

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101513
Insp Area: 2

Site Address: 8333 HOLLY JILL WY SAC
Parcel No: 117-0380-030

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

CONTRACTOR

OWNER

ARCHITECT

ACACIO KELLY G/DARLENE V
8333 HOLLY JILL WY
SACRAMENTO CA 95823

Nature of Work: INSTALL FIRE ALARM BELL IN FAMILY CARE FACILITY WITH 4 NON
AMBULATORY AND 2 AMBULATORY INDIVIDUALS

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 _____ Date _____ 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 3 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).

Kelly, 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 *2/2/2001* Owner Signature *Kelly*

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 above-mentioned property for inspection purposes.

Date *2/2/2001* Applicant/Agent Signature *Kelly*

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 *7003* Exp Date _____

Kelly (This section need not be completed by the applicant if the applicant is a sole proprietor or partner in a partnership with fewer than 10 employees, 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 *2/2/2001* Applicant Signature *Kelly*

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.

Date of Request: 2/2/01
By: _____

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

Project
Address: 3695 Henry Hill Lane Sacramento, CA 95824

Assessor's Parcel Number _____

Previous Use _____

Description of Request/Proposed Use: Family Care Home #1/Residential
care facility

Is This a Change of Use? Yes

Zoning Designation: R1-R

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: Please Allow for Family Care Home
Caring for 6 or fewer individuals -
no planning review required

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: Trinda Hay 2-2-01

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

MICROFILM AFTER FINAL

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 # 0101513 Insp. Area _____

Applicant MUST complete ALL Unshaded areas

ADDRESS 2335 HOLLY HILL WAY SACR. CA 95823 Suite _____
 PARCEL # 117-0380-030

<p style="text-align: center;">CONTACT</p> <p>Name <u>KELLY G. ACACIO</u> Street Address <u>3333 Holly Hill Way</u> City/State/Zip <u>Sacto. CA 95823</u> Phone <u>(916) 395 9279</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>KELLY G. ACACIO</u> Address <u>3333 Holly Hill Way</u> City/State/Zip <u>Sacto. CA 95823</u> Phone <u>(916) 395 9279</u> FAX _____ 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: R2.1.1
To install EXP for John Pitt
4 NON AMBULATORY
2 AMBULATORY

OCCUPANT/TENANT: _____ VALUATION: \$ _____

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 flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	<u>L</u>	P	XXXX	<u>E</u>	<u>F</u>	S		D	PW	UTIL

COMMENTS: _____

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes) or no) _____
2. I (have) have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
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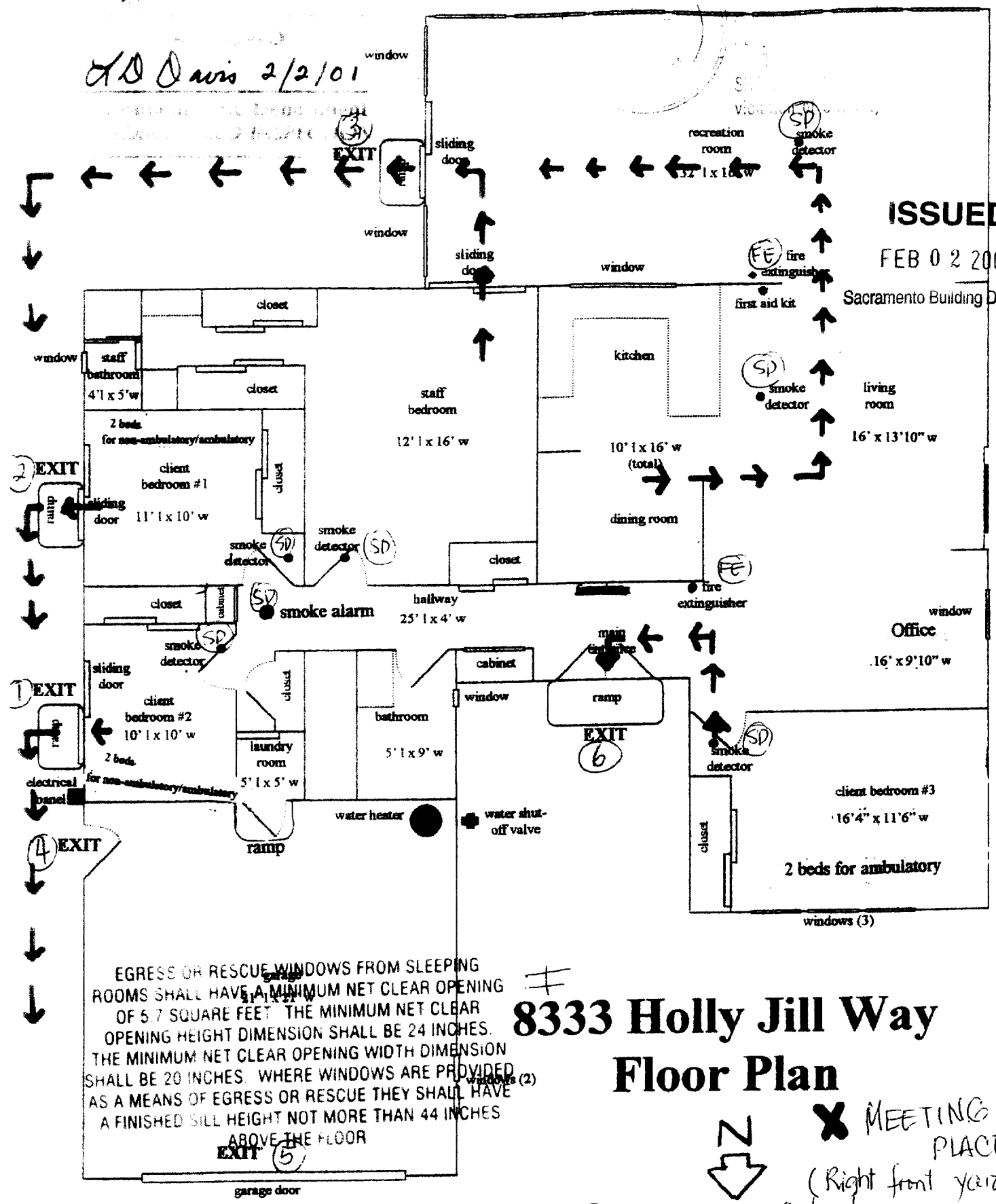
Signed [Signature] FEB. 2, 2001

Job Address 8333 HOLLY JILL WY

Permit No. 0101513

EVACUATION ROUTE

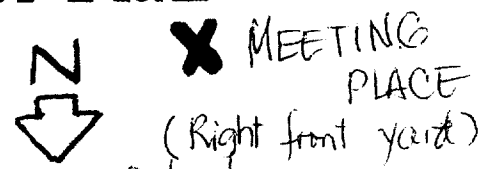
AD Davis 2/2/01



ISSUED
FEB 02 2001
 Sacramento Building Division

EGRESS OR RESCUE WINDOWS FROM SLEEPING ROOMS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQUARE FEET. THE MINIMUM NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24 INCHES. THE MINIMUM NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20 INCHES. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE THEY SHALL HAVE A FINISHED SILL HEIGHT NOT MORE THAN 44 INCHES ABOVE THE FLOOR.

8333 Holly Jill Way
Floor Plan



Fire Department Phone# - 911 or 264-5266

- (SD) - Smoke Detector
- (FE) - Fire Extinguisher
- - Electrical Panel
- +

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

FIRE PREVENTION DIVISION

TO: All Perspective Care Providers

FROM: Howard Cooke
Fire Prevention Officer II

SUBJECT: Requirements for Plan Submittal

SHALL not be held to account for any violation of any City Ordinance or State Law.

The following information is provided to you for installation of your Manual Pull Station and alarm device. Please follow these guidelines **PRIOR** to installing your manual pull station and alarm device. **These guidelines must be followed in order to assure a safe, properly installed, and inspected alarm system:**

- ✓ 1. Provide three (3) sets of drawings (floor plans) of your facility. (Normally these can be the emergency evacuation plan drawings for your facility).
- ✓ 2. Provide a "cut-Sheet" (Manufactures Specification Sheet) of the manual pull station and alarm device you intend to install.
- ✓ 3. Provide the "Fire Safety Correction Notice" given to you by the fire inspector at the time of your inspection.

TAKE ALL THREE ITEMS LISTED ABOVE TO :

1231 I Street, Second Floor
Sacramento, CA. 95814

on any regular business day for submittal to the City of Sacramento Building Department.

