

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105824
Insp Area: 1

Site Address: 980 9TH ST SAC
Parcel No: 006-0036-031

SFF 165

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

CONTRACTOR
MCKINLEY CO
1437 SUNRISE GOLDEN #1
SAN JOSE, CA 95131

OWNER
CPI ASSOCIATES
100 PINE ST STE 3200
SAN FRANCISCO CA 94111

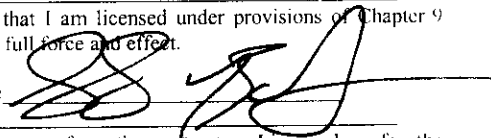
ARCHITECT

Nature of Work: INTERIOR REMODEL

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 783386 Date 7-30-01 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 a 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.

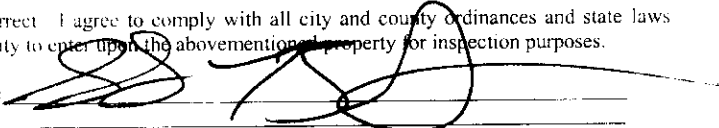
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under Sec. _____ B & P Code. His reason: _____

Date _____ Owner Signature _____

ON 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 7-30-01 Applicant Agent 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: STATE FUND Policy Number: 164506201 Exp Date: 7-01-02
~~07/31/2001~~

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 7-30-01 Applicant Signature 

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.

RSAnalysis, Inc.



DATE 10/15/01
PAGE 1
UNIT W5HP-1

FAN TEST SHEET

AREA
SERVED TO60'S - DINING

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	GE		
HP	10	V	460
PH	1	SF	T.P.
FLA	2.7	RPM	1080
MOTOR FRAME #	DNL		

SHEAVE DATA: MOTOR

DIA	-	SHAFT	-
AQJ P.O.	-	FIXED	-
BELT CENTER LINE	-		

FAN NAMEPLATE DATA

MFG	TRANE
MODEL	EFHA00B0000
TYPE	-
SIZE	-
SERIAL #	W01696149

SHEAVE DATA: FAN

DIA	-	SHAFT	-
BELTS	-		
DIRECT DRIVE	<input checked="" type="checkbox"/>		

SCHEDULED/SUBMITTED DATA

FAN CFM	1900
ESP	55
RPM	DNL
BHP	-
R.A.	-
D.S.A.	220

DESIGN OUTLET

TOTAL CFM	1900
-----------	------

TESTED OUTLET

TOTAL CFM	1970
-----------	------

TRAVERSE TOTAL

TOTAL CFM	N.T.
-----------	------

MOTOR TEST DATA

VOLTS	476
AMPS	2.4
RPM	0.0
BHP	.89
SPEED SET.	LOW

FAN TEST DATA

RPM	0.0
SP.	29
SP+	21
ESP	.50
FILTER SP	.09
CFM TOTAL	1970
CFM RA	1735
CFM OA MIN.	235
SCP	-

TEMPS	EAT	LAT
HEATING	73	106
COOLING	71	52

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested	
					FPM Vel	CFM	FPM Vel	CFM
108	1	CC	24x24					
	2					475	490	
	3						480	
	4						500	
TOTAL SUPPLY						1900	1970	
108	5	SWR	22x14	2.03		DNL	854	1735
TOTAL RETURN						DNA	1735	

Remarks:

Microfilm

RSAnalysis, Inc.



DATE 10/15/01
PAGE 2
UNIT WSHP-2

FAN TEST SHEET

AREA
SERVED TO160'S

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	FE		
HP	1.0	V	460
PH	1	SF	T.P.
FLA	2.7	RPM	1080
MOTOR FRAME #	DNL		

