

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0500963

Insp Area: 4

Thos Bros: 257J7

Site Address: 5029 DRY CREEK RD SAC

Parcel No: 226-0180-012

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

RAM BALUTRA
5326 DRY CREEK RD
SACRAMENTO, CA 95838

ARCHITECT

Nature of Work: NEW SFR - 1 STORY -2650 LIVING,1350 GARAGE

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 9-23-05 Owner Signature Balutra

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 a ny 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9-23-05 Applicant/Agent Signature Balutra

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 9-23-05 Applicant Signature Balutra

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.

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address BAL RAM
 Project Address 5029 DRY CREEK RD.
 Parcel Number 226-0180-012 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title [Signature] **CITY OF SACRAMENTO
NORTH PERMIT
CENTER**
 Date 6/21/04 Phone No. _____

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.

RECEIVED
JUN 21 2004

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0404716 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Square Feet of Chargeable Building Area 3400 sq'
 Signature Carey Boyd Date 4-22-04
 Title B.I. III

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No. <u>04-1851</u>	
EXEMPT	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
<u>3400</u> Sq.Ft. x \$ <u>1.19</u>	= \$ <u>4046.00</u>
COMMERCIAL / INDUSTRIAL	
_____ Sq.Ft. x \$ _____	= \$ _____
OTHER FEE: TYPE _____	
_____ Sq.Ft. x \$ _____	= \$ _____
TOTAL FEES COLLECTED = \$ <u>4046.00</u>	

Robla Elementary School District	
District Certification No. <u>04-047</u>	
EXEMPT	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
<u>3400</u> Sq.Ft. x \$ <u>.96</u>	= \$ <u>3,264.00</u>
COMMERCIAL / INDUSTRIAL	
_____ Sq.Ft. x \$ _____	= \$ _____
OTHER FEE: TYPE _____	
_____ Sq.Ft. x \$ _____	= \$ _____
TOTAL FEES COLLECTED = \$ <u>3,264.00</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

Signature [Signature]
 Title _____
 Date 6/21/04

ROBLA Authorized School District Official

Signature Cynthia Jones
 Title Acct Technician
 Date 6/21/04

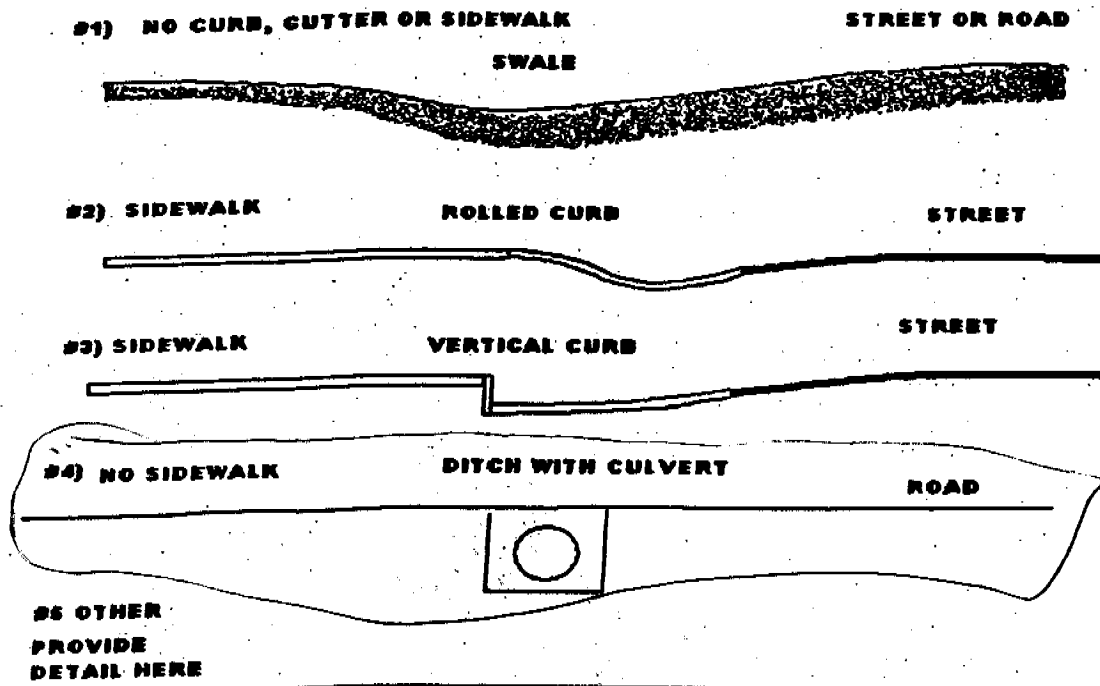
Original: Grant Joint Union High School District/
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? Y N
23. Is this a corner lot? Y N
24. Is the posted speed limit on this street greater than 25 MPH? Y N
25. Is this parcel located on a four-lane street? Y N
26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? Y N N/A
27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? Y N N/A
28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? Y N N/A

CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.

