

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

**Permit No: 0003643**

**Insp Area: 4**

**Site Address: 4701 WESTLAKE PK SAC**

Parcel No: 002-2530-001

Sub-Type: NCOM

Housing (Y/N): N

**CONTRACTOR**

LENNAR RENAISSANCE INC.  
2240 DOUGLAS BL  
ROSEVILLE CA. 95661

**OWNER**

LENNAR NATOMAS C/O DON BARNETT  
2240 DOUGLAS BLVD #200  
ROSEVILLE, CA. 95661

**ARCHITECT**

THE SPINK CORP  
2590 VENTURE OAKS WY  
SACRAMENTO 95833

**Nature of Work: CONSTRUCTION OF RECREATION CENTER & POOL MAINTENANCE BLDG,  
& CABANA, WITH SITE IMPROVEMENTS**

**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 \_\_\_\_\_ 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 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: 8/31/00 Owner Signature: Don Barnett

**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: 8/31/00 Applicant/Agent Signature: Don Barnett

**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: TRANSCONTINENTAL INSURANCE CO Policy Number: WC166792277 Exp Date: 06/01/2001

(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: 8/31/00 Applicant Signature: Don Barnett

**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.**

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

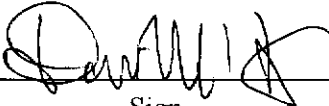
Building Address: 4701 WESTLAKE PK Permit No. 0003643

Building Use: RECREATION CENTER, POOL, CABANA Occupancy: 2

Building Owner: LENNAR NATOMAS Construction Type: VN

Owner Address: 2240 DOUGLAS BL #200 ROSEVILLE, CA Sprinkled? [ ] Yes [X] No

Portion of Building Occupied: ENTIRE Area: 3159 Sq. Ft.

1/19/02 DAVID HAY  DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:MW,AAC,DV,FJ,MG]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**

COUNTY SANITATION DISTRICT NO. 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE**  
 PERMIT AND CALCULATION SHEET *8/25/00*

APPLICATION NO:

BLDG PERMIT NO: *CITY*

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN  
 VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES  
 ONE YEAR FROM DATE OF ISSUANCE

*26264 1 8/25/00*

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF		MF	UNITS
		<input type="checkbox"/>	<input type="checkbox"/>		
GSD-1					
SRCSD					
CONSTRUCTION					
IN-LIEU					
<b>TOTAL FEE</b>					<b>12,947</b>

APN: *225-0030-021*

DESCRIPTION/  
 SUBDIVISION

LOT:

PROPERTY ADDRESS

OWNER *Winners/Alfons*

MAILING ADDRESS *2240 Douglas Blvd*

CITY-STATE-ZIP *Escrowville CA 95661* PHONE *(916) 783-3224*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

*Tom Beard*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_

# 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	[Handwritten Name]																				
OWNER'S ADDRESS	[Handwritten Address]																				
PROJECT ADDRESS	[Handwritten Project Address]																				
PARCEL NUMBER	[Handwritten Parcel Number]																				
SUBDIVISION NAME	[Handwritten Subdivision Name]																				
NUMBER OF UNITS	[Handwritten Number]																				
PRINT APPLICANT'S NAME	[Handwritten Name]		APPLICANT'S SIGNATURE: [Handwritten Signature]																		
TITLE OF APPLICANT	[Handwritten Title]																				
DATE	[Handwritten Date]		TELEPHONE NUMBER [Handwritten Number]																		
PART II: TO BE COMPLETED BY BUILDING DEPARTMENT																					
PLAN IDENTIFICATION NUMBER	0003643																				
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	3,159.0																				
SIGNATURE	[Handwritten Signature]																				
TITLE	BUILDING TECH		DATE 8-23-2000																		
PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT																					
DISTRICT CERTIFICATION NUMBER	01-373																				
FEES COLLECTED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">RESIDENTIAL</td> <td style="width: 10%;">Sq. Ft.</td> <td style="width: 10%;">X</td> <td style="width: 10%;">\$</td> <td style="width: 10%;">=</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>APARTMENT/CONDOMINIUM</td> <td>Sq. Ft.</td> <td>X</td> <td>\$</td> <td>=</td> <td>\$</td> </tr> <tr> <td>COMMERCIAL/INDUSTRIAL</td> <td>3159</td> <td>X</td> <td>\$ .35</td> <td>=</td> <td>\$ 1,112.47</td> </tr> </table>			RESIDENTIAL	Sq. Ft.	X	\$	=	\$	APARTMENT/CONDOMINIUM	Sq. Ft.	X	\$	=	\$	COMMERCIAL/INDUSTRIAL	3159	X	\$ .35	=	\$ 1,112.47
RESIDENTIAL	Sq. Ft.	X	\$	=	\$																
APARTMENT/CONDOMINIUM	Sq. Ft.	X	\$	=	\$																
COMMERCIAL/INDUSTRIAL	3159	X	\$ .35	=	\$ 1,112.47																

