

CITY OF SACRAMENTO

Permit No: 0603213

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 258A7

Site Address: 5005 RALEY BL SAC St: SUITE 2

Sub-Type: TI

Parcel No: 215-0260-040

Housing (Y/N): N

CONTRACTOR

JOHN DONALDSON CONSTRUCTION  
817 E. THOMPSON  
VENTURA, CA 93001

OWNER

RALEY SANTA ANA LLC  
465 CALIFORNIA ST #1010  
SAN FRANCISCO CA 94104

ARCHITECT

DIAMOND PACIFIC  
7045 CHARMANT DR #150  
SAN DIEGO CA 92122

Nature of Work: 1ST TI FOR WHOLSALE PLUMBING - NEW WALLS, ELECTRICAL RECEPACALS, PLUMBING

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 License Number 409601 Date 6-16-06 Contractor Signature Lama Kas

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 \_\_\_\_\_

CITY OF SACRAMENTO  
JUN 16 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

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 improvements 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 6-16-06 Applicant/Agent Signature Lama Kas

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.

Yes 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 586-99 UNIT 0000016 Exp Date 04/01/2006

(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 6-16-06 Applicant Signature Lama Kas

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.

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 PERMIT SERVICES SECTION  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

|                   |                   |
|-------------------|-------------------|
| <b>ACTIVITY #</b> | <b>Isnp. Area</b> |
| 0603213           |                   |

Applicant **MUST** complete ALL Unshaded areas

**ADDRESS** 5005 Raley Blvd. Suite \_\_\_\_\_  
**PARCEL #** 215-0260-040

|  |   |
|--|---|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Laura Kass</u><br/>                 Street Address <u>9647 Folsom Blvd PMB 137</u><br/>                 City/State/Zip <u>Sacto CA 95827</u><br/>                 Phone <u>916 7604</u> FAX <u>361 7604</u><br/>                 E-mail: <u>allaccesspermits@msn.com</u></p> <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Diamond Pacific</u><br/>                 Address <u>7045 Charmant Dr. #150</u><br/>                 City/State/Zip <u>San Diego CA 92122</u><br/>                 Phone <u>858-550-9520</u> FAX _____<br/>                 E-mail: _____</p> | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>4091601</u></p> <p>Name <u>John Donaldson Construction</u><br/>                 Address <u>817 E. Thompson Blvd.</u><br/>                 City/State/Zip <u>Ventura CA 93001</u><br/>                 Phone <u>805-643-9280</u> FAX _____<br/>                 E-mail: _____</p> <p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Ferguson Enterprises</u><br/>                 Address <u>12500 Jefferson Ave.</u><br/>                 City/State/Zip <u>Newport News VA 23602</u><br/>                 Phone <u>757-874-7795</u> FAX _____<br/>                 E-mail: _____</p> |
|--|---|

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** Granite State Ins. Co.  
 → **WORKER'S COMPENSATION POLICY #:** 3586791 **EXPIRATION DATE:** 10/1/06

**NATURE OF WORK IN DETAIL:** 1st Time T.E. for wholesale plumbing business.  
New walls, electrical recepticals, plumbing.  
41,411 SF Warehouse, 2,244 SF wholesale, 4,028 SF office

**OCCUPANT/TENANT:** Ferguson Enterprises **VALUATION:** \$

|                               |                          |                               |                                |                              |                                 |                                  |                             |                               |                              |                                |
|-------------------------------|--------------------------|-------------------------------|--------------------------------|------------------------------|---------------------------------|----------------------------------|-----------------------------|-------------------------------|------------------------------|--------------------------------|
| <b>FLOOD STATUS</b>           |                          |                               |                                | <b>S.C.A.T.</b>              |                                 |                                  |                             |                               |                              |                                |
| <b>JOB DESCRIPTION</b>        |                          | BLDG <input type="checkbox"/> | SHELL <input 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"/> | OTHER <input type="checkbox"/> |
| <b>INSPECTION DISCIPLINES</b> |                          | BLDG                          | MECH                           | PLUMB                        | ELEC                            | SITE                             | FIRE                        |                               |                              |                                |
| # Stories                     | 1 <sup>st</sup> flr Area | Total Area                    | Use Zone                       | Ocep Group                   | Const type                      | Fire Req. Y/N                    |                             | Fed Code                      | Vio. File                    |                                |
| 1                             | 47680                    |                               |                                | SI, M, B                     | VN                              | SPR                              | ALARM                       |                               |                              |                                |
| B                             | L                        | P                             | M                              | E                            | F                               | S                                |                             | D                             | PW                           | UTIL                           |

