

CITY OF SACRAMENTO

Permit No: 9800289

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1015 K ST SAC

Sub-Type: TI

Parcel No: 0060103011

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

MCCLATCHY FAMILY TRUST  
SACRAMENTO CA

95812

Phone:

Phone:

Phone:

Nature of Work: T.I. FOR RESTAURANT - DBA: TERIYAKI EXPRESS

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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ 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 1/14/98 Owner Signature *[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 1/14/98 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 *[Signature]* Policy Number \_\_\_\_\_

(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 1/14/98 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.

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 7-9-98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1021 K ST

has been conducted by Inspector F. Johnson

on 7-9-98.

Permit Number 97-15223-C

The system is acceptable by this Department.

K.T. Hood

Type Inspection

TERIYAKI EXPRESS

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

97-298

F. D. Reference Number

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 6-19-98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1021 K ST

has been conducted by Inspector F. Johnson

on 6-18-98.

Permit Number 98-00289-C

The system is acceptable by this Department.

R. Woodman

Type Inspection

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-49  
F. D. Reference Number

CITY OF SACRAMENTO  
**CERTIFICATE OF OCCUPANCY**  
For Information Contact (916) 264-5716

Building Address 1021 K Street

Building Use Restaurant

Permit No. 98-00289

Building Owner McCluskey Trust

Occupancy A-3

Owner Address Sacramento, CA 95812

Construction Type 11-1hr

Portion of Building Occupied DBA: Teriyaki Express

Sprinkled (  ) Yes ( ) No

Area 1044 Sq. Ft.

Date Issued 07/31/98 By Bradford J. Behm, P.E. Sign

City/Building Official

**Fretas/Krtnke/Glavin/Johnson**  
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 presumed 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**

CONTROL  
 10000 Blvd.  
 San Ramon, CA 94583  
 (916) 985-2655  
 Ca. Lic. C-16 338888

NOZZLE & TANK INFO.

PCL-350 TANK 13 FLOW PTS

	COVERPAGE		
NL-P	50" Tank	MAX	1 FLOW
NL-A	8' LEAK	MAX	1 FLOW
NL-RH2	28" x 28"	MAX	2 FLOW
NLS-R	25" x 25"	MAX	1 FLOW
NL-FZ	18" x 18"	MAX	2 FLOW

	COUNT	Flow	TOTAL
PCL-350	1	13	+13
NL-P	2	1	-2
NL-A	2	1	-2
NL-RH2	1	2	-2
NLS-R	3	1	-3
NL-FZ	1	2	-2
		REMAIN	(2)