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: 8/26/00

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: to be determined

Assessor's Parcel Number: portion of 225-030-021,044

Previous Use: vacant

Description of Request/Proposed Use: Building Permit for private  
recreation center

Is This a Change of Use? no

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_ Zoning Designation: OS  
P00-009

Comments: OK for concurrent plan  
check submittal prior to  
approval of Special Permit  
(See mon attached)

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: W. Jiboun 4/7/00

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

MICROFILM AFTER FINAL



0003643c

CITY OF SACRAMENTO CALIFORNIA

DEPARTMENT OF NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

1231 I STREET ROOM 200 SACRAMENTO, CA 95814-2998 PH 916-264-7615

MEMORANDUM OF UNDERSTANDING RELATED TO CONCURRENT REVIEW OF PROJECT PLANS, (BUILDING PERMIT AND PLANNING ENTITLEMENTS)

In order to proceed with concurrent review of the project plans located at address to be determined

Westlake Rec Center, Plan Check/Permit Number

I agree to comply with all Mitigation Measures and Planning Conditions associated with project P-00-009 (File Number)

I also agree to pay any additional fees if revised plans are required for building plan check review as indicated in the attached letter for concurrent review.

The above language shall not be deemed a waiver by the City of Sacramento of any Mitigation Measure, Planning Condition or Zoning Ordinance Provision applicable to the project whether or not the measure, condition or provision is listed above.

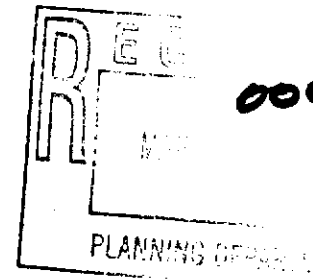
Signature: Don Barnett Date: 3/29/2000

Name & Title: DON BARNETT COMMUNITY PLANNING MANAGER

Address: LENNAR COMMUNITIES 2240 DOUGLAS BLVD # 200

Phone Number: (916) 783-3224 ROSEVILLE, CA 95661

Reviewed by: [Signature] Date: 3/7/2000



0003643C

March 28, 2000

**Via Facsimile & F**

Phil Reed  
City of Sacramento  
Neighborhoods, Planning and  
Development Services Department  
1231 I Street, Suite 300  
Sacramento, CA 95814-2000

**RE: WestL**  
**Co**

03/29/2000

10:08

CITY OF SACRAMENTO PLANNING -> 97833914



0003643 c

CITY OF SACRAMENTO  
CALIFORNIA

DEPARTMENT OF  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

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provision is listed above.

Signature: Don Barnett Date: 3/29/2000

Name & Title: DON BARNETT COMMUNITY PLANNING MANAGER

Address: LENNAR COMMUNITIES 2240 DOUGLAS BLVD # 200

Phone Number: (916) 783-3224 ROSEVILLE, CA 95661

\*\*\*\*\*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



**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 # <b>0003643</b>	Insp. Area <b>4</b>
------------------------------	------------------------

ADDRESS (to be determined) IMP (1/701 WESTLAKE PKWY Suite  
 PARCEL # portion of 225-030-021,044 225-3000-1

Applicant **MUST** complete ALL Unshaded areas

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # _____	
Name <u>Don Barnett - Lennar Communities</u>		Name _____	
Street Address <u>2240 DOUGLAS BLVD # 200</u>		Address _____	
City/State/Zip <u>ROSEVILLE, CA 95661</u>		City/State/Zip _____	
Phone <u>(916) 783-3224</u> FAX <u>(916) 783-3914</u>		Phone _____ FAX _____	
E-mail: _____		E-mail: _____	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>The Spink Corporation</u>		Name <u>LENNAR NATOMAS % Don Barnett</u>	
Address <u>2540 Venture Oaks Way</u>		Address <u>2240 DOUGLAS BLVD # 200</u>	
City/State/Zip <u>SACRAMENTO, CA</u>		City/State/Zip <u>ROSEVILLE, CA 95661</u>	
Phone <u>(916) 925-5550</u> FAX <u>(916) 921-9274</u>		Phone <u>(916) 783-3224</u> FAX <u>(916) 783-3914</u>	
E-mail: _____		E-mail: _____	

