-0012-020

Applicant MUST complete ALL Unshaded areas

<p align="center">CONTACT</p> <p>Name <u>Chuck Purinton</u></p> <p>Address <u>1755 Helena Ave. Suite C</u></p> <p>Phone <u>916-925-3434</u> FAX <u>916-925-2126</u></p> <p>E-mail _____</p>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>399826</u></p> <p>Name <u>Champion Contractors, Inc.</u></p> <p>Address <u>1755 Helena Ave Suite C</u></p> <p>Phone <u>916-925-3434</u> FAX <u>916-925-2126</u></p> <p>E-mail <u>dpurinton@msn.com</u></p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>NWM Architects</u></p> <p>Address <u>2646 Maconi Ave. Sac.</u></p> <p>Phone <u>488-1555</u> FAX <u>488-1450</u></p> <p>E-mail _____</p>		<p align="center">OWNER</p> <p>Name <u>Clark Pest Control</u></p> <p>Address <u>4750 Beloit Dr. Sac.</u></p> <p>Phone <u>925-7000</u> FAX _____</p> <p>E-mail _____</p>	

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

→ WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: \_\_\_\_\_  
New WAREHOUSE MAINTENANCE BLDG

OCCUPANT/TENANT: CLARK PEST CONTROL VALUATION: \$ 350,000.00

FLOOD STATUS: <input checked="" type="checkbox"/>		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	
		<u>4500</u>		<u>F or H</u>	<u>VN</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>	<u>PW</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  
BUILDING INSPECTION DIVISION  
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY**

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: CLARK PRODUCTS Phone: 925-7000  
 Site Address: 4720 Colusa Dr Suite: \_\_\_\_\_  
 (Street) (City) (State) (Zip)  
 Business Owner/Representative: Steve Adams Phone: 925-7000  
 Nature of Business: Warehouse Storage  
 Property Owner: Larkson's Int. Properties, Ltd Phone: 715-7000  
 Address: 1150 Bolcott Dr Suite: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

*Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.*

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing violation after reasonable notice of the violation.

Applicant's Name: Steve Adams  
 (Print) 3-27-00  
Steve Adams (Date)  
 (Signature)

Bid Use Only: Plan CK# \_\_\_\_\_ Permit # \_\_\_\_\_  
 OK to issue prmt? Y \_\_\_\_\_ F.D. Appr Req'd? Yes No  
 \_\_\_\_\_ init date \_\_\_\_\_  
 Hold on Certificate of Occupancy? Yes No  
 Fire Dept. Use Only:  
 OK to issue permit? init \_\_\_\_\_ date \_\_\_\_\_  
 OK to issue Certificate of Occupancy? init \_\_\_\_\_ date \_\_\_\_\_

Date of Request: 12-8-99  
By: SP

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project (Need to establish address)  
Address: 4720 ~~NE Cor Reynolds Way + Beloit Dr~~

Assessor's Parcel Number: 238-0012-020

Previous Use: Commercial

Description of Request/Proposed Use: New 4,500

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_  
Zoning Designation: M1SR  
299 0303

Comments: \_\_\_\_\_

Gary to check conditions  
Site Visit per Gary Spross

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one)
- \* Field Inspection Required? (Circle one)
- \* Design Review/Preservation Required?: (Circle one)

YES NO  
YES NO  
YES NO

Planning Review by/Date: [Signature] 12-8-99

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

MICROFILM AFTER FINAL

Parcel No. **238-0012-020****4720 BELOIT DR.**

December 13, 1999

RECEIVING FAX: 264-7046

SENDING FAX: 875-6253



ATTN:  
 CHUCK @  
 CHAMPION  
 CONT.

TO: **SEAN BURKE**  
 CITY OF SACRAMENTO

FROM: **ROBB ARMSTRONG**  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

PHONE NUMBER: 875-6756

RE: **SEWER FACILITY IMPACT FEES**  
**4720 BELOIT DR.**

APN: 238-0012-020  
 APP # 99-14036C

The Sewer Facility Impact Fees due for a 4,500sq.ft. "Warehouse" on the above-mentioned .839±N. parcel are as follows:

Permit:	\$0
Impact to County Sanitation District-1	\$0
Impact to Sac. Regional County San. District	<u>\$11,082</u>
Total:	<u>\$11,082</u>

*This fee is due and payable at 827 Seventh Street, Room 105.  
 This fee is also subject to adjustment if the data supplied is changed.  
 e-mail : armstrongro@pwa.co.sacramento.ca.us*

