

CITY OF SACRAMENTO

Permit No: 9807430

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 7491 MANDY DR SAC

Sub-Type: NOTHR

Parcel No: 0490470042

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

PULLIAM WILLIAM D/PREM LATA
7491 MANDY DR
SACRAMENTO CA 95823

Nature of Work: NEW CARE FACILITY (MAX 6 AMBULATORY), FIRE ALARM

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 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 8-4-98 Owner Signature Charlotte Wadby

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, 8-4-98 Applicant/Agent Signature Charlotte Wadby

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 _____ 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 8-4-98 Applicant Signature Charlotte Wadby

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.



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Charlotte Washington

to sign the Owner-Builder Verification on my behalf.

Signature

Prem Pulliam

Print Name

Prem Pulliam

Address

8428 Winterberry Dr
Elk Grove

Telephone

916-681-5259

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) no

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 Astro Sonics Address 4799 24th Street
City Sacto, CA, 95822 Telephone 452-7876
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. _____

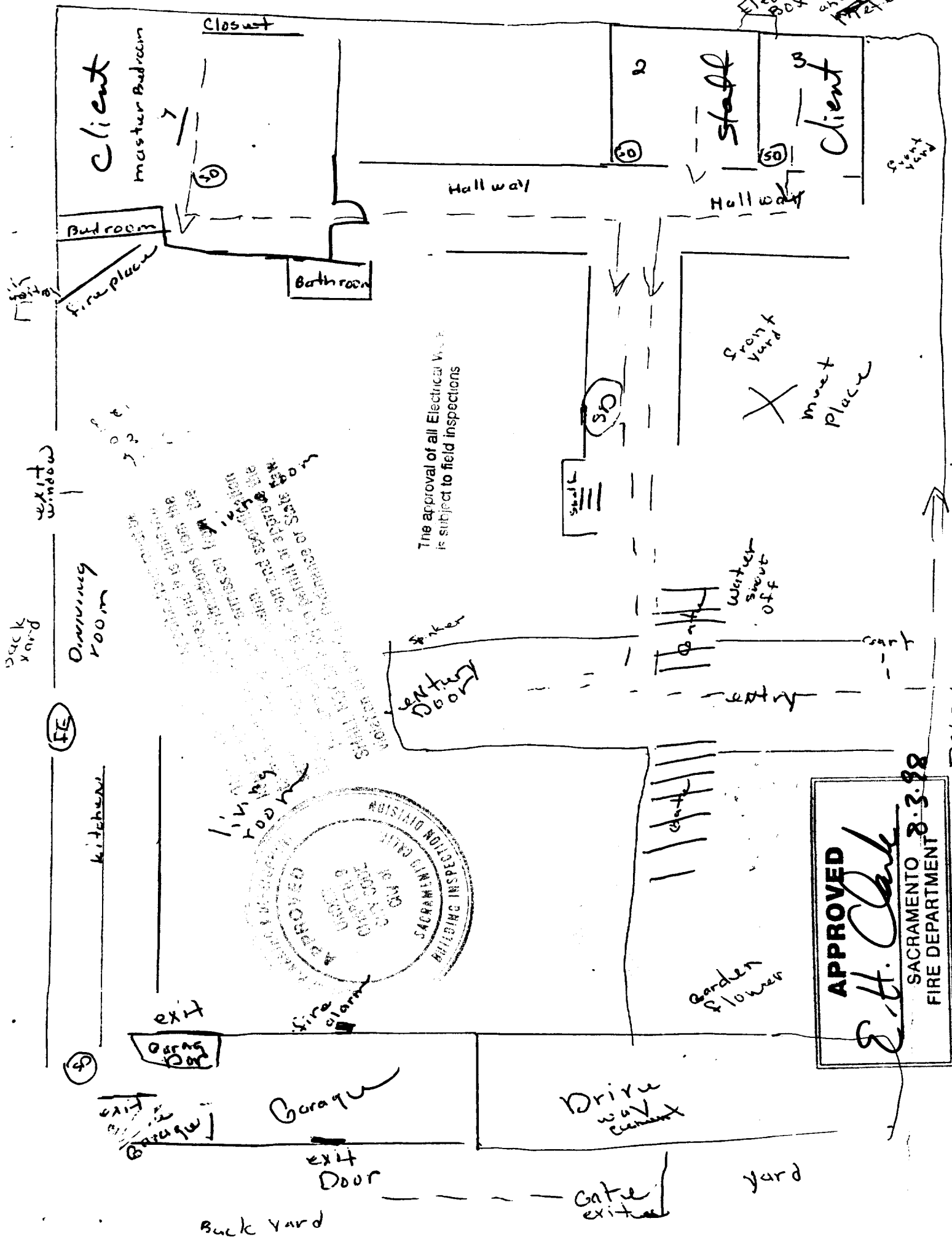
5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed Charlith Whaley
Job Address 7491 Mandy Dr Date 8-4-98
Permit No.: _____

fence

Elect Box and meter



The approval of all Electrical Work is subject to field inspections



Maximum to abutment

7491 march



LISTING EXPIRES
 JUNE 30, 1999

LISTING SERVICE

LISTING No. 7125-0785:131

Page 1 of 1

CATEGORY: Fire Alarm Devices for the Hearing Impaired

LISTEE: Wheelock Inc., 273 Branchport Avenue, Long Branch, NJ 07740
 Contact: Luy Nguyen (732) 222-6880 Fax (732) 222-8707

DESIGN:

- ┆ Models AS-1215, -2415, -1230, -2430, -121575, -241575, -2475 and -24110 audible strobes followed by any three alpha/numeric characters indicating lens orientation, lettering and color.
- ┆ Models AS-1215W, -2415W, -1230W, -2430W, -121575W, -241575W, -2475W and -24110W audible strobes followed by any three alpha/numeric characters indicating lens orientation, lettering and color. These units with suffix -W are for wall mount only.
- ┆ Models AS-2415C, -2430C, -2475C and -24100C audible strobes followed by two alpha/numeric characters indicating lens lettering, orientation and color. These units are intended for ceiling mount only.
- ┆ Model AH-12, -24, AH-12WP*, -24WP* audible appliances (no strobe), followed by an alpha or numeric character indicating product color.