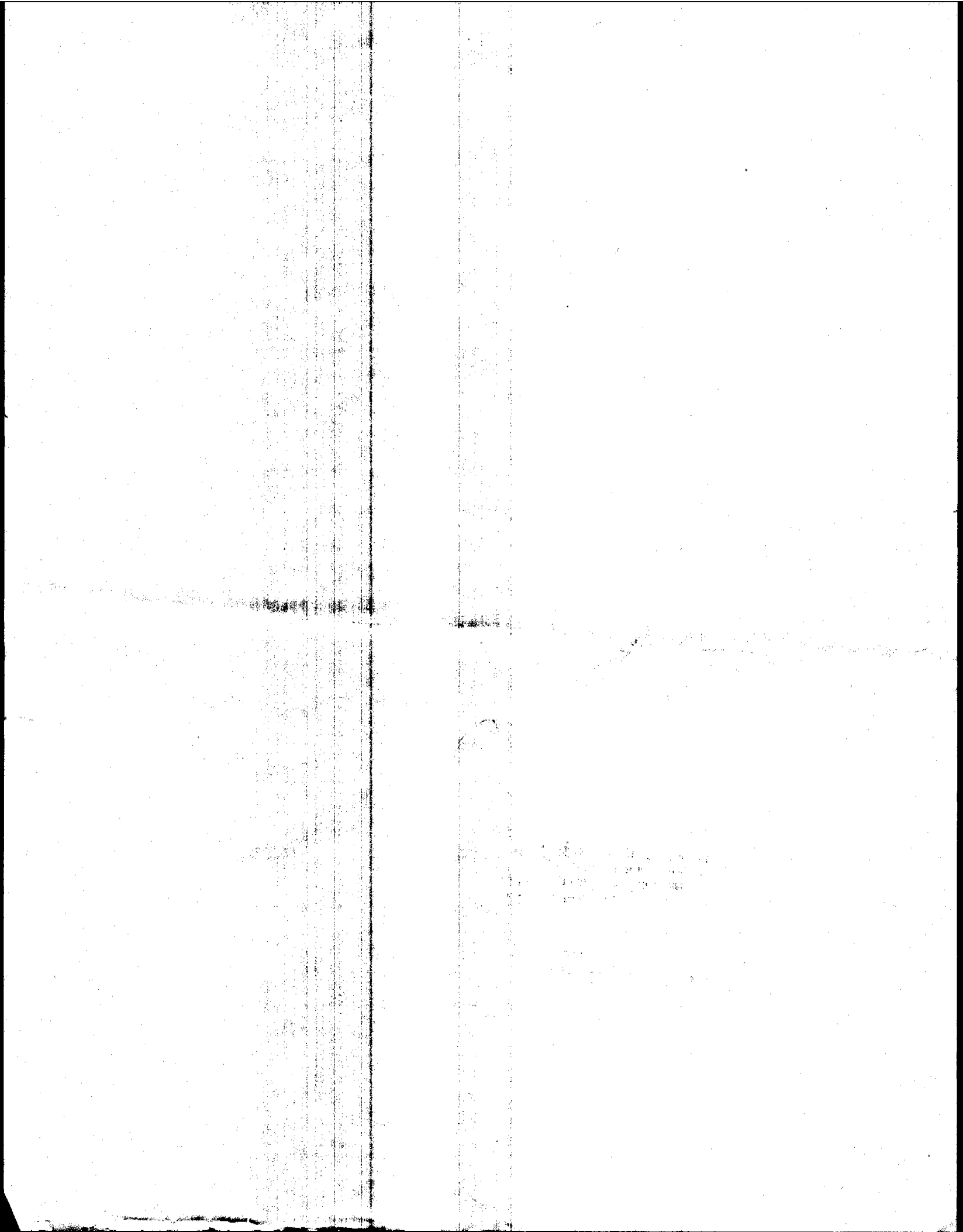


The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

GNED *[Signature]* DATE 7-19-05

FILE _____

PHONE NO. 991-4342



0500963

OFFICE / CITY COPY

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

Copy

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <i>Ram Bal + Ultra</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suffix and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>5029 Dry Creek Rd.</i>		Company NAIC Number
CITY <i>Sacramento</i>	STATE <i>Ca.</i>	ZIP CODE <i>95838</i>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 226-0180-012-0000</i>		CITY OF SACRAMENTO NORTH PERMIT CENTER AUG 17 2005
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <i>Residential</i>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ##.####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

RECEIVED

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>City of Sacramento 010266</i>	B2. COUNTY NAME <i>Sacramento</i>	B3. STATE <i>Ca.</i>
B4. MAP AND PANEL NUMBER <i>060266-0005</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>7/6/98</i>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>7/6/98</i>	B8. FLOOD ZONE(S) <i>X</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>39.0</i>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): *Maggie Creek Flood Plain*

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction Other Construction

*A new Elevation Certificate will be required when construction of the building is complete.