If all of the above items are in order, and no problems are noted, a permit could be issued to you at that time. Be prepared to pay plan review and permit fees as required at time of submittal.

Once your plans are approved, and a permit has been issued to you, you can have your manual pull station and alarm installed as indicated on the approved plans.

TO ASSURE A SAFE AND APPROVED ALARM SYSTEM HAS BEEN INSTALLED CORRECTLY - IT IS RECOMMENDED NOT TO INSTALL ANY OF THE ALARM SYSTEM UNTIL PERMITS HAVE BEEN ISSUED AND ALL PLANS HAVE BEEN APPROVED.

YOU MUST HAVE THE ELECTRICAL INSPECTOR FROM THE CITY OF SACRAMENTO INSPECT THE WIRING, AND SIGN THE APPROVAL ON THE PERMIT BEFORE YOUR FINAL FIRE INSPECTION CAN BE SCHEDULED

Once your manual pull station and alarm have been installed **and inspected**, you can call for your final fire inspection. If you have any questions concerning this information, please call me during regular business hours at 264-5914.

California State Fire Marshal Listing Number 7135-587:2

EXB Series



Fire Alarm Bells

4 Wire Version with Varistor Suppression



The EXB series bells are conventional type two coil assembled vibratory bells that comply with the new UL Standard 464 for 4 wire installation.

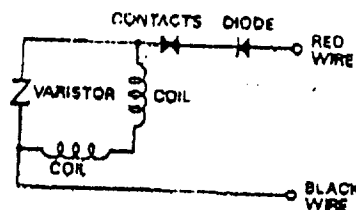
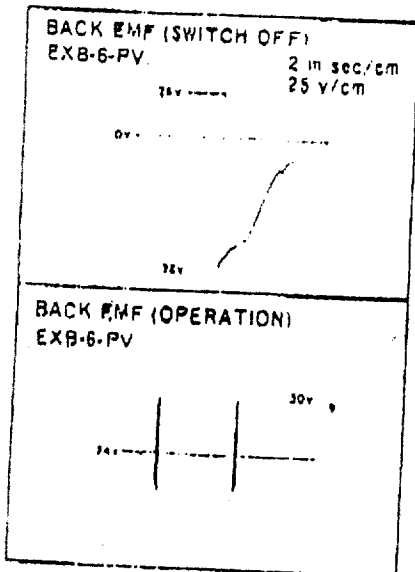
A special feature of the EXB series bells is the VARISTOR SUPPRESSION ELEMENT assembled between the coils to reduce RFI and back EMF noise problems. The reduction of the RFI and back EMF noise problems are essential in today's highly integrated control panels.

The two coil vibrator produces a low current power consumption with high sound output.

All DC bells are polarized for use in supervised fire alarm systems and are provided with 4 lead wires.

The base is cast aluminum and completely encloses the bell mechanism.

The EXB bell can be mounted on either a 4" standard electrical box or weatherproof back box, BBX-1 or BBX-4, for outdoor use.



■ SUPPRESSION CIRCUIT EXB-6-PV

RFI (3 Meter Method)

Frequency (MHz)	Background Noise (dB)	MSB-6-PV	
		Field Intensity (dB)	
50	12	2	
70	17	1	
100	19	2	
150	23	2	
200	25	3	

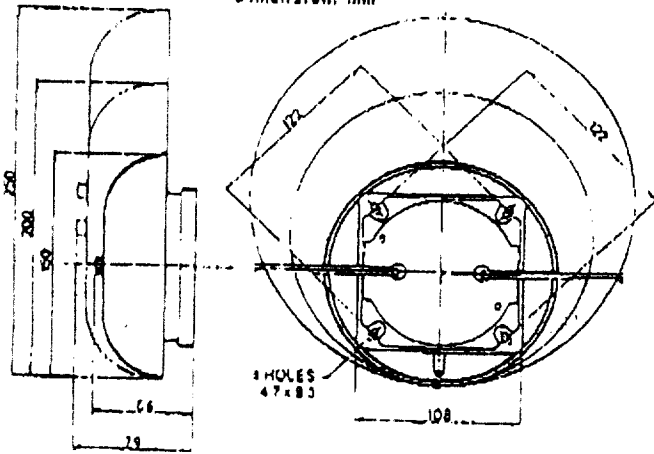
The field noise intensity denotes that of electric noise.
dB/at 3M dB: 1mV/m-0dB

