

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

**Permit No: 0014195**  
**Insp Area: 2**

**Site Address: 7702 QUINBY WY SAC**  
Parcel No: 118-0033-015

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

CONTRACTOR

OWNER  
Yael Lathen  
7702 QUINBY WY  
SACRAMENTO CA 95823

ARCHITECT

**Nature of Work:** INSTALL MANUAL PULL STATION for 6 or less people occ.

**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 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 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 1-31-01 Owner Signature Yael Lathen

**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 3-1-01 Applicant Agent Signature Yael Lathen

**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 1-31-01 Applicant Signature Yael Lathen

**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.**



...and specifications must be  
...to the building department

CEILING - A

80" MAX

**ISSUED**  
JAN 3

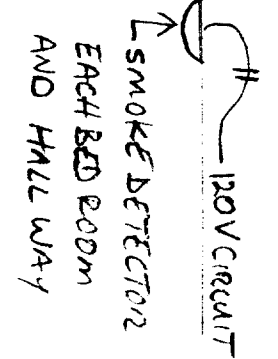
Sacramento Building Division

FLOOR - A

49" MAX



HORN STROBE



120V CIRCUIT

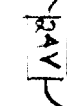
SMOKE DETECTOR

EACH BED ROOM  
AND HALLWAY

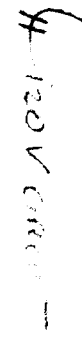
CENTRALLY PLACE MANUAL PULL  
AND HORN STROBE NEAR THE  
MAIN EXIT

**APPROVED PER 1996**  
NATIONAL ELECTRICAL CODE  
AND CITY OF SACRAMENTO  
AMENDMENTS  
T.L.M. 11.29.2000  
ELECTRICAL DIVISION

24 V TRANSFORMER  
The approval of all  
Electrical work is subject to these  
Inspections



24V



INSPECTION BOX

FACILITY NAME: Quincy Assisted Living

ADDRESS/CITY: 7702 Quincy Way, Sacramento CA 95823

OWNER/PHONE NO: AIG 251 267A

**309.4 Access and Means of Egress Facilities.** Means of egress shall be provided as specified in Chapter 10.

Access to, and egress from, buildings required to be accessible shall be provided as specified in Chapter 11.

**309.5 Light, Ventilation and Sanitation.** In Group M Occupancies, light, ventilation and sanitation shall be as specified in Chapters 12 and 29.

**309.6 Shaft and Exit Enclosures.** Exits shall be enclosed as specified in Chapter 10

Elevator shafts, vent shafts and other openings through floors shall be enclosed, and the enclosure shall be as specified in Section 711

In buildings housing Group M Occupancies equipped with automatic sprinkler systems throughout, enclosures need not be provided for escalators where the top of the escalator opening at each story is provided with a draft curtain and automatic fire sprinklers are installed around the perimeter of the opening within 2 feet (610 mm) of the draft curtain. The draft curtain shall enclose the perimeter of the unenclosed opening and extend from the ceiling downward at least 12 inches (305 mm) on all sides. The spacing between sprinklers shall not exceed 6 feet (1829 mm).

**309.7 Sprinkler and Standpipe Systems.** When required by other provisions of this code, automatic sprinkler systems and standpipes shall be installed as specified in Chapter 9.

**309.8 Special Hazards.** For special hazards of Group M Occupancies, see Section 304.8.

Storage and use of flammable and combustible liquids shall be in accordance with the Fire Code.

Building erected or converted to house high-piled combustible stock or aerosols shall comply with the Fire Code.

**SECTION 310 — REQUIREMENTS FOR GROUP R OCCUPANCIES**

**310.1 Group R Occupancies Defined.** Group R Occupancies shall be:

**Division 1.** Hotels and apartment houses.

Congregate residences (each accommodating more than 10 persons).