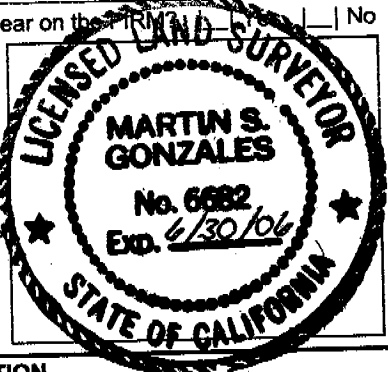
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, P, AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments _____

Elevation reference mark used *258 A-5* Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<i>39</i> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<i>40</i> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	_____ sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME *Martin Stephen Gonzales* LICENSE NUMBER *6682*

TITLE *President* COMPANY NAME *Gonzales Surveys Inc.*

ADDRESS *0240 W. 6th St* CITY *Rio Linda* STATE *Ca.* ZIP CODE *95673*

SIGNATURE *[Signature]* DATE *6/13/05* TELEPHONE *916 768 6303*

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5029 Dry Creek Rd			Policy Number	
CITY Sacramento	STATE CA	ZIP CODE 95838	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments

Robert A. Massetti, Architect
3710 Cone Court
Rocklin, CA 95677
(916) 624-9532
November 12, 2005

To Whom It May Concern

Re:
Ram Residence
5029 Dry Creek Road
Rio Linda, CA

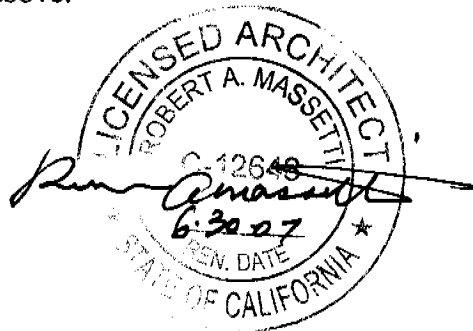
Dear Sir / Madame:

This is to confirm that the header of the 6'-0 wide double door front entrance of the house may have a 4x8 header beam without a top plate, in lieu of the 4x12 noted on the plans. This opening has a transom above.

Sincerely,

Bob Massetti
Bob Massetti, Architect

Cc: Bal Ram



Alpine Engineered Products, Inc.

8351 Rovana Circle Sacramento, CA 95828 (916) 387-0116
Page 1 of 1 Document ID:ISS37732Z0311161037

Truss Fabricator: Central Valley Truss
Job Identification: R_10200939
Model Code: Uniform Building Code
Truss Criteria: ANSI/TPI-2002(STD)/UBC;ANSI/TPI-2002(STD)/IBC
Engineering Software: Alpine VIEW Version 7.12.
Truss Design Loads: Roof - 37 PSF @ 1.25 Duration
Floor - N/A
Wind - N/A

Seal Date: 11/11/2005

Notes:

1. Determination as to the suitability of these truss components for the structure is the responsibility of the building designer/engineer of record, as defined in ANSI/TPI 1.
2. The engineer's seal and original signature on this index sheet may be provided to the building official to accompany reproductions, in accordance with California Statute Ch.7, Art.3, Sec.6735.
3. As shown on attached drawings; the drawing number is preceded by: CAUSR7732

