

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0010035**

**Insp Area: 1**

**Site Address: 5815 N ST SAC**

Parcel No: 008-0302-016

Sub-Type: NCOM

Housing (Y/N): N

**CONTRACTOR**

LPHMKUL  
8617 MIDFIELD WY  
SAC CA 95826

**OWNER**

ROMAN CATHOLIC BISHOP OF SACTO  
5801  
SACRAMENTO CA 95819

**ARCHITECT**

**Nature of Work: 960 SQ FT DBL WIDE COACH FOR LIBRARY( BLDG L)**

**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 N/A 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.

X License Class B License Number 397112 Date 10-24-00 Contractor Signature [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: 2000

Date \_\_\_\_\_ 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.

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.

X Date 10-24-00 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 \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 10-24-00 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.**

RECORDING REQUESTED BY:

Needs Five Final

00-10035  
5815 N St

Please  
Bring this  
up to  
building dept before  
issuing so you can  
pull out forms  
at counter

AND WHEN RECORDED MAIL TO:

NAME  
STREET  
ADDRESS  
CITY,  
STATE  
and ZIP

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) CONVERSION TO A FIXTURE IMPROVEMENT TO REAL PROPERTY

Recording of this document at the request of the escrow agent indicated is in accordance with the California Health and Safety Code, Section 18655. This document is evidence that such escrow agent has complied with the provisions of Section 18655 for conversion of the manufactured home (mobilehome) to a fixture improvement to the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Roman Catholic Bishop of Sacramento  
MANUFACTURED HOME (MOBILEHOME) OWNER(S) (Applicant or Applicants for conversion of the manufactured home to a fixture improvement to the real property described with certainty below)  
90 St. Mary's Church 5815 N Street  
MAILING ADDRESS  
Sacramento Sacto CA 95819  
CITY COUNTY STATE ZIP  
SAME

MANUFACTURED HOME (MOBILEHOME) DESCRIPTION AND LENDER INFORMATION

Dougnik Manufacturing  
MANUFACTURER'S NAME of the manufactured home proposed to be converted  
September 2000  
DATE OF MANUFACTURE MODEL NAME/NUMBER

INSTALLATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)  
CITY COUNTY STATE ZIP

SERIAL NUMBER(S) IN SIGNATURE LABEL NUMBER(S)  
Roman Catholic Bishop of Sacramento  
LEGAL OWNER OF RECORD (If none, please indicate "NONE")  
None  
JUNIOR LIENHOLDER OF RECORD (If none, please indicate "NONE")

Signature of Manufactured Home (Mobilehome) Owners  
10-13-00

ESCROW COMPANY NAME  
ESCROW AGENT'S NAME  
MAILING ADDRESS  
CITY STATE ZIP

NAME OF RESIDENT OWNED  
(Please check one)  Subdivision  Cooperative  Condominium  Nonprofit Corp School  
SAME  
LOCATION ADDRESS

DATE:  
AUTHORIZED SIGNATURE OF THE ESCROW AGENT/AGENCY, CERTIFYING UNDER PENALTY OF PERJURY THAT THE PROVISIONS OF HEALTH AND SAFETY CODE SECTION 18655 HAVE BEEN COMPLIED WITH.

MAILING ADDRESS (IF DIFFERENT FROM THE LOCATION ADDRESS)  
CITY COUNTY STATE ZIP

Signature of Agent or Representative of Resident Ownership  
DATE: 10-13-00  
AUTHORIZED SIGNATURE OF THE AGENT OR REPRESENTATIVE OF THE RESIDENT OWNERSHIP, CERTIFYING THAT THE APPLICANT FOR CONVERSION IS A PARTICIPANT IN THE RESIDENT OWNERSHIP.

REAL PROPERTY LEGAL DESCRIPTION  
Private Catholic School

ASSESSOR'S PARCEL NUMBER 008-0302-016

00-10035

### NOTICE TO ASSESSOR HCD 433(B) 1/93

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

*\* Provided for free from Sac. City Unified School District*

**ORIGINAL PURCHASE PRICE FOR:**

- 1. The Basic Unit \$ 0 \*
- 2. Optional Equipment & Upgrades \$ 400 Electrical
- 3. Subtotal \$ 400
- 4. Accessories & Accessory Structures \$ 0
- 5. Other (Specify) \_\_\_\_\_ \$ 0
- 6. Delivery & Installation \$ 0
- 7. TOTAL SALES PRICE \$ 400

Type of Exterior Wall Covering: T-111  
 Type of Roof Covering: Metal (Metal, Wood, etc.)  
 Heating Type:  Forced Air  Floor or Wall

Air Conditioning:  YES  NO Tons 1  
 Evaporative Cooler:  YES  NO  
 Built-in Cooktop:  YES  NO  
 Built-in Oven:  YES  NO  
 Built-in Dishwasher:  YES  NO  
 Built-in Wet Bar:  YES  NO  
 Refrigerator:  YES  NO  
 Roof Overhang (Eaves):  YES  NO 60 inches  
 Furniture Included:  YES  NO Value \$ \_\_\_\_\_ (LENGTH X WIDTH)  
 Carport:  YES  NO \_\_\_\_\_ X \_\_\_\_\_  
 Awning:  YES  NO \_\_\_\_\_ X \_\_\_\_\_  
 Porch:  YES  NO \_\_\_\_\_ X \_\_\_\_\_  
 Garage:  YES  NO \_\_\_\_\_ X \_\_\_\_\_  
 Storage Shed:  YES  NO \_\_\_\_\_ X \_\_\_\_\_  
 Skirting:  YES  NO 170 LINEAL FEET

**DOES THE BASIC PRICE INCLUDE:**

- The Towbar(s)  YES  NO
- Tires & Wheels  YES  NO
- Wheelhubs & Axles  YES  NO

**LIST NUMBER OF ROOMS:**

Bedrooms \_\_\_\_\_ Dining Room \_\_\_\_\_  
 Baths \_\_\_\_\_ Family Room \_\_\_\_\_  
 Kitchen \_\_\_\_\_ Utility Room \_\_\_\_\_  
 Living Room \_\_\_\_\_ Other Rooms 1 Library

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 009-0302-016

*Please bring this information to building dept before issuing*

Mick [Signature]  
 (Signature)  
8617 Midfield Way  
 Address  
Sacto CA 95826  
916-386-7225  
 Telephone

# 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 # <span style="font-size: 2em; font-family: cursive;">0010035</span>	Insp. Area <span style="font-size: 2em; font-family: cursive;">IC</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5815 N St Suite BLD.L  
 PARCEL # 008 0302 016

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Mike Lehmkuhl</u>                  Street Address <u>8617 Midfield Way</u>                  City/State/Zip <u>Sac. CA 95826</u>                  Phone <u>386-2225</u> FAX <u>386-0900</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>397112</u></p> <p>Name <u>Lehmkuhl &amp; Associates</u>                  Address <u>8617 Midfield Way</u>                  City/State/Zip <u>Sac. CA 95826</u>                  Phone <u>386-2225</u> FAX <u>386-0900</u>                  E-mail: <u>MIKE@RCIP.COM</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Paul Nekrasoff</u>                  Address _____                  City/State/Zip _____                  Phone <u>444-9792</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b> <u>Roman Catholic Bishop, Diocese of Sacramento</u></p> <p>Name <u>40 St. Mary's Church</u>                  Address <u>5815 N Street</u>                  City/State/Zip <u>Sacramento, CA 95826</u>                  Phone <u>452-1100</u> FAX _____                  E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Installation of DSA approved relocatable building on site in cooperation w/ Sacramento Unified School District  
Modular Bldg Library

OCCUPANT/TENANT: Librarian & Students VALUATION: \$ ~~10,000~~ 35,577.25

FLOOD STATUS: <u>NR Rep. (S.C.A.T.)</u>										
JOB DESCRIPTION		<input checked="" type="checkbox"/> 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"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	[H] [Quad]		Vio. File
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<u>947</u>	<input type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> SPR	<input checked="" type="checkbox"/> ALARM	<u>20</u>	<input checked="" type="checkbox"/> PW	<input type="checkbox"/> UTIL
		<u>LINE</u>						<u>1362</u>		<u>Per title</u>