**COMMENTS:**

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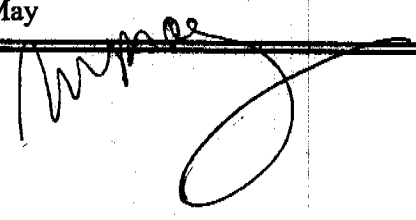


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**REGIONAL SANITATION FEES?**  Yes  No      **HEALTH DEPARTMENT?**  Yes  No  
**WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?**  Yes  No

City of Sacramento  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

|   |                   |
|---|-------------------|
| ADDRESS: 5005 Raley Blvd, Suite # 7   | APN: 215-0260-040 |
| DRPB AREA / PUD / SPD: <b>North d.r.d.</b>  | ZONING: MIS-R     |
| EXISTING LAND USE: <b>new existing building.</b>  |                   |
| PROPOSED USE: <b>First time T1 for "Ferguson Enterprises" wholesale plumbing supply, using 47,680 sq. ft. of existing building.</b>   |                   |
| <p>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</p> <p><input type="checkbox"/> Planning review is NOT required.</p> <p><input type="checkbox"/> Use is NOT allowed; applicant CANNOT submit for plan check.</p> <p><input type="checkbox"/> Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB<br/>Required Planning Application must be approved <i>before</i> project can be submitted for plan check</p> <p><input type="checkbox"/> Application(s) IN PROGRESS: File Number:<br/>Application must be approved <i>before</i> project can be submitted for plan check.</p> <p><input checked="" type="checkbox"/> Application(s) COMPLETED: File Number &amp; Approval:<br/>P02-115<br/>Building permit must conform to approved plans and comply with all conditions of approval.<br/>Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.</p> <p><input checked="" type="checkbox"/> Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.</p> <p><input type="checkbox"/> Meets setback &amp; lot coverage requirements as shown on site plan provided.</p> <p><input type="checkbox"/> Plans to be submitted have been stamped/signed by Planning counter staff.</p> <p><input type="checkbox"/> Route to SITE for plan check and inspection. (not making any changes to exterior)</p> <p><input type="checkbox"/> Route to SITE for inspection only, plan check not required.</p> <p><input type="checkbox"/> Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.</p> |                   |
| <p>CONDITIONS AND COMMENTS: Use is okay in the zone; Building exists; Not making any exterior changes; Therefore, no need to route to Site.</p>   |                   |
| DATE: 3/10/2006   | BY: Monica May    |



Permit # 0603213

# CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY  
4100 FLORIN-PERKINS RD. SACRAMENTO, CA. 95826 (916) 387-5100 FAX (916) 387-5101

AUGUST 4, 2006  
AIR BALANCE REPORT  
CIRCO # 9819

PROJECT: FERGUSON ENTERPRISES T. I.

LOCATION: 5005 RALEY BLVD  
SACRAMENTO, CALIFORNIA

CONTRACTOR: DONALDSON CONSTRUCTION.

DESCRIPTION: AIR BALANCE FOUR A/C UNITS AND ASSOCIATED AIR DISTRIBUTION SYSTEMS.

## REMARKS

TOTAL AIR DELIVERY OF EACH FAN WAS ESTABLISHED BY INLET/OUTLET TOTAL.

CEILING MOUNTED SUPPLY AND RETURN AIRFLOWS WERE MEASURED USING AN ALNOR FLOWHOOD.

