

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0002753

Insp Area: 3

Site Address: 7941 AMADOR AV SAC

Parcel No: 061-0051-025

Sub-Type: NCOM

Housing (Y/N): N

CONTRACTOR

CARMICHAEL CONST. INC.
4119 WAYSIDE LANE
CARMICHAEL, CA. 95608

OWNER

WILLIAMSON
425 UNIVERSITY AV #220
SAC CA 95825

ARCHITECT

Nature of Work: NEW WAREHOUSE SHELL

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 D-1 License Number 163441 Date 7-25-00 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 7-25-00 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 STATE FUND Policy Number 692-99 UNIT 0002269 Exp Date 10/01/2000

_____, (This section need not be completed if the permit is for \$100,000 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 7-25-00 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.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 000 2753 Insp. Area 3L

ADDRESS 7941 AMADOR ROAD AV SACTO Suite _____
PARCEL # 061-051-23 THRU 25 061-0051-023-025

Applicant MUST complete ALL Unshaded areas

CONTACT Name <u>KEITH HALL</u> Address <u>4119 WAYSIDE LANE CARMICHAEL</u> Phone <u>483-5041</u> FAX <u>482-3326</u> E-mail _____		LICENSED CONTRACTOR Lic No. # <u>163941</u> Name <u>CARMICHAEL CONST. CO., INC.</u> Address <u>4119 WAYSIDE LN. CARMICHAEL 95608</u> Phone <u>483-5041</u> FAX <u>482-3326</u> E-mail _____	
ARCHITECT/ENGINEER Name <u>LEO M'GLADE & ASSOC.</u> Address <u>3417 ARDEN WY SACTO. 95825 SUITE 200</u> Phone <u>488-8380</u> FAX _____ E-mail _____		OWNER Name <u>CRESS WILLIAMSON</u> Address <u>425 UNIVERSITY AVE SACTO 95825 SUITE 220</u> Phone <u>929-1165</u> FAX <u>921-1229</u> E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 692-99 UNIT 000 2269 EXPIRATION DATE: 10-1-2000

NATURE OF WORK IN DETAIL: NEW Warehouse

OCCUPANT/TENANT: NO TENANT VALUATION: \$ 299 010 -

FLOOD STATUS: <u>AR</u>		S.C.A.T. <u>X1.1, X1.2, X1.3, X1.4, X1.6, X1.31, X1.33</u>	
JOB DESCRIPTION: <u>BLDG</u> <u>SHELL</u> APT () TI () REM () SW FIRE ADD OTH			
INSPECTION DISCIPLINES: <u>BLDG</u> <u>MECH</u> <u>PLUMB</u> <u>ELEC</u> <u>SITE</u> <u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone
		<u>7500</u>	
Occp Group		Const type	Fire Req. <u>Y</u> N
<u>SI</u>		<u>UN</u>	<u>SPR</u> ALARM
Fed Code		Vio. File	
<u>18</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>B2</u>	

COMMENTS: 5 sets needed, Title 29 (2 sets), Civils & Landscaping in ea set
NO TENANT

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

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: POWER INN WAREHOUSE Phone: 929-1165
 Site Address: 794 AMADOR AVE. Suite: _____
(Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: _____

Property Owner: CRESS WILLIAMSON Phone: 929-1165
 Address: 425 UNIVERSITY AVE SACTO Suite: 220
SACRAMENTO CA 95825
(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: KEITH H. HALL ^{AGENT}
(Print)
Keith H. Hall 7-25-00
(Signature) (Date)

BID Use Only: Plan Ck# <u>0002753</u> Permit # _____ OK to issue prmt? <input checked="" type="checkbox"/> <u>with 7-25-00</u> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

Date of Request: 3/17/00
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project
Address: 7941 Amador Rd AVE

Assessor's Parcel Number: 061-~~001~~-003 thru 25 ⁰⁰⁵¹⁻ (Certificate of Compliance in progress for LLA)

Previous Use: Vacant lot

Description of Request/Proposed Use: Warehouse

Is This a Change of Use? yes

Prior Applications for Project Site(P#, Z#, DRPB#): Z99-108 Zoning Designation: M-2

Comments: any office occupancy ~~area~~ of the building must be limited to 25% or less of the gross floor area. 7,500 sq structure requires 8 parking spaces (9 provided). Must meet 50% parking ^{Parking lot} and all other requirements. lot tree shading ^{and all other requirements} per landscaping & paving regulations. Plans must comply with all conditions of approval for Z99-108.