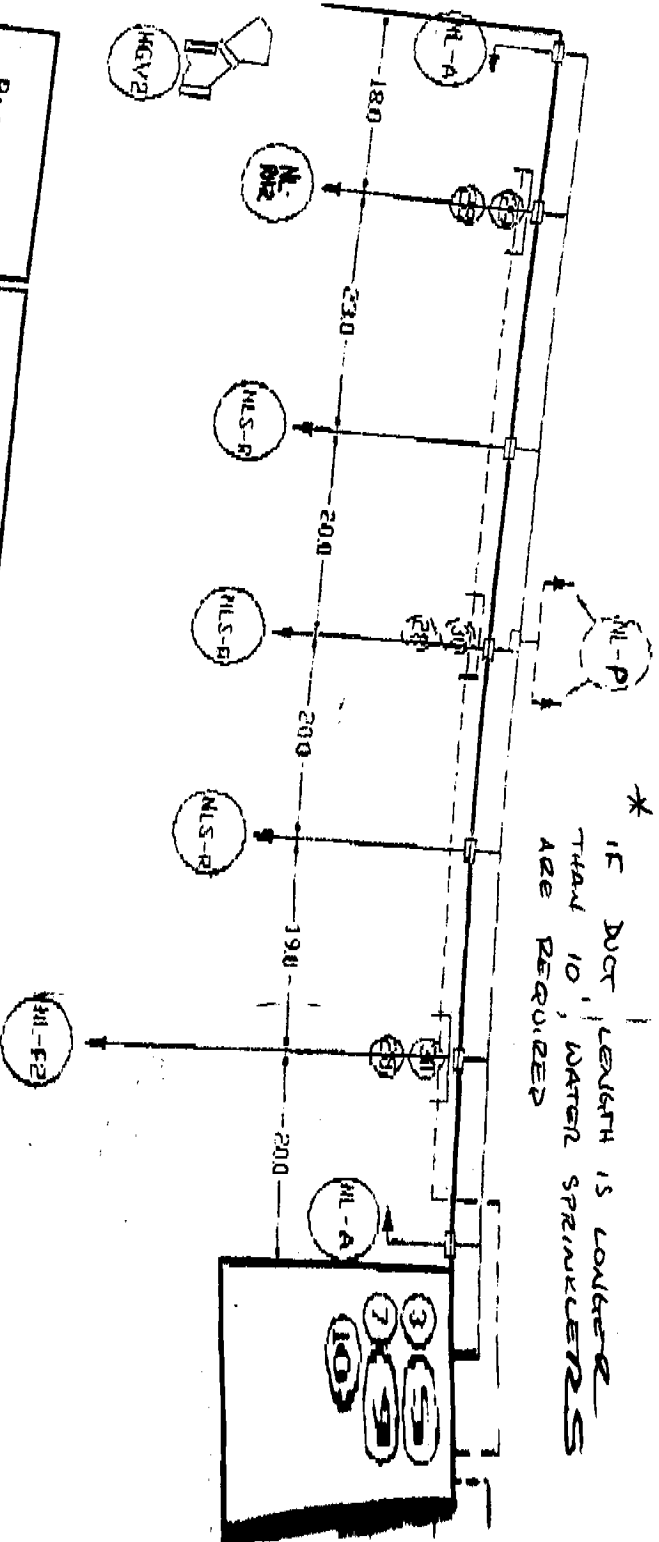
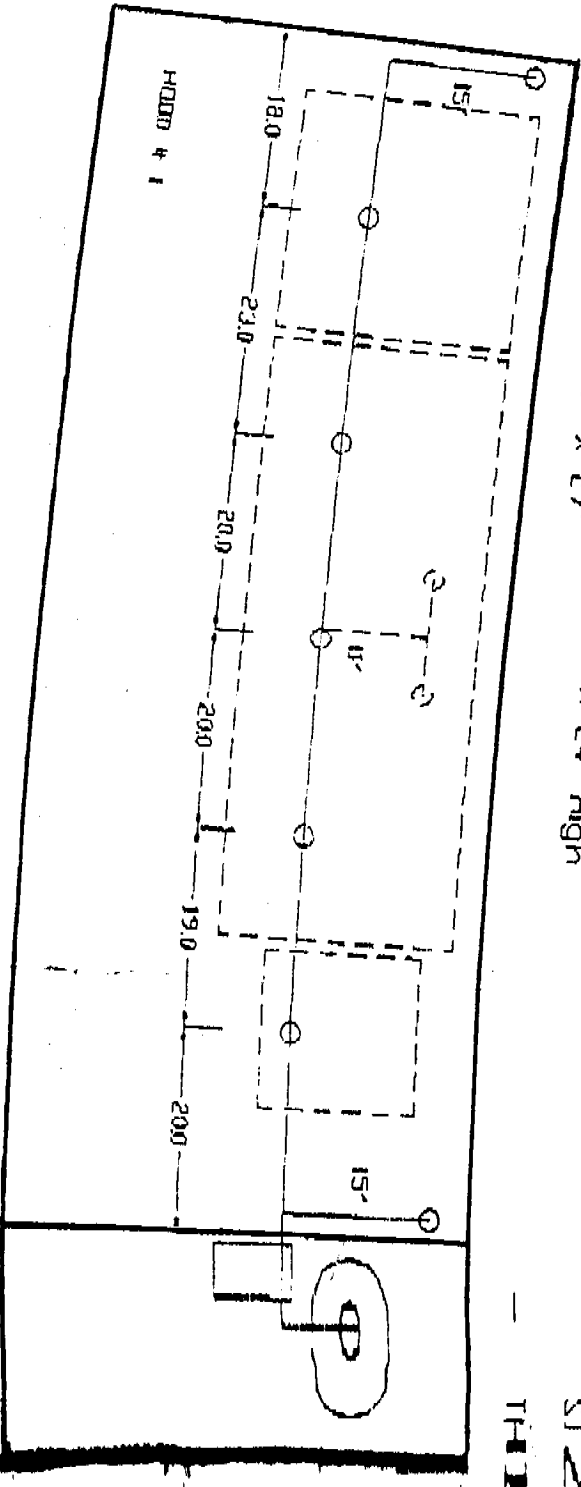
MAX & MIN HEIGHTS