SHEAVE DATA: MOTOR

DIA	-	SHAFT	-
ADJ P.D.	-	FIXED	-
BELT CENTER LINE	-		

FAN NAMEPLATE DATA

MFG	TRANE
MODEL	6EHA00B000
TYPE	-
SIZE	-
SERIAL #	WD1096148

SHEAVE DATA: FAN

DIA	-	SHAFT	-
BELTS	-		
DIRECT DRIVE	<input checked="" type="checkbox"/>		

SCHEDULED/SUBMITTED DATA

FAN CFM	1900
ESP	55
RPM	DNL
BHP	-
R.A.	-
O.S.A.	215

DESIGN OUTLET

TOTAL CFM	1900
-----------	------

TESTED OUTLET

TOTAL CFM	1990
-----------	------

TRAVERSE TOTAL

TOTAL CFM	N.T.
-----------	------

MOTOR TEST DATA

VOLTS	474
AMPS	2.4
RPM	O.D.
BHP	.89
SPEED SET.	MEQ

FAN TEST DATA

RPM	O.D.
SP.	.17
SP+	.18
ESP	.35
FILTER SP	.14
CFM TOTAL	1990
CFM RA	1760
CFM OA MIN.	230
SCP	-

TEMPS

	EAT	LAT
HEATING	74	108
COOLING	70	49

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested	
					FPM Vel	CFM	FPM Vel	CFM
	1	CO	24x24				475	500
	2	-	-				-	480
	3	-	-				-	500
	4	-	-				-	510
TOTAL SUPPLY						1900		1990
	5	SWS	22x14	2.03		DNL		1760
TOTAL RETURN						DNA		1760

Remarks:

RSAnalysis, Inc.



DATE 10/15/01
PAGE 3
UNIT WSHF-3

FAN TEST SHEET

AREA
SERVED TOE0'S

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	GE		
HP	1.0	V	460
PH	1	SF	T.P.
FLA	2.7	RPM	1080
MOTOR FRAME #	DNL		

SHEAVE DATA: MOTOR

DIA	-	SHAFT	-
ADJ P.C.	-	FIXED	-
BELT CENTER LINE	-		

FAN NAMEPLATE DATA

MFG	TRANE
MODEL	BEA008000
TYPE	-
SIZE	-
SERIAL #	WD1096150

SHEAVE DATA: FAN

DIA	-	SHAFT	-
BELTS	-		
DIRECT DRIVE	<input checked="" type="checkbox"/>		

SCHEDULED/SUBMITTED DATA

FAN CFM	1900
ESP	55
RPM	DNL
BHP	-
R.A.	-
O.S.A.	215

DESIGN OUTLET

TOTAL CFM	1910
-----------	------

TESTED OUTLET

TOTAL CFM	1930
-----------	------

TRAVERSE TOTAL

TOTAL CFM	N.T.
-----------	------

MOTOR TEST DATA

VOLTS	473
AMPS	2.5
RPM	0.0
BHP	.92
SPEED SET.	MED

FAN TEST DATA

RPM	0.0
SP.	-.26
SP+	-.23
ESP	.49
FILTER SP	.09
CFM TOTAL	1930
CFM RA	1710
CFM OA MIN.	220
SCP	-

TEMPS

	EAT	LAT
HEATING	75	113
COOLING	70	49

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested	
					FPM Vel	CFM	FPM Vel	CFM
	1	CD	24x24					
	2					475	470	
	3					465	480	
	4					465	475	
	5					465	470	
						40	40	
TOTAL SUPPLY						1910	1930	
	6	SWR	22x14	2.03		DNL	1710	
TOTAL RETURN						DNA	1710	

Remarks:

RSAnalysis, Inc.



DATE 10/15/01
PAGE 4
UNIT IEF-1

FAN TEST SHEET

AREA
SERVED TO50'S

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	DNA		
HP	1/15	V	115
PH	1	SP	T.P.
FLA	27	RPM	1140
MOTOR FRAME #	ONL		

SHEAVE DATA: MOTOR

DIA	-	SHAFT	-
ADJ P.D.	-	FIXED	-
BELT CENTER LINE	-		

FAN NAMEPLATE DATA

MFG	GREENHECK
MODEL	50-120-8X-00
TYPE	-
SIZE	-
SERIAL #	01010272

SHEAVE DATA: FAN

DIA	-	SHAFT	-
BELTS	-		
DIRECT DRIVE	<input checked="" type="checkbox"/>		

SCHEDULED/SUBMITTED DATA

FAN CFM	800
ESP	5
RPM	ONL
BHP	-
R.A.	-
O.S.A.	-

DESIGN OUTLET

TOTAL CFM	800
-----------	-----

TESTED OUTLET

TOTAL CFM	815
-----------	-----

TRAVERSE TOTAL

TOTAL CFM	N.T.
-----------	------

MOTOR TEST DATA

VOLTS	120
AMPS	2.4
RPM	D.O.
BHP	-
SPEED SET.	ONE SPEED

FAN TEST DATA

RPM	D.O.
SP.	.12
SP+	.16
ESP	.28
FILTER SP	-
CFM TOTAL	815
CFM RA	-
CFM DA MIN.	-
SCP	-

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested	
					FPM Vel	CFM	FPM Vel	CFM
MENS	1	CE	5x5	.141	531	75	563	80
WOMENS	2	-	-	-	-	75	571	80
KITCHEN	3	-	22x22	-	-	650	-	655
TOTAL EXHAUST						800		815

Remarks:

RSAnalysis, Inc.