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

NATURE OF WORK IN DETAIL: Building Permit for private recreation center, including site improvements, building for equipment, main building, shade structure

OCCUPANT/TENANT: WESTLAKE HOMEOWNERS ASSOCIATION VALUATION: \$ 775,000.00

FLOOD STATUS: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		S.C.A.T.							
JOB DESCRIPTION <u>BLDG</u>		SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File
<u>1</u>		<u>3159</u>		<u>A-3</u>	<u>V-N</u>	SPR	ALARM	<u>OR</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>	<u>PW</u>	<u>UTIL</u>
								<u>KAIR</u>	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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 MP ALLEN Address 9807 Fair Oaks BLVD  
City FAIR OAKS, CA 95816 Telephone (916) 904-5000  
Contractors License No. 705570

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 Don Banett

Job Address 4701 Westlake Parkway

Permit 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: WESTLAKE CLUB Phone: TBD  
 Site Address: 4701 Westlake Parkway SACRAMENTO Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: WINNREST WATOMAS Phone: (916) 783-3224  
 Nature of Business: LAND Developer  
 Property Owner: SAME Phone: \_\_\_\_\_  
 Address: 2240 DOUGLAS BLVD # 200 Roseville Suite: 200  
(Street) (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: DON BARNETT  
Don Barnett  
(Print) (Signature)  
8/31/00  
(Date)

BID Use Only: Plan Ck# <u>0003643</u> Permit # _____ OK to issue prmt? <u>Y</u> <u>8.31.00</u> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	



**SIMPSON STRONG-TIE® COMPANY, INC.**

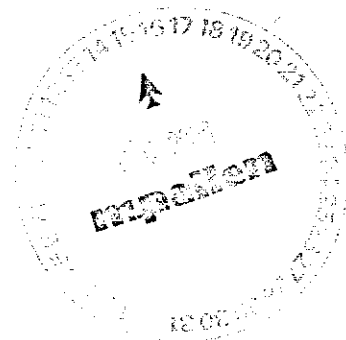
*The World's "No Equal" Timber Connector Company*

1450 Doolittle Drive • P.O. Box 1568 • San Leandro, California 94577

Phone: 800/999-5099 • Fax: (510) 562-7946

December 13, 2000

M.P. Allen General Contractors  
9807 Fair Oaks Blvd.  
Fair Oaks, CA 95628  
(916) 904-5000  
(916) 904-5008 (fax)



Re: Strong-Wall Inspection  
Job Name: The Club at Westlake

Dear Mr. Goroll,

Per your request, on December 13, 2000, I physically inspected the Strong-Walls at The Club at Westlake jobsite. The Strong-Walls are installed correctly per the manufacturer (Simpson Strong-Tie Co., Inc.) installation criteria.

I hope this will clarify any concerns you may have on this installation. Please feel free to call me with any additional questions. I can be reached at (510) 564-1070.

Sincerely,  
SIMPSON STRING-TIE CO., INC.

Michael S. Mulnix  
Technical Sales Representative

CC: G. Garakian

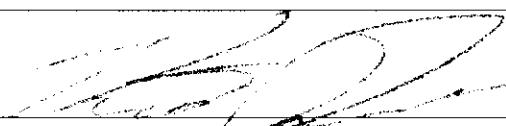
# Daily Field Report (DFR)

Project Name The Club at Westlake Project No. 23464182 Date 12-15-00  
Project Location Delmar, DE Time Arrived 1:00  
Contractor M.F. Allen Technician K. Brink Time Departed 3:30  
Weather cloudy - N.W. Travel Time 1  
Earthwork Equipment Observed NA Mileage 40  
DFR Given to (or left at) on site DFR No. \_\_\_\_\_  
Reviewed by \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Sac Permit # 00036430 - MPA# 113# 249.01

Observations/Remarks: on site w/ regional MPA W. L. M. Gurd  
Reviewed Plans, Sp. 1/5-3, 2/5-3, 3/5-3, 4/5-3, 5/5-3, Page 51  
Stop Wall Schedule 1/5-3 - 4/5-3 - 5/5-3 - Intersections  
4/5-3 Stop Wall assembly 1/5-3 and foundation Plan 5/4  
Intersections connect to MPA shall be as per  
plans to Sp. 5, 5/5-3 shall be in accordance  
with the schedule

NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

  
Kleinfelder Representative Signature  
Kimo Brink  
Kleinfelder Representative Print Name



**WALLACE - KUHL & ASSOCIATES INC.**  
GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.  
PO Box 1137  
West Sacramento  
California 95691  
916-372-1434