ALL A/C UNITS ARE DIRECT DRIVE TYPE. FINAL AIRFLOWS REPRESENT A/C UNITS SET TO PROVIDE THEIR REQUIRED MINIMUM OUTSIDE AIRFLOW WITH FAN SPEED SET ON HIGH.

THE SCHEMATIC LOCATED BEHIND THE TEST DATA HAS BEEN MARKED UP (KEYED) CORRESPOND THE NUMBER DESIGNATIONS USED THROUGHOUT THIS REPORT.

SYMBOLS USED IN THIS REPORT INCLUDE:

|    |   |                  |
|----|---|------------------|
| CD | = | CEILING DIFFUSER |
| CR | = | CEILING RETURN   |
| CE | = | CEILING EXHAUST  |

TESTS PERFORMED BY:

  
MATT MURPHY

# CIRCO System Balance, Inc.

| SYMBOL   | DESCRIPTION                    | SYMBOL     | DESCRIPTION                      |
|----------|--------------------------------|------------|----------------------------------|
| CFM      | CUBIC FEET PER MINUTE          | $\Delta T$ | DIFFERENTIAL TEMPERATURE         |
| FPM      | FEET PER MINUTE                | $\Delta P$ | DIFFERENTIAL PRESSURE            |
| FACTOR   | BALANCE FACTOR - SQUARE FEET   | P.D.       | PRESSURE DROP                    |
| CSD      | CEILING SUPPLY DIFFUSER        | H.D.       | HEAD-FEET OF WATER               |
| RG       | RETURN GRILLE                  | W.G.       | WATER GAUGE                      |
| CRR      | CEILING RETURN REGISTER        | W.C.       | WATER COLUMN                     |
| WR       | WALL REGISTER                  | CHW        | CHILLED WATER                    |
| LT       | LIGHT TROFFER                  | C.W.       | CONDENSER WATER                  |
| LSD      | LINEAR SLOT DIFFUSER           | H.W.       | HEATING WATER                    |
| VAV      | VARIABLE AIR VOLUME BOX        | E.W.T.     | ENTERING WATER TEMPERATURE       |
| T-STAT   | THERMOSTAT                     | L.W.T.     | LEAVING WATER TEMPERATURE        |
| D.A.     | DIRECT ACTING                  | CC         | COOLING COIL                     |
| R.A.     | REVERSE ACTING                 | SC         | STEAM COIL                       |
| D.D.C.   | DIRECT DIGITAL CONTROL         | P.HC       | PREHEAT COIL                     |
| N/I      | NOT INSTALLED                  | H.C.       | HEATING COIL                     |
| N/L      | NOT LISTED                     | R.H.C.     | REHEAT COIL                      |
| N/A      | NOT ACCESSIBLE                 | E.D.H.     | ELECTRIC DUCT HEATER             |
| F.L.A.   | FULL LOAD AMPS @ NAMEPLATE     | P.P.       | PETES PLUB                       |
| V        | VOLTS                          | O.A.T.     | OUTSIDE AIR TEMPERATURE          |
| PH       | PHASE                          | R.A.T.     | RETURN AIR TEMPERATURE           |
| HP       | HORSEPOWER                     | M.A.T.     | MIXED AIR TEMPERATURES           |
| BHP      | BRAKE HORSEPOWER               | O.A.T.-DB  | D.B. OUTSIDE AIR TEMP - DRY BULB |
| SP-      | NEGATIVE STATIC PRESSURE       | E.A.T.-DB  | ENTERING AIR TEMP - DRY BULB     |
| SP+      | POSITIVE STATIC PRESSURE       | L.A.T.-DB  | LEAVING AIR TEMP - DRY BULB      |
| T.S.P.   | TOTAL STATIC PRESSURE          | E.A.T.-WB  | ENTERING AIR TEMP - WET BULB     |
| E.T.S.P. | EXTERNAL TOTAL STATIC PRESSURE | L.A.T.-WB  | LEAVING AIR TEMP - WET BULB      |
| V.P.     | VELOCITY PRESSURE              | D.N.A.     | DATA NOT AVAILABLE               |
| O.A.     | OUTSIDE AIR                    | N.A.       | NOT AVAILABLE                    |
| RA       | RETURN AIR                     |            |                                  |
| T.G.     | TRANSFER GRILLE                |            |                                  |

