

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0005608
Insp Area: 4

Site Address: 2750 GATEWAY OAKS DR SAC
Parcel No: 225-0230-082 ROOF

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

CONTRACTOR
SFC NETCOM
8865 MORRO RD A1
ATASCADERO 93422

OWNER
BTV CROWN EQUITIES INC
400 CAPITOL MALL STE 2
SACRAMENTO CA 95814-4420

ARCHITECT

Nature of Work: ADD ROOFTOP CELLULAR ANT.

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 A, B License Number 65E76E Date 6-28-00 Contractor Signature [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 _____ 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 6-28-00 Applicant/Agent Signature [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 AMER NATIONAL Policy Number WLA5696783 Exp Date 08-31-2000

_____, (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 6-28-00 Applicant Signature [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.

DATE: 7-14-00
PROJECT #: 236 2560012
PROJECT: Crash Loads
LOCATION: 2750 Gateway Oaks
KRAZAN PROJECT MANAGER: _____

CONTRACTOR: STC - Net Com
I.O.R.: _____
PRESENT AT SITE: David Mc. Parker
COPIES TO: _____
WEATHER: Sunny TEMP: 85

STRUCTURAL STEEL

FIELD / SHOP WELDING V.T. MATERIAL ID U.T. M.T. P.T.

Item(s) inspected: Welding on legs (Pipe Type) FOR
Gal Phone Plat Form FOR Elec. Boxes

Location: TOP OF Building East Side

Welder qualification/certification verified for: Paul Hete SS. 611-10-6137
Records on file

<input checked="" type="checkbox"/>	Position:	<u>FLAT</u>	VERTICAL	HORIZONTAL	OVERHEAD	<input type="checkbox"/>	Filler Metal:	_____
<input checked="" type="checkbox"/>	Process:	SMAW	<u>FCAW</u>	GMAW	SAW	<input type="checkbox"/>	Other:	_____
<input checked="" type="checkbox"/>	Weld Type:	<u>FILLET</u>	C.P.	<u>P.P.</u>	PLUG	<input type="checkbox"/>	Other:	_____
<input type="checkbox"/>	Weld Size:	3/16"	<u>1/2"</u>	5/16"	3/8"	<input type="checkbox"/>	Other:	_____
<input type="checkbox"/>	Codes:	AWS	AISC	TITLE 21	TITLE 24	UBC	ASME	_____

NOTES DISCREPANCIES % COMPLETE

had to tighten legs on east side of
plate form because as per David
they clear and need good work performed

To the best of my knowledge, the above ~~WAS~~ **WAS NOT** performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____

Technician: _____



EARTH SYSTEMS PACIFIC

SHOP FIELD

WELDING INSPECTION REPORT

4378 Santa Fe Road San Luis Obispo, CA 93401 (805) 544-3276

TO: Comsite Specialties INSPECTION DATE: 7-6-00

FILE NO.: SL12050TA

PROJECT: CRISLANDS 202-B - SACRAMENTO

REFERENCES: Project plans SHF S1

STRUCTURAL ENGR. C+H Engr. Orange CA

FABRICATOR: Comsite

DESCRIPTION OF ITEMS INSPECTED: BEAMS
5 - W8x18 w/ stiffeners + bolting plates 3/8"
2 - C8x11.5 w/ bolt clips
4 - 3" pipe end w/ 5/8x9 Plate (1/2) legs

- TYPES OF WELDS INSPECTED:
- Single-pass fillet welds
 - Multi-pass fillet welds
 - Partial penetration welds
 - Full penetration welds
 - Other _____

- RESULTS:
- Continuous visual inspection of _____ welding was conducted in accordance with the requirements of _____
 - Periodic visual inspection of SHOP welding was conducted in accordance with the requirements of _____
 - Title 24 of the California Administrative Code (_____ edition).
 - Section 1701 of the Uniform Building Code (1997 edition).

To the best of my knowledge, work covered by this report complies with the referenced documents and workmanship requirements of the AWS D 1.1 Code (1998 edition).

REMARKS: Overhead 7M - welded 1045"
Paul Nety + TOM Cook welders (Perkins)

Earth Systems Pacific

Dirk Hermann

Distribution:

Inspector, ICBO No. 865467-25

AWS No. 9260151

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 # 0005608	Insp. Area AC
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Applicant **MUST** complete ALL Unshaded areas 5/24

ADDRESS 2750 Gateway Oaks Drive - SAC. Suite

PARCEL # 2750 Gateway Oaks Dr. SAC. CA 95833

<p style="text-align: center;">CONTACT</p> <p>Name <u>Jan Willett/Dave Sprunk</u></p> <p>Street Address <u>224 Vernon St.</u></p> <p>City/State/Zip <u>ROSEVILLE CA</u></p> <p>Phone <u>228.487605768</u> FAX <u>772.3052</u></p> <p>E-mail: <u>JWillett@rcnet.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>TBD/out to bid</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>C&H Engineering</u></p> <p>Address <u>1590 N. Batavia St #1</u></p> <p>City/State/Zip <u>Orange, CA 92867</u></p> <p>Phone <u>714.637.1930</u> FAX <u>714.637.2821</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>BTV Down Equities</u></p> <p>Address <u>400 Capital Mall #2340</u></p> <p>City/State/Zip <u>SAC, CA</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: TBD - out to bid

→ WORKER'S COMPENSATION POLICY # TBD - out to bid EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: cellular wireless antenna on roof top

OCCUPANT/TENANT: Roofed RCS Wireless VALUATION: \$ 30,000

FLOOD STATUS:		S.C.A.T. <u>X 1.16</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	<u>OTH</u>
INSPECTION DISCIPLINES		<u>BEDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <u>N</u>	Fed Code	Vio. File		
				<u>B</u>		SPR	ALARM	<u>20</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	P	M	<u>E</u>	F	<u>S</u>	D	PW	UTIL	

COMMENTS: need struct. calcs. / NO EXPRESS

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: 5/24/00
By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 2750 Gateway Oaks Dr.

Assessor's Parcel Number: 225-0230-094

Previous Use: office bldg

Description of Request/Proposed Use: Antenna on roof

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): IR 00-028
Zoning Designation: OB PUD

Comments: _____

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] 5-24-00

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

MICROFILM AFTER FINAL