DATE 10/9/00	JOB NO. 3687.15	WEATHER OVERCAST	TEMP. ° at ° at	AM PM			
PROJECT THE CLUB AT WESTLAKE	Technician I <input type="checkbox"/> Staff E/G <input type="checkbox"/>						
LOCATION DEL PASO / EL CENTRO	Technician II <input type="checkbox"/> Project E/G <input type="checkbox"/>						
TYPE OF WORK REBAR INSPECTION	Technician III <input checked="" type="checkbox"/> Senior E/G <input type="checkbox"/>						
Inside 50 mi. radius <input checked="" type="checkbox"/>	Outside 50 mi. radius <input type="checkbox"/>	Nuclear Densities <input type="checkbox"/>		Principal E/G <input type="checkbox"/>			
PERSONNEL	REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE	MILES
J. CARLSON							

OBSERVATIONS:

CHECKED REBAR FOR ALL INTERIOR + PERIMETER FOOTINGS -  
FOUND STEEL IN PLACE PER DETAILS 7,8,9/S3 STAMPED  
DRAWINGS + EXCAVATIONS NEAT

**FIELD REPORT**

Signed

*J. Carlson*

**SACRAMENTO ENGINEERING CONSULTANTS**

MECHANICAL AND ELECTRICAL ENGINEERING SERVICES

10555 Old Placerville Road

Sacramento, CA 95827

(916) 368-4468 FAX:(916) 368-4490

tsant@saceng.com

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**FAX TRANSMITTAL**

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DATE: 1/23/2001  
TO: M.P. Allen  
PHONE: (916) 904-5000  
FAX: (916) 904-5008  
ATTN.: Jerry Clifford  
FROM: Tom Santillan  
PROJECT: Westlake Rec. Center (Sec No. 00156)  
RE: Gas piping joints.

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Jerry,

Screwed joints for gas piping system is allowed Per UPC 1211, which reads as follows: All joints in natural gas piping system, unless welded, shall be screwed joints, having approved standard threads. Such screwed joints shall be made up to approved pipe joint material, insoluable in the presence of fuel gas and applied to the make threads only. All welded joints in the piping system shall be welded by a certified pipe welder per Chapter 2 of UPC.

Please call if any questions.

**The Club At  
WESTLAKE**



# CGI MECHANICAL SERVICES

License #772639

A Division of Cenergy Group, Inc.  
Building the New Millennium<sup>sm</sup>

## BALANCE SHEET

### Outlet Test Report

Subdivision or Complex Name: CLUB AT WESTLAKE

Reg or Grill	Type	Size	Design CFM	Design Static	Test # One	Test # Two	Test # Three	Actual Final S.P.	Actual Fin. CFM	COMMENTS
<u>SEE ATTACHED TEST SHEETS</u>										

TOTAL RETURN CFM: <u>1280/UNIT</u>	TOTAL SUPPLY CFM: <u>1760/UNIT</u>
BALANCE DATE: <u>5-2-01</u>	BALANCED BY: <u>Kelly MUNDT</u>
JOB NUMBER: <u>00-4074</u>	

11295 Sunrise Gold Circle, Suite A Rancho Cordova, CA 95742  
916 853-0200 Toll Free 877 853-0200 Fax 916 853-0201  
Email: cgi@cenergygroup.com

*CK BY - [Signature]*  
VP-SERVICE

TEST SHEET

SERVED AREA REC. CENTER UNIT 1 Thur 3

ROOM <i>REG</i>	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
1		C				350		400		300		330
2		C				350		270		320		330
3		C				350		240		330		330
4		C				350		260		360		340
5		C				350		290		340		345
6		C				350		350		350		340
7		C				350		260		320		335
8		C				350		420		320		340
9		C				450		340		410		410
10		C				450		280		380		410
11		C				450		240		390		420
12		C				450		260		420		420
13		C				150		150		140		140
14		C				250		240		260		250
15		C				150		100		150		155
16		C				250		100		200		240

