

CITY OF SACRAMENTO

Permit No: 9801140

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1200 BLUMENFELD DR SAC

Sub-Type: ACOM

Parcel No: 2770242003

Housing (Y/N): N

CONTRACTOR

JS CONSTRUCTION
10132 FORRESTAL DR
HUNTINGTON BEACH CA
Phone: 714-968-2735

OWNER

KUHN BETTY
SACRAMENTO CA
92646
95829
Phone:

ARCHITECT

Phone:

Nature of Work: TENANT IMPROVEMENT EXPAND OFFICE IN EXSTG WHSE

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-1 License Number 703884 Date 3/13/98 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 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 or 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 or 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.

Date 3/13/98 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 1481753-97

_____, (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 3/13/98 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.

JS CONSTRUCTION, INC.

Tuesday, March 03, 1998

Mr. George Thomas P.E.
City of Sacramento
1231 I Street
Suite 200
Sacramento, CA 95814-2998

RECEIVED

MAR 10 1998

Building Inspection Division

Re: Plan Check # 9801140C

Dear Mr. Thomas:

Thank you for taking the time and working with us to get this project underway. We appreciate your professionalism and help.

On behalf of SLS, Inc., (Owner), we are respectfully requesting a variance to the ADA requirement to bring the entire space up to current ADA standards due to the financial burden of such an undertaking.

The following is a summary of the architectural and construction costs we will be investing into the project on behalf of SLS, Inc.:

1.) Drywall & T-Bar Ceilings:	\$ 39,800.
2.) Windows:	1,050.
3.) Doors and Hardware:	7,000.
4.) Platforms:	4,300.
5.) Glass Entry Doors:	2,150.
6.) Exit Door and Stairs:	9,150.
7.) Plastic Laminate:	8,000.
8.) Structural Column Repair:	<u>4,000.</u>
Total Architectural & Structural Costs	\$ 75,450.

Listed below are the items that represent the required 20%, (\$15,090.), of the Architectural and Structural costs applied to ADA improvements:

1.) Concrete handicap ramp at the entrance:	\$ 25,000.
2.) Handicap striping and signs:	4,000.
3.) Handicap accessible restrooms, (Men & Women's):	<u>38,000.</u>
Total Costs Applied to ADA improvements	\$ 67,000.

JS CONSTRUCTION, INC.

Also, in regards to the question of the Total Occupancy Calculations, RGA has prepared a reduced, drawing identifying the office area used in the occupancy calculations per UBC 1994, Section 1005.7 Exception 8, No Rated Corridors Required.

The shaded area consists of corridors, storage rooms, and restrooms and is deducted from the total occupancy calculations as is allowed.

Following is a summary of RGA's calculations:

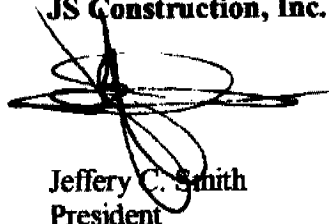
Total Gross Floor Area: 11,690 Sf

Floor Area of Corridors, Storage Areas &
Restrooms: < 2,123 > Sf

Total Occupant Area: 9,567 Sf or 96 Occupants

Thank you for your help and effort in this matter. We hope these explanations answer your concerns. If there are any questions, please feel free to contact me at your convenience. If you have any questions for the architect, please call RGA / Mike Gill at (562) 901-2480. Thanks again.

Sincerely,
JS Construction, Inc.