**Division 2.** Not used

*[For SFM] Division 2.1. Residentially-based, licensed facilities accommodating more than six nonambulatory clients. This division may include ambulatory clients. Licensing categories that may use this classification include, but are not limited to: Adult Residential Facilities, Congregate Living Health Facilities, Residential Care Facilities for the Elderly, Group Homes and Residential Care Facilities for the Chronically Ill*

*[For SFM] Division 2.1.1. Residentially-based, licensed facilities accommodating six or less nonambulatory clients. This division may include ambulatory clients. Licensing categories that may use this classification include, but are not limited to: Adult Residential Facilities, Congregate Living Health Facilities, Foster Family Homes, Intermediate Care Facilities for the Developmentally Disabled Habilitative, Intermediate Care Facilities for the Developmentally Disabled Nursing, nurseries for the full-time care of children under the age of six, but not including "infants" as defined in Section 210; Residential Care Facilities for the Elderly, Small Family Homes and Residential Care Facilities for the Chronically Ill.*

*[For SFM] Division 2.2. Residentially-based, licensed facilities accommodating more than six ambulatory clients. This division may include nonambulatory clients and shall not exceed six nonambulatory clients. Licensing categories that may use this classification include, but are limited to: Adult Residential Facilities, Residential Care Facilities for the Elderly, Group Homes, Community Treatment Facilities and Social Rehabilitation Facilities.*

*[For SFM] Division 2.2.1. Residentially-based, licensed facilities accommodating six or less ambulatory clients. This division may include a maximum of two nonambulatory clients. Licensing categories that may use this classification include, but are not limited to: Adult Residential Facilities, Intermediate Care Facilities for the Developmentally Disabled Habilitative, Intermediate Care Facilities for the Developmentally Disabled Nursing, Nursing Homes, Residential Care Facilities for the Elderly, Foster Family Homes, Group Homes, Small Family Homes, Community Treatment Facilities and Social Rehabilitation Facilities.*

*[For SFM] Division 2.3. Residentially-based, licensed facilities providing hospice care throughout accommodating more than six bedridden clients. Licensing categories that may use this classification are limited to: Congregate Living Health Facilities for the Terminally Ill and Residential Care Facilities for the Chronically Ill.*

*[For SFM] Division 2.3.1. Residentially-based facilities providing hospice care throughout accommodating six or less bedridden clients. Licensing categories that may use this classification are limited to: Congregate Living Health Facilities for the Terminally Ill and Residential Care Facilities for the Chronically Ill.*

**Division 3.** Dwellings used for large family day-care homes (as defined in Chapter 2, Section 205) and lodging houses. Licensing categories that may use this classification include, but are not limited to: Adult Day-care Facilities, Family Day-care Homes, Adult Day-support Center, Day-care Center for Mildly Ill Children, Infant Care Center and School Age Child Day-care Center.

Congregate residences (each accommodating 10 persons or less).

For occupancy separations, see Table 3-B.

A complete code for construction of detached one- and two-family dwellings is in Appendix Chapter 3, Division III, of this code. When adopted, as set forth in Section 101.3, it will take precedence over the other requirements set forth in this code.

**310.1.1 [For SFM] Special Provisions for Group R, Division 2 Occupancies.** Clients who become temporarily bedridden as defined in Health and Safety Code Section 1569.72, as enforced by the Department of Social Services, may continue to be housed on any story in Group R, Division 2 Occupancies classified as Residential-care Facilities for the Elderly (RCFE). Every Residential-care Facility for the Elderly (RCFE) admitting or retaining a bedridden resident shall, within 48 hours of the resident's admission or retention in the facility, notify the local fire authority with jurisdiction of the estimated length of time the resident will retain his or her bedridden status in the facility.

**310.1.2 [For SFM] In Group R, Division 2 Occupancies classified as Residential Facilities (RF), bedridden clients shall not be located above the first story.**

**310.1.3 [For SFM] Restraint shall not be practiced in Group R, Division 2 Occupancies.**

**EXCEPTION:** Group R, Division 2 Occupancies which meet all the construction requirements for a Group I, Division 3 Occupancy.