*make check payable to: SACRAMENTO COUNTY*

*Sean Burke @ 264-7046*

*The above fees were based on acreage (APN # 238-0012-020 = .839±N.)*

*.839±N. x 5.5 ESD's = 4.61 ESD's*

*4.61 ESD's x \$2,404 = \$11,082 (SRCSD)*

*Total Due = \$11,082*

*ESD = Equivalent single family dwelling per acre*

COUNTY SANITATION DISTRICT NO. 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE** <sup>3/27/00</sup>  
 PERMIT AND CALCULATION SHEET <sub>Bob</sub>

APPLICATION NO:		BLDG PERMIT NO: <u>CITY</u>	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
		258260	
		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION	<u>0</u>	RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD -	<u>0</u>	COMMERCIAL USE <input checked="" type="checkbox"/>	UNITS
SRCSD	<u>11,082</u>		
CONSTRUCTION			
N-LIEU			
<b>TOTAL FEE</b>	<u>11,082</u>		
APN: <u>238-0012-020</u>			
DESCRIPTION/ SUBDIVISION		LOT:	
PROPERTY ADDRESS <u>4720 BELOIT DR.</u>			
OWNER <u>Steve Adams Clark Pest Control</u>			
MAILING ADDRESS			
CITY-STATE-ZIP <u>SACRAMENTO, CA. 95814</u> PHONE			
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	NPWT _____	START _____	

INSPECTOR'S COPY

<b>WATER SUPPLY TEST - DEPT. OF UTILITIES</b>		TEST NO: <b>98-23</b>	FILE NO: <b>R99-0025</b>
1395 35TH AVENUE		REQUEST DATE: <b>4-12-99</b>	
SACRAMENTO, CA. 95822		COMPLETE DATE: <b>4-12-99</b>	
PHONE: 916/264-1430		ANALYSIS Fee \$ <b>90.00</b>	DATE Pd: <b>4-7-99</b>
FAX: 916/264-1497		FIELD TEST Fee \$ <b>360</b>	DATE Pd: <b>N/A</b>
CONTACT PERSON: <b>STEVE LYCE</b>	PHONE NO: <b>488-1555</b>	FAX NO: <b>488-1450</b>	
COMPANY: <b>MWM ARCHITECTS</b>	CELL PHONE NO: <b>N/A</b>		
COMPANY ADDRESS: <b>2646 MARCONI AVE.</b>	STREET ADDRESS OF TEST: <b>NORTHEAST CORNER REYNOLDS WAY + BELoit DRIVE</b>		
PURPOSE OF TEST: <b>DESIGN REVIEW (REQ.)</b>	ASSESSOR'S PARCEL NUMBER: <b>238-0012-020</b>		

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
  - I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
  - At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: **STEVEN A. LYCE** Signature: *Steven A. Lyce* Date: **3/25/99**

ENGINEERING REQUEST DATE: **2-3-98** DATE OF TEST: **2-6-98** TIME OF TEST: **8:40 AM**

WATER MAIN SIZE: TEST CONDUCTED BY: **Colassanti, GRANT, ALCANTORA**

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	FITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C <sub>1</sub>	C <sub>2</sub>		
RESIDUAL	<b>40</b>	<b>46N</b>	<b>47</b>	<b>20</b>						
FLOWED	<b>39</b>	<b>46N</b>			<b>11</b>	<b>4.5</b>	<b>0.90</b>	<b>0.83</b>	<b>1497</b>	
FLOWED	<b>63</b>	<b>46N</b>			<b>10</b>	<b>4.5</b>	<b>0.90</b>	<b>0.83</b>	<b>1427</b>	
FLOWED									<b>2924</b>	<b>2924</b>
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING \_\_\_\_\_ G.P.M.

$$Q = 29.83 C_1 C_2 D^{2.5} \sqrt{P_{static}}$$

$$Q_{20} = Q \left( \frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

	ACTUAL	DESIGN (1)
STATIC PRES.	<b>47</b> PSI	<b>36</b> PSI
RESIDUAL PRES.	<b>20</b> PSI	<b>9</b> PSI
TOTAL FLOW @ RESIDUAL PRES.	<b>2900</b> G.P.M.	<b>2900</b> G.P.M.
TOTAL FLOW @ 20 PSI	<b>2900</b> G.P.M.	<b>2200</b> G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be

