

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

**Permit No: 0001264**  
**Insp Area: 4**

**Site Address: 541 HAGGIN AV SAC**  
Parcel No: 262-0171-006

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

CONTRACTOR

OWNER

ARCHITECT

CATA PETER/LIDIA  
240 HAGGIN AV  
SACRAMENTO CA 95833

**Nature of Work: NEW BUILDING: WAREHOUSE AND OFFICE SPACE**

**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 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 12-18-00 Owner Signature Peter Cata

**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 12-18-00 Applicant/Agent Signature Owner Peter Cata

**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.

Date 12-18-00 Applicant Signature Peter Cata

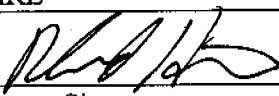
**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address:	<u>541 HAGGIN AV</u>	Permit No.:	<u>0001264</u>
Building Use:	<u>WAREHOUSE &amp; OFFICE DBA: GERMAN STAR MOTORS</u>	Occupancy:	<u>B,S1</u>
Building Owner:	<u>CATA PETER/LIDIA</u>	Construction Type:	<u>VN</u>
Owner Address:	<u>SACRAMENTO, CA</u>	Sprinkled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Portion of Building Occupied:	<u>ENTIRE</u>	Area:	<u>3250</u> Sq. Ft.
7/16/04		<b>DENNIS RICHARDSON</b>	
Date	By: (Print)	Sign	CHIEF BUILDING OFFICIAL

[ Finaled By:DPB,JBB,RSB,JW,GRS ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

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) (yes or no) \_\_\_\_\_

2. I (have/have not) yes 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 Peter CATA Address \_\_\_\_\_

City N/A 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 TBA 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

Signed Peter Cata

Job Address 541 HAGGIN AV

Permit No: 00 12 64

**CITY OF SACRAMENTO**  
**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

875 6679

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

ACTIVITY # 0001264 Insp. Area 4C

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

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 541 HARRIN AVE, SACRAMENTO, CA, 95833 Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

CONTACT		LICENSED CONTRACTOR	
Name <u>PETER or JOHN CATA</u> <u>BURT</u>		Name <u>OWNER BLDG.</u>	
Address <u>561 HARRIN AVE. SACTO. CA. 95833</u>		Address _____	
Phone <u>916-922-7827</u> FAX <u>922-0505</u>		Phone <u>769-7700</u> FAX _____	
E-mail <u>* granted 255-5020 FAX</u>		E-mail <u>769-7700</u>	
ARCHITECT/ENGINEER <u>C43757</u>		OWNER	
Name <u>SALIM KADFORAH</u>		Name <u>GERMAN STAR MOTORS</u>	
Address _____		Address _____	
Phone _____ FAX _____		Phone _____ FAX _____	
E-mail _____		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: new bldg: whse / ofc  
Req SAN EX 2-14-00  
Water TEST EX 2-14-00 charged \$360.00  
Shock Form Given 2-14-00

OCCUPANT/TENANT: German Star Motors VALUATION: \$97435

FLOOD STATUS: <u>X</u>		S.C.A.T.								
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI( )	<input type="checkbox"/> REM( )	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File		
		<u>3250</u>		<u>B, SI</u>	<u>VN</u>	SPR   ALARM	<u>18</u>	[H] [Quad]		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> 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~~ PETER CATA 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
------	---------	-------	--------------

Signed \_\_\_\_\_

Job Address \_\_\_\_\_

Permit No: \_\_\_\_\_

Peter Cata - John Cata

541 Haggren Ave

916-922-7821

00-01264

**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: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Site Address: 541 Haagin Av Suite: \_\_\_\_\_  
 (Street) (Zip)  
 Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: 501 Haagin 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 a violation after reasonable notice of the violation.

Applicant's Name: Peter Cota  
 (Print) Peter Cota  
 (Signature) (Date)

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? ini' _____	date _____
OK to issue Certificate of Occupancy? init _____	date _____

**SAL KADDORAH, P.E.**

211 Yacht Club Way # 339  
Redondo beach, Ca 90277  
Phone (310)937-8725  
Fax (310)937-8495

June 24, 2004

**City of Sacramento  
Building Inspections Division**

Subject: Structural Observation / Special Inspections Report for  
Masonry warehouse and office space  
541 Haggin ave.  
Sacramento, Ca 95833

**Permit # 0001264C**

**Attention: Mr. John Tang, S.E.**

Dear John,

As per my discussion with Mr. David Broch and per our telephone conversation, regarding the building permit for the project addressed above, and resolving the special inspection issues remaining for the purpose of finalizing the building permit and obtain building occupancy.