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: Arwen Wacht 3/17/00

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

MICROFILM AFTER FINAL

City of Sacramento
Water and Sewer Service Quotation
 FY 99/00

6/7/00

Date: 6/14/00 Time:		Planning No.:		Plan Check No.: 0006224	
Address: 7941 Amador				Parcel No.: 061-051-0236025	
Description: Grading Only					
Subdivision Map:				Water Page No.:	
Estimate By:					
Engineering Firm:				Project Engineer:	
				Phone No.:	
				Fax No.:	
Sewer Jurisdiction: <input type="checkbox"/> County <input type="checkbox"/> City					
Comment No. 1 Comment No. 2 Comment No. 3 Comment No. 4 Comment No. 5 Comment No. 6					
TOTAL WATER DEV. FEES: \$0				1 hrs x \$75 per hour = \$75 or \$300.00 (whichever is greater)	
TOTAL SEWER DEV FEES: \$0				Total on-site grading and drainage review fee: 75 \$300	

Water Service Quotations

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
	Abandon			in.								
	Abandon			in.								
CREDIT												
	Credit for			in.								
	Credit for			in.								
							0		Fire Hydrant			
Total for Water											\$0	\$0

Sewer Service Quotations

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Sewer Tap Construction Charge: **\$0**
 Water Main Construction Charge: **\$0**
Total For Address: \$0

Robert

City of Sacramento
Water and Sewer Service Quotation
 FY 99/00

Date: 06/27/00	Time:	Planning No.: Z99-108	Plan Check No.: 0002753
Address: 7941 Amador Rd		Parcel No.: 061-051-023 through -025	
Description: Office/Warehouse			
Subdivision Map: Brighton Park Tract (89B)		Water Page No.: 41	
Estimate By: RT			
Engineering Firm: Charmichael		Project Engineer: Kieth Hall	
		Phone No.: 483-5040	
		Fax No.:	
Sewer Jurisdiction: <input checked="" type="checkbox"/> County <input type="checkbox"/> City			
Comment No.1 1 1/2" meter only for domestic + irrigation Comment No.2 Both 4" tap and 1 1/2" tap per PW Plans, easement taps Comment No.3 Off-site plans to collect tap fees. Comment No.4 Comment No.5 Comment No.6			
TOTAL WATER DEV. FEES: \$3,692		10 hrs x \$75 per hour = \$750	
TOTAL SEWER DEV. FEES: \$0		or \$300.00 (whichever is greater)	
		Total on-site grading and drainage review fee: \$750	

Water Service Quotations

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
12	1	1/2			x	meter only		1		\$500	\$500	\$3,692
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
	Abandon				in.							
	Abandon				in.							
CREDIT												
	Credit for				in.							
	Credit for				in.							
							0		Fire Hydrant			
Total for Water											\$500	\$3,692

COUNTY SEWER

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Robert My
6/27/00

Sewer Tap Construction Charge: \$0
 Water Main Construction Charge: \$500
Total For Address: \$500



This home has been professionally insulated with
Advanced ThermaCube Plus®
Loosefill Insulation

(Job Site Address)

Name Williamson Warehouse #2
 Address 7941 Amador Road
 City Sacramento State CA Zip 95826

Advanced ThermaCube Plus Loosefill Insulation 03MO4269

Stated R-Value is provided by installing the required number of bags per 1,000 sq. ft. at a thickness not less than the label minimum thickness. Installation of the required number of bags may yield more than the specified minimum thickness and minimum sq. ft. weight. Failure by the installer to provide both the required number of bags and at least the minimum thickness will result in lower insulation R-Value.

Specification For Open Blow Attics

Nominal net weight of insulation per bag is 35 lbs.

