

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9907000**  
**Insp Area: 4**

**Site Address: 2420 DEL PASO RD SAC**  
Parcel No: 225-0070-082 LOT 7 BUILDING 11

Sub-Type: NCOM  
Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

OATES MARVIN L  
8615 ELDER CREEK RD 100  
SACRAMENTO CA 95828

COMSTOCK JOHNSON  
10304 PLACER LN #A  
SACRAMENTO CA 95827

**Nature of Work: 2 STORY OFFICE BLDG SHELL**

**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 B License Number 702621 Date 5/22/00 Contractor Signature Bruce H. Kemp

**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).

SAID  
CITY OF SACRAMENTO  
MAY 22 2000  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

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 abovementioned property for inspection purposes.

Date MAY 22 2000 Applicant/Agent Signature Bruce H. Kemp

**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 6/6/00 Applicant Signature Bruce H. Kemp

**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.**

# NATOMAS UNIFIED SCHOOL DISTRICT

1515 Sports Drive, #1 • Sacramento, CA 95834  
Phone 916/641-3300 • Fax 916/928-1629

## CERTIFICATION OF COMPLIANCE

### SCHOOL DISTRICT DEVELOPMENT FEES

PART I: TO BE COMPLETED BY APPLICANT			
PROPERTY OWNER'S NAME	LATES / AUGERSON TRUST / CUMMINGS		
OWNER'S ADDRESS	8615 ELDER CREEK RD. SACRO CA		
PROJECT ADDRESS	2420 DEL PASO RD		
PARCEL NUMBER	225-0070-682		
SUBDIVISION NAME	DEL PASO CORP CENTER		
NUMBER OF UNITS	1		
PRINT APPLICANT'S NAME	BRUCE H KEMP	APPLICANT'S SIGNATURE:	<i>Bruce H Kemp</i>
TITLE OF APPLICANT	PROJECT MGR		
DATE	5/15/00	TELEPHONE NUMBER	916-881-3600
PART II: TO BE COMPLETED BY BUILDING DEPARTMENT			
PLAN IDENTIFICATION NUMBER	99-07000		
BUILDING TYPE (CHECK ONE)	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL		
SQUARE FEET OF CHARGEABLE BUILDING AREA	107,154 sq ft		
SIGNATURE	<i>David P. Beach</i>		
TITLE	County Manager	DATE	5-15-00
PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT			
DISTRICT CERTIFICATION NUMBER	1238		
FEES COLLECTED	\$ 33,217.74		
RESIDENTIAL	Sq. Ft. X \$	= \$	
APARTMENT/CONDOMINIUM	Sq. Ft. X \$	= \$	
COMMERCIAL/INDUSTRIAL	107,154 Sq. Ft. X \$ .31	= \$	33,217.74

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL:**

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: 5/15/00

September 1, 2000

Buzz Oates Enterprises II  
Attention: Bob Silva  
8615 Elder Creek Road  
Sacramento, CA 95828

**GEOTECHNICAL CONSULTING**  
**DEL PASO PARCEL 7 OFFICE BUILDING**  
Del Paso Road East of Relentless Drive  
Sacramento, California  
File No. 146-243

This letter presents an alternate recommendation for slab moisture vapor resistance at the subject site. Our firm prepared a report for the project dated May 28, 1999.<sup>1</sup>

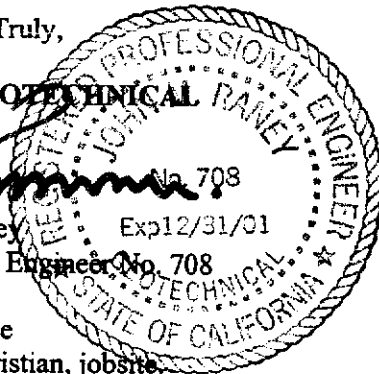
As an alternate to the slab system recommended in our referenced report it would be acceptable to place an imperious membrane directly on the treated building pad and to cover same with four inches of three-quarter inch crushed rock. This alternate will eliminate the need for sand cover. If this alternate slab system is employed, we would suggest the use of a tough membrane such as Earth Shield or similar. Care should be taken to provide a continuous membrane beneath the slab and closure strip and a tight fit or around plumbing stands.

This letter is subject to the same limitations as our referenced report.

