

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9811073

Insp Area: 3

Site Address: 3331 POWER INN RD SAC

Parcel No: 079-0310-049

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

PCM BUILDERS
8413 JACKSON RD #B
SACRAMENTO CA

95826

OWNER

PHASE 1 REGIONAL PARK LTD
8413 JACKSON RD
SACRAMENTO

95826

ARCHITECT

Nature of Work: FOUNDATION ONLY FOR NEW OFFICE BUILDING

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 License Number 715590 Date 3-15-99 Contractor Signature Joseph A. McKeone

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 3-15-99 Applicant/Agent Signature Joseph A. McKeone

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 COMMERCIAL COMP

Policy Number W96B148565

Exp Date 11/01/1999 CS

_____, (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 3-15-99 Applicant Signature Joseph A. McKeone

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 [REDACTED] BUILDING PERMIT

9811073C

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ **Insp. Area** 3C

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 3331 Power Inn Road Suite _____
PARCEL # 079-0310-049

| | |
|---|---|
| <p>MIKE Wiggins CONTACT</p> <p>Name <u>PCM Builders, Inc</u> Address <u>8413 Jackson Road, Suite B</u> <u>Sacramento, CA</u> Zip <u>95826</u> Phone <u>916-381-7790</u> FAX <u>916-381-7793</u></p> | <p>LICENSED CONTRACTOR Lic No. # <u>715590</u></p> <p>Name <u>PCM Builders, Inc.</u> Address <u>8413 Jackson Road, Suite B</u> <u>Sacramento, CA</u> Zip <u>95826</u> Phone <u>916-381-7790</u> FAX <u>916-381-7793</u></p> |
| <p>ARCHITECT/ENGINEER</p> <p>Name <u>E.M. Kado Architects</u> Address <u>1661 Garden Hwy</u> <u>Sacramento, CA</u> Zip <u>95833</u> Phone <u>916-921-1661</u> FAX _____</p> | <p>OWNER [REDACTED]</p> <p>Name <u>Phase 1 Regional Park Lmtd.</u> Address <u>3321 Power Inn Rd, Suite 100</u> <u>Sacramento, CA</u> Zip <u>95826</u> Phone <u>916-736-9000</u> FAX <u>736-6979</u></p> |

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # W98B148565 EXPIRATION DATE: 11-1-99

NAME OF INSURANCE COMPANY: Commercial Compensation Ins. Co.

NATURE OF WORK IN DETAIL: Foundation & SIDE WORK/ Grading
Concrete Slab, Footings, Tilt-up Panels, Underground
Utilities
Foundation Only For New Office Building

DBA: _____ VALUATION: \$ 788,070.00

| | | | | | | | | | |
|--------------------------|---------------------|---|--------------------------------------|---|---|---|--------------------------------------|-------------------------------------|--|
| FLOOD STATUS: | | | | S.C.A.T. <input checked="" type="checkbox"/> 1 | | | | | |
| JOB DESCRIPTION | | BLDG <input checked="" type="checkbox"/> | APT <input type="checkbox"/> | TI <input type="checkbox"/> | REM <input type="checkbox"/> | SW <input type="checkbox"/> | FIRE <input type="checkbox"/> | ADD <input type="checkbox"/> | OTH <input checked="" type="checkbox"/> |
| INSP. DISCIPLINES | | BLDG <input checked="" type="checkbox"/> | MECH <input type="checkbox"/> | PLUMB <input checked="" type="checkbox"/> | ELEC <input checked="" type="checkbox"/> | SITE <input type="checkbox"/> | FIRE <input type="checkbox"/> | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req <input checked="" type="checkbox"/> YN | | Fed Code | Vio. File |
| | | <u>150,543</u> | | <u>B</u> | <u>II-FR</u> | Spr <input checked="" type="checkbox"/> | Alarm | <u>15</u> | |
| <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>R</u> |

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

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: PCM Builders, Inc. Phone: (916) 381-7790
 Site Address: 3331 Power Inn Rd. Sac., CA 95826 Suite: _____
(Street) (Zip)
 Business Owner/Representative: Joyce A. McGlone Phone: 381-7790
 Nature of Business: 4-story Office Building
 Property Owner: Separovich / Domich CPM Prop. Mgmt Phone: (916) 736-9000
 Address: 3321 Power Inn Rd., Ste. Suite: _____
Sacramento CA 95826
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

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: Joyce McGlone
(Print)
Joyce A. McGlone 3-15-99
(Signature) (Date)

| | |
|--|--|
| BID Use Only: Plan Ck# <u>9811073</u> Permit # _____ OK to issue prmt? <u>(Y)</u> <u>3/15/99</u> F.D. Appr Req'd? Yes <u>(No)</u> <small>init date</small> | |
| Hold on Certificate of Occupancy? Yes ___ No <u>(No)</u> | |
| Fire Dept. Use Only: OK to issue permit? init ___ date _____ OK to issue Certificate of Occupancy? init ___ date _____ | |

