

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

NO.	DESCRIPTION	INSPECTOR	DATE
10	FOUNDATION FORMS		
11	UNDER GROUND		
12	CONCRETE SLAB FORMS		
14	PLUMB. UNDERFLOOR/SLAB		
19	MECH/UNDERFLOOR/SLAB		
61	ELECT UNDERGROUND		
62	ELECT CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
113	FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED			
1415	INSULATION/WALL/FLOOR		
141	TOP PLUMBING		
131	TOP MECHANICAL/WALL/CEIL.		
63	ROUGH ELECTRICAL/WALL/CEIL.		
119	FRAME		
117	ROOF PLYWOOD NAIL COMM. & APTS		
118	EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
122	INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED			
66	SERVICE UNDERGRD CONDUIT		
243	SEWER SERVICE		
242	WATER SERVICE		
246	SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
2433	GAS TEST		
248	TEMP GAS ISSUED		
68	POWER POLE EXPIRES		
67	TEMP POWER #		
SWIMMING POOLS ONLY			
247	GAS TEST		
51	PLUMBING PRE-GUNITE		
52	PLUMBING PRE-DECK		
70	ELECTRICAL PRE-GUNITE		
71	ELECTRICAL PRE-DECK		
72	ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
329	BUILDING		
79	ELECTRICAL		
99	PLUMBING		
139	MECHANICAL		
94	FIRE		
92			

FINAL INSP NO  
6-30-00  
R. J. Jones

FINAL APPROVALS

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

BUILDING SITE ADDRESS: 8510 THYS CT  
SUIT: 3C  
INSR AREA: 3C

ASSESSOR PARCEL NO. 062-0070-022  
ADDRESS: 2759 W. EL CAMINO AV #235 SACRAMENTO, CA 95833  
COMMUNITY PLAN NO. 649-8434  
ZIP CODE 95828  
PHONE NO.

NAME OF APPLICANT: GARNIK OHANIAN  
LICENSED CONTRACTOR: XCEL RACK  
PROPERTY OWNER: WILMOR AND SONS  
ARCH. ENGR. GLENDALE, CA 91208  
NO. OF STORIES: 1  
NO. OF ROOMS: 1  
ROOF COVERING: MECHANICAL  
AREA 1ST FLOOR: 3786 LA CRESCENTA AVE  
TOTAL AREA: 95828  
GARAGE AREA: 95828  
PATIO AREA: 95828  
USE ZONE: 95828  
STREET WIDTH: 95828

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE  
NATURE OF WORK IN DETAIL: WAREHOUSE RACKS ONLY

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS:  
CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191  
BUILDING INSPECTION DIVISION 264-5191

**WORKERS 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.

VALUATION	\$ 6,000.00
ISSUED BY:	
DATE ISSUED	
BUILDING PERMIT FEE	\$
PLAN CHECK/PROC. FEE	\$
S.M.I.FEE	\$
CONST EXCISE TAX	\$
CITY BUS LICENSE	\$
TECH. FEE	\$
WATER DEV. FEE	\$
CITY SEWER DEV. FEE	\$
REG. SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$
TOTAL FEES	\$

Applicant: \_\_\_\_\_ (Signature)  
Date: \_\_\_\_\_

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0005438  
 ADDRESS: 510 THIRDS CRT.  
 Commercial     Residential



ACCEPTED by (Staff):  
[Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	---	5/24/00						
STRUCTURAL	2	---	"						
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE	13	540	5-4/00						
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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 # <u>0005458</u>	Insp. Area <u>3C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8510 Thys Court Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Bret Nagge</u> Street Address <u>11333 Sunco Dr. #101</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>916 852 8960</u> FAX <u>852 2975</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>693149</u></p> Name <u>XCEL Rack</u> Address <u>2759 W. El Camino #235</u> City/State/Zip <u>Sacramento, CA 95833</u> Phone <u>649 8434</u> FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Garnik Ohanian</u> Address <u>3786 La Crescenta Ave.</u> City/State/Zip <u>Glendale, CA 91208</u> Phone <u>818 957 2980</u> FAX <u>818 957 8603</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Wilmer and Sons</u> Address <u>8510 Thys Ct</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Financial Pacific Ins. Co.  
 → WORKER'S COMPENSATION POLICY # 146985 F EXPIRATION DATE: 10/01/00

NATURE OF WORK IN DETAIL: Warehouse Racks ONLY

OCCUPANT/TENANT: Wilmer and Sons VALUATION: \$ 6,000 -

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	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>1653</u>			<del>---</del>	SPR	ALARM	<u>18</u>	[H]	[Quad]
B	L	P	M	<del>---</del>	F	S		D	PW	UTIL
				<u>NONE</u>				<u>102</u>		

COMMENTS: \_\_\_\_\_ 3 BZ

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: Wilmar and Sons Phone: \_\_\_\_\_  
 Site Address: 8510 Thys Ct Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: Bret Hogge Phone: 852 296 0  
 Nature of Business: Plumbing supplies  
 Property Owner: Wilmar & Sons Phone: \_\_\_\_\_  
 Address: 8510 Thys Ct Suite: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Sacramento CA 95822

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: Bret Hogge  
(Print)  
Bret Hogge  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0005458</u>
OK to issue prmt? Y <u>03 26 00</u>	F.D. Appr Req'd? Yes No
init date	
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____	date _____
OK to issue Certificate of Occupancy? init _____	date _____