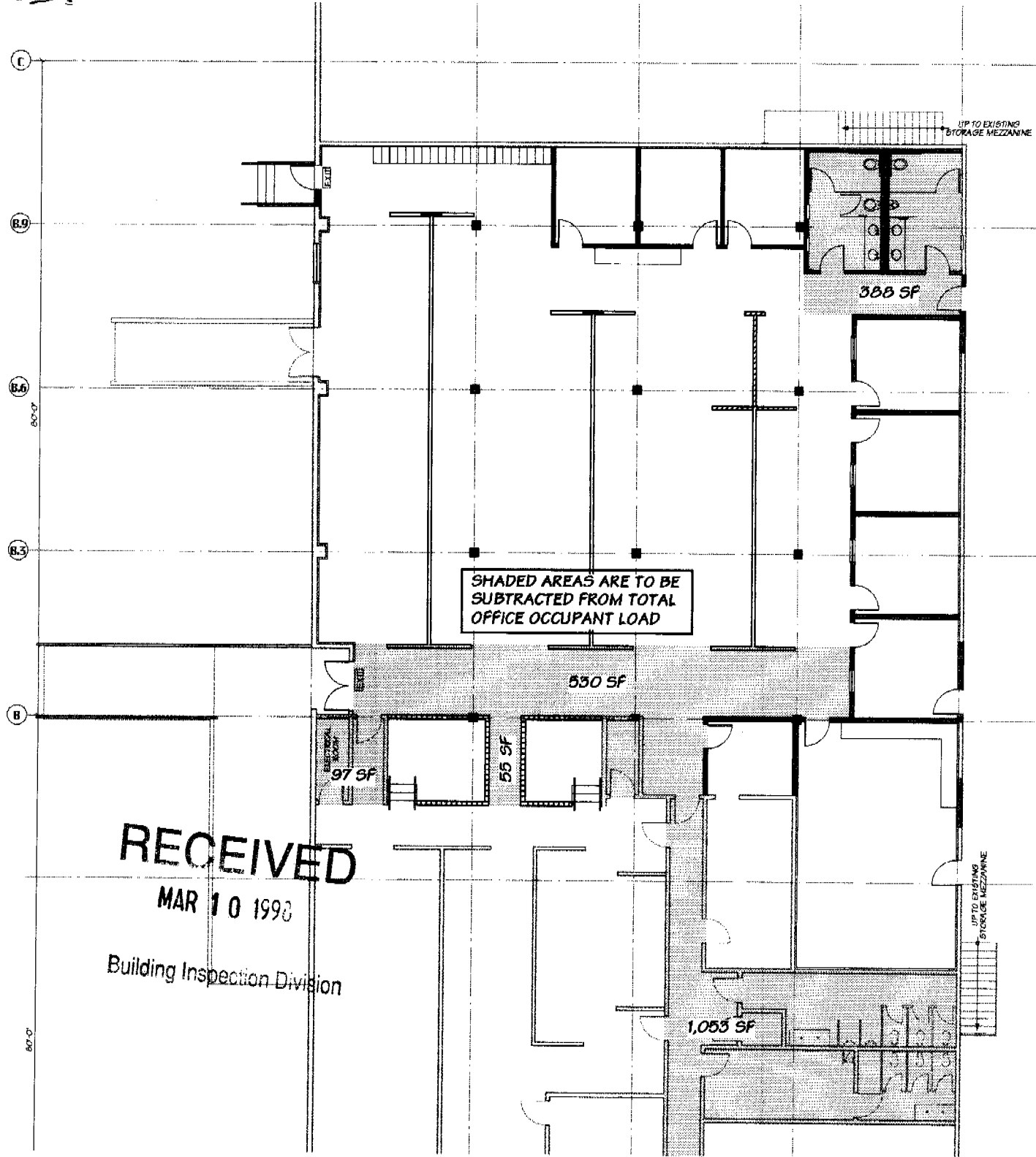


Jeffery C. Smith
President

RECEIVED

MAR 10 1998

Building Inspection Division



RECEIVED
MAR 10 1998
Building Inspection Division

INSPECTION REQ'D PRIOR TO SIGNOFF

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS	Reddy & Paup	3-27-98
B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
B13 FLOOR JOISTS OR GIRDERS		
B14 INSULATION/WALL/FLOOR		
B15 MECH/UNDERFLOOR/SLAB		
B16 ELEC. UNDERGROUND		
B17 ELEC. CONDUIT-SLAB		
B18 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B19 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B20 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B21 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
P47M33 GAS TEST		
P48 TEMP GAS ISSUED		
E68 POWER POLE EXPIRES		
E67 TEMP POWER #		
P49 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70-ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL		
DATE SIGNED		
FINAL APPROVALS		
B29 BUILDING		
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED		
THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL.		