New Construction	R-VALUE	BAGS PER 1,000 SQ. FT.	MAXIMUM NET COVERAGE	MINIMUM WEIGHT/SQ. FT.	MINIMUM THICKNESS
Retrofit					
Number of bags used	To obtain an insulation resistance (R) of:	No. of bags per 1,000 sq. ft. of net area shall not be less than:	Contents of each bag should not cover more than:	Weight per sq. ft. of installed insulation should not be less than:	Installed insulation should not be less than:
Estimated R-value of previous insulation	R-49	26.3	38 Sq. Ft.	0.922	20 1/2 in.
Area of coverage (sq. ft.)	R-44	23.3	43 Sq. Ft.	0.822	18 1/2 in.
Other type(s) of insulation in attic	R-38	20.0	50 Sq. Ft.	0.705	16 in.
Thickness of insulation	R-30	15.6	64 Sq. Ft.	0.550	12 3/4 in.
Depth of previous insulation	R-26	13.5	74 Sq. Ft.	0.474	11 in.
	R-22	11.4	88 Sq. Ft.	0.399	9 1/2 in.
	R-19	9.8	102 Sq. Ft.	0.343	8 1/4 in.
	R-11	5.6	178 Sq. Ft.	0.197	4 3/4 in.

*The higher the R-Value, the greater the insulating power. Ask your seller for the fact sheet on R-Values. Loosefill insulations vary in thermal performance due to factors such as aging, mean temperature, settlement, convection, moisture absorption and installation variation. Convection in glass loosefill insulation installed in open attics can reduce its thermal performance in extreme winter temperatures during the heating season.

Blanket Insulation

Blanket and batt fiber glass insulation, when installed according to the manufacturer's recommendations, will provide the stated R-Value.

R-VALUE	R-38	R-38C	R-30	R-30C	R-25	R-22	R-21	R-19	R-15	R-13	R-11
To obtain an insulation resistance (R) of:											
MINIMUM THICKNESS											
Installed insulation should be:	12"	10 1/4"	9 1/2"	8 1/4"	8"	6 3/4"	5 1/2"	6 1/4"	3 1/2"	3 1/2"	3 1/2"

FR-18 in a 5 1/2" cavity

THE FOLLOWING PRODUCTS HAVE BEEN INSTALLED AS SPECIFIED ABOVE:

	kraft	unfaced	foil	FS-25	R-Value	Thickness	No. Pkgs.	Coverage Area
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XX	R19			Roof Area
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Contractor Maverick Insulation, Inc Date 11-21-00 Builder Carmichael Construction Co., Inc. Date 11/28/00
 Company P.O. Box 894 Company 4119 Wayside Lane
 Address Diamond Springs, CA 95619 Address Carmichael, CA 95608

April 11, 2001

Carmichael Construction
Attention: Keith Hall
4119 Wayside Lane
Carmichael, CA 95608

**SUMMARY REPORT
CONSTRUCTION OBSERVATION AND TESTING SERVICES
7941 AMADOR ROAD
Sacramento, California
Raney Reference No. 441-006
City of Sacramento Permit No. 0002753C**

INTRODUCTION

In accordance with your request, we have performed construction observation and testing services for the subject project. The project included construction of an approximate 7,500 square foot one-story concrete tilt-up building with a concrete slab-on-grade floor. Our construction testing and observations were performed between June 13, 2000 and March 14, 2001. A Foundation Update was prepared by Soil Search Engineering for the project dated January 10, 2000.¹

EARTHWORK OBSERVATION AND TESTING

Building Pad Construction

Following general site clearance, the building pad area was scarified, moisture conditioned and mechanically compacted. Building pad areas appeared stable under earthwork equipment during and following earthwork construction.

Field Density Testing

Our representative performed field density tests on building pad materials in accordance with ASTM Test Designations D2922-91 and D3017-88 (Nuclear Probe Method). Our test data indicate that the upper 8 inches of the building pad soils were compacted to a minimum of 90 percent of the laboratory determined maximum dry density.

¹ Soil Search Engineering; "Foundation Update, Proposed Building, Lot 23, 24, & 25, Amador Avenue, Sacramento, California"; Job Number 00102g; January 10, 2000.

Page 2
7941 Amador Road
Raney Reference No. 441-006
April 11, 2001

Laboratory Compaction Testing

We performed a laboratory compaction test on a representative sample of the soil materials used during construction. The compaction test was performed in accordance with ASTM Test Designation D1557-91, Method A. The native soil material tested consisted of a reddish-brown sandy silty clay with maximum dry density of 120 pounds per cubic foot at an optimum moisture content of 10.2 percent.