RANGE 45" - 32" (Pg. 3-4b)

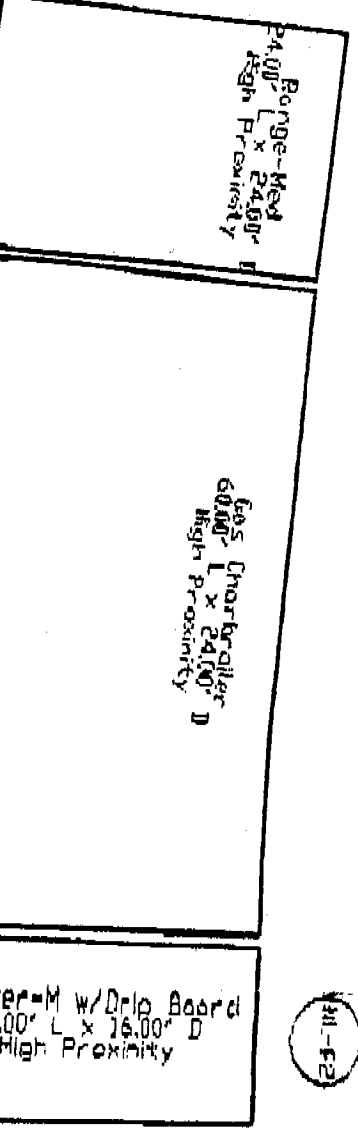
CHARBROILED 50" - 24" (Pg. 3-5)

FRYER 42" - 30" (Pg. 3-1a)

DRAWING NUMBER: 508terledat  
 Job # 0  
 Job Name: TERYAKI EXPRESS - NDBR  
 Street: 1021 K STREET  
 City, State Zip: SACRAMENTO, CA 95814  
 Drawn By: E.J.G.  
 System Size: PCL-350 Tank System - Total System FP = 1100  
 Contact Name: 5000 FIRE CONTROL  
 Contact Phone #: (916) 985-2655  
 Hood # 1 Size: 10' Long x 27' Wide x 24' High  
 Duct # 1



