

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0008584**
Insp Area: **4**

Site Address: **4450 EAST COMMERCE CR SAC**
Parcel No: **225-0070-078**

Sub-Type: **NGRDNG**
Housing (Y/N): **N**

CONTRACTOR

OWNER

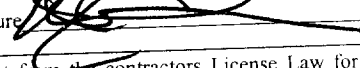
ARCHITECT

Nature of Work: **ROUGH GRADING**

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 A/B License Number 702621 Date 24 Aug 00 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 _____ 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 representative(s) of this city to enter upon the above-mentioned property for inspection purposes.

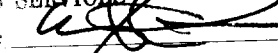
Date 24 Aug 00 Applicant/Agent Signature 

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 _____ Policy Number 7000 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 the Labor Code, I shall forthwith comply with those provisions.

Date 24 Aug 00 Applicant 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.

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 # 0008584	Insp. Area 4C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4450 E. Commerce Wy (Maybe Palantiras Dr) Suite
 PARCEL # 225-070-078

CONTACT Name <u>Mike Peters</u> Street Address <u>8615 Elder Creek Rd</u> City/State/Zip <u>Sacto 95828 CA</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: <u>mpeters@buzznotes.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>Victor Torres</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>Alex Moataz & Pitalo</u> Address <u>1788 TR1 Bute Tr Sacto</u> City/State/Zip <u>Sacto 95815</u> <u>567-0120</u> Phone <u>927-2400</u> FAX <u>927-96</u> E-mail: <u>engr@mplngr.com</u>		OWNER Name <u>Buzz Notes Enterprises</u> Address <u>8615 Elder Creek Rd</u> City/State/Zip <u>Sacto 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: <u>mpeters@buzznotes.com</u>	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Comp Insur Fund
 → WORKER'S COMPENSATION POLICY # 1579398 EXPIRATION DATE: Mar 2007

NATURE OF WORK IN DETAIL: Rough Grading Permit

OCCUPANT/TENANT: _____ VALUATION: \$ 10,000

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

COMMENTS: _____

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

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 4400 & 4450 E. COMMERCE WY (maybe Relentless Dr)

Assessor's Parcel Number: 225-0070-077+078

Previous Use: Vacant

Description of Request/Proposed Use: 2 Bldgs

Grading Only

Is This a Change of Use? _____

Zoning Designation: EC40 PUD

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

Comments: Bldg Plans will require Special Permits

Grading may proceed at developer's risk (if plans change)

Are There Any Planning Issues?: (circle one) YES NO grading it will be dealt with
* Staff Site Plan Check Required? (Circle one) YES NO
* Field Inspection Required? (Circle one) YES NO
* Design Review/Preservation Required?: (Circle one) YES NO grading only Per Bldg approval

Planning Review by/Date: [Signature] 7-27-00

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

MICROFILM AFTER FINAL

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

4400
E. COMM
0000
8584

4450 E.
Commerce
0000
8584

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-1497	TEST NO: 0071 COMPLETE DATE: 8.7.00 ANALYSIS FEE: \$90.00 FIELD TEST FEE: \$360.00	FILE NO: R00-0071 PCS DATE PAID: 8.3.00 DATE PAID: 8.3.00 PHONE NO: 381-3600 FAX NO: CELL PHONE NO: 997-0291 STREET ADDRESS OF TEST: 4450 EAST COMMERCE ASSESSOR'S PARCEL NUMBER: 225-0070-077 225-0070-078
CONTACT PERSON: Mike Peters COMPANY: Buzz Oates Enterprises COMPANY ADDRESS: 2615 E. Loan Creek		PHONE NO: 381-3600 FAX NO: CELL PHONE NO: 997-0291
PURPOSE OF TEST: H.O. For Fire		ASSESSOR'S PARCEL NUMBER: 225-0070-077 225-0070-078

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: Mike Peters Signature: *[Signature]* Date: 8 Aug 00

ENGINEERING REQUEST DATE: 8.3.00 DATE OF TEST: 8.4.00 TIME OF TEST: 9:10 AM

WATER MAIN SIZE: 12" TEST CONDUCTED BY: Steckline - TASH-ERIC.

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PI TOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	1	59N	53	44						
FLOWED	3	59N			22	4 1/2	0.90	0.83	2116	
FLOWED	9	59N			23	4 1/2	0.90	0.83	2164	
FLOWED							TOTAL		4280	8632
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.

	ACTUAL	DESIGN (1)
STATIC PRESSURE	53 - PSI	40 - PSI
RESIDUAL PRESSURE	44 - PSI	31 - PSI
TOTAL FLOW @ RESIDUAL	4300 - G.P.M.	4300 - G.P.M.
TOTAL FLOW @ 20PSI	8600 - G.P.M.	6600 - G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 10/12/99