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 3331 Power Inn Road

Assessor's Parcel Number: 079-310-049, 079-291-003, 079-031-025

Current Land Use: _____

Description of Request/Proposed Use: OFFICE BUILDING

Foundation & Site: Grading, Concrete Slab & footings, Underground Utilities,

Zoning Designation: M-2-S

Prior Applications for Project Site(P#,Z#,DRPB#): None P96-009

Comments: _____

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: _____

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

WATER SUPPLY TEST - DEPT. OF UTILITIES

1395 35TH AVENUE
 SACRAMENTO, CA. 95822
 PHONE: 916 / 264-1430
 FAX: 916 / 264-1497

| | |
|-----------------|------------|
| TEST NO: | FILE NO: |
| REQUEST DATE: | |
| COMPLETE DATE: | |
| ANALYSIS FEE: | DATE PAID: |
| FIELD TEST FEE: | DATE PAID: |

| | | |
|--------------------------------------|---|----------------------|
| CONTACT PERSON: Mike Wiggins | PHONE NO: 916-381-7790 | FAX NO: 916-381-7793 |
| COMPANY: PCM Builders, Inc | CELL PHONE NO: 997-3721 ? | |
| COMPANY ADDRESS: 8413 Jackson Rd, B' | STREET ADDRESS OF TEST: 3331 POWER INN RD | |
| PURPOSE OF TEST: new Consto | ASSESSOR'S PARCEL NUMBER: 079-0310-049 | |

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: Debbie Fuller Signature: *Debbie Fuller* Date: 11-5-98

| | | |
|---------------------------|---------------|---------------|
| ENGINEERING REQUEST DATE: | DATE OF TEST: | TIME OF TEST: |
|---------------------------|---------------|---------------|

| | |
|------------------|--------------------|
| WATER MAIN SIZE: | TEST CONDUCTED BY: |
|------------------|--------------------|

| | HYDRANT NO. | MAP PAGE | STATIC PRES. (PSI) | RESIDUAL PRES. (PSI) | PITOT PRES. (PSI) | OUTLET DIA. (IN.) | COEFFICIENT | | CALC. FLOW @ PRES. (G.P.M.) | FLOW @ 20 PSI (G.P.M.) |
|----------|-------------|----------|--------------------|----------------------|-------------------|-------------------|----------------|----------------|-----------------------------|------------------------|
| | | | | | | | C ₁ | C ₂ | | |
| RESIDUAL | | | | | | | | | | |
| FLOWED | | | | | | | | | | |
| FLOWED | | | | | | | | | | |
| FLOWED | | | | | | | | | | |
| 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.

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{pitot}}$$

$$Q_{20} = Q_F \left(\frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

| | ACTUAL | DESIGN (1) |
|-----------------------------|--------|------------|
| STATIC PRES. | PSI | PSI |
| RESIDUAL PRES. | PSI | PSI |
| TOTAL FLOW @ RESIDUAL PRES. | G.P.M. | G.P.M. |
| TOTAL FLOW @ 20 PSI | G.P.M. | G.P.M. |

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 7/18/98



February 23, 1999
 RECEIVING FAX : 381-7793
 SENDING FAX : 875-6253

TO: JOYCE McGLONE
 P C M BUILDERS, INC.

FROM: **DOLORES ROSS**
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

PHONE NUMBER: 875-6679

RE: **SEWER FACILITY IMPACT FEES**
 A.P.N.: 079-0310-por. 049
 079-0291-por. 003

GRANITE PARK BLDG "C"
 Plan Check # 1073

There is a tentative "Master Parcel Map of Granite Regional Park" currently on file with the City of Sacramento. Fees for Buildings "B" & "C" have been calculated using the acreages on this map.

The Sewer Facility Impact Fees due for a 150,543 sq. ft. office building, known as Building "C" on the 3.669 net acre Parcel 3 of the tentative map, are as follows:

| | if paid before Feb 26, 1999 | if paid after March 1, 1999 |
|--|--------------------------------|--------------------------------|
| Inspection (City of Sacramento) | \$0 | \$0 |
| Impact to County Sanitation District-1 | \$9,283 | \$9,485 |
| Impact to Sac. Regional County San. District | \$47,140 | \$48,129 |
| | \$56,423 | \$57,614 |

A handwritten signature in black ink, appearing to read 'Dolores', is positioned above the cc information.

cc: Dave Brock
 City of Sacramento

*This fee is due and payable at 827 Seventh Street, Room 105.
 This fee is also subject to adjustment if the data supplied is changed.*

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

PCM Builders, Inc.