As per our conversation, the building passed all required inspections by the city of Sacramento, including all required masonry lift inspections, which were performed for increments of four foot lifts on 6-27-01 , 6-29-01 , 7-3-01 and 7-20-01. The masonry walls passed all city inspections. In addition to that I performed some structural observations on the structure, as the engineer of record, during different phases of the construction and ensured that all building elements including wall ties, wall reinforcement size and placement, grouting and mortar as well as the grade of all reinforcing steel is done per the approved construction documents.

All final approvals for all other disciplines such as electrical, plumbing, mechanical, fire and site have been obtained by may 25, 2004. the only item remaining for the building final is special inspection report for the masonry walls.

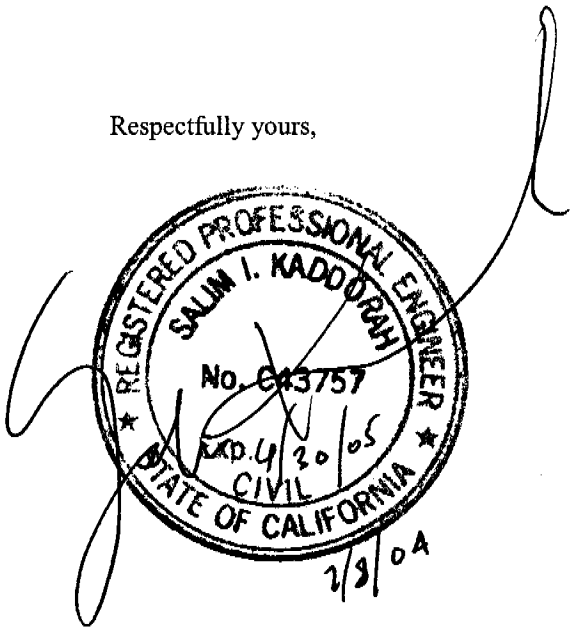
I am requesting that the city grants final for this project based on my structural observation / inspection of the structure and based on the inspections performed by the city inspectors. Also provided is some of the reinforcement and tie invoices that were used for the construction of the masonry walls.

*o.k.*

*John Tang  
7/9/04*

Thank you so much for your assistance in this matter and please let me know if you need any additional information for this subject.

Respectfully yours,



Sal Kaddorah, P.E.



INSPECTION REQ'D PRIOR TO SIGNOFF

**NOTE:** DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS	<i>[Signature]</i>	2/16/01
B11 UFER GROUND	<i>[Signature]</i>	2/20/01
B12 CONCRETE SLAB FORMS	<i>[Signature]</i>	2-9-01
P40 PLUMB. UNDERFLOOR/SLAB	<i>[Signature]</i>	2-31-01
M30 MECH. UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
B13 <i>[Handwritten: DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED]</i>		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING	<i>[Signature]</i>	2/20/03
M31 TOP MECHANICAL/WALL/CEIL.	<i>[Signature]</i>	2/20/03
E63 ROUGH ELECTRICAL/WALL/CEIL.	<i>[Signature]</i>	6/23/03
B19 FRAME	<i>[Signature]</i>	5-20-04
B17 ROOF PLYWOOD NAIL COMM. & APTS.	<i>[Signature]</i>	10-10-04
B18 EXTERIOR LATH/SIDING	<i>[Signature]</i>	7-23-04
<i>[Handwritten: CHD COMPLETE]</i>		
B22 INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT	<i>[Signature]</i>	2-27-02
P43 SEWER SERVICE	<i>[Signature]</i>	1-31-01
P42 WATER SERVICE	<i>[Signature]</i>	2-2-01
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47/M33 GAS TEST	<i>[Signature]</i>	11-2-02
P48 TEMP GAS		
E68 POWER POLE		
E67 TEMP. POWER #24172	<i>[Signature]</i>	9-29-02
<b>SWIMMING POOLS ONLY</b>		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

**FINAL APPROVALS**

FINAL INSP. NO.	DATE	SIGNATURE
B29 BUILDING	5-24-04	<i>[Signature]</i>
E79 ELECTRICAL	5-24-04	<i>[Signature]</i>
P59 PLUMBING	5-24-04	<i>[Signature]</i>
M39 MECHANICAL	5-24-04	<i>[Signature]</i>
F94 FIRE	5-24-04	<i>[Signature]</i>
S92 SITE	5-25-04	<i>[Signature]</i>