NOTES  
 FIELD  
 SELECTED  
 RELIEF  
 SAL  
 MAX  
 MIN  
 IF  
 FACT  
 APPL  
 SIZE  
 THIS

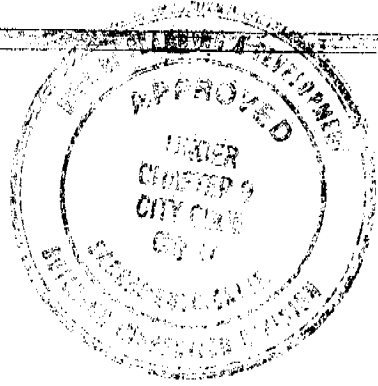
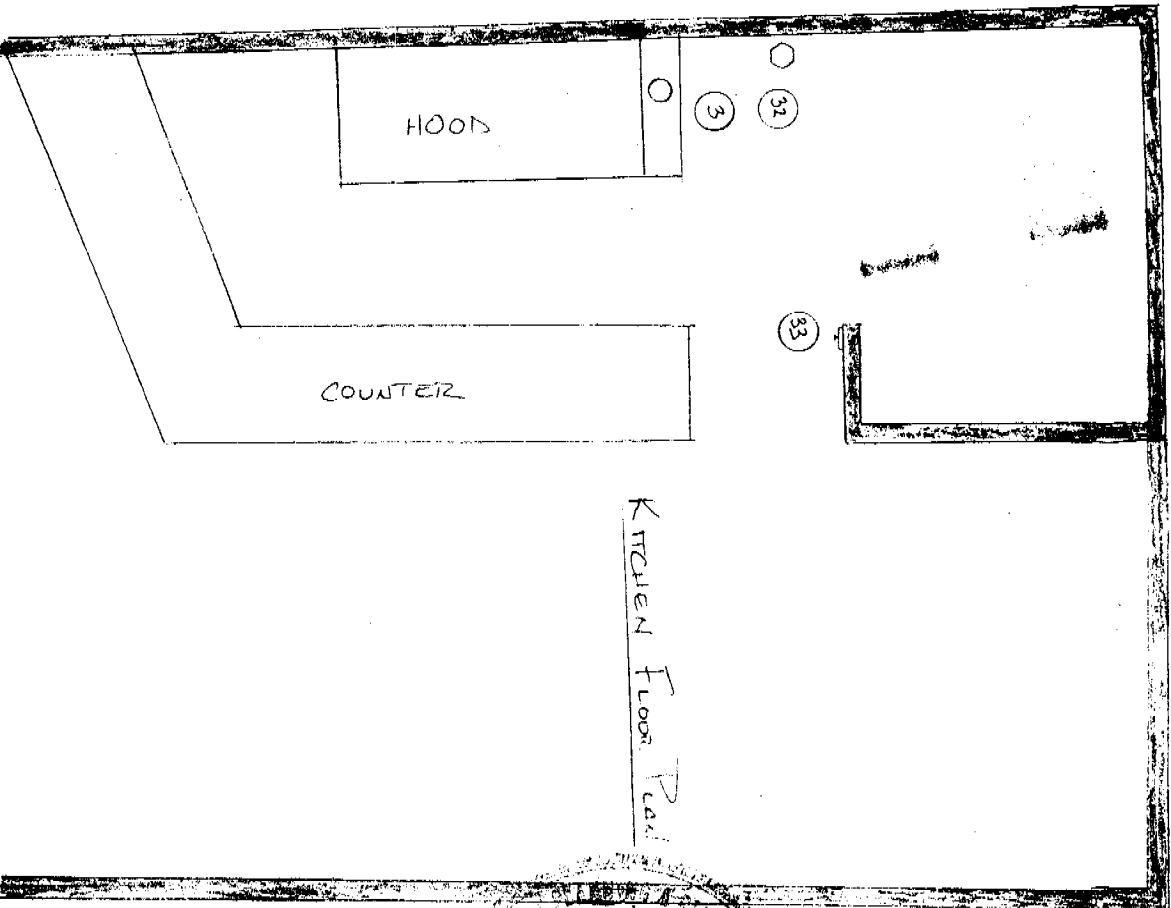


**PRRO CHEM PCL-350 LIQUID FIRE SUPPRESSION SYSTEM**

Job Name: TERRIYAKI EXPRESS - NDBR  
 Location: 1021 K STREET  
 F.S. Tag: PCL-350 Tank(s)

Job Site: TERRIYAKI EXPRESS  
 1021 K STREET  
 SACRAMENTO, CA. 95814

Hook-up by:  
**SOLON FIRE CONTROL**  
 13405 Folsom Blvd.  
 Folsom, CA 95630  
 (916) 985-2655  
 Ca. Lic. C-16 338888



This set of Plans and specifications shall be taken as complete and no other conditions or changes or alterations from the same without written permission from the Building Inspection Division.  
 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