Garold W. Heal
California PE#58005

No Standard Details

Submitted by GWH 16:10:24 11-11-2005 Reviewer: CAP

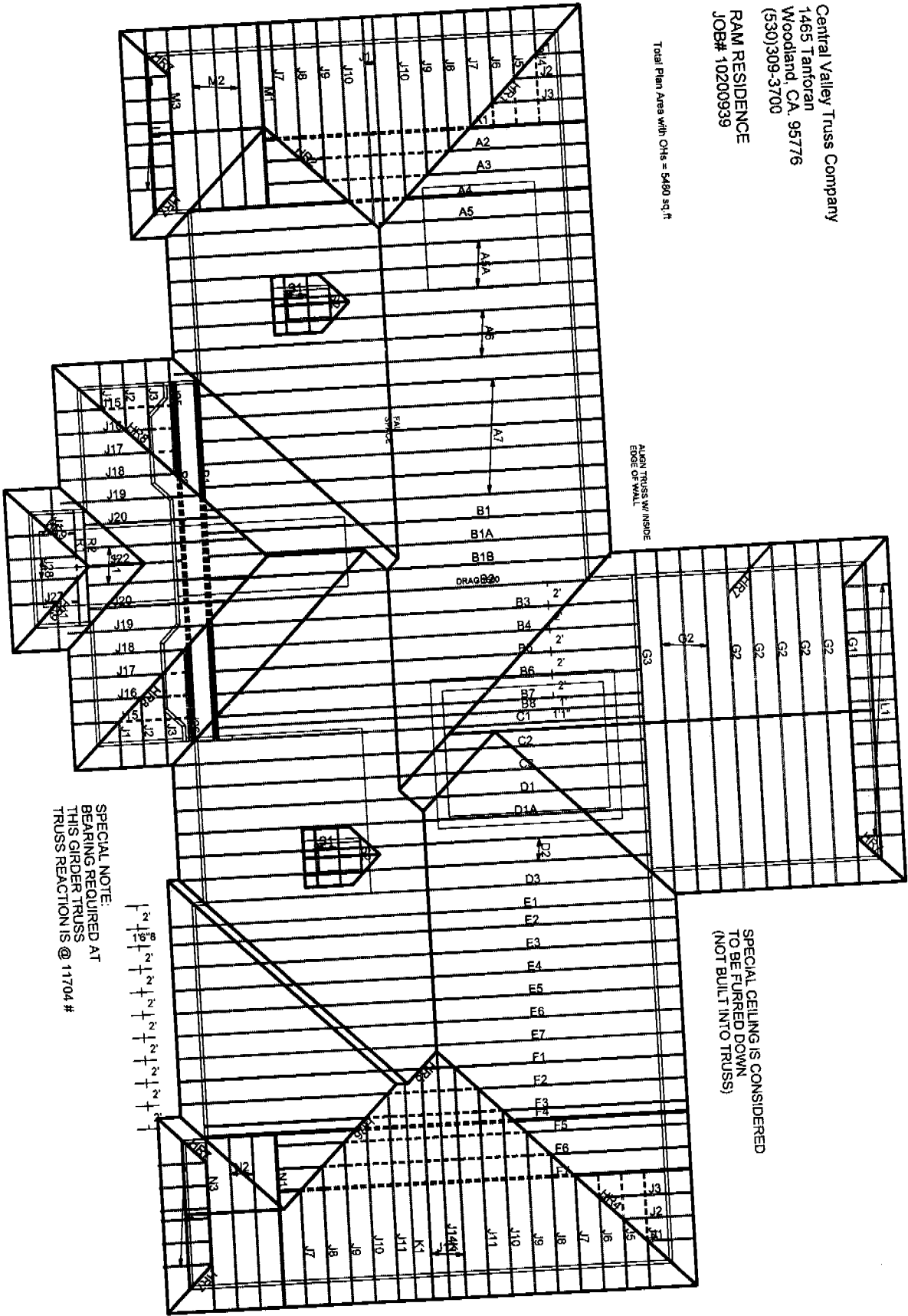
\$

#	Ref	Description	Drawing#	Date
1	54422-E6	40' Special	05315052	11/11/05
2	54422-A4	33' Californi	05315053	11/11/05

Repair Charge: \$55.00 per Customer Agreement.
Amount to be invoiced separately.

Central Valley Truss Company
 1465 Tanforan
 Woodland, CA, 95776
 (530)309-3700
RAM RESIDENCE
 JOB# 10200939

Total Plan Area with OHS = 5480 sq. ft.



SPECIAL NOTE:
 BEARING REQUIRED AT
 THIS GIRDER TRUSS
 TRUSS REACTION IS @ 11704 #

Cust: Ram Residence
 Desc: Ram Residence
 Addr: 5029 Dry Creek Road

JOB NO:
 10200939

PAGE NO:
 1 OF 1

THIS DWG PREPARED FROM COMPUTER INPUT (LOADS & DIMENSIONS) SUBMITTED BY TRUSS MFR.

(R_10200939 - E6 40' Spectral)
 REPAIR FOR LOOSE PLATES.

