

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010508
Insp Area: 3

Site Address: 8440 ROVANA CR SAC
Parcel No: 064-0010-073

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

CONTRACTOR
BUZZ OATES
8615 ELDER CREEK RD
SACRAMENTO, CA 95828

OWNER
NORTHGATE PARTNERSHIP
8351 ROVANA CR
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: ROUGH GRADING ONLY... NO U.G.

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 License Number 702621 Date 2/2001 Contractor Signature Thomas Madun

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: NEIGHBORHOODS PLANNING DEVELOPMENT SERVICES
Date 10/5/00 Owner Signature Thomas Madun

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 10/5/00 Applicant/Agent Signature Thomas Madun

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 COMP INS FUND (CA) Policy Number 1579398-00 Exp Date 03/01/2001

____ (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 10/5/00 Applicant Signature Thomas Madun

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

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0010508 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8440 ROUANA CIRCLE Suite _____
 PARCEL # 064-0010-073,074 ~~5430 ROUANA~~

CONTACT Name <u>THOMAS McGUIRE</u> Address <u>8615 ELDER CREEK RD</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail _____		LICENSED CONTRACTOR Lic No. # <u>702621</u> Name <u>BUZZ DATES ENT</u> Address <u>8615 ELDER CREEK RD</u> Phone <u>381-4600</u> FAX <u>381-4707</u> E-mail _____	
ARCHITECT/ENGINEER Name <u>McBLADE & ASSOC</u> Address <u>3417 AROBN WAY SUITE A</u> Phone <u>488-8380</u> FAX <u>488-2062</u> E-mail _____		OWNER Name <u>SAME AS ABOVE</u> Address _____ Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE COMP INS FUND
 → WORKER'S COMPENSATION POLICY # 1579398-00 EXPIRATION DATE: 3/1/01

NATURE OF WORK IN DETAIL: GRADING PERMIT ONLY (NO UNDERGROUND WORK)

OCCUPANT/TENANT: N/A VALUATION: \$ 35,000.00

FLOOD STATUS: <u>Low</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	<u>SW</u>	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	<u>SITE</u>	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
					<u>S1</u>	SPR	ALARM	<u>18</u>	[H]	[Quad]
B	L	P	M	E	F	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS: _____

*13.81
at 2*

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

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916/264-1430 FAX: 916/264-8897	TEST NO: <u>00-18</u> COMPLETE DATE: <u>3-15-00</u> ANALYSIS FEE: \$90.00 FIELD TEST FEE: \$360.00	FILE NO: <u>200-0018</u> PC# DATE PAID: <u>3.6.00</u> DATE PAID: <u>3.6.00</u>
CONTACT PERSON: <u>TOM MCBUIRE</u>	PHONE NO: <u>381-3600</u>	FAX NO: <u>381-4707</u>
COMPANY: <u>BUZZ DATES ENTERPRISES</u>	CELL PHONE NO: <u></u>	
COMPANY ADDRESS: <u>8615 ELDER CREEK RD</u>	STREET ADDRESS OF TEST: <u>ROUANA CIRCLE</u>	
PURPOSE OF TEST: <u>FIRE SPRINKLER DESIGN</u>	ASSESSOR'S PARCEL NUMBER: <u>064-0010-073, 074</u>	

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: THOMAS MCBUIRE Signature: Thomas McBuire Date: 3/3/00

ENGINEERING REQUEST DATE: 3-8-00 DATE OF TEST: 3-13-00 TIME OF TEST: 9:15

WATER MAIN SIZE: 12" TEST CONDUCTED BY: Perrone - Ledesma - Eric

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	FITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	<u>45</u>	<u>92</u>	<u>45</u>	<u>30</u>						
FLOWED	<u>44</u>	<u>92</u>			<u>13</u>	<u>4 1/2"</u>	<u>0.90</u>	<u>0.83</u>	<u>1627</u>	
FLOWED	<u>14</u>	<u>92</u>			<u>13</u>	<u>4 1/2"</u>	<u>0.90</u>	<u>0.83</u>	<u>1627</u>	
FLOWED							<u>TOTAL</u>		<u>3254</u>	
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

WATER SUPPLY DATA SUMMARY				
	ACTUAL		DESIGN (1)	
STATIC PRESSURE	<u>45 PSI</u>		<u>40 PSI</u>	
RESIDUAL PRESSURE	<u>30 PSI</u>		<u>25 PSI</u>	
TOTAL FLOW @ RESIDUAL	<u>3300</u>	<u>G.P.M.</u>	<u>3300</u>	<u>G.P.M.</u>
TOTAL FLOW @ 20PSI	<u>4300</u>	<u>G.P.M.</u>	<u>3800</u>	<u>G.P.M.</u>

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used