Qty	Item #	CAS #	Description
1	3	PCL-350	3.50 GALLON CYLINDER
1	5	MB-OEMI	TANK MOUNTING BRACKET CABT
1	7	MB-P2	CONTROL HEAD MOUNTING BRACKET
1	9	MCH-M	CYLINDER CONTROL HEAD
1	10	MS-DPDT	MICROSWITCH - DOUBLE POLE
2	11	NL-D1 ea	NOZZLE - DUCT
2	15	NL-A	NOZZLE - PLENUM
3	18	NLS-R	NOZZLE - APPLIANCE
1	19	NL-F2	NOZZLE - APPLIANCE
1	23	NL-RH2	NOZZLE - APPLIANCE
8	26	QS-3/8	3/8" QUICK SEAL
1	27	QS-1/2	1/2" QUICK SEAL
3	28	FLK-25	FUSIBLE LINK KIT
1	29	FL-350	350 DEGREE FUSIBLE LINK
2	30	FL-500	500 DEGREE FUSIBLE LINK
1	32	MGV2	2" Mechanical Gas Valve
1	33	RPS-M	REMOTE PULL STATION
1	34	CP-150	CORNER PULLEY (INSIDE HOOD)
2	34	MCP-150	CORNER PULLEY (OUTSIDE HOOD)
1	41	SN-CHAR	SINGLE NOZZLE EXTENDED DROP ASSY

CITY OF SACRAMENTO  
ELECTRICAL INSPECTION DIVISION  
1231 - I Street, Room 200  
Sacramento, CA 95814

REQUEST FOR TEMPORARY ELECTRIC SERVICE

Job Address: 1021 K Street  
Permit Number: 98 00289C  
Occupancy: A-3  
Issue Date: 6-1-98 Expiration Date: 7-1-98

Temporary electric service is requested for the above address for a period of 30 days for the following purpose(s) only:

CONSTRUCTION POWER

It is understood and agreed that the granting of this request for temporary electric service does not constitute approval to occupy or use the building except for the purpose(s) stated above. It is further understood and agreed that if final approval of the building is not granted by the City of Sacramento Building Inspection Division in the number of days specified above, or if the provisions of the National Electrical Code, Local ordinances and all applicable codes and regulations are not complied with the temporary electric service will be disconnected without further notice given by the City.

[Signature] 446-3663 6-1-98  
Owner's Signature Phone No. Date  
[Signature] 848-1112 6-1-98  
Contractor's (or Agent's) Phone No. Date  
1021 K Street Sac. Ca.  
Address

This Division will not authorize temporary electric service unless all required permits have been obtained and the following has been inspected and approved:

- 1- All related service equipment.
- 2- All wiring, panelboards, devices, etc. that may be energized.

Approved by: [Signature] Date: 6-1-98

William F. Clark, Chief Electrical Inspector

Electrical Inspections 449-5671 Building Inspections 449-5716

White - Office Copy Yellow - Smud Copy Pink - Owner 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

TEA YAKI  
 EXPRESS

*check before issuing*  
*wants 1021 for address*  
 1021

ADDRESS 1013 K St. P.C. # 5297  
 PARCEL # 006-0103-011 SUITE #  
 AREA # 16

CONTACT  
 NAME GERARD WING  
 ADDRESS 1719 THIRD ST #201  
SACRAMENTO ZIP 95814  
 PHONE 441-0686 FAX: 1 325-4838

UHL LICENSED CONTRACTOR  
 NAME HARRISON CONSTR.  
 ADDRESS 1949 FIFTH ST #107  
DAVIS, CA ZIP 95616  
 PHONE 753-0373

ARCH./ENG.  
 NAME SH2A ARCHITECTS  
 ADDRESS 1718 THIRD ST #201  
SACRAMENTO ZIP 95814  
 PHONE 441-0686

OWNER/~~XXXXXXXXXX~~  
 NAME  
 ADDRESS  
 PHONE ZIP

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: INT. TENANT IMPROVEMENT  
Restaurant

*check before issuing to a contract*

D.B.A. Teayaki Express  VALUATION 53,757  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Zone R  S.C.A.T.