REPAIR PROCEDURE

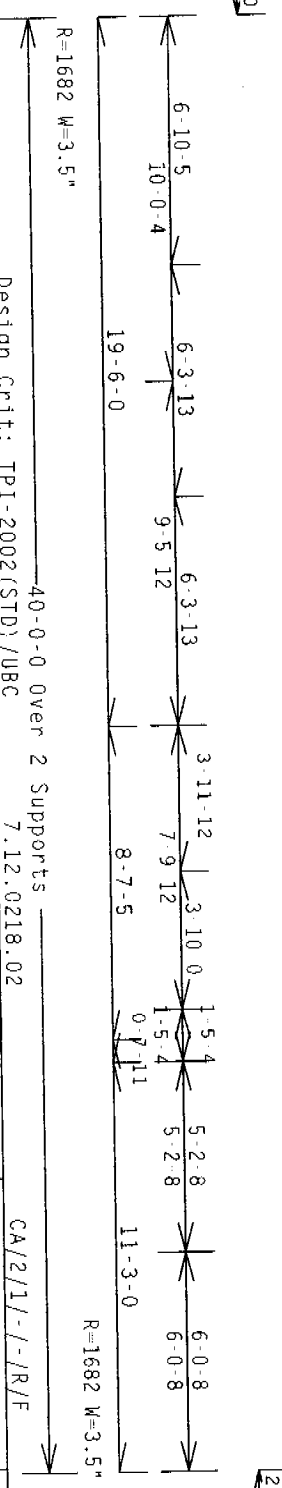
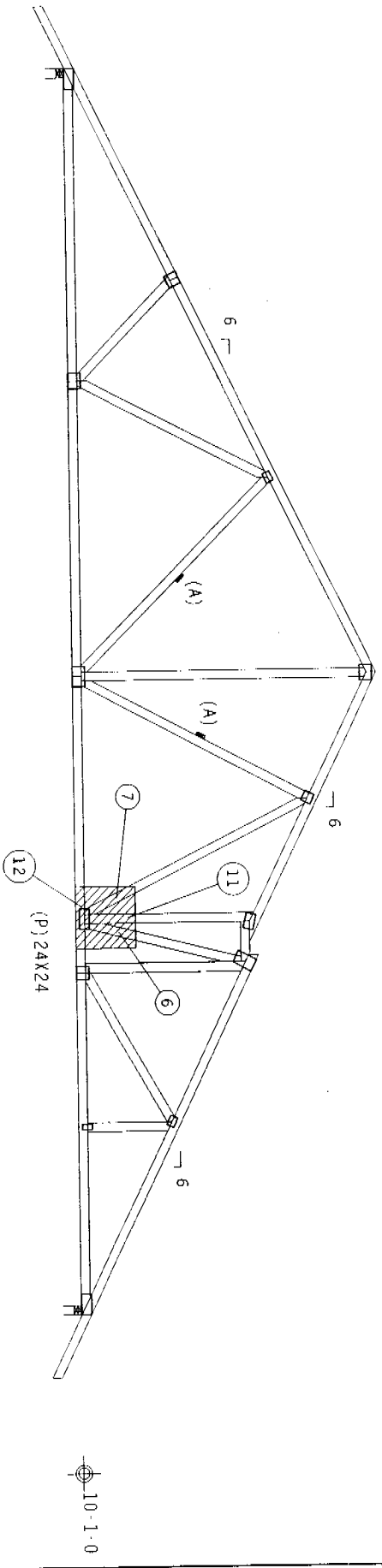
- > SHORE TRUSS TO RESTORE TO PRE-LOADED CONDITION.
- > ADD PLYWOOD GUSSETS AS SPECIFIED.
- > REMOVE SHORING.

(P) 1/2" PLYWOOD OR 7/16" OSB GUSSETS: APA RATED 24/0 SHEATHING, EXP. 1, CULLED OF SURFACE DEFECTS IF SMALLER THAN 24" SQUARE. NAIL ONE GUSSET TO EACH OUTSIDE FACE OF TRUSS THROUGH ALL CHORD AND WEB MEMBERS WITH 10d BOX (0.128"x3.00") WIRE NAILS @ 4" O.C. SPACE NAILS AND STAGGER ROWS TO PREVENT SPLITS. CIRCLED NUMBERS INDICATE MINIMUM QUANTITY OF NAILS PER FACE.

EDGE DISTANCE, END DISTANCE AND SPACING FOR FASTENERS SHALL BE SUFFICIENT TO PREVENT SPLITTING OF THE WOOD AND MEET REQUIREMENTS OF 1997 UBC SECTION 2318.3.3.

NOTE: SEE DRAWING CAUSR7732 05286071 FOR LUMBER, PLATES, AND OTHER DATA NOT SHOWN HERE.

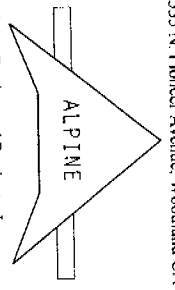
AFTER COMPLETION OF REPAIRS, TRUSSES MUST BE INSPECTED BY THE TRUSS MANUFACTURER OR LOCAL BUILDING DEPARTMENT TO ASSURE COMPLIANCE WITH ALPINE DESIGNS AND SPECIFICATIONS.



Design Crit: TPI-2002(STD)/UBC 7.12.0218.02

CA/2/1/-/-/R/F Scale = .1875"/ft.

PLT TYP. Wave
 Central Valley Truss 530-666-1200
 535 N Pioneer Avenue, Woodland CA

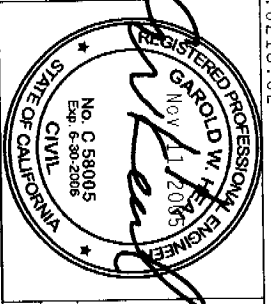


Alpine Engineered Products, Inc.
 Sacramento, CA 95828

****IMPORTANT**** THESE REQUIRE EXERCISE CARE IN FABRICATION, SHORING, INSTALLING AND BRACING. ANY FAILURE TO BUILD THE TRUSS TO THE DESIGN SHALL BE THE RESPONSIBILITY OF THE TRUSS MANUFACTURER OR LOCAL BUILDING DEPARTMENT TO ASSURE COMPLIANCE WITH ALPINE DESIGNS AND SPECIFICATIONS.