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

BUILDING SITE ADDRESS: 341 HAGGIN AVE SUITE

ASSESSOR PARCEL NO. 262-0171-006

NAME OF APPLICANT: GATA PETER/LIDIA

LICENSED CONTRACTOR: GATA PETER/LIDIA

PROPERTY OWNER: GATA PETER/LIDIA

ADDRESS: 240 HAGGIN AVE, SACRAMENTO, CA 95833

NO. OF STORIES: [ ] NO. OF ROOMS: [ ] ROOF COVERING: [ ] AREA 1ST FLOOR: [ ] TOTAL AREA: [ ] GARAGE AREA: [ ] PATIO AREA: [ ]

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE

NATURE OF WORK (IN DETAIL): NEW BUILDING: WAREHOUSE AND OFFICE SPACE

FLOOD STATUS:  DBA: GERMAN STAR MOTORS

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191

VALUATION: \$ 115,359.

ISSUED BY: *[Signature]*

DATE ISSUED: 12-18-02

BUILDING PERMIT FEE: \$

PLAN CHECK/PROC. FEE: \$

S.M.I. FEE: \$

CONST. EXCISE TAX: \$

CITY BUS LICENSE FEE: \$

TECH. FEE: \$

WATER DEV. FEE: \$

CITY SEWER DEV. FEE: \$

REG. SEWER FEE: \$

RESIDENTIAL CONST. TAX: \$

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: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: *[Signature]*

WARNING: FAILURE TO SECURE WORKERS' 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

6-27-01 CMU TO 8' OK H/W/104  
6-29-01 CMU TO 12' OK W/P/B  
7-3-01 CMU TO 16' 8" OK H/W/104  
7-20-01 CMU TO TOP (EXC FRONT FACE DE PERK) OK H/W/104

6-27-01 CMU TO 8' OK H/W/104  
6-29-01 CMU TO 12' OK W/P/B  
7-3-01 CMU TO 16' 8" OK H/W/104  
7-20-01 CMU TO TOP (EXC FRONT FACE DE PERK) OK H/W/104

# CAPITOL STEEL COMPANY

PLEASE REMIT TO  
P.O. Box 215239  
Sacramento, Calif. 95821-1239

PHONE: (916) 924-3195  
FAX: (916) 924-0382

*sted*

# INVOICE

No. 72535

DATE OF ORDER	ORDER TAKEN BY	DELIVERY DATE	ORDER PLACED BY	PURCHASE ORDER NO.	OUR REFERENCE NUMBER
4/19/01			Pete		

NAME German Star Auto		JOB SITE Same		PHONE 922-7827	
STREET 561 Hagedorn		STREET Cross street is North Gate			
CITY Sacramento, Ca.	STATE	CITY	STATE	ZIP	ZIP
TRACT#		LOT		COUNTY	

QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT
100	ea	#4 Rebar 60gr./20ft.		260 00
100	ea	#5 Rebar		400 00
<p><i>10965</i></p> <p><i>Peter Cate</i></p> <p>Del. by fri...</p> <p><u>OOD</u></p>				

CAPITOL STEEL COMPANY *15.13* INVOICE

PLEASE PAY BY INVOICE - STATEMENT ISSUED BY REQUEST ONLY

ORDERED BY Sacramento	TRUCK # memo call 9034	DELIVERED BY 1-1239	CERTIFY THE MATERIALS LISTED ARE TO BE USED ON THE JOBS INDICATED ABOVE AND WERE RECEIVED IN GOOD CONDITION.	SUBTOTAL	660 00
--------------------------	---------------------------	------------------------	--	----------	--------

NOT RESPONSIBLE FOR BROKEN SIDEWALKS OR CURBS  
WHEN DELIVERY IS REQUESTED ON PREMISES.