Remarks: ALL T-BAR REGISTER - Supply Air

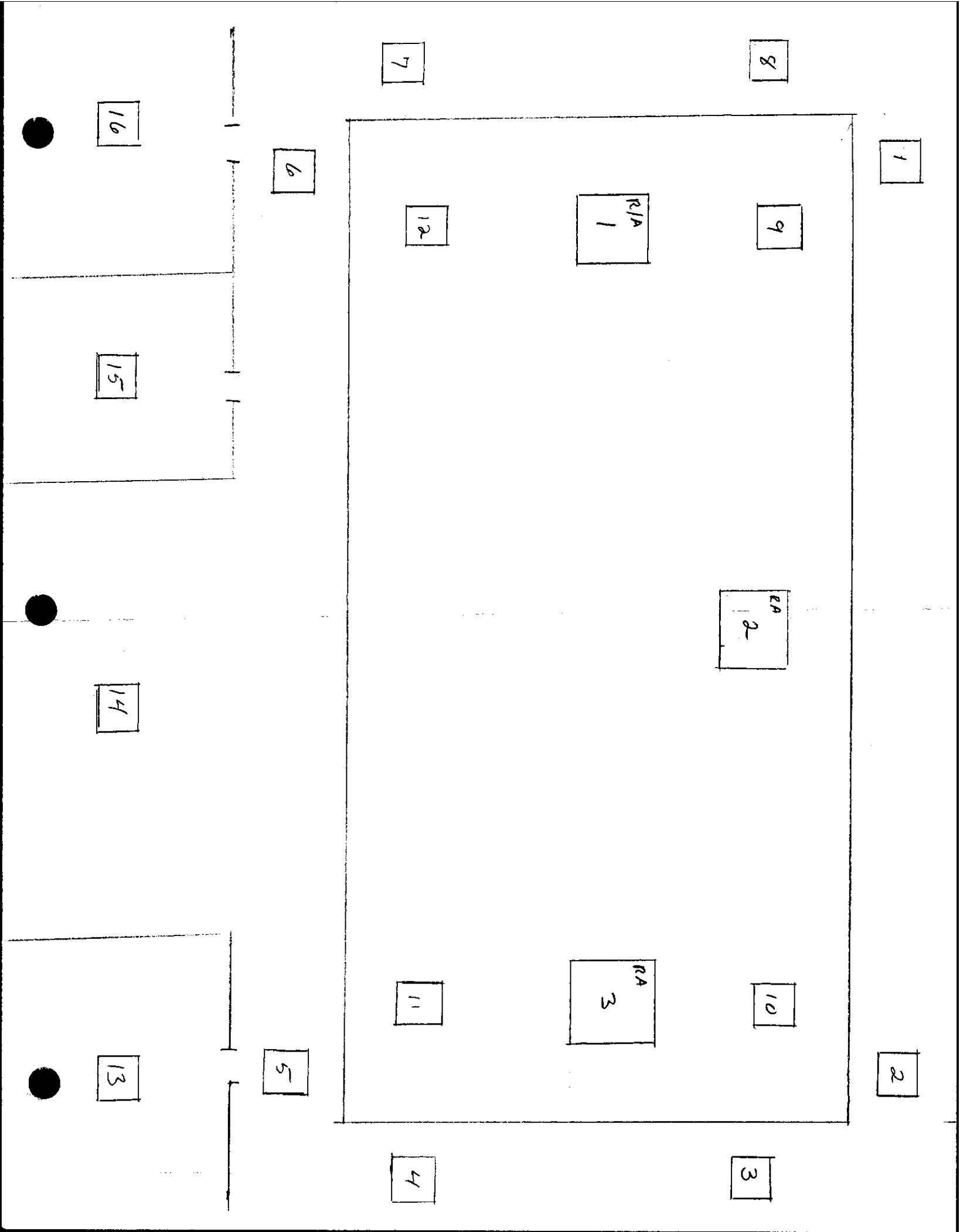
SB JOB NO. 00-4074  
 SECTION 1 PAGE 2  
 DATE 5-7-01

TEST SHEET

SERVED AREA REC CENTER UNIT 1 Phor 3

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>1</u>		<u>C</u>				<u>1300</u>		<u>820</u>		<u>1280</u>		
<u>2</u>		<u>C</u>				<u>1300</u>		<u>600</u>		<u>1200</u>		
<u>3</u>		<u>C</u>				<u>1300</u>		<u>1200</u>		<u>1200</u>		

Remarks: ALL T-BAR REGISTERED - RETURN AIR  
ALL OUTSIDE AIR SET AT 500 CFM



**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT  
**FROM:** Troy Malaspino  
Fire Marshal  
**SUBJECT:** FIRE SYSTEM INSPECTION

**DATE:** 7-17-01

A final inspection of the newly installed fire system at:

4701 WESTLAKE PK

Has been conducted by Inspector

F. JOHNSON

On

7-11-01

00-03643  
Permit Number

3159 #  
Square Footage

NEW CONSTRUCTION  
Type of Inspection

They system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-957  
F.D. Reference Number

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