# CIRCO System Balance, Inc.

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLORIN PERKINS RD

SACRAMENTO, CA 95826

(916) 387-5100

## FLOWHOOD CALIBRATION CERTIFICATE

| CFM RANGE | CFM STANDARD FLOW | CFM TEST READING |
|-----------|-------------------|------------------|
| 800/2000  | 1690              | 1690             |
|           | 1450              | 1450             |
|           | 1230              | 1230             |
|           | 900               | 900              |
| 400/1000  | 900               | 890              |
|           | 830               | 825              |
|           | 750               | 750              |
|           | 610               | 610              |
|           | 440               | 435              |
| 0/500     | 440               | 440              |
|           | 390               | 390              |
|           | 340               | 335              |
|           | 230               | 230              |
|           | 180               | 175              |
|           | 120               | 120              |

SERIAL NO 10375

DATED TESTED: 6-26-06

TESTED BY: MGM

THE ABOVE TEST DATA WAS ESTABLISHED ON OUR IN-HOUSE FLOW CALIBRATOR. THE CALIBRATOR OF THIS FLOWHOOD, AS RECOMMENDED BY AABC, NEBB & ASHRAE STANDARDS.

MATT

# CIRCO System Balance, Inc.

SB JOB# **9819**  
 SECTION **1** PAGE **1**  
 DATE **August 3, 2006**

## FAN & OUTLET TEST SHEET

AREA SERVED **OFFICE** UNIT **AC-1**

### MOTOR NAMEPLATE DATA

MFG **GE** FR **48**  
 HP **3/4** V **208** FLA **9.1**  
 PH **1** SF **10** RPM **3 SPEED**

### FAN NAMEPLATE DATA

MFG **YORK**  
 MODEL # **DINP060**  
 TYPE **PACKAGE AC**

| DATA        | TEST 1              | TEST 2              | TEST 3 |
|-------------|---------------------|---------------------|--------|
| VOLTS       | 206                 | 206                 |        |
| AMPS        | 6.1                 | 7.2                 |        |
| B.H.P.      | 0.50                | 0.59                |        |
|             | <b>DIRECT DRIVE</b> | <b>DIRECT DRIVE</b> |        |
| R.P.M.      | <b>MED</b>          | <b>HIGH</b>         |        |
| S.P. -      | 0.32                | 0.42                |        |
| S.P. +      | 0.26                | 0.40                |        |
| T.S.P.      | 0.58                | 0.80                |        |
| FILTER S.P. | 0.14                | 0.20                |        |
| CFM TOTAL   | 1660                | 1780                |        |
| CFM R.A.    | 1620                | 1470                |        |
| CFM O.A.    | 40                  | 310                 |        |