4-23-98
K-11 K-11
the cond...
approved...
Group...

APPROVALS
4-23-98
K-11 K-11
the cond...
approved...
Group...

BUILDING STATE ADDRESS SUITE INSP AREA

1200 BIRMINGHAM SUITE 4C

ASSESSOR PARCEL NO COMMUNITY PLAN NO. PLAN CHECK NO.

277-0242-003-0000 277-0242-003-0000 5814CL

NAME OF APPLICANT HUNTINGTON BEACH CA

2705 K ST. #1 92646 (714) 968-2735

110 PINE AVE #710 SACRAMENTO, CA 95816 (916) 442-3651

ROOF COVERING ADDRESS 6357 GARAGE AREA PATIO AREA

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: SPAN...
ADDING INTERIOR OFFICE TO WAREHOUSE AND EXTERIOR H/C RAMP AND RESTRIPE

DBA: SEARS LOGISTIC SERVICES

FLOOD STATUS SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO INSPECTIONS (SCU), X12 (SCU)

BUILDING INSPECTION DIVISION 264-5191 VALUATION \$ 140,000.00

WORKER'S COMPENSATION DECLARATION ISSUED BY: Mr. Deane

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.

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: _____

This section need not be completed if the permit is for one hundred dollars (\$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.

Applicant: _____

Signature: _____

DATE: _____

RESIDENTIAL CONST. TAX \$

REG. SEWER FEE \$

CITY SEWER DEV. FEE \$

WATER DEV. FEE \$

TECH FEE \$

TOTAL FEES \$

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS

CITY OF SACRAMENTO
CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 1200 Blumenfeld

Permit No. 98-01140-C

Building Use office & ramp

Occupancy _____

Building Owner Betty Kuhn

Construction Type III N

Owner Address 110 Pine Ave #710, Sacramento

Sprinkled (X) Yes () No

Portion of Building Occupied Interior office

Area 6357 Sq. Ft.

for
1/13/99

Date Issued Ron Pecci
Henry, Green, Melavic, Spross

By Yang Lim
Sign

Chief Blag Inspector
City Building Official

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 9 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

3/10/98
 OK

APPLICATION NO: _____
 GENERAL INFORMATION

BLDG PERMIT NO: CITY
 THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

DEBT 26 SEWERWATER \$1,195.00
 TRAM 360716 03/12/98
241840 3/10/98
 RECEIPT 63581 C71 \$1,195.00

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
	1495-	COMM.	6357 sq
		warehouse	
		to office	
TOTAL FEE	# 1495-		

APN: 277-0242-011 LOT: _____

PROPERTY ADDRESS 1200 Blumentfeld

OWNER Raymond & ... PHONE _____

MAILING ADDRESS 2905 ...

CITY-STATE-ZIP _____

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.
 APPLICANT SIGNATURE [Signature]
 CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____
 BILLING COPY

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

98-01140

Worker's Comp Policy # 1481753-97
 STATE FUND
 Company
 Exp. Date 4-1-98

ADDRESS *1200 BLUMENFELD, SACRAMENTO, CA 95815
 PARCEL # 277-0242-003
 P.C. # 5814
 SUITE #
 AREA # 4C

CONTACT
 NAME Tom Nelson
 ADDRESS 10132 FORESTAL DRIVE
HUNTINGTON BEACH CA ZIP 92646
 PHONE (919) 504-9550 FAX: (919) 962-2812
 LICENSED CONTRACTOR Lic # 81-703884
 NAME JS CONSTRUCTION
 ADDRESS 10132 FORESTAL DRIVE
HUNTINGTON BEACH CA ZIP 92646
 PHONE (714) 365-2935 FAX: (916) 922-2812