Specify the Model Numbers from the following:

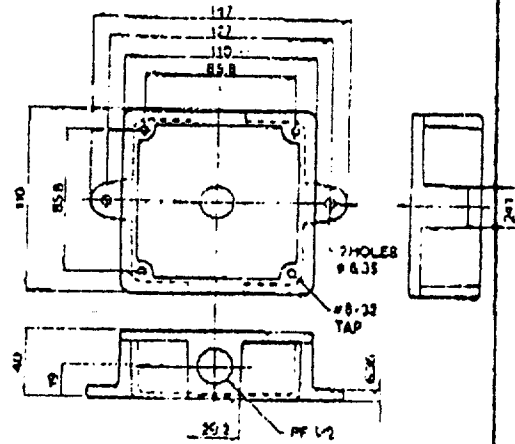
Model Number	Cone Size	Rated Voltage	Rated Current (A)	Starting Voltage	Sound Pressure UL Std 184	Indoor Measurement
EXB-6-PV4-6	6"	6VDC	0.30	4.8	85	85-86
EXB-6-PV4-12	6"	12VDC	0.12	9.6	79	85-86
EXB-6-PV4-24	6"	24VDC	0.06	19.2	82	85-86
EXB-6-PV4-28	6"	28VDC	0.08	22.4	82	85-87
EXB-8-PV4-6	8"	6VDC	0.50	4.8	85	87-90
EXB-8-PV4-12	8"	12VDC	0.17	9.6	82	85-87
EXB-8-PV4-24	8"	24VDC	0.08	19.2	85	85-88
EXB-8-PV4-28	8"	28VDC	0.08	22.4	82	84-87
EXB-10-PV4-6	10"	6VDC	0.50	4.8	85	89-94
EXB-10-PV4-12	10"	12VDC	0.17	9.6	85	90-94
EXB-10-PV4-24	10"	24VDC	0.06	19.2	82	88-94
EXB-6-A4-6	6"	6VAC	0.85	4.8	85	86-89
EXB-6-A4-24	6"	24VAC	0.18	19.2	79	85-89
EXB-6-A4-120	6"	120VAC	0.047	96.0	82	86-89
EXB-8-A4-24	8"	24VAC	0.18	19.2		85-89
EXB-8-A4-120	8"	120VAC	0.047	96.0	85	87-94
EXB-10-A4-24	10"	24VAC	0.18	19.2		85-89
EXB-10-A4-120	10"	120VAC	0.047	96.0	82	88-94

NOTE: P Indicates Polarized, V Indicates Variable, 4 Indicates 4 Wire Leads
 GONG: Steel painted Red
 FM Approved 6" and 8", 10" Pending
 BSA CAL. NO: 1070-80-5A

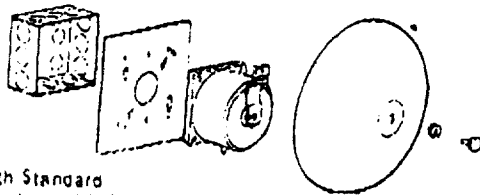
EXB-6, EXB-8, EXB-10
 Dimension: mm



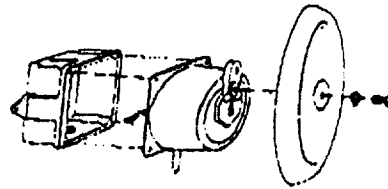
BBX-4 Waterproof Back Box



INSTALLATION



EXB series with Standard electrical outlet box with Adapter Plate.



EXB series with BBX-4 waterproof bell back box.

EdwardsTM Fire Alarm Stations

CAT. NO. 270 SERIES
MANUAL SINGLE ACTION

- UL LISTED
- BREAK GLASS TYPE

FEATURES

SPO and DPO Models UL listed • 270-SPO California State Fire Marshal Listed • Open or closed circuit • Simple to test • Single action • May be surface mounted on P-027193 cast back box or P-039250 steel back box. For weather-proof surface mount backbox order Cat. No. 1291. See page E32 for conduit provisions) • Die cast station painted red, with silver painted strips • Mounts on 4" sq. box with single gang plaster cover • Overall depth of 2 1/2"

APPLICATIONS

Fire alarm systems in schools, hospitals, factories, industrial applications.