Date of Request: 11-29-00  
By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 7702 Quinby Way Sac Ca 95823

Assessor's Parcel Number: 118-0033-015

Previous Use: ~~CA~~ residential care home

Description of Request/Proposed Use: \_\_\_\_\_

**ISSUED**

JAN 31 2001

Sacramento Building Division

Is This a Change of Use? Yes

Zoning Designation: R-1

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: Ambulatory to client  
residential care home

OK if licensed by the State  
of Calif.

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: JSma 11-29-00

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

MICROFILM AFTER FINAL

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) yes
- 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 BA Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

- 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 N/A 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
<u>N/A</u>			

Signed [Signature]

Job Address 7702 Winby Way Sac, Ca

Permit No: \_\_\_\_\_

94578  
95823

ISSUED

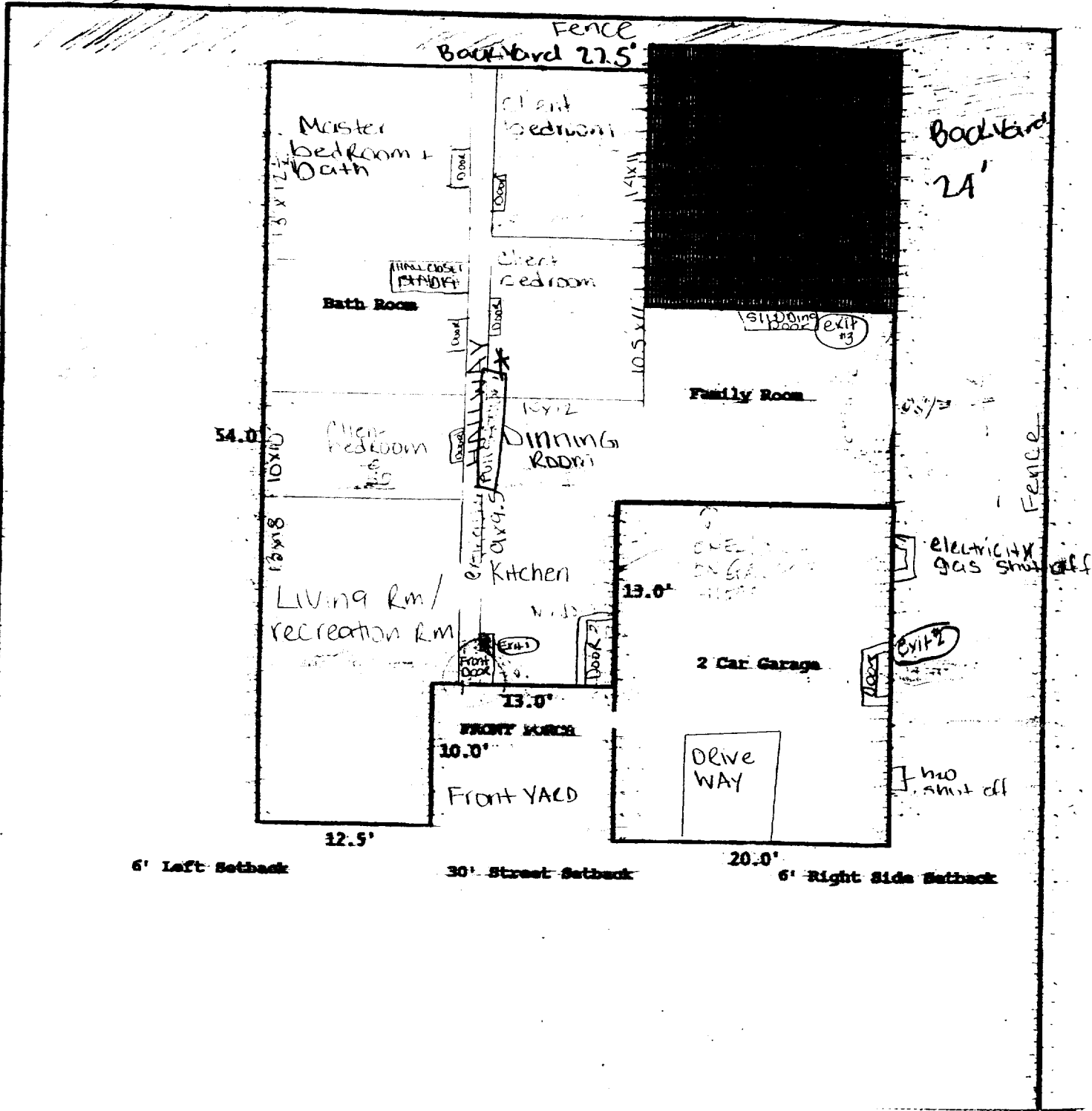
Plan No. 752-01001-001  
St. SACRAMENTO  
Lot: GOLDWILLEY/MS