\* Used Test 98-23

\* 90.00 pd. 4-7-99

299-033

## Certification of Compliance School District Development Fees

### PART I To be completed by APPLICANT

Owner's Name & Address Black Fast Control  
 Project Address \_\_\_\_\_  
 Parcel Number \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Number of Units \_\_\_\_\_  
 Applicant's Signature & Title [Signature]  
 Date \_\_\_\_\_ Phone No. 916-925-5434

**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 II To be completed by BUILDING DEPARTMENT

Plan Identification Number 11111 Building Type (CHECK ONE)  
 Square Feet of Chargeable Building Area 1111  Residential  
 Signature \_\_\_\_\_  Apartment / Condominium  
 Title \_\_\_\_\_  Commercial / Industrial  
 Date \_\_\_\_\_

### PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No.	<u>075-00</u>
EXEMPT	
Comments	
RESIDENTIAL / APARTMENT / CONDOMINIUM	
Sq. Ft. X \$	<u>12</u>
COMMERCIAL / INDUSTRIAL	
<u>4500</u> Sq. Ft. X \$ <u>149</u>	= \$ <u>670.50</u>
OTHER FEE TYPE	
Sq. Ft. X \$	= \$
<b>TOTAL FEES COLLECTED</b>	= \$ <u>670.50</u>

Robin Elementary School District	
District Certification No.	<u>710-025</u>
EXEMPT	
Comments	
RESIDENTIAL / APARTMENT / CONDOMINIUM	
Sq. Ft. X \$	= \$
COMMERCIAL / INDUSTRIAL	
<u>1111</u> Sq. Ft. X \$ <u>14</u>	= \$ <u>15.55</u>
OTHER FEE TYPE	
Sq. Ft. X \$	= \$
<b>TOTAL FEES COLLECTED</b>	= \$ <u>15.55</u>

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 <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature _____
Title <u>[Title]</u>	Title _____	Title _____
Date <u>3/23/00</u>	Date _____	Date _____

Original Grant Joint Union High School District  
 1st Copy Robla Elementary School District  
 2nd Building Department  
 3rd Copy Applicant





**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
1231 I STREET, ROOM 200, SACRAMENTO, CA 95814**

**SPECIAL INSPECTION AND TESTING AGREEMENT**

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or any other person responsible for the work (such as an owner-builder/developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official, and other parties as listed. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

*The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.*

*The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

SIGNATURES		PHONE NUMBER	
<input checked="" type="checkbox"/> OWNER	<i>Stan Adams</i>	916	925-7000
ARCHITECT			
ENGINEER			
<input checked="" type="checkbox"/> CONTRACTOR	<i>Alvin [Signature]</i>	916	925-3434
DEVELOPER			
<input checked="" type="checkbox"/> SPECIAL INSPECTOR	<i>Keith Brown</i>	916	362-5541

**WARNING: Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.**

**PART III • GEOTECHNICAL INSPECTION REQUIREMENTS**

GEOTECHNICAL FIRM *Brown & Mills*  
 GEOTECHNICAL FIRM ADDRESS *9940 Business Park Drive* PHONE NUMBER *362-5541*  
 GEOTECHNICAL ENGINEER *Keith Brown*  
 REPORT NUMBER *995-053*  
 REPORT DATE *3-17-99* RECEIPT NUMBER \_\_\_\_\_ REVISION DATES \_\_\_\_\_

TYPE OF WORK	REQUIRED
SITE PREPARATION/FILL COMPACTION	<input checked="" type="checkbox"/>
FOUNDATION OBSERVATION	<input checked="" type="checkbox"/>
DRILLED PIERS AND CAISSONS	

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.

**ACCEPTED FOR THE BUILDING DEPARTMENT**

PLAN CHECK ENGINEER (Please Print)

PLAN CHECK ENGINEER SIGNATURE

DATE

**INSTRUCTIONS TO THE SPECIAL INSPECTOR**

- 1 • PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
- 2 • A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
- 3 • UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE PROFESSIONAL ENGINEER

*This side only OK'd by Jerry Lau  
3/28/00 [Signature]*

# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 7-14-00

FROM: Troy Malaspino  
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

4720 BELOIT DR.

has been conducted by Inspector S. Adick

on 7-13-00

99-14036  
Permit Number

4,500  
Square Footage

Renewal  
Type of Inspection

The system is acceptable by this department.

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

7#-627  
F. D. Reference Number