CONCRETE CONSTRUCTION

Reinforcing Steel Placement Observations

Our scope of work included observation of floor slab and wall panel reinforcing steel for the subject building. Detailed observations generally were performed one day prior to concrete placement with any corrections being verified by our representative prior to structural concrete placement. All reinforcing steel appeared to be placed in compliance with industry standards and the project plans, for size and placement location.

Concrete Placement Observation

Our representative observed concrete placement procedures during concrete construction of building slab-on-grade and wall panels. Concrete truck batch and placement times were recorded to ensure that the concrete was placed within a reasonable period (generally less than 90 minutes). Concrete temperatures were monitored and recorded. Concrete appeared to be placed and consolidated in general accord with industry standards.

Slump Testing

Our representative performed concrete slump testing during concrete placement. Slump testing was generally performed at least once per 150 cubic yards of concrete in accord with ASTM Test Designation C143-90a, Slump of Portland Cement Concrete. Slump test specimens were obtained in accord with ASTM C172-90, Sampling Freshly Mixed Concrete. Slump test measurements were relayed to the contractor verbally.

Compressive Strength Testing

Generally, one set of four test specimens was cast per 150 cubic yards of concrete placed. The test specimens were returned to our laboratory for curing and compressive strength testing. Test specimens were cast, transported, and cured in accord with ASTM Test Designation C31-91, Making and Curing Concrete Test Specimens in the Field. Test specimens were stored in a humidity room complying with ASTM Specification C511-93. The test specimens were tested in unconfined compression in our laboratory at 7 and 28 days in accord with ASTM Test Designation C39-93a. Copies of compressive strength test data are attached.

Page 3
7941 Amador Road
Raney Reference No. 441-006
April 11, 2001

LIMITATIONS

Horizontal and vertical limits of the described work were determined by others. We cannot guarantee construction, nor should our work or this letter be construed as relieving the contractors from their primary responsibility to conform to contractual agreements and sound engineering practice.

Should you have any questions regarding this letter or require any further information, please contact our office.

Very truly yours,

RANEY GEOTECHNICAL

Bob McCormick
Structural Inspection Supervisor

John M. Raney
Registered C. E. No. 23453
Geotechnical Engineer No. 708

Attachments: Compressive Strength Reports

(2) Addressee
(1) City of Sacramento

BM/JMR/JB

Compressive Strength Report

(ASTM METHOD C-39)

PROJECT #: 441-006.00

SAMPLE ID: 00-00860

PROJECT NAME: 7941 Amador Road

Carmichael Construction Co.

Attention: Keith Hall

4119 Wayside Lane

Carmichael, CA 95608

SAMPLE DATA

DATE SAMPLED:	8/7/00	TICKET #:	5467990
MATERIAL TYPE:	Concrete	MIX DESIGN:	58
SAMPLED BY:	James H.	SLUMP:	3.75 inches
SPEC. STRENGTH:	2500 psi	AIR TEMP:	69 Degrees F
SUPPLIER:	RMC Pacific Materials	MIX TEMP:	74 Degrees F
AIR ENTRAINMENT			
LOCATION:	Slab-on-Grade - 2/A		

STRENGTH RESULTS

TEST NUMBER	TEST DATE	TEST RESULT	AIR (%)	TEST DATE	TEST RESULT
A	7	56000	28.27	8/14/00	1981
B	28	88900	28.27	9/4/00	3145
C	28	91300	28.27	9/4/00	3230
HOLD	56		28.27	10/2/00	

- Meets 28 day strength requirement
 Does not meet 28 day strength requirement
 No strength requirement given

Notes:

CC:

RMC Pacific Materials

Reviewed By: 

Compressive Strength Report

(ASTM METHOD C-39)

PROJECT #: 441-006.00

SAMPLE ID: 00-00975

PROJECT NAME: 7941 Amador Road

Carmichael Construction Co.