DATE 10/22/01
PAGE 5
UNIT SEF-1

FAN TEST SHEET

AREA SERVED STARBUCKS/TD60'S. SMOKE EVAC SYSTEM

MOTOR NAMEPLATE DATA

MFG	MARATHON		
HP	3	V	460
PH	3	SF	1.15
FLA	4.5	RPM	1730
MOTOR FRAME #	-		

SHEAVE DATA: MOTOR

DIA	2VP71	SHAFT	1 1/8
ADJ P.D.	MID	FIXED	-
BELT CENTER LINE	-		

FAN NAMEPLATE DATA

MFG	GREENHECK
MODEL	BSQ-240-00
TYPE	-
SIZE	-
SERIAL #	-

SHEAVE DATA: FAN

DIA	9.0	SHAFT	1.0
BELTS	2-A75		
DIRECT DRIVE	-		

SCHEDULED/SUBMITTED DATA

FAN CFM	DNL
TSP	-
RPM	-
BHP	-
R.A.	-
D.S.A.	-

DESIGN INTLET

TOTAL CFM	8630
-----------	------

DESIGN INLET

TOTAL CFM	N.T.
TOTAL CFM	8340

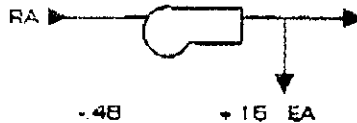
MOTOR TEST DATA

VOLTS	473/473/471
AMPS	4.6/4.2/4.1
RPM	1740
BHP	2.87
SPEED SET.	-

FAN TEST DATA

RPM	DNA (AXIAL)
SP-	48
SP+	.16
YSP	.64
FILTER SP	-
CFM TOTAL	8340
CFM RA	-
CFM OA MIN.	-
SCP	-

FAN STATIC PROFILE:



Remarks:

FAN WAS SET FOR TOTAL. NO ADJUSTMENT TO INDIVIDUAL INLETS ABOVE STARBUCKS CEILING DUE TO CUSTOMERS IN STORE ALTHOUGH THE SMOKE EVAC TEST WAS PERFORMED AND PASSED BY THE FIRE MARSHAL ON THIS DATE 10/22/01.

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 # 0105824

Insp. Area IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 980 7th Street

Suite 165

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Steve Butterfield</u></p> <p>Street Address <u>11437 Sunrise Gold Cir. #E</u></p> <p>City/State/Zip <u>Rancho Cordova, CA 95742</u></p> <p>Phone <u>916-635-2999</u> FAX <u>916-635-9096</u></p> <p>E-mail: <u>steve@mckinleycompany.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>783380</u></p> <p>Name <u>Mckinley Company</u></p> <p>Address <u>11437 Sunrise Gold Circle #E</u></p> <p>City/State/Zip <u>Rancho Cordova, CA 95742</u></p> <p>Phone <u>916-635-2999</u> FAX <u>916-635-8096</u></p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Jon Westphal</u></p> <p>Address <u>5749 El Camino Avenue</u></p> <p>City/State/Zip <u>Carmichael, CA 95608</u></p> <p>Phone <u>916 488 9019</u> FAX <u>916 488-9530</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Jay Mohan</u></p> <p>Address <u>24 Watershor Dr</u></p> <p>City/State/Zip <u>Sacramento, CA 95831</u></p> <p>Phone <u>916 421 0828</u> FAX <u>916-421-0858</u></p> <p>E-mail: <u>disneyat@aol.com</u></p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: American Interstate Insurance

→ WORKER'S COMPENSATION POLICY # 60WCCA 152619 EXPIRATION DATE: 7-01-01

NATURE OF WORK IN DETAIL: ~~Commercial TI~~
Restaurant New Restaurant TI in existing high rise.

OCCUPANT/TENANT: Togo's Baskin Robins VALUATION: \$ 150,000

FLOOD STATUS:		S.C.A.T. <u>311, 701, 207</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	Vio. File		
<u>18</u>		<u>2175</u>		<u>A-3</u>	<u>VN</u>	<input checked="" type="checkbox"/> SPR <input checked="" type="checkbox"/> ALARM	<u>18</u>	[H]	[Quad]	
<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	S	D	PW	UTIL	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

RECEIPT
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH

RECEIVED FROM: Steve Butcherfield DATE: 5/8/01

ADDRESS: 11437 Sunrise Blvd in E. B. Cordova

AMOUNT RECEIVED: \$ 482.00 CHECK NO.: _____ CASH CREDIT CARD

FACILITY NAME: TOGO'S

FACILITY ADDRESS: 980 9th Street Suite 165

CASE NO.: _____

IN FEE SUMMARY

REVENUE DESCRIPTION: (KEY 33)