Yours Very Truly,

RANEY GEOTECHNICAL

  
John M. Raney, No. 708  
Geotechnical Engineer, No. 708



- (1) Addressee
- (1) Gary Christian, jobsite

JMR/clc

<sup>1</sup> Raney Geotechnical; "Foundation Investigation, Del Paso Parcel 7 Office Building, Del Paso Road East of East Commerce Way, Sacramento, California"; May 28, 1999; Job No. 146-243.

2426  
D1 P1

**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: 8615 FLOER CREEK RD (ROE) Phone: (916) 381-3600

Site Address: 2420 Del Paso Blvd Suite: ---  
(Street)

Business Owner/Representative: Buzz OATES Phone: 381-3600  
(Zip)

Nature of Business: OFFICE BLD

Property Owner: Buzz Oates Phone: 381-3600

Address: 8615 Floer Creek Suite: ---  
(Street) CA 95828  
(City) (State) (Zip)

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: Bruce H. Henry  
(Print) 5/23/00  
Bruce H. Henry (Signature) 23 (Date)

BID Use Only: Plan Ck# <u>9907000</u> Permit # <u>9907000</u> OK to issue prmt? Y <u>5/23/00</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> init date	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? init <input type="checkbox"/> date <input type="checkbox"/> OK to issue Certificate of Occupancy? init <input type="checkbox"/> date <input type="checkbox"/>	

APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # 99-07000 Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2420 Del Paso Road (Lot 7) Suite \_\_\_\_\_  
PARCEL # 225 0070 082

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>DAN ERIKSSON (COMSTOCK JOHNSON ARCH)</u> Address <u>10304 Placer Ln. #A</u> <u>SACRAMENTO</u> Zip <u>95827</u> Phone <u>362-6303</u> FAX <u>362-5841</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>COMSTOCK JOHNSON ARCHITECTS, INC.</u> Address <u>10304 Placer Ln. #A</u> <u>SACRAMENTO</u> Zip <u>95827</u> Phone <u>362-5841</u> FAX <u>362-6303</u></p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>BUZZ DATES ENTERPRISES</u> Address <u>8615 Elder Creek Rd.</u> <u>SACRAMENTO</u> Zip <u>95828</u> Phone <u>(916) 381-3600</u> FAX <u>381-4707</u></p>

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

If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: 2 STORY office Bldg. Shell (107,154)

DBA: \_\_\_\_\_ VALUATION:

FLOOD STATUS: <u>ZONE X</u>				S.C.A.T. <input type="checkbox"/>						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Viol. File		
<u>2</u>	<u>54683</u>	<u>107154</u>	<u>EC-65 PUB</u>	<u>B</u>	<u>III-N</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <u>Spr</u> <u>Alarm</u>	<u>15</u>	<u>NB</u>		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> R		

COMMENTS:  
NEED 2nd SET: CALLED 7/12/99 @ 2:30pm (lady?)  
" 7/16/99 @ 12:15pm (voice mail-Dan)

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**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: Del Paso Office Bldg. II (Lot 7) Phone: 381-3600  
 Site Address: 2420 DEL PASO RD. LOT 7 Suite: \_\_\_\_\_  
 Business Owner/Representative: Bruce H. Kemp (Street) (Zip) Phone: \_\_\_\_\_  
 Nature of Business: OFFICE BLDG.  
 Property Owner: Buzz OATES Phone: \_\_\_\_\_  
 Address: 8615 ELVENCREAK RD. Suite: \_\_\_\_\_  
SACR (City) CA (State) 95808 (Zip)

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

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 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 \_\_\_\_\_

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Applicant's Name: Bruce H. Kemp  
Bruce H. Kemp (Print) 6/27/99 (Date)  
 (Signature)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes <input type="checkbox"/> No <input type="checkbox"/>
init date _____	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

**WATER SUPPLY TEST - DEPT. OF UTILITIES**

1395 35TH AVENUE  
 SACRAMENTO, CA. 95822  
 PHONE: 916 / 264-1430  
 FAX: 916 / 264-1497

TEST NO:	FILE NO:
REQUEST DATE:	
COMPLETE DATE:	
ANALYSIS FEE:	DATE PAID: 6/30/79
FIELD TEST FEE:	DATE PAID:

CONTACT PERSON: <b>BRUCE KEMP</b>	PHONE NO: <b>381-3600</b>	FAX NO: <b>381-4707</b>
COMPANY: <b>BUZZ OATES ENTERPRISES</b>	CELL PHONE NO:	
COMPANY ADDRESS: <b>8615 Elder Creek Rd. - SACR.</b>	STREET ADDRESS OF TEST: <b>2420 Del Paso Rd.</b>	
PURPOSE OF TEST:	ASSESSOR'S PARCEL NUMBER: <b>225-0070-092</b>	