City SACRAMENTO

JAN 21 2001  
SAC

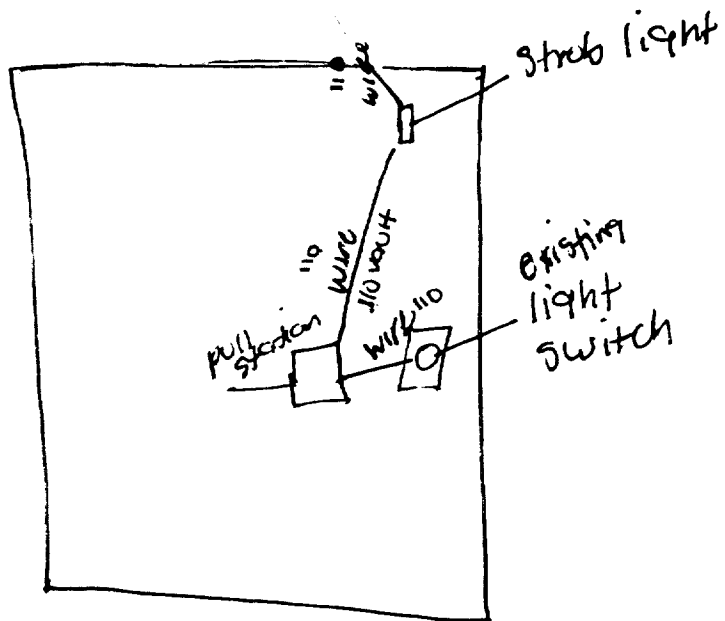
Job No. 9823-4110

Sacramento Building Division



City Copy

# elevation wire



**ISSUED**

JAN 31 2011

Sacramento Building Div.







SACRAMENTO CITY FIRE DEPARTMENT  
FIRE PREVENTION BUREAU



FIRE SAFETY CORRECTION NOTIFICATION

BUSINESS Yael Cohen OCCP # \_\_\_\_\_  
 ADDRESS 7702 PERMIT # \_\_\_\_\_  
St. Co. Plaza  
Yad (415) 549-2107 202A

The Sacramento City Fire Code, State Fire Marshal's regulations and Uniform Building Code require the following fire safety deficiencies be corrected immediately:

- 1) Install 1 Pull Station with strobe light Refer to permit for permit and photo submit
- 2) Install 1 smoke detector in kitchen area
- 3) Install Smoke Detector in sleeping rooms
- 4) Remove Dead End in hallway
- 5) Repair Front entrance door
- 6) Install Self-Closing door in back door
- 7) Remove locking device in back door
- 8) Install hardware in back door
- 9) Replace broken door

8/19/00 Billing Submitted

264-5914

A reinspection will be made within 2 days at which time it is expected that you will have complied with this notice. If you have any questions, contact the Fire Prevention Bureau at 264-5480 between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday. (FAX: 264-8130)