TAX	%	49 50
TOTAL		709 50

**SEE REVERSE SIDE FOR TERMS AND CONDITIONS OF SALE**

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

# CAPITOL STEEL COMPANY

PLEASE REMIT TO  
P.O. Box 215239  
Sacramento, Calif. 95821-1239

PHONE: (916) 924-3195  
FAX: (916) 924-0382

INVOICE

No. 72541

DATE OF ORDER	ORDER TAKEN BY	DELIVERY DATE	ORDER PLACED BY	PURCHASE ORDER NO.	OUR REFERENCE NUMBER
4/23/01			Pete		703

**NAME** German Star

**STREET**

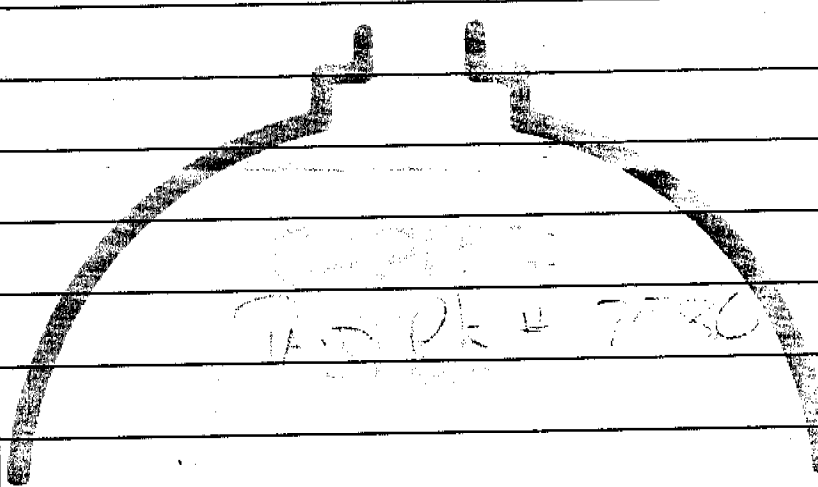
**CITY** STATE ZIP

**JOBSITE** Will-Call **PHONE**

**STREET**

**CITY** STATE ZIP

**TRACT#** **LOT** **COUNTY**

QUANTITY	UNITS	DESCRIPTION	PRICE	AMOUNT
120	ea	#3 x 12" Ties	.85	102 00
				

**CAPITOL STEEL COMPANY**

PLEASE PAY BY INVOICE - STATEMENT ISSUED BY REQUEST ONLY

LOADED BY Sacramento TRUCKS DELIVERED BY CERTIFY THE MATERIALS LISTED ARE TO BE USED ON THE JOBS INDICATED ABOVE AND WERE RECEIVED IN GOOD CONDITION.

INVOICE

<b>SUBTOTAL</b>	102 00
<b>TAX</b> ___ %	7 65
<b>TOTAL</b>	109 65

**NOT RESPONSIBLE FOR BROKEN SIDEWALKS OR CURBS WHEN DELIVERY IS REQUESTED ON PREMISES.**

**SEE REVERSE SIDE FOR TERMS AND CONDITIONS OF SALE**

NAME

STATE

CITY

UNITS

**PLEASE REMIT TO**  
P.O. Box 215239  
Sacramento, Calif. 95821-1239

PHONE: (916) 924-3195  
FAX: (916) 924-0382

**INVOICE**

No. 74499

DATE OF ORDER	ORDER TAKEN BY	DELIVERED BY	ORDER PLACED BY	PURCHASE ORDER NO.	OUR REFERENCE NUMBER
7/25/01					

NAME: German Star Motors  
STREET:  
CITY: STATE: ZIP:

JOB SITE: Will-Call PHONE:  
STREET:  
CITY: STATE: ZIP:  
TRACT#: LOT: COUNTY:

QUANTITY	UNITS	DESCRIPTION	PRICE	AMOUNT
12	ea	15 Rebar 60gr./20ft.	4.00	48 00
Paid Check #7803				

**APITOL STEEL COMPANY**

**INVOICE**

**PLEASE PAY BY INVOICE — STATEMENT ISSUED BY REQUEST ONLY**

BY: Sacramento, Calif.	TRUCK #	DELIVERED BY	CERTIFY THE MATERIALS LISTED ARE TO BE USED ON THE JOBS INDICATED ABOVE AND WERE RECEIVED IN GOOD CONDITION.
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**NOT RESPONSIBLE FOR BROKEN SIDEWALKS OR CURBS WHEN DELIVERY IS REQUESTED ON PREMISES.**

**SEE REVERSE SIDE FOR TERMS AND CONDITIONS OF SALE**

<b>SUBTOTAL</b>	
<b>TAX</b> ___ %	3 60
<b>TOTAL</b>	51 60

STREET:  
CITY: STATE: ZIP:  
QUANTITY UNITS: DESCRIPTION: PRICE: AMOUNT:

# CAPITOL STEEL COMPANY

PLEASE REMIT TO  
P.O. Box 215239  
Sacramento, Calif. 95821-1239

PHONE: (916) 924-3195  
FAX: (916) 924-0382

# INVOICE

No. 74156

DATE OF ORDER	ORDER TAKEN BY	DELIVERY DATE	ORDER PLACED BY	PURCHASE ORDER NO.	OUR REFERENCE NUMBER
7/3/01			Pete		

**SOLD TO**

NAME: German Star Motors  
STREET: 561 HAGGIN AVE  
CITY: SACRA STATE: CA ZIP: 95830

JOBSITE: Will-Call PHONE:  
STREET:  
CITY: STATE: ZIP:  
TRACT# LOT COUNTY:

QUANTITY	UNITS	DESCRIPTION	PRICE	AMOUNT
60	ea	MPAI44	4.90	294 00
300	ea	3/4 x 10 Anchor Bolts	→.80	240 00
300	ea	3/4x2 1/2x2 1/2 Plate Washers	.45	135 00
100X	TRM EA	#5 REBAR 60GR 20FT.	4.00	400.00

*PICKED UP 7/5/01*

*DEL. FRI. 7/5/01*

*PAID IN FULL CHK# 7772*

*Peter Cato*

CAPITOL STEEL COMPANY INVOICE

PLEASE PAY BY INVOICE — STATEMENT ISSUED BY REQUEST ONLY				SUBTOTAL 1,069.00	
LOADED BY: Secret	TRUCK #	DELIVERED BY	CERTIFY THE MATERIALS LISTED ARE TO BE USED ON THE JOBS INDICATED ABOVE AND WERE RECEIVED IN GOOD CONDITION.		

NOT RESPONSIBLE FOR BROKEN SIDEWALKS OR CURBS WHEN DELIVERY IS REQUESTED ON PREMISES.

TAX __%	80.18
<b>TOTAL</b>	<b>1,149.18</b>

**SEE REVERSE SIDE FOR TERMS AND CONDITIONS OF SALE**

**BORDER**

NAME: STREET: CITY: STATE: ZIP:

QUANTITY UNITS

PLEASE REMIT TO  
P.O. Box 215239  
Sacramento, Calif. 95821-1239

PHONE: (916) 924-3195  
FAX: (916) 924-0382

No. 72827

DATE OF ORDER	ORDER TAKEN BY	DELIVERY DATE	ORDER PLACED BY	PURCHASE ORDER NO.	OUR REFERENCE NUMBER
5/3/01		5/4/01	Pete		

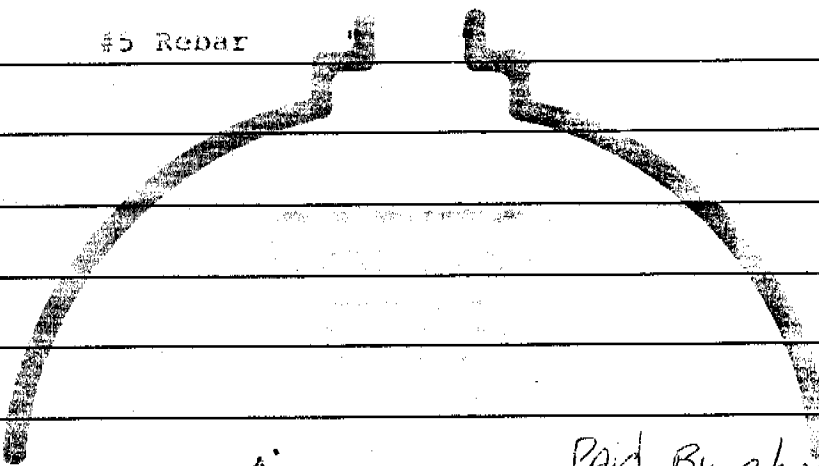
**SELLER**

NAME: German Star Motors  
STREET: 561 Hagen  
CITY: Sacramento, CA STATE: CA ZIP: [blank]

922-7827

**BUYER**

JOB SITE: [blank] PHONE: [blank]  
STREET: Hagen & Northgate  
CITY: [blank] STATE: CA ZIP: [blank]  
TRACT#: [blank] LOT: [blank] COUNTY: [blank]

QUANTITY	UNITS	DESCRIPTION	PRICE	AMOUNT
50	eam	#4 REbar 60gr./20ft.	2.60	130.00
150	ea	#5 REbar	4.00	600.00
				
<p>Del. by fri...</p> <p><i>PAID BY CHECK # 7619.</i></p>				

CAPITOL STEEL CONCRETE

INVOICE

PLEASE PAY BY INVOICE — STATEMENT ISSUED BY REQUEST ONLY

LOADED BY: [blank] TRUCK # [blank] DELIVERED BY: BR  
CERTIFY THE MATERIALS LISTED ARE TO BE USED ON THE JOBS INDICATED ABOVE AND WERE RECEIVED IN GOOD CONDITION.

SUBTOTAL	730.00
TAX %	54.75
TOTAL	784.75

NOT RESPONSIBLE FOR BROKEN SIDEWALKS OR CURBS  
WHEN DELIVERY IS REQUESTED ON PREMISES.

SEE REVERSE SIDE FOR TERMS AND CONDITIONS OF SALE

**BUYER**

NAME: [blank]  
STREET: [blank]  
CITY: [blank]