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: JUDY WATSON Signature: Judy Watson Date: 6/30/79  
 Agent for Owner

ENGINEERING REQUEST DATE:	DATE OF TEST:	TIME OF TEST:
---------------------------	---------------	---------------

WATER MAIN SIZE: \_\_\_\_\_ TEST CONDUCTED BY: \_\_\_\_\_

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C <sub>1</sub>	C <sub>2</sub>		
RESIDUAL										
FLOWED										
FLOWED										
FLOWED										
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 PRES.	PSI	PSI
RESIDUAL PRES.	PSI	PSI
TOTAL FLOW @ RESIDUAL PRES.	G.P.M.	G.P.M.
TOTAL FLOW @ 20 PSI	G.P.M.	G.P.M.

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{\text{pitot}}}$$

$$Q_{20} = Q_F \left( \frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 7/18/98



Customer Service Group  
 PWA Water Quality Engineering for  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

### REQUEST FOR SEWER FEE QUOTE

DATE 6/30/99		NUMBER OF PAGES	
FROM City of SACRAMENTO	REQUESTOR BUZZ OATES ENTERPRISES BRUCE KEMP	FAX 381-4707	PHONE 381-3600
TO SRCSB Customer Service	RESPONDER	FAX 875-6253	PHONE

URGENT -- Applicant is in office or ready to pay permit.

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.  
 Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME BUZZ OATES ENTERPRISES		PHONE 381-3600
Property	ASSESSOR'S PARCEL NUMBER(S) 225-0070-082		PROPERTY ADDRESS 2420 Dol Paso Rd.
	PLAN CHECK # BUILDING PERMIT NO	<input checked="" type="checkbox"/> New construction <input type="checkbox"/> Remodel <input type="checkbox"/> Change in use	
Project	USE	CURRENT // PREVIOUS N/A	PLANNED OFFICE Bldg. (107,154 S.F.)
	SQUARE FOOTAGE	CURRENT // PREVIOUS	PLANNED 107,154

9660 ECOLOGY LANE • SACRAMENTO, CALIFORNIA • 95827-3881  
 ENGINEERING (916) 875-6820 • FAX (916) 875-6253



# City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 2420 Del Paso Rd.

Assessor's Parcel Number: 225-0070-082

PREVIOUS USE N/A VACANT

Current Land Use: \_\_\_\_\_

Description of Request/Proposed Use: Office Shell BUILDING

IS THIS A CHANGE OF USE? \_\_\_\_\_

Zoning Designation: <sup>40</sup>EC-~~68~~-RUD

Prior Applications for Project Site(P#,ZE,DRP#): P99-027

Comments: \_\_\_\_\_

*Carry 40 check plans with  
P99-027.*

Are There Any Planning Issues?: (Circle One)  YES  NO

STAFF Site Plan Check Required? (Circle One)  YES  NO

FIELD INSPECTION REQUIRED (CIRCLE ONE)  YES  NO

Design Review/ Preservation Required?: (Circle One) YES  NO

Planning Review by/Date: *[Signature]* 6/30/99

# RUSKIN®

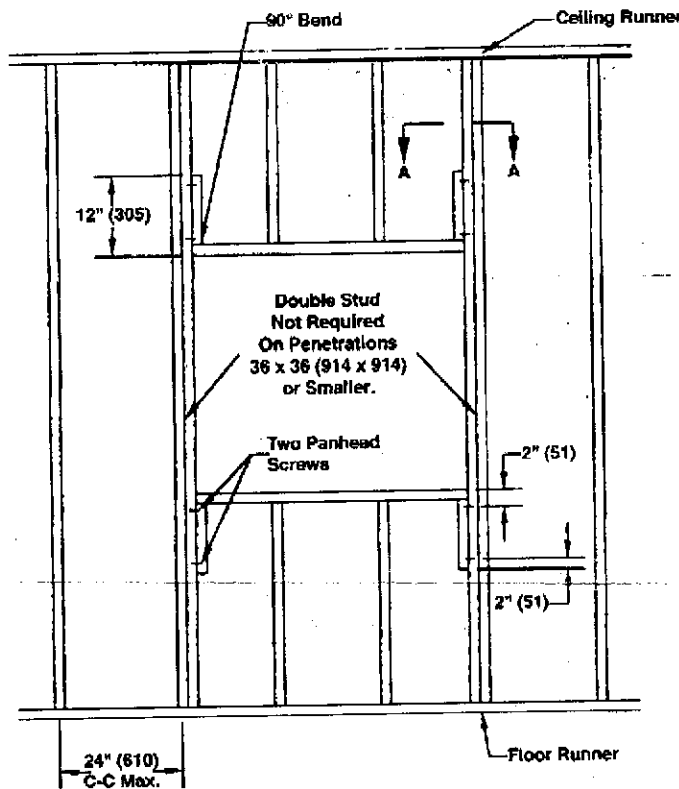
3900 Dr. Greaves Rd.