ISSUED BY: A.C. Cooke RECEIVED BY: J. Cohen DATE: 9/18/00

Yael Cohen 0014195C

ISSUED

Parcel Map: 782 GUNBY WAY

City: SACRAMENTO

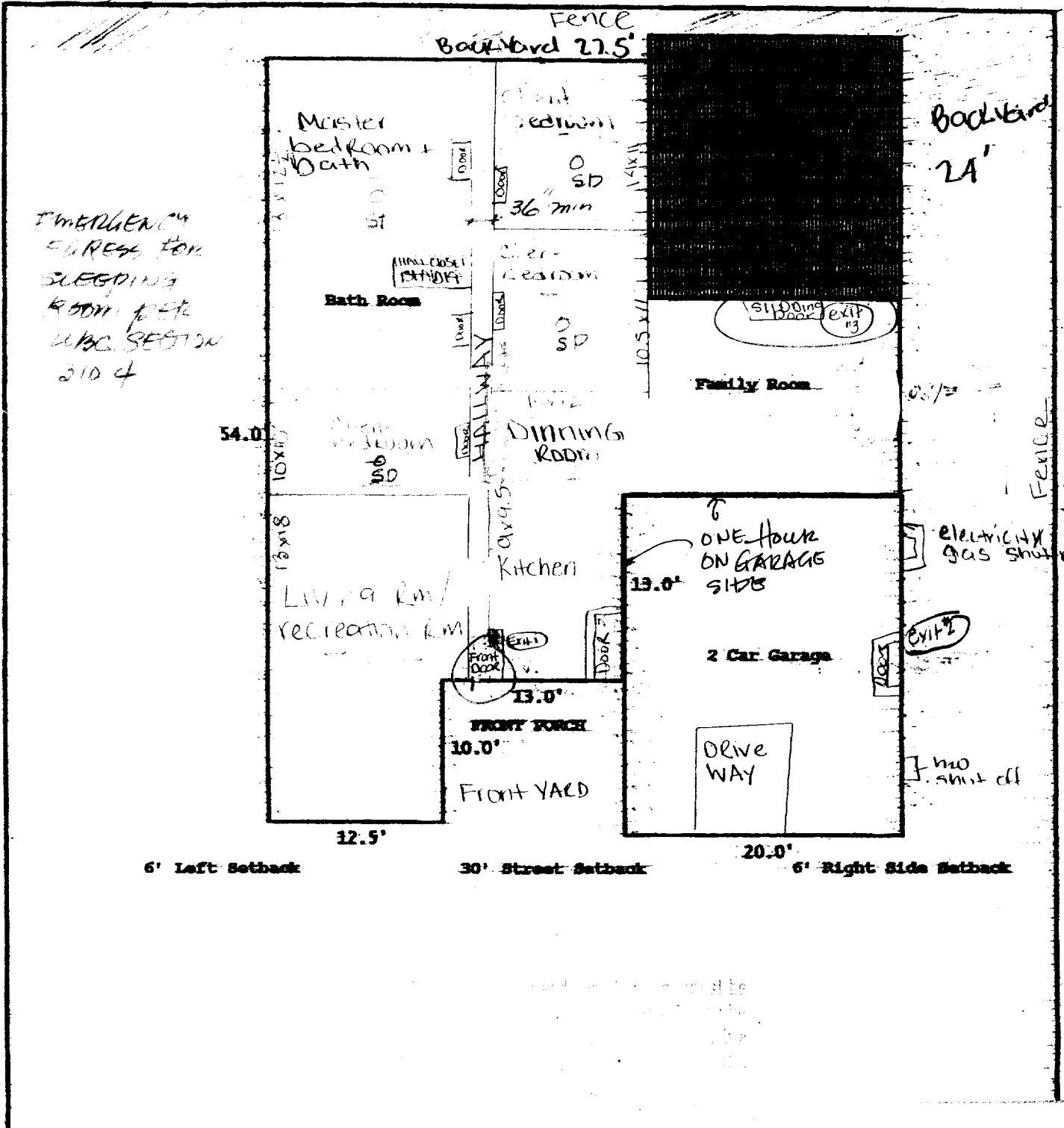
County: SACRAMENTO

JAN 31 2001  
SAC CA

24 City 95823-4110

Lot: GOLD VALLEY LOANS

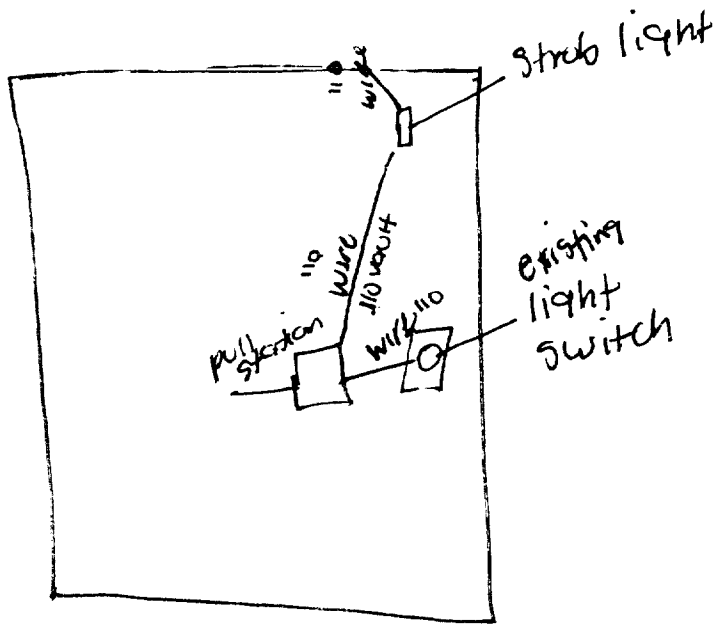
Sacramento Building Division



City Copy

*Handwritten mark*

# elevation wire



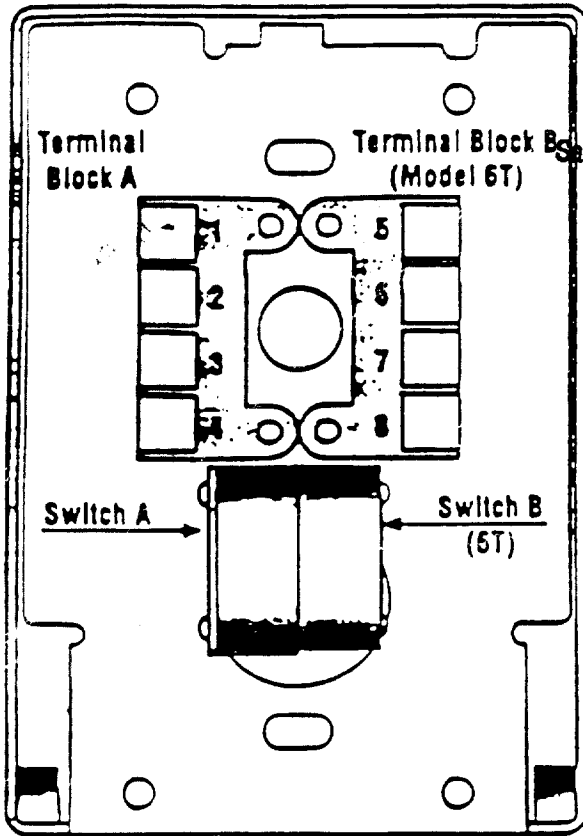
**ISSUED**

JAN 31 2007

Sacramento Building Division