### FAN DESIGN DATA

CFM **1800**  
 MIN. O.A. **240 CFM**

| ROOM          | OPENING |      |      | FACTOR | DESIGN |      | TEST 1 |      | TEST 2 |      | TEST 3 |     |
|---------------|---------|------|------|--------|--------|------|--------|------|--------|------|--------|-----|
|               | NO.     | TYPE | SIZE |        | FPM    | CFM  | FPM    | CFM  | FPM    | CFM  | FPM    | CFM |
| <b>SUPPLY</b> |         |      |      |        |        |      |        |      |        |      |        |     |
|               | 23      | CD   | 10"  | 1.00   |        | 330  |        | 250  |        | 290  |        |     |
|               | 24      | CD   | 10"  | 1.00   |        | 330  |        | 170  |        | 360  |        |     |
|               | 25      | CD   | 10"  | 1.00   |        | 260  |        | 190  |        | 245  |        |     |
|               | 26      | CD   | 10"  | 1.00   |        | 150  |        | 170  |        | 145  |        |     |
|               | 27      | CD   | 10"  | 1.00   |        | 170  |        | 260  |        | 174  |        |     |
|               | 28      | CD   | 10"  | 1.00   |        | 140  |        | 210  |        | 140  |        |     |
|               | 29      | CD   | 10"  | 1.00   |        | 210  |        | 210  |        | 220  |        |     |
|               | 30      | CD   | 10"  | 1.00   |        | 200  |        | 200  |        | 210  |        |     |
|               |         |      |      |        |        | ---  |        | ---  |        | ---  |        |     |
|               |         |      |      |        |        | 1800 |        | 1660 |        | 1785 |        |     |
| <b>RETURN</b> |         |      |      |        |        |      |        |      |        |      |        |     |
|               | R5      | CR   | 14"  | 1.00   |        | 1070 |        | 880  |        | 1020 |        |     |
|               | R6      | CR   | 12"  | 1.00   |        | 220  |        | 320  |        | 200  |        |     |
|               | R7      | CR   | 12"  | 1.00   |        | 125  |        | 190  |        | 120  |        |     |
|               | R8      | CR   | 12"  | 1.00   |        | 145  |        | 230  |        | 130  |        |     |
|               |         |      |      |        |        | ---  |        | ---  |        | ---  |        |     |
|               |         |      |      |        |        | 1560 |        | 1620 |        | 1470 |        |     |