****IMPORTANT**** THESE REQUIRE EXERCISE CARE IN FABRICATION, SHORING, INSTALLING AND BRACING. ANY FAILURE TO BUILD THE TRUSS TO THE DESIGN SHALL BE THE RESPONSIBILITY OF THE TRUSS MANUFACTURER OR LOCAL BUILDING DEPARTMENT TO ASSURE COMPLIANCE WITH ALPINE DESIGNS AND SPECIFICATIONS.

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TC LL	16.0 PSF	REF	R7732- 54422
TC DL	14.0 PSF	DATE	11/11/05
BC DL	7.0 PSF	DRW	CAUSR7732 05315052
BC LL	0.0 PSF	CA-ENG	CAP/GWH
TOT. LD.	37.0 PSF	SEQN-	30930
DUR. FAC.	1.25	FROM	MU
SPACING	24.0"	JREF-	ISS37732Z03

REPAIR FOR EXTENDING FILLER 4" AND TRIMMING VERTICAL WEB.

REPAIR PROCEDURE

- > SHORE TRUSS TO RESTORE TO PRE-LOADED CONDITION.
- > ADD SCABS AS SPECIFIED.
- > REMOVE SHORING.

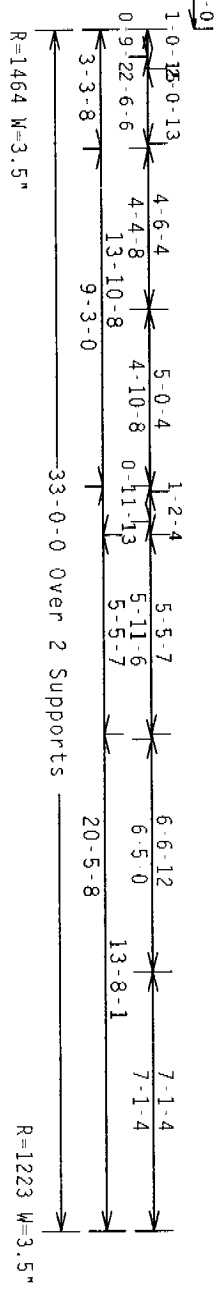
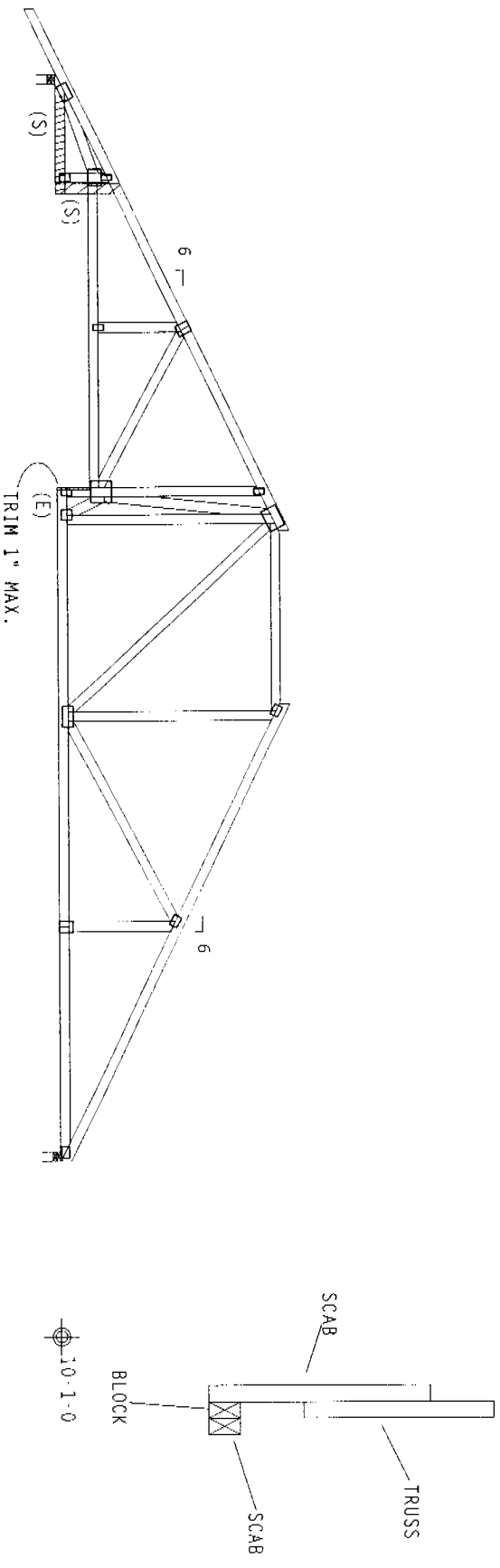
- (S) ADD 2x4 DF-L Std/Stud SCABS TO OPPOSITE FACES WITH BLOCK IN BETWEEN. ATTACH SCABS WITH 10d BOX (0.125x3.0") NAILS AT 4" O.C. MINIMUM OF 2 NAILS IN EACH OVERLAPPING MEMBER.
- (E) REMAINDER OF CUT PLATE SHALL HAVE FULL WOOD TO PLATE CONTACT.