- PLAN REVIEW - FOOD
- PLAN REVIEW - NOISE
- PLAN REVIEW - POOLS
- PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)
- PLAN REVIEW - TENTATIVE PLOT APPROVAL

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ <u>482.00</u>
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$

SIGNATURE: _____

REVISED 10/25/00
 W:\DATA\FORMS\IEHD\RECEIPT White - Cashier Yellow - Customer Pink - Environmental Management Department

County of Sacramento
 Accounting and Fiscal Services

Date: 05/08/2001 Cashier #: 1
 Receipt #: 1200109599
 Check #: 12745
 Permit #: AFS2001-10505
 Fee Type Amount
 EMD Env Health Food Check \$482.00
 Total Due \$482.00
 Check Tendered: \$482.00

GENERAL ACCO
McKINLEY COMPANY
 916-635-2999
 11437 SUNRISE GOLD CIRCLE, SUITE E
 RANCHO CORDOVA, CA 95742

AMERICAN RIVER BANK
 3750 BUSINESS PARK DRIVE
 SACRAMENTO, CALIFORNIA 95827

90-4026
 1211

12712
 CHECK NO.

Twenty Three Thousand Eight Hundred

DATE 4/25/01

AMOUNT \$23,800.00

PAY TO THE ORDER OF

Sacramento County Regional Sanitation District

McKINLEY COMPANY

Judy Ann Williams

⑈012712⑈ ⑆121140263⑆0210016218⑈

APN: 006-0036-031



Sacramento Regional County Sanitation District

45 Armstrong Avenue
 101
 Sacramento, California
 95835

Customer Service:
 Sewer Fees,
 Permitting Information,
 Sewer Service Locations

☎ (916) 876-6100
 (916)

Technology in balance with nature

ORC
 4-25-2001

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE PERMIT AND CALCULATION SHEET

APPLICATION NO:		BLDG PERMIT NO:	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
City of Sac			
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
SRCSD	12,500	7,200*	
CONSTRUCTION			
IN-LIEU			TOGO'S
TOTAL FEE # 23,800			
APN: 006-0036-031			
DESCRIPTION/SUBDIVISION		LOT:	
PROPERTY ADDRESS 980 Ninth St			
OWNER McKinley Company			
MAILING ADDRESS			
CITY-STATE-ZIP		PHONE	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE / Robert A Butterfield			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	



Sacramento County Regional Sanitation District
9660 Ecology Lane
Sacramento, California
95827-3881

JANUARY 5, 2001
RECEIVING FAX: 541-416-5133
SENDING FAX: 916-875-6253

TO: TOGO'S
C/O MCKINLEY CO.

FROM: DOLORES ROSS
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES APN: 006-0036-031
980 NINTH ST.

The Sewer Facility Impact Fees due for a 2,200 sq. ft. TOGO'S RESTAURANT in the US Bank Building at the above address are as follows:

Sacramento Regional County Sanitation District \$ 23,800

Credit was given for previous office use. The above fees are effective through February 28, 2001. If you have any questions regarding the above, please feel free to call me at 875-6679.

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com
e-mail: rrossd@saccounty.net

Date of Request: 5-8-01
By: BOB BUTTERFIELD

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 980 ~~th~~ 9th Street Suite 165

Assessor's Parcel Number: 006 - 0036 - 031

Previous Use: N/A

Description of Request/Proposed Use: SANDWICHES (To go's)

Is This a Change of Use? _____

Zoning Designation: C-3

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

Comments: Use is allowed in the zone. No exterior work to be done. Any signage will require Design Review approval and sign permit.

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 — see above

Planning Review by/Date: Hinda Hay 5-8-01

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

MICROFILM AFTER FINAL

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: Oct. 30, 01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9th St

Has been conducted by Inspector

DeMello

On

10/22/01

01-05824
Permit Number

2,175
Square Footage

Remodel / Agent
Type of Inspection

W/ SPKR

They system is acceptable by this department.

[Signature]
By: Ross L. Woodman,
Fire Prevention Officer II

~~504~~

✓

01-243
F.D. Reference Number

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716


Building Address: 980 - 9TH ST #165 Permit No. 0105824

Building Use: DBA: TOGOS Occupancy: A-3

Building Owner: LPT ASSOCIATES Construction Type: VNHR

Owner Address: 100 PINE ST #3200 SAN FRANCISCO Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 165 Area: 2175 Sq. Ft.

10/24/01  DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DP,RLB,RDH,DD]

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