CAT. NO. 278B SERIES MANUAL DUAL ACTION

- UL AND CSFM LISTED
- BREAK GLASS TYPE

FEATURES

The 278B-1110 is UL and California State Fire Marshal listed and is available as a normally open circuit device. This dual action pull station is molded from Lexan and is supplied with screw terminals for easy field connection. A tool operated reset feature is supplied standard. The unit may be mounted semi-flush using a 4" square back box and plaster cover with a single gang opening having an overall minimum depth of 2 1/4" or may be surface mounted to a 276B-RSB backbox.

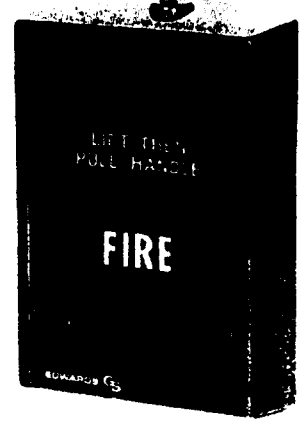
APPLICATIONS

General alarm contacts for fire alarm systems in schools, hospitals, factories and industrial applications. The contacts are rated 3 amps resistance load at 30VAC and 1 amp resistance load at 28VDC.

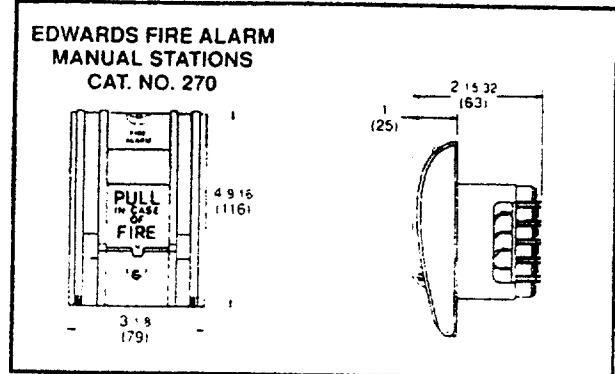
DANGER — These devices will not operate without electrical power, and fires often cause cutoffs of electrical power. These devices do not contain a battery backup power supply. If the electrical circuit feeding the device is cut, or is not providing power for any reason, the device will not initiate any warning of a fire or emergency. Nor will it provide any warning that it is not functioning.



Cat. No. 270

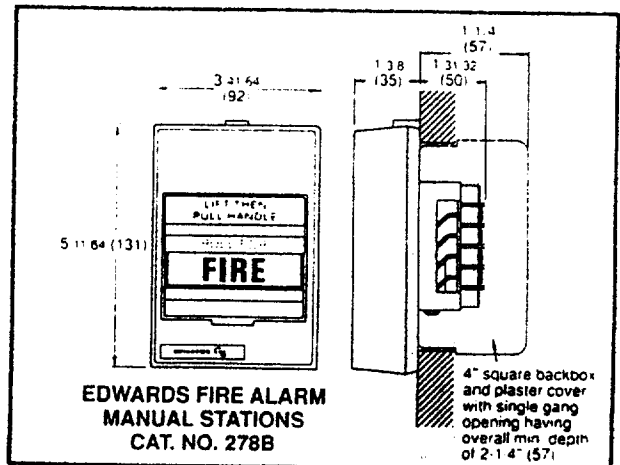


Cat. No. 278B



Cat. No.	Description	Contact Rating		Dimensions		
		Amps	Volts	H	W	D
270-SPO*	Single pole normally open	3.0	125V AC	4 9/16" (116)	3 1/8" (79)	1" (25)
270-SPC*	Single pole normally closed	1.5	250V AC			
270-DPO*	Double pole normally open	1.5	125V AC			
		0.5	250V AC			

*For replacement rods order 270-GLR (package of 20).



*For replacement rods order 276-GLR (package of 20).

Cat. No.	Description	Contact Rating		Dimensions		
		Amps	Volts	H	W	D
278B-1110	Dual Action Normally Open	3.0	30V AC	5 11/64" (131)	3 41/64" (92)	1 3/8" (35)

Specifications subject to change without notice