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

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
		1140	C3	A3	II-142	Yes	18	TK
(B)	(L)	(P)	(M)	(E)	(F)	(D)		R
JK	Ji	BD	BD	6m	#?		J	

COMMENTS:  
1st Time TI Restaurant

WORKERS COMP POLICY # COMPANY



# CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R9704974

TRANSACTION DATE: 12/11/97  
TRANSACTION AMOUNT: 1,066.68  
NOTATION:

APD #: **9716116**  
SITE ADDRESS: 1021 K ST SAC  
PARCEL: 006-0103-011

TYPE: Bldg Commercial  
SUB-TYPE: TI  
HOUSING: N

**TRANSACTION LIST**

Type	Method	Description	Amount
Payment	Cash		1,066.68

**RECEIPT ACCOUNT ITEM LIST**

Item#	Description	Account Code	Tot Fee	Paid	Prv. Pmts	Cur. Pmts
1100	Permit Fees--Bu	0	676.00	676.00	.00	676.00
1200	Plan Check--Bui	0	553.00	553.00	585.00	<del>-32.00</del>
1500	Processing--Flo	0	17.00	17.00	.00	17.00
1510	Processing--Add	0	17.00	17.00	.00	17.00
1520	Processing--Haz	0	17.00	17.00	.00	17.00
1600	Strong Motion (	0	10.09	10.09	.00	10.09
1710	Construction Ex	0	293.21	293.21	.00	293.21
1730	City Business O	0	19.22	19.22	.00	19.22
1750	Technology Surc	0	49.16	49.16	.00	49.16

*Refund this  
John  
Per  
12-11-97*

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project address: 1015 K ST.  
APN: \_\_\_\_\_ Current site use: Vacant Shell BLDG.

Need to verify APN Proposed Site use: Restaurant.

Describe what is being requested: APPEAL & COMMENTS

Requested by: BZ Date: 10/9/97

- Zone \_\_\_\_\_ Overlay / SPD / PUD / R-review \_\_\_\_\_
- Planning staff Review required \_\_\_\_\_
  - Planning Hearing required \_\_\_\_\_
  - Design Review required \_\_\_\_\_
  - No Planning Issues  AV
  - Counter ok review by site coord. \_\_\_\_\_

Prior Applications on site P# \_\_\_\_\_ Z# \_\_\_\_\_

DR# \_\_\_\_\_ PB# \_\_\_\_\_ IR# \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning review by: \_\_\_\_\_ Date: 10/9/97

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

Security codes  
CELLULAR COMMUNICATION FACILITIES

INITIAL

**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: TERIYAKI EXPRESS Phone: \_\_\_\_\_  
 Site Address: 1021 K ST Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: WAYNE YU Phone: \_\_\_\_\_  
 Nature of Business: RESTAURANT  
 Property Owner: WAYNE YU Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)

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: GERARD WING  
(Print)  
[Signature] 12/11/97  
(Signature) (Date)

BID Use Only:	Plan Ck# <u>5297</u>	Permit # <u>9716116</u>
OK to issue prmt?	<input checked="" type="checkbox"/> <u>12-11-97</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?	init _____ date _____	
OK to issue Certificate of Occupancy?	init _____ date _____	

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) yes

2. I (have/have not) have signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name Mike uhl Address 27538 Table Mountain Rd

City Albany Telephone 267-2110

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed [Signature]

Job Address 1015 KST, SAC Date 1/14/98

Permit No.: \_\_\_\_\_

**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

WICKETS Comp Policy # \_\_\_\_\_  
 COMPANY \_\_\_\_\_

EXP. DATE \_\_\_\_\_

ADDRESS 1021 K ST P.C. # \_\_\_\_\_  
 PARCEL # \_\_\_\_\_ SUITE # \_\_\_\_\_  
 AREA # \_\_\_\_\_

CONTACT  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

LICENSED CONTRACTOR  
 NAME Soren Fire Control  
 ADDRESS 13405 Folsom Blvd  
Folsom ZIP 95630  
 PHONE 985-2655

ARCH./ENG.  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

OWNER  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: Kitchen Fire Suppression System

D.B.A. \_\_\_\_\_  VALUATION 400<sup>00</sup>  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS \_\_\_\_\_  S.C.A.T. \_\_\_\_\_

JOB DESCR. BLDG SHEL APT II(-) REM( ) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
B	L	P	M	E	F	S	D	R

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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