# Rear View

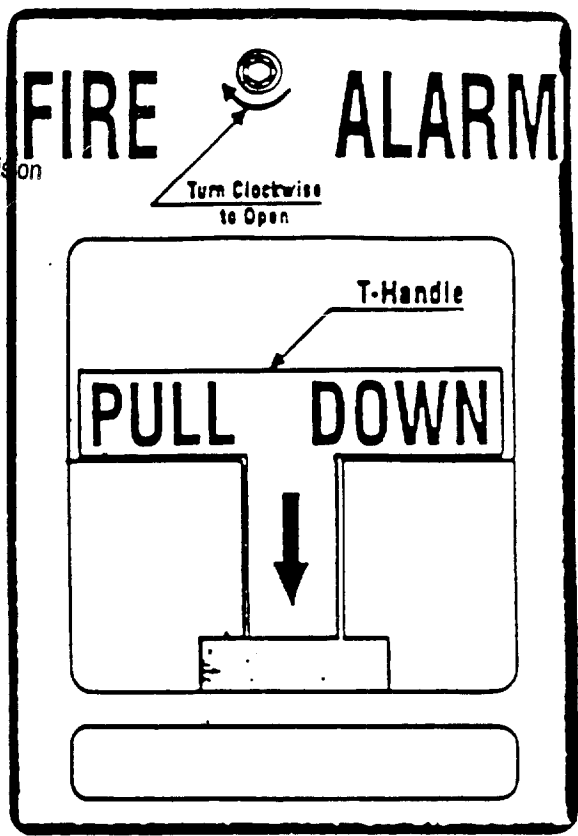
# Front View



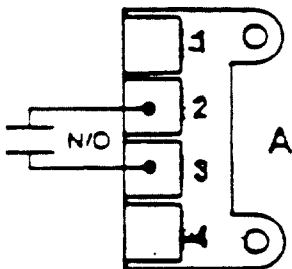
ISSUED

JAN 31 2001

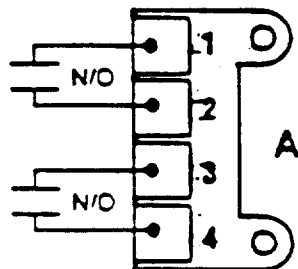
Sacramento Building Division



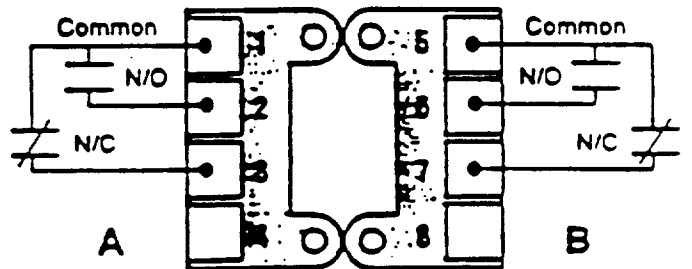
## Electrical Wiring



Model 1T  
SPST N/O



Model 2T  
DPST N/O



Model 6T  
DPST N/O - N/C - COM

Model	Terminal Block	Terminal Connecting	Switch Function	Terminal Connections			Contact Rating
				LED	Switch	Phone Jack	
1P	None	None	SPST	Leeds	Leeds	Leeds	10 amp @125 vac
1T	A	2 & 3	SPST	1(+) & 4(-)	1 & 4	1 & 4	10 amp @125 vac
2T	A	1&2 - 3&4	DPST	5(+) & 6(-)	5 & 6	5 & 6	10 amp @125 vac
3T	A	1,2, & 3	SPDT	5(+) & 6(-)	5 & 6	5 & 6	10 amp @125 vac
6T	A & B	1,2,3,5,6,7	DPDT	4(+) & 8(-)	4 & 8	4 & 8	10 amp @125 vac

Phone Jack: 1/4 • Key Switch: 3Amp@125Vac • Led: T1-3/4@24Vdc

Note: all contact ratings shown apply to closed station

Mounting Instructions on Reverse Side