ARCH./ENG.
 NAME R.G.A. ARCHITECTS (MIKE GILL)
 ADDRESS 110 PINE AVE. STE. 910
LONG BEACH, CA ZIP 90802
 PHONE (562) 901-2480
 OWNER
 NAME BETTY KUHN - (CONTACT BARBARA Mc NEVEN)
 ADDRESS 2705 K STREET STE. 1
SACRAMENTO, CA ZIP 95816
 PHONE (916) 442-3651 FAX: ()

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: OFFICE TENANT IMPROVEMENT
ADDING INT. OFFICE TO WAREHOUSE
ADD EXT H/C RAMP + RETRIAP PART OF PARKING 1/2

SEARS LOGISTIC SERVICES (SLS)
 D.B.A. SEARS (SLS) VALUATION \$ 140,000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS AGG S.C.A.T.

JOB DESCR. BLDG SHEL APT TI() REM(X) SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED. CODE	VIO. FILE
		6357		III-N	(Y/N)	(Y/N)	15	OK
(B)	(L)	(P)	(M)	(E)	(F)	(S)	(D)	(R)
		No	No	No	No	WT		

COMMENTS:
 [REDACTED SECTION]

County Regional Sanitation Fees

(REGIONAL SAN FEES? Y/N) (HEALTH DEPT? Y/N)

APPL. REVISED 12/1

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: SLS, Inc. Phone: ⁽⁹¹⁶⁾ 563-3140
 Suite: ---
 Site Address: 1200 BLUMENFELD (Street) (Zip) (847)
 Business Owner/Representative: Mike Mackie / Sears Phone: 645-5346
LOGISTIC SERV.
 Nature of Business: Warehouse (916)
 Property Owner: BETT KUAN Phone: 442-3651
 Address: 270K "K" STREET Suite: 1
SACRAMENTO (City) CA (State) 95816 (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: Mike Mackie
 (Print) 2/24/98
 (Signature) (Date)

BID Use Only: Plan Gk# <u>5814</u> Permit # <u>98-21408</u>
OK to issue prmt? <u>OK</u> <u>3.17.98</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 checked="" type="checkbox"/>
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

9801140 c

PC 5814

(SUBSTANTIAL IMPROVEMENTS)
AGREEMENT REGARDING
THE RISK OF FLOODING

RECITALS

A. The undersigned have contracted for construction of the improvements located at 1200 Blumenthal Drive, Sacramento CA and described in the attached building permit (the "Improvements").

B. The undersigned expressly acknowledge that the Improvements may be subject to flooding hazards due to their location in a 100-year floodplain, as described in the Flood Insurance Rate Map dated November 15, 1989, ("FIRM"), prepared by the Federal Emergency Management Agency ("FEMA").

C. The undersigned acknowledge that they have read the Notice to Building Permit Applicants Regarding the Risk of Flooding attached as Exhibit "B."

D. Despite the potential for flood damage, the undersigned intend that the Improvements be constructed even though they will not be at least one foot above the 100-year floodplain elevation levels identified in the Preliminary Work Map dated January, 1989, prepared by the U.S. Army Corps of Engineers.

E. The undersigned acknowledge that the City of Sacramento (the "City") recommends obtaining flood insurance for the Improvements.

AGREEMENT

In consideration of the issuance of a building permit for construction of the Improvements, the undersigned agree as follows:

1. Flood-Related Property Damage. For purposes of this Agreement, the term "flood-related property damage" shall mean any property damage due to flooding resulting from an overtopping out of the channels of the Sacramento River, American River, Dry Creek, Arcade Creek or Morrison Creek levee systems or a break in those levee systems.

2. Assumption of Risk. The undersigned expressly assume the risk that the Improvements may be subject to flood-related property damage.

3. Waiver of Property Damage Claims. The undersigned unconditionally waive any flood-related property damage claim asserting liability on the part of the City, or its officers, agents or employees premised on the issuance of a permit for the Improvements,

9. Succession. The undersigned expressly intend that the obligations contained herein shall run with the Improvements and shall bind their respective heirs, assignees and successors in interest.