Kansas City, MO 64030

(816) 761-7476

FAX (816) 765-8955

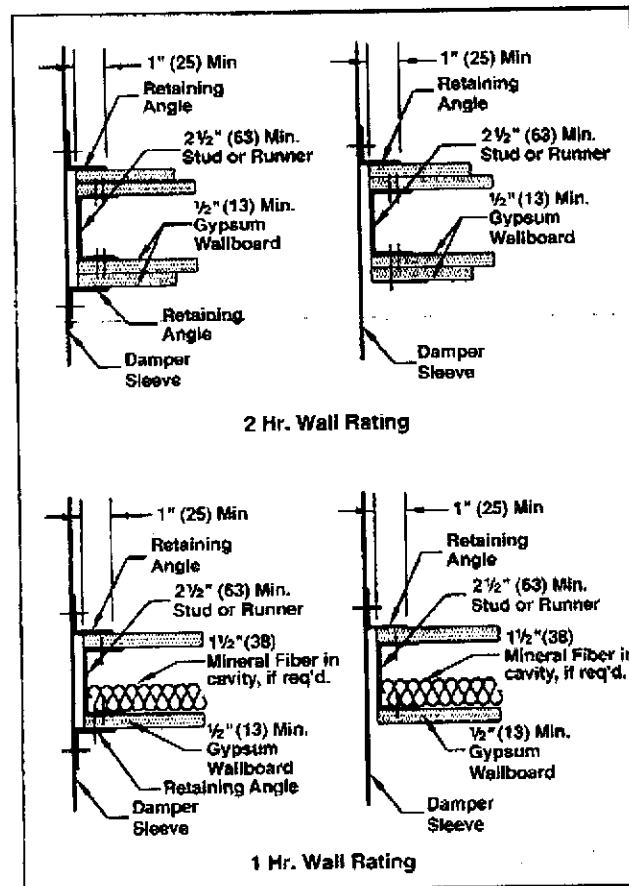
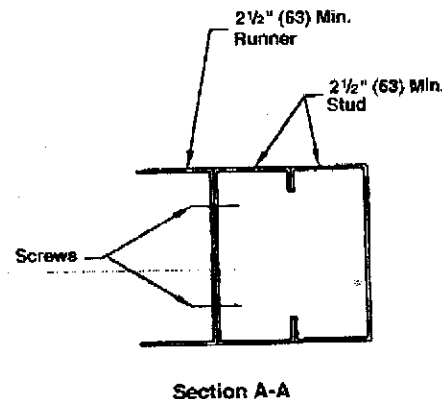
## METAL STUD FRAMING FOR FIRE DAMPERS IN DRYWALL PARTITIONS INSTALLATION INSTRUCTIONS SUPPLEMENT




Opening Preparation Detail

**NOTES**

1. Gypsum panels must be screwed 12" (305) O.C. maximum to all stud and runner flanges surrounding opening.
2. Mounting angles shall be Ruskin PFMA or a minimum of 1 1/2" x 1 1/2" x 16 ga. (38 x 38 x 1.6). For opening sizes < or = 48" x 36" (1224 x 915) or 36" x 48" (915 x 1224) retaining angles are only required on one side of the partition and must be attached to the sleeve and the partition. Standard mounting angles may be located on the exterior surface of the wallboard (as shown) or they may also be placed behind the drywall and in direct contact with the stud runner. For larger openings (or optional or smaller openings), retaining angles are required on both sides of the partition and must be attached to the sleeve. Attachment to the sleeve and or the partition shall be with No. 10 (MS) bolts, sheet metal screws, 1/2" (13) long tack welds or 3/16" (5) diameter steel rivets. A minimum of two connections per side, top and bottom. Mounting angles shall overlap the wall a minimum of 1" (25).
3. See standard installation instructions sheet for additional details.





SEE DETAILS ON  
UL CLASSIFICATION  
MARKING ON ENCLOSED  
PRODUCT