

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0213835

Insp Area: 2

Thos Bros: 337 E1

Site Address: 2335 FLORIN RD SAC

Parcel No: 035-0334-033

Sub-Type: NFNDTN

Housing (Y/N): N

CONTRACTOR

DON LEE EDELBERG
8634 W CAMDEN DR
ELK GROVE CA. 95624

OWNER

MCDONALDS CORP (DBA SYSTEM CAPITAL)
ONE MCDONALD PLAZA
OAKBROOK IL 60523

ARCHITECT

Nature of Work: FOUNDATION, SLAB, PLUMBING, AND ELECTRICAL (underslab and inside of foundation only)

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 456304 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 3 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 Professions 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 10/16/2002 Owner Signature *[Signature]* OCT 16 2002

PAID
CITY OF SACRAMENTO
OCT 16 2002

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 is subject to the provisions of any ordinance 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 10/16/2002 Applicant/Agent Signature *[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 _____ 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 10/16 Applicant Signature *[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 AND ATTORNEYS FEE.

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

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) NO
2. I (have/have not) HAVE 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 ELK GROVE BUILDERS Address 9918 KENT ST. #1
City ELK GROVE, CA 95624 Telephone 916-685-1100
Contractors License No. 456304
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 [Signature]

Job Address 2535 FLORIN ROAD

Permit No: 0213835

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO BUILDING DIVISION

PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200

Sacramento, CA 95834 (916) 808-2534 FAX 808-7046

CENTRAL CITY: 1231 I Street, Rm. 200

Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

0219835

2C



Applicant **MUST** complete
ALL Unshaded areas

ADDRESS 2335 Florin Road Sac CA 95822 Suite _____

PARCEL # 035-0334-033-0000

CONTACT		LICENSED CONTRACTOR	
Name <u>Terry L. Grayson (GPMS)</u>		Name <u>Elk Grove Builders</u>	
Street Address <u>1143 Sibley St Suite 100</u>		Address <u>9918 Kent St, Suite # 1</u>	
City/ State/ Zip <u>Folsom CA 95630</u>		City/ State/ Zip <u>Elk Grove CA 95624</u>	
Phone <u>916.608.9170</u> FAX <u>916.608.4962</u>		Phone <u>916.685.1100</u> FAX _____	
E-mail: <u>tgrayson@gpmsinc.com</u>		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>McDonald's Daniel Wohlfel</u>		Name <u>McDonald's Corp (dba System Capt)</u>	
Address <u>2111 McDonald's Drive</u>		Address <u>One McDonald Plaza</u>	
City/ State/ Zip <u>Oak Brook IL 60523</u>		City/ State/ Zip <u>Oak Brook IL 60523</u>	
Phone <u>630-623-6086</u> FAX _____		Phone <u>925-904-3000</u> FAX _____	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 16 944 90-02 EXPIRATION DATE: 12/04

NATURE OF WORK IN DETAIL: Foundation Permit only for new McDonald's Restaurant AND/OR SLAB PLBG/PROJECT ONLY

OCCUPANT/TENANT: _____ VALUATION: \$ 22 K

FLOOD STATUS:			S.C.A.T.								
JOB DESCRIPTION			BLDG	SHELL	APT	TK	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	Vlo. File		
						SPR	ALARM		[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS: _____

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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME McDonald's Corporation		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2335 Florin Road		Company NAIC Number
CITY Sacramento	STATE California	ZIP CODE 95822
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 035-0334-033-0000		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Restaurant		
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 <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sacramento 060266		B2. COUNTY NAME Sacramento		B3. STATE California	
B4. MAP AND PANEL NUMBER 0030	B5. SUFFIX F	B6. FIRM INDEX DATE 7/6/98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7/6/98	B8. FLOOD ZONE(S) A99	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) N/A

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): _____

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* Finished 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, AR/AH, AR/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 337 Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure) 13.60ft.(m)

o b) Top of next higher floor _____ft.(m)

o c) Bottom of lowest horizontal structural member (V zones only) _____ft.(m)

o d) Attached garage (top of slab) _____ft.(m)

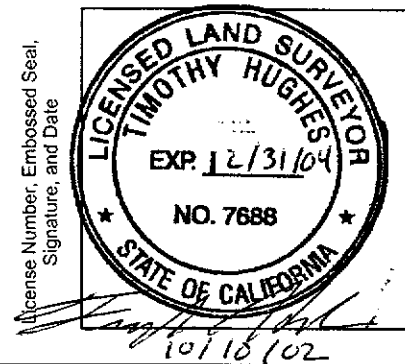
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ft.(m)

o f) Lowest adjacent (finished) grade (LAG) 13.20(m)

o g) Highest adjacent (finished) grade (HAG) 13.20ft.(m)

o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

o 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 Timothy Hughes		LICENSE NUMBER #7688	
TITLE Surveyor	COMPANY NAME Ourada Engineering		
ADDRESS 3111 Sunset Blvd., Ste. L	CITY Rocklin	STATE CA	ZIP CODE 95677
SIGNATURE <i>[Signature]</i>	DATE 10/10/02	TELEPHONE 916-624-1221	

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. 2335 Florin Road			Policy Number
CITY Sacramento	STATE California	ZIP CODE 95822	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

Bench mark 337-DIB

Hilti Nail at Traffic Signal Base at the Southeast Corner of Florin Road and Tomoshanter way in the Median Island

Elevation 10.081 Feet (City Datum) 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 E4. 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. 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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

FLOODPROOFING CERTIFICATE
FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME
McDonald's Corporation
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER
2335 Florin Road
OTHER DESCRIPTION (Lot and Block Numbers, etc.)

FOR INSURANCE COMPANY USE
POLICY NUMBER
COMPANY NAIC NUMBER

CITY **Sacramento** STATE **California** ZIP CODE **95822**

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (In AO Zones, Use Depth)
060266	0030	F	7/6/98	A99	N/A

SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

Floodproofing Design Elevation Information:

Building is floodproofed to an elevation of**1.5**.....**1**..... feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the lowest adjacent grade is**2**.....**0**..... feet.

(NOTE: for insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By Registered Professional Engineer or Architect)

Non-Residential Floodproofed Construction Certification:

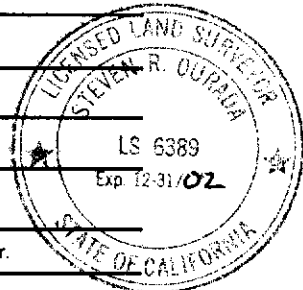
I certify that, based upon development and/or review of structural design, specifications, and plans for construction, the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information 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 **Steven R. Ourada** LICENSE NUMBER (or Affix Seal)
TITLE **Surveyor** COMPANY NAME **Ourada Engineering**
ADDRESS **3111 Sunset Blvd., Ste. L** CITY **Rocklin** STATE **CA** ZIP CODE **95677**
SIGNATURE *Steven A. Ourada* DATE **10/3/02** PHONE **916-624-1221**



Copies should be made of this Certificate for: 1) community official, 2) Insurance agent/company, and 3) building owner.