RATING: Electrical AS-12: 10.5-15.6 VDC/Vrms; AS-24: 20-31 VDC (18-31Vrms); AH-12: 9-15.6 VDC/Vrms; AH-24: 18-31 VDC/Vrms

Candela 15 = 15cd, 1575 = 15/75cd, 30 = 30cd, 75 = 75cd, 100 = 100cd, 110 = 110cd

INSTALLATION: In accordance with listee's printed installation instructions, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction. Units without suffix AW≅ or AC≅ are suitable for wall or ceiling mount except Models AS-121575 and AS-241575 are for wall mount only. Models with suffix AW≅ in model code are for wall mount only. Models with suffix AC≅ are for ceiling mount only.

MARKING: Listee's name, model number, electrical/candela rating and UL label.

APPROVAL: Listed as audible and audible/visual signaling devices suitable for the hearing impaired when used in conjunction with separately listed electrically compatible fire alarm control units. For indoor use only except Models AH-12WP* and AH-24WP* audible appliances are suitable for indoor/outdoor. For synchronization, Models AS Series must be used with Model SM-12/24, SMX-12/24, DSM-12/24 or DSMX-12/24 sync control module (CSFM Listing No. 7300-0785:132).

NOTE: Models AH-12, AH-24, -12WP* and -24WP* audible devices are not suitable for the hearing impaired application since they do not employ strobe light.

*Rev. 02-20-98

THIS LISTING IS BASED UPON TECHNICAL DATA SUBMITTED BY THE APPLICANT. CSFM FIRE ENGINEERING STAFF HAS REVIEWED THE TEST RESULTS AND/OR OTHER DATA BUT DOES NOT MAKE AN INDEPENDENT VERIFICATION OF ANY CLAIMS. THIS LISTING IS NOT AN ENDORSEMENT OR RECOMMENDATION OF THE ITEM LISTED. THIS LISTING SHOULD NOT BE USED TO VERIFY CORRECT OPERATIONAL REQUIREMENTS OR INSTALLATION CRITERIA. REFER TO LISTEE'S DATA SHEET, INSTALLATION INSTRUCTIONS AND/OR OTHER SUITABLE INFORMATION SOURCES.

DATE ISSUED: MAY 21, 1998
 EFFECTIVE ISSUE DATE TO EXPIRATION DATE

APPROVED BY:


 DEPUTY BEN HO
 PROGRAM COORDINATOR



LISTING EXPIRES
 JUNE 30, 1999

LISTING SERVICE

Page 1 of 1

LISTING No. 7150-0075:103

CATEGORY: Boxes/Pull Stations

LISTEE: Fire-Lite Alarms, 12 Clintonville Road, Northford, CT 06472-1653
 Contact: Lawrence Flood (203) 484-1200

DESIGN: Model BG10, -10A, -10L, -10N, -10P, -10T, -10WP; BG-10LX*, BG-10SP, BGID, BGX-10, -10L; BG-1; HR10, -10A; HRA-10, ARA-10 and AR-10F manual pull stations. Model BG-10WP is suitable for outdoor use when installed with outdoor backbox and gasket. Models HR-10 and HR-10A are suitable for halon extinguishing systems. All models are intended for indoor use and must be mounted on Model SB-10 or SBA-10* back box. Refer to listee's data sheet for additional detailed product description and operational considerations.

INSTALLATION: In accordance with listee's printed installation instructions, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction.

MARKING: Listee's name, product designation, electrical rating and UL label.

APPROVAL: Listed as manual pull stations for use with separately listed electrically and functionally compatible fire alarm control units.

* Rev. 03-20-96

THIS LISTING IS BASED UPON TECHNICAL DATA SUBMITTED BY THE APPLICANT. CSFM FIRE ENGINEERING STAFF HAS REVIEWED THE TEST RESULTS AND/OR OTHER DATA BUT DOES NOT MAKE AN INDEPENDENT VERIFICATION OF ANY CLAIMS. THIS LISTING IS NOT AN ENDORSEMENT OR RECOMMENDATION OF THE ITEM LISTED. THIS LISTING SHOULD NOT BE USED TO VERIFY CORRECT OPERATIONAL REQUIREMENTS OR INSTALLATION CRITERIA. REFER TO LISTEE'S DATA SHEET, INSTALLATION INSTRUCTIONS AND/OR OTHER SUITABLE INFORMATION SOURCES.

DATE ISSUED: MAY 7, 1998
 EFFECTIVE ISSUE DATE TO EXPIRATION DATE

APPROVED BY:

DEPUTY BEN HO
 PROGRAM COORDINATOR

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 8-10-98

From: Gordon Duncan,
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

7491 MANDY DR.

has been conducted by Inspector F. JOHNSON

on 8-6-98.

98-07430-R

Permit Number

Square Footage

ONE FAC + FA

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

98-168

F. D. Reference Number