10. Termination. All of the obligations set forth in this Agreement shall terminate at such time as FEMA determines that the area in which the Improvements are located has attained at least 100-year flood protection.

DATED: 3/4/98



SIGNATURE

Engineering Technician

Title of Signatory if Signing for an Entity

Michael Mackie

Name

SLS, INC. 3333 Beverly Road LOC. A205B

Address

HOFFMAN ESTATES IL 60179

SIGNATURE

Title of Signatory if Signing for an Entity

Name

Address

Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

- Over the counter review and issue permit
- Will be taken in and reviewed for site conditions
- Will be taken in but not reviewed for site conditions
- Information only, pre-submittal information

Customer Name: J.D. Construction / John Iverson or Jeff Smith Phone Number: (714) 968-2735

Project address: 1200 Blumentfeld Dr.
 APN: 277-0242-011 Current site use: Warehouse

INITIAL Need to verify APN: Proposed Site use: adding offices w. HANDICAP RAMP & resprayer for H/C

Describe what is being requested: APPROVAL & COMMENTS
Add 6357 S.F. office w/in
exstg. 144,000 SF ~~BLDG.~~

Requested by: WJ Date: 2/13/98

- Zone M-1 Overlay / SPD / PUD / R-review
- Planning staff Review required
 - Planning Hearing required
 - Design Review required
 - No Planning Issues
 - Counter ok review by site cond.

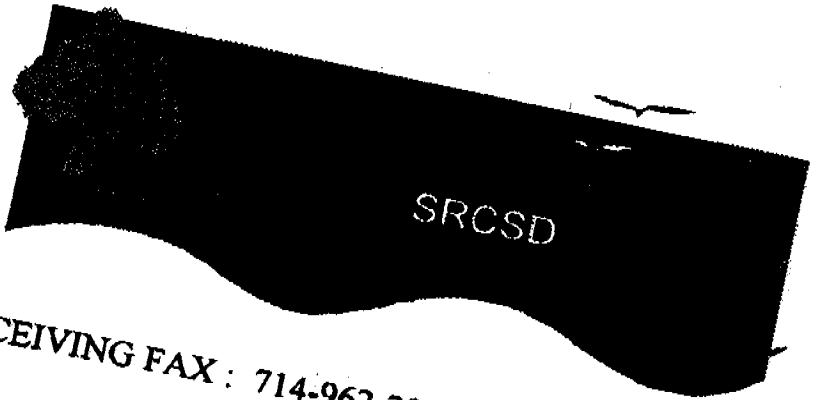
Prior Applications on site P# Z#
 DR# PB# IR#

Comments: New office conversion & existing
office is less than 25% (16%)
Warehouse & office requires
94 parking spaces.

Planning review by: W. Whitman Date: 2-13-98

- MUST BE REVIEWED BY PLANNING
- | | | |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants |
| Churches | Day care | Sidewalk Cafe |
| Drive-through | Lot Line adjustments | |
| Medical Offices | Bars | |

Security gates
CELLULAR COMMUNICATION FACILITIES



DATE: March 10, 1998
PAGES: one

RECEIVING FAX : 714-962-2812

TO: **JOHN IVERSON**

SENDING FAX : (916) 875-6253

FROM: **DOLORES ROSS**
CUSTOMER SERVICE, WATER QUALITY DIVISION ENGINEERING

PHONE NUMBER: (916) 875-6679

SUBJECT: **SEWER FACILITY IMPACT FEES**
1200 BLUMENFELD DR.

APN: 277-0242-011

The following is the Sewer Facility Impact Fee for converting 6,357 sq. ft. of warehouse space to office space in the above 144,000 sq. ft. building::

Inspection Fee	\$0	City
CSD-1 Fee	\$0	
SRCSD Fee	\$1,495	
	<hr/>	
	\$1,495	

cc: ~~Wes Higur~~ Gerry Lau
City of Sacramento
plan check 5814