

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9911006
Insp Area: 3

Site Address: 5000 WAREHOUSE WY SAC
Parcel No: 061-0210-021

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

CONTRACTOR
TRIAAD INC
P.O. BOX 7879
CITRUS HEIGHTS CA 95678

OWNER
SACTO ASSOCIATES
5665 POWER INN RD #140
SACRAMENTO CA 95824

ARCHITECT

Nature of Work: ELECTRICAL PANEL

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.

X License Class B License Number 654115 Date 10/19/99 Contractor Signature Verrie Paulini

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 intend to 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.

X Date 10/19/99 Applicant Agent Signature Verrie Paulini

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 892-99 0002067 Exp Date 10/01/2000

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.

X Date 10/19/99 Applicant Signature Verrie Paulini

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 # 9911006 Insp. Area _____

Applicant **MUST** complete ALL Unshaded areas

ADDRESS X 5000 Warehouse Way Suite _____

PARCEL # _____

CONTACT	LICENSED CONTRACTOR Lic No. # _____
Name <u>X Koman 1/1/62</u>	Name <u>X Triamid Inc</u>
Address _____	Address <u>2223 Sunrise Bl. Roseville</u>
Phone <u>916-462-4622</u> FAX _____	Phone <u>787-0570</u> FAX <u>787-0514</u>
E-mail _____	E-mail _____
ARCHITECT/ENGINEER	OWNER
Name _____	Name <u>X Sacto Assoc</u>
Address _____	Address <u>5665 Power Inn Rd #190</u>
Phone _____ FAX _____	Phone _____ FAX _____
E-mail _____	E-mail _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: X Shaded

OCCUPANT TENANT: _____ VALUATION: \$ 27,500

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

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
9/30/99	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 9911006
 ADDRESS: 5000 Warehouse
 Commercial Residential

ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
<u>ELECTRICAL</u>			10/1/99						
FIRE									
PLANNING									

STAFF COMMENTS:

2nd Cycle

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: 5000 Warehouse Way
 Commercial Residential



ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
ELECTRICAL			10/13/99						
FIRE									
PLANNING									

STAFF COMMENTS: _____

POWER SYSTEMS TESTING CO.

Los Angeles • Bakersfield
Hayward • Fresno • Sacramento



GROUND FAULT RELAY TEST REPORT

CUSTOMER

LOCATION

Liqui-Kox

JOB NO.

DATE

11-11-99

*Tri-Mid Inc.
373 Sewie Ave
Oak. CA*

*5000 Karahara Hwy
Sacramento CA*

TESTED BY

J. Kopp

SWGR. PNL. IDENTIFICATION

New main 400/207V sub.

TEST EQUIPMENT USED

MS-2 Test set

GROUND FAULT RELAY INFORMATION

ELECTRICAL TEST DATA

MF.G. TYPE	CAT. NO.	RANGE	CONTROL VOLTAGE	MONITOR PANEL	SYSTEM CONFIGURATION	RELAY PICK-UP	RELAY TEST @ 150%	RELAY TEST @ 200%	RELAY TEST @ %	RELAY TRIP @ 57% CONTROL VOLTAGE	NEUTRAL INSULATION RESISTANCE	MONITOR PANEL OPERATION	NEUTRAL SENSOR POLARITY	NEUTRAL GROUND LOCATION	NEUTRAL LINK ACCESSIBILITY	SENSOR MOUNTING
<i>Offor & Hammer</i>	<i>Digitrip RMS 310</i>	<i>200-1200A, int. 5 sec</i>	<i>N/A</i>	<i>YES (NO)</i>	<i>residual</i>	<i>84 / 0.7 / 0.6</i>	<i>412 / 414 / 425</i> amps	<i>17</i> seconds	<i>17</i> seconds	<i>N/A</i>	<i>2000 MO</i>	<i>N/A</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>	<i>OK</i>

BREAKER INFORMATION

MF.G. TYPE	<i>Offor & Hammer</i>
STYLE NO.	<i>ND 312-554</i>
RATING	<i>1200A</i>

GROUND FAULT RELAY SETTINGS

CURRENT	<i>400A</i>
TIME	<i>15 sec</i>

REMARKS:

No neutral conductors at the time of the test