

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

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT UNDERGROUND		
E62 ELECT CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APPTS.		
B18 EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47M33 GAS TEST		
P48 TEMP GAS	ISSUED	EXPIRES
E68 POWER POLE		
E67 TEMP POWER #		
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

FINAL APPROVALS

AC 3-16-01

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

BUILDING SITE ADDRESS

1671 W. EL CAMINO

BLDG 1611

SUITE

INSF AREA

ASSESSOR PARCEL NO. 225-0450-001

ADDRESS

ZIP CODE

PHONE NO.

PLAN CHECK

NAME OF APPLICANT

11225 MAGNOLIA BLVD #281
N. HOLLYWOOD, CA

818-838-9100

LICENSED CONTRACTOR
L.V. ELECTRIC

PROPERTY OWNER
STEADFAST DISCOVERY COMMONS
NEWPORT BEACH, CA

2424 S.E. BRISTOL ST #350
949-852-0700

ARCH ENGR.

LICENSE NO.

NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WID

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL
INSTALLATION OF WASHER/DRYER UNITS WITH PLUMBING AND ELECTRICAL

UPGRADES

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO INSPECTIONS
BUILDING INSPECTION 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 4700 of the Labor Code for the performance of work for which the permit is issued.
 I have and will maintain worker's compensation insurance as required by Section 4700 of the Labor Code for the performance of work for which this permit is issued. My worker's compensation insurance carrier and policy number are _____.

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 worker's compensation laws of California and agree that I should become subject to the worker's compensation provisions of Section 4700 of the Labor Code. I shall forthwith comply with those provisions.

Date: Applicant (Signature)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES UNDER LABOR CODE SECTIONS 4700 AND 4701. EMPLOYERS ARE PROHIBITED FROM WITHHELDING FROM LABOR CODE ENFORCEMENT AND VIOLATIONS.

VALUATION	\$ 8,222.22
ISSUED BY:	KAR
DATE ISSUED	3-13-00
BUILDING PERMIT FEE	\$
PLAN CHECK/PROC FEE	\$
S.M.I. FEE	\$
CONST EXPOSE TAX	\$
CITY BUS LICENSE	\$
TECH FEE	\$
WATER DEV FEE	\$
CITY SEWER DEV FEE	\$
REG SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$
TOTAL FEES	\$

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

SET
BLD-NOVA9

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9914015 Insp. Area 4

ADDRESS 1671 W. EL CAMINO (BLD 1611) Suite _____
PARCEL # 225-0450-001

Applicant MUST complete ALL Unshaded areas

<p align="center">CONTACT</p> <p>Name <u>LUIS VAREGO</u> Address _____ Phone <u>(818) 535-1995</u> FAX <u>(818) 838-1562</u> E-mail _____</p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>603868</u></p> <p>Name <u>L.V. ELECTREX</u> Address <u>11225 MAGNOLIA BLVD #281</u> <small>NORTH HOLLYWOOD, CA.</small> Phone <u>(818) 838-9100</u> FAX <u>(818) 838-1562</u> E-mail _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ Phone _____ FAX _____ E-mail _____</p>	<p align="center">OWNER</p> <p>Name <u>STEADFAST PROPERTIES DISCOUNT COMMERCIAL LP</u> Address <u>2424 S.E. BRISTOL ST. SUITE 350</u> <small>NEWPORT BEACH</small> Phone <u>(949) 852-0700</u> FAX <u>(949) 683-8144</u> E-mail _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INSTALLATION OF WASHER/DRYER UNITS w/PLUMBING & ELECTRICAL UPGRADES

OCCUPANT/TENANT: _____ VALUATION: \$ 8,222.22

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	
				<u>121</u>	<u>WN</u>	SPR	ALARM	<u>04</u>	[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>	PW	UTIL
								<u>SCS</u>		

COMMENTS: _____

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

CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

EXPRESS OK
[Signature]

MASTER

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 9914015 Insp. Area 4

[E] Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1671 W. EL CAMINO AVE. (BLD 1611) Suite _____

PARCEL # 225-0450-001

CONTACT		LICENSED CONTRACTOR Lic No. # <u>603868</u>	
Name <u>Luis VAREGO</u>	Address _____	Name <u>L.V. ELECTRIC / LUIS VAREGO</u>	Address <u>11225 MAGNOLIA BLVD. #281</u> <small>NORTH HOLLYWOOD</small>
Phone <u>(818) 535-1995</u> FAX <u>(818) 838-1562</u>	E-mail _____	Phone <u>(818) 838-9100</u> FAX <u>(818) 838-1562</u>	E-mail _____
ARCHITECT/ENGINEER		OWNER	
Name _____	Address _____	Name <u>STEADFAST PROPERTIES</u>	Address <u>2424 S.E. BRISTOL ST. SUITE 350</u> <small>NEWPORT BEACH, CA</small>
Phone _____ FAX _____	E-mail _____	Phone <u>(949) 852-0700</u> FAX <u>(949) 683-8144</u>	E-mail _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: CASUALTY RECIPROCAL EXC.
 → WORKER'S COMPENSATION POLICY # W.C.P. 1032363-01 EXPIRATION DATE: 7-17-00

NATURE OF WORK IN DETAIL: INSTALLATION OF WASHER/DRYER UNITS W/ PLUMBING + ELECTRICAL UPGRADES

OCCUPANT/TENANT: _____ VALUATION: \$ 74,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>R1</u>	<u>WN</u>	SPR	ALARM	<u>04</u>	[H]	[Quad]
B	L	<u>P</u>	M	<u>E</u>	F	S	<u>D</u>	PW	UTIL	

COMMENTS: _____

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

EXPRESS PLAN REVIEW

SUBMITTAL DATES						
First Review		2nd Review		3rd Review		
IN	OUT	IN	OUT	IN	OUT	
12	110	199	/	/	/	/

PLAN CHECK # 9914015C
 ADDRESS: 1691 West El Camino Ave
 Commercial Residential

ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING	3	KAW	12-10-99	13	KW	2-25-00			
ELECTRICAL	13	TM.	12/10/99						
FIRE									
PLANNING									

STAFF COMMENTS: _____