March 15, 1999

City of Sacramento
1231 I Street
Sacramento, CA

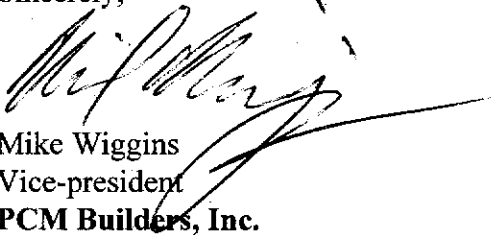
RE: Building 'C' - Foundation Permit
Granite Park, Sacramento
Project #39140

To whom it may concern:

This letter serves to inform you that Joyce McGlone has my authorization to sign for permits and any other related paperwork for the above referenced project as a representative of PCM Builders, Inc.

Please call if you need to discuss this matter further or if you have any questions.

Sincerely,



Mike Wiggins
Vice-president
PCM Builders, Inc.

cc: file

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

| | |
|--|---|
| APPLICATION NO: | BLDG PERMIT NO: |
| GENERAL INFORMATION PERMIT IN CITY OF SAC. 2-26-99 | THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER DEPT 25000001 \$56,423.00 TRAN 364175 02/26/99 RECEIPT 685999 001 \$56,423.00 |
| 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 | 5283 | COMMERCIAL USE | UNITS |
| SRCSD | 47,140 | | |
| CONSTRUCTION | | | |
| IN-LIEU | | | |
| | | | |
| TOTAL FEE | \$56,423 | | |

APN: **079-0291-0410 / 079-0291-003**

DESCRIPTION/
 SUBDIVISION **C RANITE PARK #C LOT: N/A**

PROPERTY ADDRESS **3331 Power INN Rd.**

OWNER **PHASE ONE**

MAILING ADDRESS **8401 WICKSW Rd**

CITY-STATE-ZIP **SAC CA 95826** PHONE **281-1561**

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE **[Signature]**

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

RECEIPT

PHASE ONE
 (BUILDING II)
 8401 JACKSON ROAD
 SACRAMENTO, CA 95826

| EXPLANATION | AMOUNT |
|-------------|--------|
| | |
| | |
| | |
| | |

1089

11-3425-1210

CHECK
 AMOUNT


The sum of \$56423 and 00 cts

DOLLARS

PAY
 AMOUNT
 OF

| DATE | TO THE ORDER OF | GROSS | CHECK NUMBER |
|----------|--|---|--------------|
| 02/25/89 | Sacramento Regional County Sanitation District | GRANITE PARK BLOCK PLAN CHECK # 1073 | 1089 |

\$ 56,423 00

 Security features included. Details on back.

IMPERIAL BANK
 SACRAMENTO, CALIFORNIA 95814

[Handwritten Signature]

⑈001089⑈ ⑆121034256⑆

⑈19⑈555 283⑈

2-23-1999 4:05PM

FROM: JM BUILDERS 916 381 7793

P. 4

2-23-1999 1:30PM

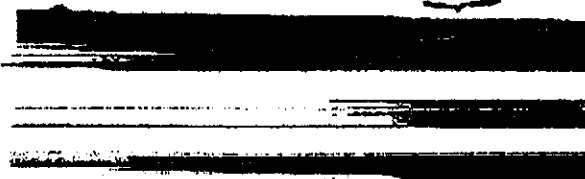
FROM: SEPARKOVICH DUMICH 916/386979

P. 2

2-23-1999 11:58AM

FROM: PCM BUILDERS 916 381 7793

P. 3



RECEIVING FAX: 381-7793

SENDING FAX: 875-6253

TO: **JOYCE McGLONE**
PCM BUILDERS, INC.

FROM: **DOLORES ROSS**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

PHONE NUMBER: 875-6679

RE: **SEWER FACILITY IMPACT FEES**
A.P.N.: 079-0310-par. 049
079-0291-par. 003

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| | <u>\$56,423</u> | <u>\$57,614</u> |

Dolores

cc: Dave Brock
City of Sacramento

This fee is due and payable at 827 Seventh Street, Room 105.
This fee is also subject to adjustment if the data supplied is changed.

e-mail: rossd@rscd.sacramento.gov

OK
2-23-99

CITY OF SACRAMENTO
BUILDING INSPECTION DEPARTMENT OF PLANNING AND DEVELOPMENT
1231 I STREET SACRAMENTO, CA 95814 PHONE (916)264-7619

STRUCTURAL TESTS AND INSPECTIONS SCHEDULE

PRIOR TO OBTAINING THE PERMIT, THE PROJECT OWNER SHALL COMPLETE, SIGN AND SUBMIT THIS FORM FOR THE BUILDING INSPECTION DIVISION FOR APPROVAL.