2 COMPLETE TRUSSES REQUIRED

EDGE DISTANCE, END DISTANCE AND SPACING FOR FASTENERS SHALL BE SUFFICIENT TO PREVENT SPLITTING OF THE WOOD AND MEET REQUIREMENTS OF 1997 UBC SECTION 2318.3.3.

NOTE: SEE DRAWING CAUSR7732 05287059 FOR LUMBER, PLATES, AND OTHER DATA NOT SHOWN HERE.

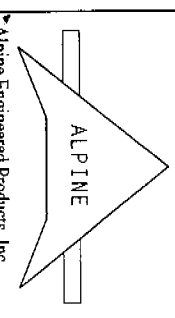
AFTER COMPLETION OF REPAIRS, TRUSSES MUST BE INSPECTED BY THE TRUSS MANUFACTURER OR LOCAL BUILDING DEPARTMENT TO ASSURE COMPLIANCE WITH ALPINE DESIGNS AND SPECIFICATIONS.



PLT TYP. Wave
 Central Valley Truss 530-666-1200
 535 N. Pioneer Avenue, Woodland CA

Design Crit: TPI-2002(STD)/IBC 7.12.0218.02

CA/2/1/-/-/R/F Scale = .1875" /ft.

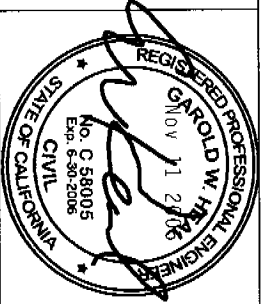


Alpine Engineering Products, Inc.
 Sacramento, CA 95828

****WARNING**** TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO BEST PRACTICES COMMON TO THE TRUSS INDUSTRY AND THE TRUSS MANUFACTURER'S INSTRUCTIONS. THE TRUSS MANUFACTURER SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS. THE TRUSS MANUFACTURER SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BRITTON CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

****IMPORTANT**** TURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ALPINE ENGINEERING PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN. ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH THIS DESIGN OR FABRICATING, HANDLING, SHIPPING, INSTALLING & BRACING OF THIS DESIGN. THE TRUSS MANUFACTURER SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION AND BRACING OF THE TRUSS. THE TRUSS MANUFACTURER SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BRITTON CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING.

