

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

ITEM NO.	DESCRIPTION	INSPECTOR	DATE
B10	FOUNDATION FORMS		
E60B11	UEFR GROUND		
B12	CONCRETE SLAB FORMS		
P40	PLUMB. UNDERFLOOR/SLAB		
M30	MECH/UNDERFLOOR/SLAB		
E61	ELECT. UNDERGROUND		
E62	ELECT. CONDUIT-SLAB		
B13	FLOOR JOISTS OR GIRDERS		
B14/15	INSULATION/WALL/FLOOR		
P41	TOP PLUMBING		
M31	TOP MECHANICAL/WALL/CEIL.		
E63	ROUGH ELECTRICAL/WALL/CEIL.		
B19	FRAME		
B17	ROOF PL WOOD NAIL COMM. & APTS.		
B18	EXTERIOR LATH/SIDING		
B22	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
E66	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
P43	SEWER SERVICE		
P42	WATER SERVICE		
P46	SPRINKLER SYSTEM		
P47M33	GAS TEST		
P48	TEMP GAS ISSUED		
E68	POWER POLE EXPIRES		
E67	TEMP POWER #		
P47	GAS TEST		
P51	PLUMBING PRE-GUNITE		
P52	PLUMBING PRE-DECK		
E70	ELECTRICAL PRE-GUNITE		
E71	ELECTRICAL PRE-DECK		
E72	ELECTRICAL UNDERGRD		

BUILDING SITE ADDRESS: 7707 RUSH RIVER DRIVE
SUITE: BLDG 1
INSP AREA: 2C

ASSESSOR PARCEL NO.: 031-1440-023
ADDRESS: 5101 FLORIN PERKINS RD
SACRAMENTO, CA
COMMUNITY PLAN NO.: 95826
PHONE NO.: 381-8080 X146

NAME OF APPLICANT: MARK III ENGINEERING
LICENSED CONTRACTOR: SAME AS ABOVE
PROPERTY OWNER: SAME AS ABOVE
ARCH. ENGR.:

NO. OF STORIES: _____ **NO. OF ROOMS:** _____ **ROOF COVERING/AREA 1ST FLOOR:** _____ **TOTAL AREA:** _____ **GARAGE AREA:** _____ **PATIO AREA:** _____ **USE ZONE:** _____ **STREET WIDTH:** _____

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK: OVERHEAD FIRE SPRINKLER SUBMITTAL FOR PROJECT THAT INCLUDES FIVE BUILDINGS.

FLOOD STATUS: _____ **SPECIAL CONDITIONS ATTACHMENTS:** _____ **DBA:** PRIMROSE SACRAMENTO

CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191

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):** _____

ISSUED BY: [Signature] **DATE ISSUED:** 4-13-99

VALUATION	\$ 28,000.00
BUILDING PERMIT FEE	\$
PLAN CHECK/PROC. FEE	\$
S.M.I. FEE	\$
CONSTR. EXCISE TAX	\$
CITY BUS. LICENSE	\$
TECH. FEE	\$
WATER DEV. FEE	\$
CITY SEWER DEV. FEE	\$
REG. SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$
TOTAL FEES	\$

FED. CODE: 14 **PERMIT NO.:** 99 **INSP. AREA:** 2C

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED
 THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL.

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

Applicant MUST complete ALL Unshaded areas
this page only

PLAN CHECK # 940553c Insp. Area 2c

APPLICATION FOR [REDACTED] BUILDING PERMIT
Sot Mark III

ADDRESS 7707 Rush River Dr
PARCEL # 031-1440-023

Name <u>Mark III Greg Ledesma</u> Address _____ Zip _____ Phone <u>381-8080 ext 146 FAX</u>	Name <u>Mark III Greg</u> Address _____ Zip _____ Phone <u>381-8080 ext 146 FAX 386-0303</u>
CONTACT Name <u>Mark III Greg Ledesma</u> Address _____ Zip _____ Phone _____	ARCHITECT/ENGINEER Name _____ Address _____ Zip _____ Phone _____
LICENSED CONTRACTOR Lic No. # <u>579134</u> Name <u>Mark III Greg Ledesma</u> Address <u>5101 Flamingo Ave</u> City <u>CA</u> Zip <u>95822</u> Phone <u>381-8080 ext 146 FAX 386-0303</u>	OWNER Name <u>Mark III Greg</u> Address _____ Zip _____ Phone _____

Will the permittee have any employees on the jobsite? Yes No

If yes, WORKER'S COMPENSATION POLICY # _____

NAME OF INSURANCE COMPANY: _____

EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Overhead fire sprinkler submitted for project that includes five (5) buildings

DBA: Timeless Sacramento VALUATION [REDACTED]

FLOOD STATUS: _____		S.C.A.T. _____	
JOB DESCRIPTION		BLDG	SHEL
INSP. DISCIPLINES		MECH	PLUMB
# Stories		ELEC	SITE
1st Area		FIRE	
Total Area		FIRE	
Use Zone		FIRE	
Occp Group		FIRE	
Const type		FIRE	
Fire Reg (V/M)		FIRE	
Spc Alarm		FIRE	
Fed Code		FIRE	
Vio. File		FIRE	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No



April 14, 1999

Procter & Gamble
Attention: Pier Simpson
P.O. Box 13220
Sacramento, CA 95813

Special Inspection Monthly Report
PHYSICALLY REFINED OIL PROJECT
Month of March
Permit No. 98-07218C
WKA No. 3992.03

In accordance with your request, our firm has performed the *Special Testing and Observation* services for the subject project during the time period stated above. The items observed are listed below:

Concrete: Observed placement of reinforcing steel and concrete for silo slab-on-grade, cooling tower foundation and piers. Obtained concrete samples for laboratory testing and performed slump tests.

Please contact our office if you have any questions regarding this information.

Wallace - Kuhl & Associates, Inc.

A handwritten signature in black ink that reads 'Jim Carlson'. The signature is written in a cursive, flowing style.

Jim Carlson
Manager of Construction Materials Services

JC:mlo

cc: City of Sacramento
Watkins Engineers