PROJECT NAME: _____
PROJECT ADDRESS: 3331 Power Inn Rd

PLAN REVIEW # 9811073
PERMIT NUMBER _____

TESTING/INSPECTION AGENCY/IES: Inspection Consultants, LP
2999 Gold Canal Drive, Ste. A Rancho Cordova, CA 956

OWNER'S NAME: Robert L. Haik, P.E. SIGNATURE: [Signature]
(Please Print) Agent for Robert L. Haik, P.E.

hereby certifies that the Testing/Inspection agency named above has been engaged to perform structural tests and inspections during construction, as noted below, to satisfy all applicable portions of the Uniform Building Code.

INSPECTIONS REQUIRED

In accordance with Sections 302 and 306 of the Uniform Building code, special inspections shall be performed on the following items (circled):

| Item | Description | Ref. Dwg.* |
|------|--|------------|
| ① | CONCRETE $f'_c = 4500$ tilt-up panels $f'_c = 3.0$ ksi (others) | 50.1 |
| ② | REINFORCING/PRESTRESS STEEL $f_y = 60$ ksi | 50.1 |
| ③ | WELDING shop & field welding | 50.1 |
| ④ | HIGH STRENGTH BOLTING A325 SC | 50.1 |
| 5. | STRUCTURAL MASONRY | |
| 6. | PILING, DRILLED PIERS, CAISSONS | |
| 7. | SPRAY APPLIED PROOFING | |
| ⑧ | OTHER: Excavation & Compaction Hilti HY 150 Epoxy Anchors Anchor Bolts | |

* Referenced drawings listed represent a sample of the items requiring special inspection and are not intended to document all drawings or specifications containing information pertaining to that item.

BID APPROVAL: [Signature]

Date: 3/15/99



INSPECTION CONSULTANTS, LP

| | | |
|---|---|--|
| Job Name <i>Granite Park</i> | Date <i>3-23-99</i> | ICI Job No. <i>991-035</i> |
| Job Address <i>Rancho San Rdo Ramona ave (3341)</i> | City <i>San Diego</i> | |
| Permit No. <i>9811073C</i> | Issued by <i>San Diego City</i> | |
| Contractor <i>PCM</i> | Subcontractor <i>PCM</i> | |
| Material Description (type, grade, source) <i>Rebar #8 A615 grade</i> | | |
| Technician/Inspector <i>Brendy Miller</i> | | Page <i>1 of 1</i> |
| Dept of Building & Safety / City Of <i>San Diego</i> | | Building Inspector <i>MM/MS</i> |
| Type of Inspection Required | <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post Tensioned Concrete <input type="checkbox"/> Reinforced Masonry | <input type="checkbox"/> Structural Steel Assembly <input type="checkbox"/> Fire Proofing <input type="checkbox"/> Epoxy Anchors |
| | <input type="checkbox"/> Earthwork <input type="checkbox"/> Quality Control <input type="checkbox"/> Other | |
| Inspection Summary | Locations of work inspected, test samples taken, work rejected, job problems, progress, remarks, etc. Includes information about - amounts of material placed or work performed, number, type & identification numbers of test samples taken: Structural connections (welds H.S. Bolts inspected) checked, etc. | |
| Comments: <i>Observation of 24 footing reinforcement placement (F1) about 52.1, spread footing schedule about 51.1 10 #8 A615 grade single layer and embed balls 24" x 3/4</i> <i>(grid 7, B through F ok) (grid 6, B through F ok) (grid 5, D through F ok) (grid 4, D through F ok) (grid 3, D through F ok) (grid 2 lines B through F ok)</i> <i>Note line B, 3,4,5 not finished, C, 4 & 5 not finished</i> | | |

CERTIFICATION OF COMPLIANCE

I hereby certify that I have inspected to the best of my knowledge all of the above reported work unless other noted. I have found this work to comply with the approved plans, specifications, and applicable sections of the governing building codes. Non-Compliance conditions noted were brought to the attention of:

Brendy Miller
Inspector

Compliance
 Yes No

| | | | |
|--|-------------------------|------------------------------|----------------|
| Time In <i>4:00</i> | Time Out <i>9:30</i> | Total Reg. Hrs <i>2.5</i> | Total O.T. Hrs |
| Billing Code | Billing Code | Billing Code | Billing Code |
| All inspections based on a minimum of 4 hours and over 4 hours - 8 hour min. In addition, any inspection extending past noon hour will be an 8 hour min. | | | |
| Client Authorization | | | |

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