

RECORD OF SUBSEQUENT PERMITS ISSUED

DATE	TYPE OF PERMIT AND VALUATION	PERMIT NO. AND FEE	NATURE OF WORK	PRESENT OWNER AND ADDRESS	CONTRACTOR & ADDRESS	FINALED BY	DATE
4-3-81	BE \$3000.00	I-838 \$80.00	Auto comp. teller.	Bank of America 450 Downtown Plaza	Data Const. Corp. 14930 Calvert St.	<i>Sera</i>	<i>4/11/81</i>
5-22-81	E \$50.	I-2048 \$Gratis	Bank-of-Amerieea Install elec. signcir	Bank of America 450 Downtown Plaza	Mina-Tree Sign, Inc. 850 N. Onion St.	<i>Sera</i>	<i>8-20-81</i>
5-20-81	Sign \$200.	S-10179 \$20.	Install Sign	Bank of America 450 Downtown Plaza	Mina-Tree Sign, Inc. 850 N. Onion St.		
5-20-81	Sign \$200.	S-10180 \$20.	Install Sign	Bank of America 450 Downtown Plaza	Mina-Tree Sign, Inc. 850 N. Onion St.		

MICROFILM RECORD

PERMIT NO.	REEL AND FRAME NOS.	PERMIT NO.	REEL AND FRAME NOS.	PERMIT NO.	REEL AND FRAME NOS.
I-838	R 667F 599-600				
I-2048	R 672F 624-627				
S-10179	R 672F 624-627				
S-10180	R 672F 624-627				
I 2048	R 685F 337 <i>plno</i>				
I 838	R 685F 337				

**CITY OF SACRAMENTO BUILDING INSPECTIONS DIVISION**

JOB ADDRESS: 450 Downtown Plaza  
 LEGAL DESCRIPTION: AREA 2S

ASSESSOR PARCEL NUMBER, NAME OF FIRM, ADDRESS, ZIP CODE, ACCT. NO., PHONE NO.

CONTRACTOR	OWNER	ARCH. ENGR.	CONST. LOAN LENDER
DATE	DATE	DATE	DATE
ELECTRICAL BY	PLUMBING BY	MECHANICAL BY	ISSUED BY
DATE	DATE	DATE	DATE
BUILDING BY	MICROFILM RECORD		
DATE			

NO. OF STORIES	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE
THIS PERMIT IS FOR:						
<input type="checkbox"/> BUILDING						
<input type="checkbox"/> MECHANICAL						
<input type="checkbox"/> PLUMBING						
<input type="checkbox"/> ELECTRICAL						

REEL NO.	FRAME NO.	TO	NATURE OF WORK IN DETAIL	PERMIT #
REEL NO.	FRAME NO.	TO		
REEL NO.	FRAME NO.	TO		
REEL NO.	FRAME NO.	TO		
REEL NO.	FRAME NO.	TO		
REEL NO.	FRAME NO.	TO		
REEL NO.	FRAME NO.	TO		

PLANS AND APPLICATION

REMARKS AND/OR VARIANCES

VALUATION	ISSUED BY:	DATE ISSUED	BUILDING PERMIT FEE	PLAN CHECK FEE	RDF FEE	S.M.I. FEE	REG. SEWER FEE	BRIDGE FEE	CONST. TAX	TOTAL FEES
\$			\$	\$	\$	\$	\$	\$	\$	\$

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