REMARKS: **MVD FULL OPEN, AIRFLOW AT MAX.**

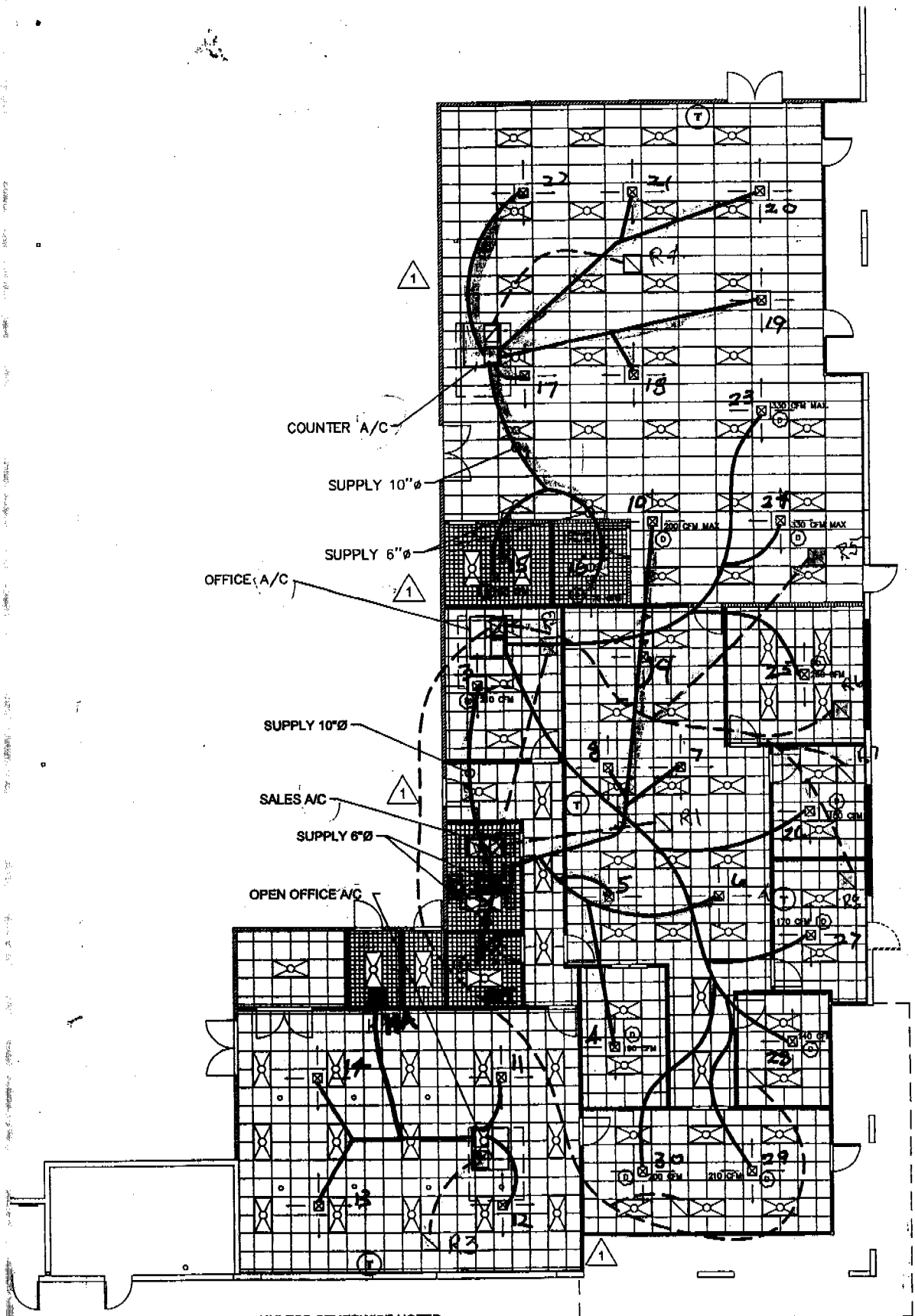












UNLESS OTHERWISE NOTED:  
 ALL SUPPLY BRANCH DUCTS = 10"Ø  
 ALL SUPPLY MAIN DUCTS = 14"Ø OR LARGER  
 ALL RETURN BRANCH DUCTS = 10"Ø  
 ALL RETURN MAIN DUCTS = 14"Ø OR LARGER

**2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE**

**Lighting Control Acceptance Document** **LTG-2-A**

Form 1 of 1

|   |   |
|---|---|
| PROJECT NAME<br><b>FERGUSON ENTERPRISES</b>                           | DATE<br><b>8-15-06</b>                    |
| PROJECT ADDRESS<br><b>5005 RALEY BLVD</b>                             | Checked by/Date<br>Enforcement Agency Use |
| TESTING AUTHORITY<br><b>CAVAGNARO'S ELECTRIC</b>                      |   |
| TELEPHONE<br><b>209-465-0513</b>                                      |   |
| LIGHTING CONTROL SYSTEM NAME / DESIGNATION<br><b>NUMATIC CONTROLS</b> |   |

Intent: Lights are turned off when not needed per 119(d) & 131(d).

**Construction Inspection**

- 1 Instrumentation to perform test includes, but not limited to:
  - Light meter
  - Hand-held amperage and voltage meter
  - Power meter
  
- 2 Occupancy Sensor Construction Inspection
  - Occupancy sensor has been located to minimize false signals
  - Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
  - Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source
  
- 3 Manual Daylighting Controls Construction Inspection
  - If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems
  
- 4 Automatic Time Switch Controls Construction Inspection
  - a. Automatic time switch control is programmed for (check all):
    - Weekdays
    - Weekend
    - Holidays
  
  - b. Document for the owner automatic time switch programming (check all):
    - Weekdays settings
    - Weekend settings
    - Holidays settings
    - Set-up settings
    - Preference program setting
    - Verify the correct time and date is properly set in the time switch
    - Verify the battery is installed and energized
    - Override time limit is no more than 2 hours

**Certification Statement:** I certify that all statements are true on this LTG-2-A form including the PASS/FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: SHAWN MUNSON GENERAL FULMAY

Company: CAVAGNARO'S ELECTRIC

Signature: 

Date: 8-15-06

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 5005 RALEY BLVD SUITE 2 Permit No.: 0603213  
Building Use: WHOLESALE PLUMBING Occupancy: \_\_\_\_\_  
Building Owner: RALEY SANTA ANA LLC Construction Type: V-N  
Owner Address: SAN FRANCISCO, CA 94104 Sprinkled?  Yes  No  
Portion of Building Occupied: ENTIRE Area: 47,680 Sq. Ft.  
8-21-2006 Robert S. Bell ROBERT LEE CHASE, AIA  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: DSP, JET, GDS, BRUECK ]

*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 15 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 presuming 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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**