Attention: Keith Hall

4119 Wayside Lane

Carmichael, CA 95608

SAMPLE DATA

DATE SAMPLED:	8/28/00	TICKET #:	5470511
MATERIAL TYPE:	Concrete	MIX DESIGN:	4560
SAMPLED BY:	Mike H.	SLUMP:	4 inches
SPEC. STRENGTH:	3000 psi	AIR TEMP:	63 Degrees F
SUPPLIER:	RMC Pacific Materials	MIX TEMP:	77 Degrees F
AIR ENTRAINMENT			
LOCATION:	Wall Panel # 1		

STRENGTH RESULTS

SAMPLE	AGE (days)	TESTED LOCATION	AREA (sq. in.)	TEST DATE	STRENGTH (psi)
A	7	70900	28.27	9/4/00	2508
B	28	93100	28.27	9/25/00	3293
C	28	96700	28.27	9/25/00	3421
HOLD	56		28.27	10/23/00	

- Meets 28 day strength requirement
 Does not meet 28 day strength requirement
 No strength requirement given

Notes:

CC:

RMC Pacific Materials

Reviewed By: 

Compressive Strength Report

(ASTM METHOD C-39)

PROJECT #: 441-006.00

SAMPLE ID: 00-01043

PROJECT NAME: 7941 Amador Road

Carmichael Construction Co.

Attention: Keith Hall

4119 Wayside Lane

Carmichael, CA 95608

SAMPLE DATA

DATE SAMPLED:	9/14/00	TICKET #:	5472250
MATERIAL TYPE:	Concrete	MIX DESIGN:	4560
SAMPLED BY:	James H.	SLUMP:	4.5 inches
SPEC. STRENGTH:	3000 psi	AIR TEMP:	Degrees F
SUPPLIER:	RMC Pacific Materials	MIX-TEMP:	82 Degrees F
LOCATION: Wall Panel # 6		AIR ENTRAINMENT:	

STRENGTH RESULTS

SAMPLE	AGE (days)	ULTIMATE LOAD (lb)	AREA (sq. in.)	BREAK DATE	STRENGTH (psi)
A	7	60500	28.27	9/21/00	2140
B	28	89400	28.27	10/12/00	3162
C	28	90300	28.27	10/12/00	3194
HOLD	56		28.27	11/9/00	

- Meets 28 day strength requirement
 Does not meet 28 day strength requirement
 No strength requirement given

Notes:

CC:

RMC Pacific Materials

Reviewed By: 



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

OCTOBER 20, 2000
RECEIVING FAX: 916-482-3326
SENDING FAX: 916-875-6253

TO: KEITH HALL
CARMICHAEL CONSTRUCTION

FROM: DOLORES ROSS
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES
7941 AMADOR RD.

APN: 061-0051-040
Permit # 002753C

The Sewer Facility Impact Fees due for a 16,227 sq. ft. warehouse shell on the above 0.37 net acre parcel were not collected prior to issuance of the above building permit by the City of Sacramento.

The fees are based upon net acreage and are as follows:

Impact to County Sanitation District 1	\$	946
Impact to Sac. Regional County San. District	\$	4,770
Const. Of 6" tap to M/H # 061-05-11	\$	510
	\$	<u>5,280</u>

The above fees are effective through February 28, 2001. They can be paid at 827 Seventh St., Rm. 105, Window 11. If you have any questions regarding the above, please feel free to call me at 875-6679.

is this paid?
NEED RECEIPT BEFORE CYO

cc: Willie Harris
City of Sacramento

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

www.srscsd.com

e-mail: rossd@pwa.co.sacramento.ca.us

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME CRESS WILLIAMSON
 OWNER'S ADDRESS 425 UNIVERSITY AVE SUITE 220 SACTO 95815
 PROJECT ADDRESS 7941 HUNDR AVE SACTO
 PARCEL NUMBER 061-0051-025 LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS 1

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT V. Pres.
 DATE 7-25-10 PHONE NUMBER 716-483-5041

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 001 272
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL (X)
 SQUARE FEET OF CHARGEABLE BUILDING AREA 7,500 sq. ft.
 SIGNATURE [Signature]
 TITLE [Title] DATE 7-25-2010

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT Sacramento City Unified School District
 DISTRICT CERTIFICATION NO. 6836
 EXEMPT _____ COMMENTS _____

RESIDENTIAL/APT/CONDO	_____	SQ FT X \$	= \$
COMMERCIAL/INDUSTRIAL	<u>7,500</u>	SQ FT X \$ <u>.28</u>	= \$ <u>2,100.00</u>
OTHER FEE TYPE	_____	SQ FT X \$	= \$
TOTAL FEES COLLECTED	<u>OK 13/10</u>		= \$ <u>2,100.00</u>

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 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE [Signature]
 TITLE Office Tech III DATE 7/25/10

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant

