

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0107419

Insp Area: 2  
Thos Bros: 337C3

Site Address: 1441 MEADOWVIEW RD SAC  
Parcel No: 048-0250-025

Sub-Type: NCOM  
Housing (Y/N): N

CONTRACTOR  
HILBERS, INC  
871 VON GELDERN WY  
YUBA CITY 95912

OWNER  
PRP INVESTORS  
567 SAN NICOLAS DR #340  
NEWPORT BEACH, CA 92660

ARCHITECT

Nature of Work: SHELL RETAIL SHOPS: BUILDING C

**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 547970 Date 11-2-01 Contractor Signature J. DePasquale

**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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 11-2-01 Applicant/Agent Signature Justin DePasquale

**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.

TD 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 COMP INS Policy Number 046-01 UNIT 0005502 Exp Date 01/01/02

\_\_\_\_ (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.

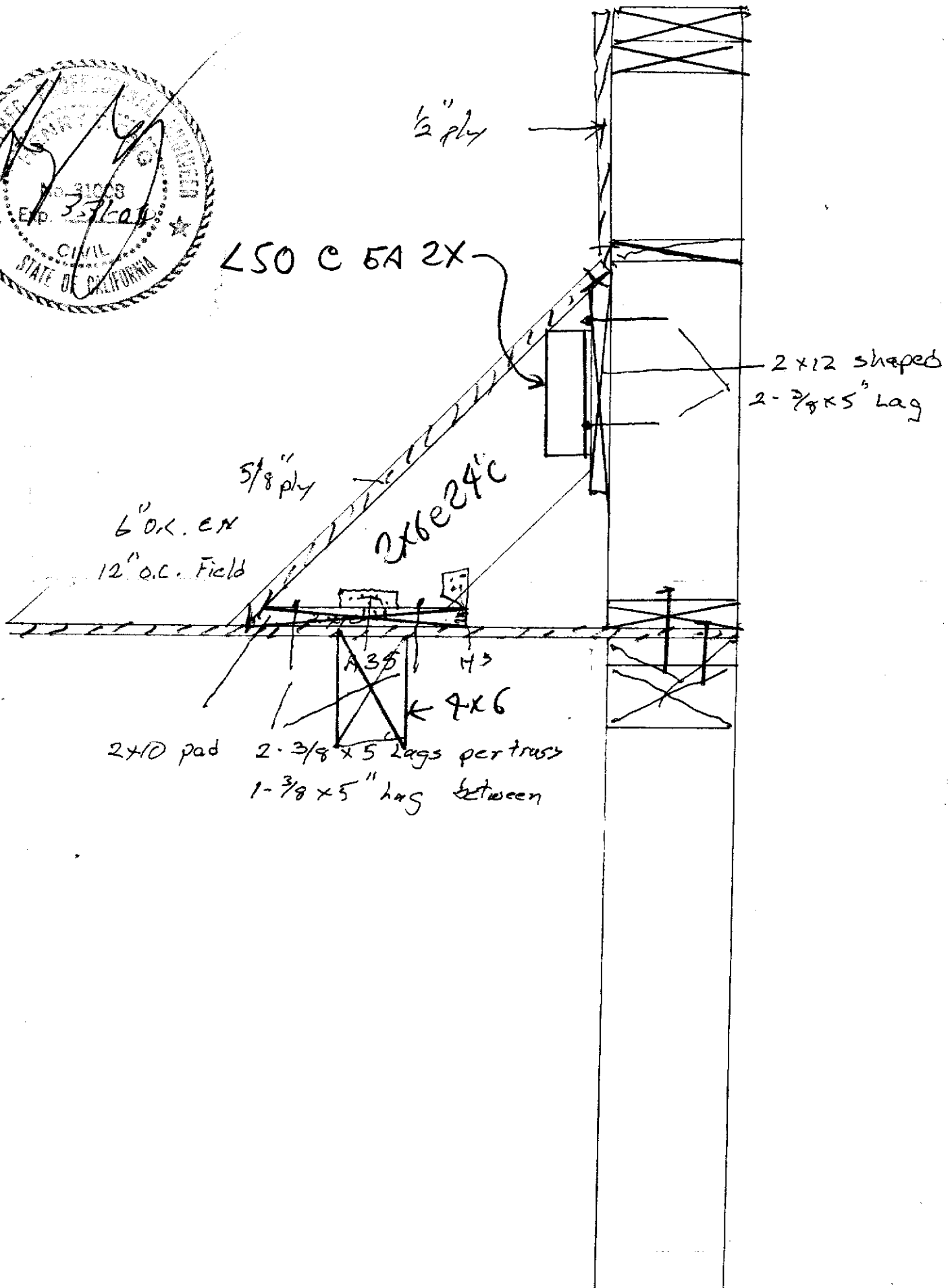
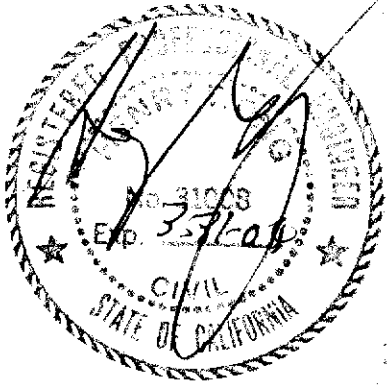
Date 11-2-01 Applicant Signature Justin DePasquale

**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.**

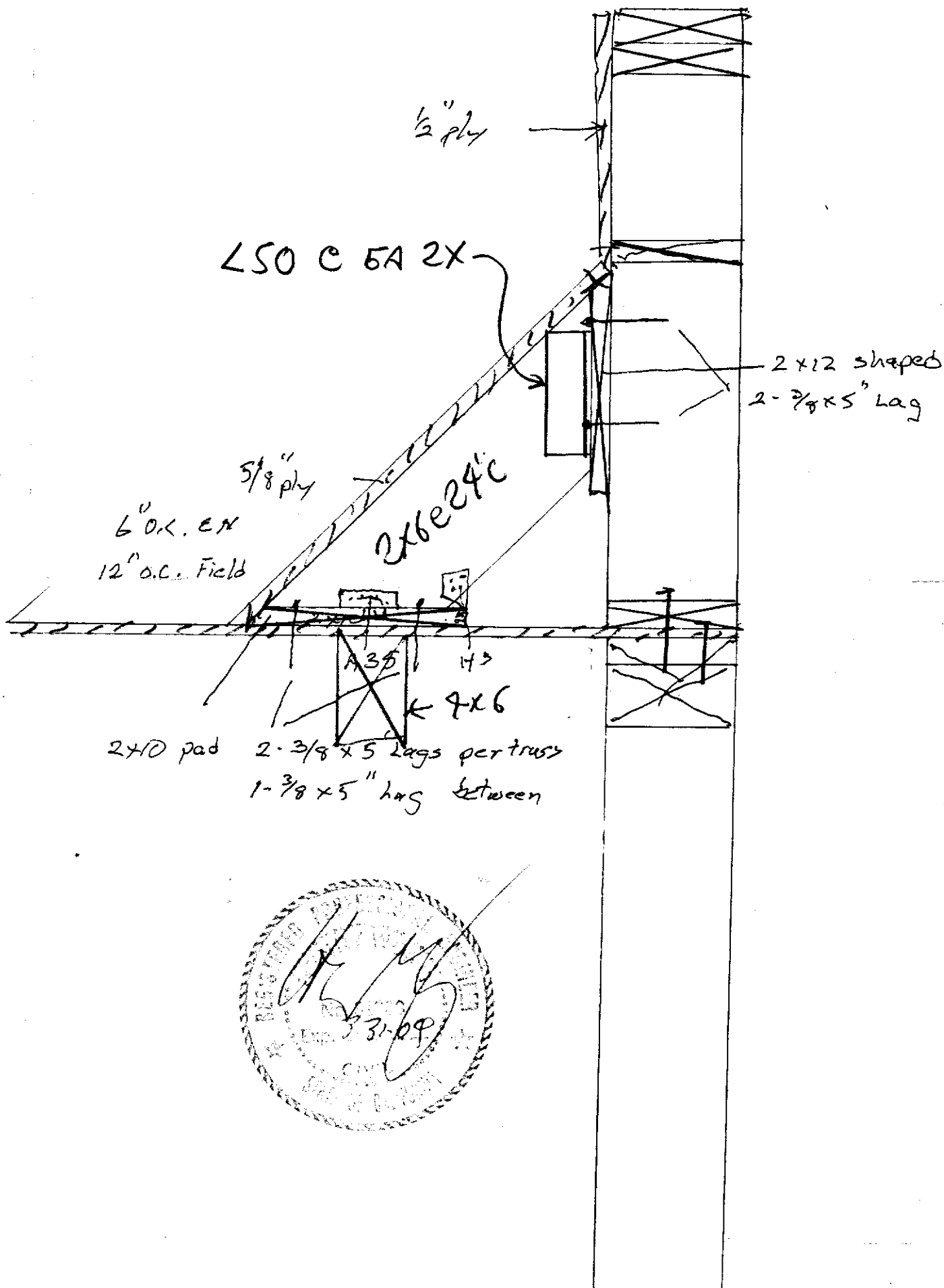
MEADOW PLAZA  
PAD C

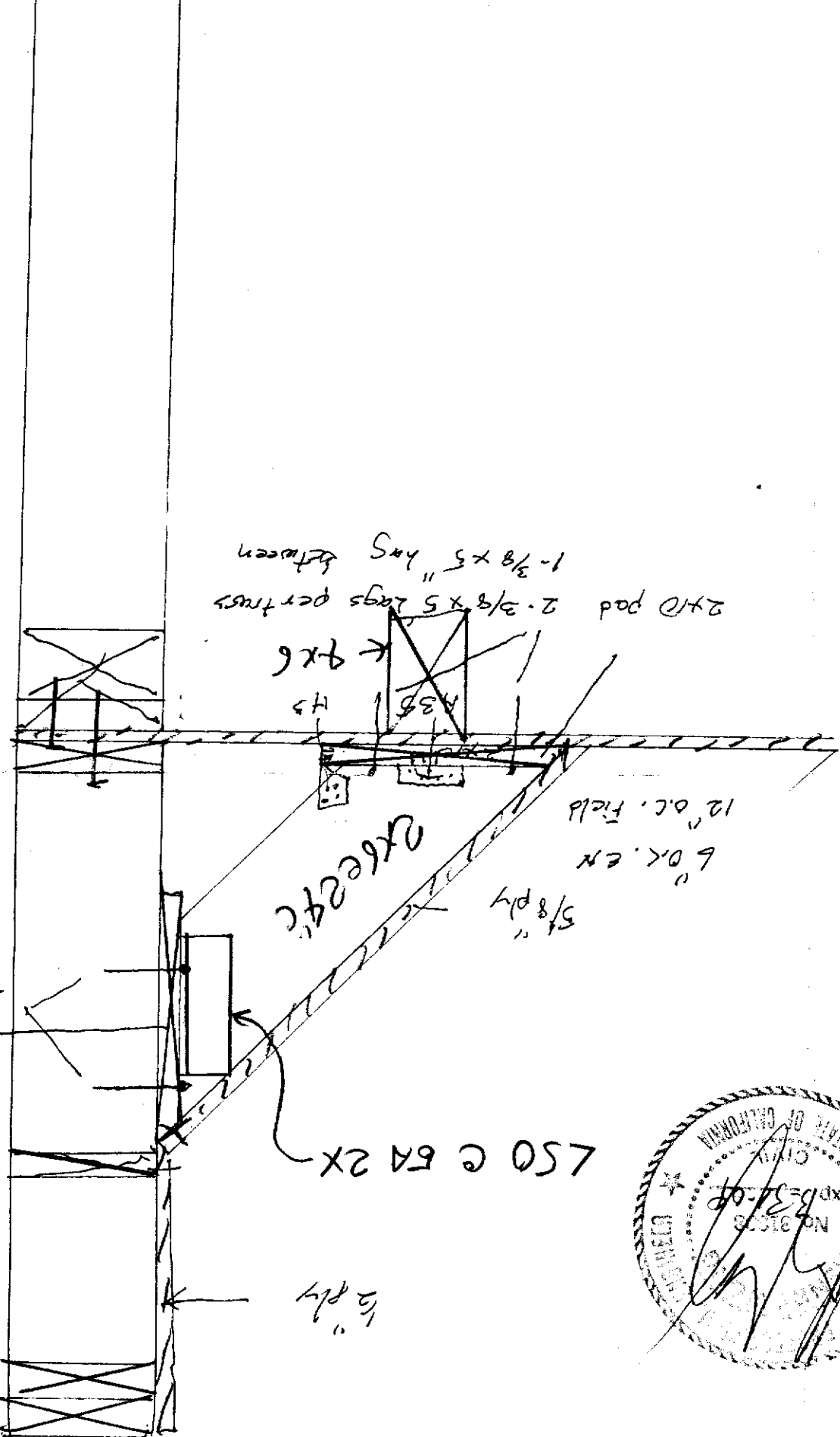
SKI  
2-19-02



Meadow Plaza  
PAD C

SK1  
2-19-02





2x12 pad 2-3/8x5 lags per truss  
 1-3/8x5" lags between

4x6

12" O.C. Field

6" O.K. EN

5/8" ply

1/2" ply

2x12 shaped  
 2-3/8x5" lag

L50 C BA 2X

1/2" ply



MORROW DAZA  
 PADC

SK1  
 2-19-02

2001 11:53 FAX 530 674 4141

HILBERS, INC.

@003



March 22, 2001

Sandy Swett  
 Swett Equity, Inc  
 131 Wellfleet Circle  
 Folsom, CA 95630

To Whom It May Concern,

We hereby authorize Swett Equity Inc. to process and obtain permits on behalf of Hilbers, Inc. for the Meadow View Staples project. If you have any questions please call me (530) 673-2947.

Thank you,

Kurt G. Hilbers  
 President  
 Hilbers, Inc.

TRACTORS  
 ENGINEERS  
 1 GELLENHAY  
 A CITY  
 95901  
 873-2947  
 764141 FAX  
 JCP#547870



**SPRING  
CREEK  
PROPERTIES**

**PRP Investors**  
567 San Nicolas Drive, #340  
Newport Beach, CA 92860

Wells Fargo Bank  
Newport Beach, CA 92860  
11-24/1210(8)

1016

\*\*\*\* FOURTEEN THOUSAND TWO HUNDRED EIGHTY AND 00/100 DOLLARS

PAY TO THE  
ORDER OF

04/23/01

\$14,280.00\*\*

**Sacramento Regional Cnty Sanitation Dist**  
10545 Armstrong Ave, Suite 100  
Mather, CA 95655

⑈001016⑈ ⑆121000248⑆0378 077572⑈

Security features included. Details on back.

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



**Sacramento Regional  
County Sanitation  
District**

10545 Armstrong Avenue  
Suite 101  
Mather, California  
95655  
Office: (916) 876-6013  
Fax: (916) \_\_\_\_\_  
E-mail: custom@srccounty.net

**Marshall Caston**  
Senior Engineering  
Technician  
Customer Service/Sewer  
Fees

Technology in balance with nature

Staples

APPLICATION NO: \_\_\_\_\_ BLDG PERMIT NO: \_\_\_\_\_

GENERAL INFORMATION  
*City of Sac  
PREPAY*

THIS PERMIT GOOD ONLY WHEN  
VALIDATED BY THE CASHIER  
  
THIS PERMIT TO CONNECT EXPIRES  
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	
SD-1	
SRCS D	<i>\$14,200</i>
CONSTRUCTION	
N-LIEU	
<b>TOTAL FEE</b>	<b><i>\$14,200</i></b>

RESIDENTIAL	SF <input type="checkbox"/>	MF <input type="checkbox"/>
COMMERCIAL USE		UNITS
	<i>10,000</i>	<i>* retail</i>

**PAID**  
APR 25 2001  
BY: *M. Caston*

APN: *048-0250-025*

DESCRIPTION/  
SUBDIVISION \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY ADDRESS *1431 Meadowview Road*

OWNER *Peninsula Retail Partners*

MAILING ADDRESS *409 30th Street, Suite A*

CITY-STATE-ZIP *Newport Beach, CA 92663* PHONE *949-723-9500*

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

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED OTHER BILLING USE ONE \_\_\_\_\_

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_

SKW & Associates  
6130 Freeport Blvd., Ste. 101A  
Sacramento, CA 95822

JANUARY , 2002

CITY OF SACRAMENTO  
BUILDING INSPECTION DEPT  
SACRAMENTO, CA.

SUBJECT: MEADOWVIEW PLAZA, SHOPS C

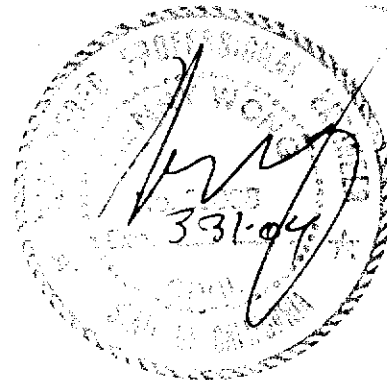
TO WHOM IT MAY CONCERN

SECT 3/54.1: NOTE " #6 DOWELS AT 32" C  
CENTERED IN WALL " SHALL  
BE OMITTED

SINCERELY



Henry Wang RC6



**Certification of Compliance**  
School District Development

**Part I—To be completed by the APPLICANT**

Owner's Name/Address \_\_\_\_\_  
Project Address 1441 Meadowview Rd  
Parcel Number \_\_\_\_\_ Lot No. \_\_\_\_\_  
Subdivision Name \_\_\_\_\_ No. of Units \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_  
Phone No. \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II—To be completed by the BUILDING DEPARTMENT**

Plan Identification Number 0107419  
Building Type (check one)     Residential     Apartment/Condominium     Commercial/Industrial  
Square Feet of Chargeable Building Area 9996  
Signature/Title Joe C. J... BUDG TECH    Date 11/2/01

**Part III—To be completed by the SCHOOL DISTRICT**

School District \_\_\_\_\_ Certificate No. 1211  
 Exempt    Comments \_\_\_\_\_  
Residential/Apartment/etc. \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Commercial/Industrial 9996 Square ft. x \$ .28 = \$ 2798.88  
Total fees collected..... = \$ 2800.00  
overpaid by 2.00

*This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.*

*As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.*

Signature \_\_\_\_\_ Date 11/2/01



# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #

Insp. Area

0107419

2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1441 Meadowsview Rd (See address assigned #/r) Suite \_\_\_\_\_  
 PARCEL # 048-0250-025

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Sandy Swift / Trista DePasquale</u>                  Street Address <u>131 Wellfleet Cr.</u>                  City/State/Zip <u>Edison, CA 95630</u>                  Phone <u>983-1033</u> FAX <u>983-0849</u>                  E-mail: <u>Swifttequity@aol.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>Info. to follow</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Rauschenbach Marvelli Becker</u>                  Address <u>2277 Watt Ave, 2nd Floor</u>                  City/State/Zip <u>Sacramento, CA 95825</u>                  Phone <u>488-8500</u> FAX <u>488-8500</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>PRP Investors</u>                  Address <u>567 San Nicolas Drive #340</u>                  City/State/Zip <u>Newport Beach, CA 92660</u>                  Phone <u>(949) 734-9156</u> FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** \_\_\_\_\_  
 → **WORKER'S COMPENSATION POLICY #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**NATURE OF WORK IN DETAIL:** Construct new shell retail building 10,000 S.F.

**OCCUPANT/TENANT:** Unknown - Retail - Shop **VALUATION:** \$ UBC

<b>FLOOD STATUS:</b> <u>A99</u>		<b>S.C.A.T.</b>							
<b>JOB DESCRIPTION</b>	<b>BLDG</b>	<b>SHELL</b>	<b>APT</b>	<b>TI( )</b>	<b>REM( )</b>	<b>SW</b>	<b>FIRE</b>	<b>ADD</b>	<b>OTH</b>
<b>INSPECTION DISCIPLINES</b>	<b>BLDG</b>	<b>MECH</b>	<b>PLUMB</b>	<b>ELEC</b>	<b>SITE</b>	<b>FIRE</b>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Red. Y/N	Fed Code	Vio. File	
		<u>9996</u>		<u>M</u>	<u>V-N</u>	<u>SPR</u> <u>ALARM</u>	<u>18</u>	[H] [Quad]	
<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>SW</u>	<u>UTIL</u>

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

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

Date of Request: 6-12-01  
By: Sandy Swett

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

(Need Address Assigned)

Project Address: 14412 Meadowview Dr.

Assessor's Parcel Number: 048-0250-025

Previous Use: Vacant

Description of Request/Proposed Use: Build 10,000 +/- retail commercial bldg on 1.09 +/- acres

Is This a Change of Use? Yes - vacant to developed.

Prior Applications for Project Site(P#, Z#, DRPB#): 900-127 (# 999-028) signs  
Zoning Designation: C2-R

Comments: See P00-127 for conditions.

- See Dawn Holm for signature on elevations (addition of doors to Meadowview side of Bldg)

→ Conditions of approval [4 sets] included

Are There Any Planning Issues?: (circle one) YES NO w/ Building submittal

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* ~~Field Inspection Required?~~ (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: M. Mey 6-12-01

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

MICROFILM AFTER FINAL

**Sierra**

**Mechanical**

**Corporation**

**FAX COVER SHEET**

Send to: Tom Jones	From: Jeff Truster
Attention:	Date: 6/16/02
Fax number: 916-446-1781	Phone number: 916-638-8605
Regarding: Final Air Bal. - Pad C / New build	

Reply ASAP   
 Please review   
 For your information   
 Urgent

Total pages, including cover sheet: 8

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you!**

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**Sierra**

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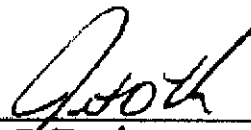
**Mechanical**

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**Corporation**

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This is to certify that SIERRA MECHANICAL CORPORATION has balanced the system described in accordance with the plans, specifications, and within the limitations of the equipment and installation. The testing, balancing, and adjusting has been performed in accordance with the standard requirements and procedures of the Associated Air Balance Council and the results of these tests are herein recorded.

Date: 6-6-02

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Jet D. Trusler  
President

**Sierra Mechanical Corporation**  
 3253 Fitzgerald Road  
 Rancho Cordova, CA 95742  
 Phone: (916) 638-8605

Customer Name Mykonos View Plaza File No. \_\_\_\_\_ Store No. \_\_\_\_\_  
Mendocino View Ref. SAc \_\_\_\_\_ CA  
 STREET CITY STATE ZIP  
 Person Performing Test & Balance: Set O Truster

Actual Voltage in Restaurant: 208 Type of Fuel: Electric  Natural Gas   
 Date: 6-6-02 Heater K.W. if Electric: \_\_\_\_\_

**EQUIPMENT INFORMATION RECORD**

Unit No	Unit Model No	MFG.	Serial No.	Phase	AMP. DRAW & VOLTS			Volts	Fan RPM	Refrigerant Pressure		Heater if Electric
					Phase No. 1	Phase No. 2	Phase No. 3			Section	Discharge	
Alc2	Y8TFD0005 A-511	CMER10	Y901630085	3	11	17.2	16.0	208				
Alc3	Y8TFD0005 A-511	CMER10	Y901630088	3	11.6	17.5	15.5	208				
Alc4	Y8TFE004 A-511	UPR10	S101640224	3	13.0	9.0	12.2	208				
Alc5	Y8TFE004 A-511	CMER10	S101640222	3	13.6	9.1	12.2	208				
Alc6	Y8TFD005 A-511	CMER10	Y901630081	3	15.5	17.5	11.6	208				
Alc7	Y8TFD005 A-511	CMER10	Y901630087	3	16.5	12.7	11.4	208				

REMARKS:

NOTE: Omit Pressure Readings if Outside Temperature is Below 50°

Outdoor Air Temperature	
Indoor Air Temperature	HEAT
	COOL

**Sierra Mechanical Corporation**  
 3253 Fitzgerald Road  
 Rancho Cordova, CA 95742  
 Phone: (916) 638-8605  
 Fax: (916) 638-0416

Customer Name Meadowview Plaza  
 Street Meadowview Road  
 City Sac. State CA Zip \_\_\_\_\_  
 Person Performing Test Jet Truster

**VENTILATION TEST REPORT**

SUPPLY AND RETURN REGISTERS										
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		RIA Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
RTU 2	112	14x14		540	500					
	B	14x14		530	500					
		14x14		530	480	22x22		1250	1100	
					1780	-			1100	380
										350 MUA Reg
RTU 3	110	14x14		540	520					
	C	14x14		530	500					
		14x14		530	500	22x22		1250	1150	
					1520	-			1150	370
										350 MUA Reg
S/A TOTAL						R/A TOTAL			O/A TOT.	
								Supply Fan CFM from Page 2		
								TOTAL		

TOTAL MUA \_\_\_\_\_ CFM  
 TOTAL EXHAUST \_\_\_\_\_ CFM  
 BUILDING PRESSURE \_\_\_\_\_ CFM

**Sierra Mechanical Corporation**  
 3253 Fitzgerald Road  
 Rancho Cordova, CA 95742  
 Phone: (916) 638-8605  
 Fax: (916) 638-0416

Customer Name Meadowview Plaza  
 Street Meadowview Road  
 City SAC State CA Zip \_\_\_\_\_  
 Person Performing Test Jet Truster

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS										
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		RIA Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
RTU 4	108/D	14x14		400	400	22x22		895	875	
		14x14		400	400					
		14x14		400	380					
							<u>1180</u>		<u>875</u>	305
RTU 5	106/E	14x14		400	420	22x22		895	925	
		14x14		400	420					
		14x14		400	390					
							<u>1230</u>		<u>925</u>	305
S/A TOTAL				R/A TOTAL				O/A TOT.		
								Supply Fan CFM from Page 2		
								TOTAL		

TOTAL MUA \_\_\_\_\_ CFM  
 TOTAL EXHAUST \_\_\_\_\_ CFM  
 BUILDING PRESSURE \_\_\_\_\_ CFM

**Sierra Mechanical Corporation**  
 3253 Fitzgerald Road  
 Rancho Cordova, CA 95742  
 Phone: (916) 638-8605  
 Fax: (916) 638-0416

Customer Name Meadowview PLAZA  
 Street Meadowview Rd.  
 City SAC. State CA Zip \_\_\_\_\_  
 Person Performing Test Set O Trustler

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS										
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
RTO 6	104/F	14x14		540	500	22x22		1250	1100	
		14x14		530	500					
		14x14		530	470					
					1470		-		1100	370
RTO 7	102/G	14x14		540	530	22x22		1250	1125	
		14x14		530	500					
		14x14		530	490					
					1520		-		1125	395
S/A TOTAL				R/A TOTAL				O/A TOT		
										Supply Fan CFM from Page 2
										TOTAL

TOTAL MUA \_\_\_\_\_ CFM  
 TOTAL EXHAUST \_\_\_\_\_ CFM  
 BUILDING PRESSURE \_\_\_\_\_ CFM



# SIERRA MECHANICAL CORPORATION INSTALLATION CHECK SHEET

Date: 6-6-02

## 1. ROOF

- a) are A/C units level? yes
- b) are fans level and anchored to curb? yes
- c) are A/C unit cabinets damaged? no
- d) have fins been combed out if damaged? yes
- e) do all units have disconnects? yes
- f) are condensate drains installed? yes
- g) have gas lines been connected? yes no gas yet
- h) are gas lines supported from roof? yes
- i) are all screws, bolts, etc installed? yes
- j) are all panels in place on A/C units? yes
- k) do grease fans have grease collector buckets? NA

## 2. STORE INTERIOR

- a) has all exhaust duct been properly welded? NA
- b) are all dampers at A/C units open? yes
- c) has all supply duct been secured to curb diffusers? yes
- d) are all diffusers properly installed? yes
- e) are all temperature sensors properly located and installed? ok yes
- f) has the energy management panel and relay panel been installed properly? NA
- g) is all low voltage wiring complete? yes
- h) has the energy management panel been programmed? NA

## 3. MISCELLANEOUS

- a) has the store manager had instructions for programming the panel? NA
- b) has a service company been contacted to furnish service? NA
- c) have you filled out the test and balance to mail to S.M.C? yes
- d) have all A/C Units been operated on both heat and cool? cool yes no heat
- e) have all exhaust and supply fans been checked for proper rotation? yes
- f) have all A/C Fans been checked for proper rotation? yes

## 4. REMARKS

- a) in your opinion is the installation good, fair, bad or other \_\_\_\_\_
- b) was the workmanship excellent, good, fair, bad or other \_\_\_\_\_

NAME OF TEST AND BALANCE TECHNICIAN: Jet Trisko

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1441 MEADOWVIEW RD Permit No. 0107419

Building Use: RETAIL SHOPS Occupancy: M

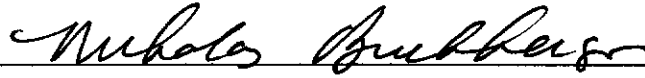
Building Owner: PRP INVESTORS Construction Type: VN

Owner Address: NEWPORT BEACH, CA Sprinkled?  Yes  No

Portion of Building Occupied: BLDG.C Area: 9996 Sq. Ft.

8/1/02

Date



By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[ Finaled By:VF,LLS,AC,DD,MJG]

*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 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**