DESIGN COMPLIANCE WITH APPLICABLE PROVISIONS OF THE 1997 UBC, 1997 IBC, 1997 ASCE 7, 1997 AISC 360, 1997 AISC 310, 1997 AISC 308, 1997 AISC 305, 1997 AISC 301, 1997 AISC 300, 1997 AISC 288, 1997 AISC 287, 1997 AISC 286, 1997 AISC 285, 1997 AISC 284, 1997 AISC 283, 1997 AISC 282, 1997 AISC 281, 1997 AISC 280, 1997 AISC 279, 1997 AISC 278, 1997 AISC 277, 1997 AISC 276, 1997 AISC 275, 1997 AISC 274, 1997 AISC 273, 1997 AISC 272, 1997 AISC 271, 1997 AISC 270, 1997 AISC 269, 1997 AISC 268, 1997 AISC 267, 1997 AISC 266, 1997 AISC 265, 1997 AISC 264, 1997 AISC 263, 1997 AISC 262, 1997 AISC 261, 1997 AISC 260, 1997 AISC 259, 1997 AISC 258, 1997 AISC 257, 1997 AISC 256, 1997 AISC 255, 1997 AISC 254, 1997 AISC 253, 1997 AISC 252, 1997 AISC 251, 1997 AISC 250, 1997 AISC 249, 1997 AISC 248, 1997 AISC 247, 1997 AISC 246, 1997 AISC 245, 1997 AISC 244, 1997 AISC 243, 1997 AISC 242, 1997 AISC 241, 1997 AISC 240, 1997 AISC 239, 1997 AISC 238, 1997 AISC 237, 1997 AISC 236, 1997 AISC 235, 1997 AISC 234, 1997 AISC 233, 1997 AISC 232, 1997 AISC 231, 1997 AISC 230, 1997 AISC 229, 1997 AISC 228, 1997 AISC 227, 1997 AISC 226, 1997 AISC 225, 1997 AISC 224, 1997 AISC 223, 1997 AISC 222, 1997 AISC 221, 1997 AISC 220, 1997 AISC 219, 1997 AISC 218, 1997 AISC 217, 1997 AISC 216, 1997 AISC 215, 1997 AISC 214, 1997 AISC 213, 1997 AISC 212, 1997 AISC 211, 1997 AISC 210, 1997 AISC 209, 1997 AISC 208, 1997 AISC 207, 1997 AISC 206, 1997 AISC 205, 1997 AISC 204, 1997 AISC 203, 1997 AISC 202, 1997 AISC 201, 1997 AISC 200, 1997 AISC 199, 1997 AISC 198, 1997 AISC 197, 1997 AISC 196, 1997 AISC 195, 1997 AISC 194, 1997 AISC 193, 1997 AISC 192, 1997 AISC 191, 1997 AISC 190, 1997 AISC 189, 1997 AISC 188, 1997 AISC 187, 1997 AISC 186, 1997 AISC 185, 1997 AISC 184, 1997 AISC 183, 1997 AISC 182, 1997 AISC 181, 1997 AISC 180, 1997 AISC 179, 1997 AISC 178, 1997 AISC 177, 1997 AISC 176, 1997 AISC 175, 1997 AISC 174, 1997 AISC 173, 1997 AISC 172, 1997 AISC 171, 1997 AISC 170, 1997 AISC 169, 1997 AISC 168, 1997 AISC 167, 1997 AISC 166, 1997 AISC 165, 1997 AISC 164, 1997 AISC 163, 1997 AISC 162, 1997 AISC 161, 1997 AISC 160, 1997 AISC 159, 1997 AISC 158, 1997 AISC 157, 1997 AISC 156, 1997 AISC 155, 1997 AISC 154, 1997 AISC 153, 1997 AISC 152, 1997 AISC 151, 1997 AISC 150, 1997 AISC 149, 1997 AISC 148, 1997 AISC 147, 1997 AISC 146, 1997 AISC 145, 1997 AISC 144, 1997 AISC 143, 1997 AISC 142, 1997 AISC 141, 1997 AISC 140, 1997 AISC 139, 1997 AISC 138, 1997 AISC 137, 1997 AISC 136, 1997 AISC 135, 1997 AISC 134, 1997 AISC 133, 1997 AISC 132, 1997 AISC 131, 1997 AISC 130, 1997 AISC 129, 1997 AISC 128, 1997 AISC 127, 1997 AISC 126, 1997 AISC 125, 1997 AISC 124, 1997 AISC 123, 1997 AISC 122, 1997 AISC 121, 1997 AISC 120, 1997 AISC 119, 1997 AISC 118, 1997 AISC 117, 1997 AISC 116, 1997 AISC 115, 1997 AISC 114, 1997 AISC 113, 1997 AISC 112, 1997 AISC 111, 1997 AISC 110, 1997 AISC 109, 1997 AISC 108, 1997 AISC 107, 1997 AISC 106, 1997 AISC 105, 1997 AISC 104, 1997 AISC 103, 1997 AISC 102, 1997 AISC 101, 1997 AISC 100, 1997 AISC 99, 1997 AISC 98, 1997 AISC 97, 1997 AISC 96, 1997 AISC 95, 1997 AISC 94, 1997 AISC 93, 1997 AISC 92, 1997 AISC 91, 1997 AISC 90, 1997 AISC 89, 1997 AISC 88, 1997 AISC 87, 1997 AISC 86, 1997 AISC 85, 1997 AISC 84, 1997 AISC 83, 1997 AISC 82, 1997 AISC 81, 1997 AISC 80, 1997 AISC 79, 1997 AISC 78, 1997 AISC 77, 1997 AISC 76, 1997 AISC 75, 1997 AISC 74, 1997 AISC 73, 1997 AISC 72, 1997 AISC 71, 1997 AISC 70, 1997 AISC 69, 1997 AISC 68, 1997 AISC 67, 1997 AISC 66, 1997 AISC 65, 1997 AISC 64, 1997 AISC 63, 1997 AISC 62, 1997 AISC 61, 1997 AISC 60, 1997 AISC 59, 1997 AISC 58, 1997 AISC 57, 1997 AISC 56, 1997 AISC 55, 1997 AISC 54, 1997 AISC 53, 1997 AISC 52, 1997 AISC 51, 1997 AISC 50, 1997 AISC 49, 1997 AISC 48, 1997 AISC 47, 1997 AISC 46, 1997 AISC 45, 1997 AISC 44, 1997 AISC 43, 1997 AISC 42, 1997 AISC 41, 1997 AISC 40, 1997 AISC 39, 1997 AISC 38, 1997 AISC 37, 1997 AISC 36, 1997 AISC 35, 1997 AISC 34, 1997 AISC 33, 1997 AISC 32, 1997 AISC 31, 1997 AISC 30, 1997 AISC 29, 1997 AISC 28, 1997 AISC 27, 1997 AISC 26, 1997 AISC 25, 1997 AISC 24, 1997 AISC 23, 1997 AISC 22, 1997 AISC 21, 1997 AISC 20, 1997 AISC 19, 1997 AISC 18, 1997 AISC 17, 1997 AISC 16, 1997 AISC 15, 1997 AISC 14, 1997 AISC 13, 1997 AISC 12, 1997 AISC 11, 1997 AISC 10, 1997 AISC 9, 1997 AISC 8, 1997 AISC 7, 1997 AISC 6, 1997 AISC 5, 1997 AISC 4, 1997 AISC 3, 1997 AISC 2, 1997 AISC 1.



TC LL	16.0 PSF	REF	R7732- 54422
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