COMMENTS: under 946.1  
decking + ramp  
about 0/40 SF  
included by 2 proposals.  
1362 Per title  
2.1  
refers

REGIONAL SANITATION FEES?  Yes  No <sup>Ross</sup> HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed 90"

Date of Request: 8/28/00  
By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 555 E. Street Sacramento, CA 95826

Assessor's Parcel Number: ~~008-2382-017~~ 008-2382-018

Previous Use: ~~Commercial~~ Elementary School

Description of Request/Proposed Use: State Approved relocatable building on vacant school site for a library

Is This a Change of Use? Yes

Zoning Designation: R1

Prior Applications for Project Site(P#, Z#, DRPB#): just filed 299-095 and

Comments: see 299-095

Are There Any Planning Issues?: (circle one)  YES  NO

- \* 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: [Signature] 8/1/00

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

MICROFILM AFTER FINAL

RECORDING REQUESTED BY:

Please  
Bring this  
w/ to  
building dept before  
issuing so you can  
fill out forms  
at counter

AND WHEN RECORDED MAIL TO

NAME

STREET  
ADDRESS

CITY,  
STATE  
and ZIP

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) CONVERSION TO A FIXTURE IMPROVEMENT TO REAL PROPERTY

Recording of this document at the request of the escrow agent indicated is in accordance with the California Health and Safety Code, Section 18555. This document is evidence that such escrow agent has complied with the provisions of Section 18556 for conversion of the manufactured home (mobilehome) to a fixture improvement to the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Roman Catholic Bishop of Sacramento  
MANUFACTURED HOME (MOBILEHOME) OWNER(S) (Applicant or Applicants for conversion of the  
manufactured home to a fixture improvement to the real property described with certainty below)  
St. Mary's Church 5815 N Street  
MAILING ADDRESS  
Sacramento Sacto CA 95819  
CITY COUNTY STATE ZIP  
SAME

MANUFACTURED HOME (MOBILEHOME) DESCRIPTION AND LENDER INFORMATION

Dowprik Manufacturing  
MANUFACTURER'S NAME of the manufactured home proposed to be converted  
September 2000  
DATE OF MANUFACTURE MODEL NAME/NUMBER

INSTALLATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)  
CITY COUNTY STATE ZIP  
[Signature] 10.13.00  
SIGNATURE(S) OF MANUFACTURED HOME (MOBILEHOME) OWNERS MAKING APPLICATION

SERIAL NUMBER(S) INSIGNALABEL NUMBER(S)  
Roman Catholic Bishop of Sacramento  
LEGAL OWNER OF RECORD (If none, please indicate "NONE")  
None  
JUNIOR LIENHOLDER OF RECORD (If none, please indicate "NONE")

NAME OF RESIDENT OWNED  
(Please check one)  Subdivision  Cooperative  Condominium  Nonprofit Corp School  
SAME  
LOCATION ADDRESS

ESCROW COMPANY NAME  
ESCROW AGENT'S NAME  
MAILING ADDRESS  
CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM THE LOCATION ADDRESS)  
CITY COUNTY STATE ZIP  
[Signature] 10.13.00  
AUTHORIZED SIGNATURE OF THE AGENT OR REPRESENTATIVE OF THE RESIDENT  
OWNERSHIP, CERTIFYING THAT THE APPLICANT FOR CONVERSION IS A PARTICIPANT IN THE  
RESIDENT OWNERSHIP.

DATE  
AUTHORIZED SIGNATURE OF THE ESCROW AGENT/AGENCY, CERTIFYING UNDER PENALTY OF  
PERJURY THAT THE PROVISIONS OF HEALTH AND SAFETY CODE SECTION 18556 HAVE BEEN  
COMPLIED WITH.

REAL PROPERTY LEGAL DESCRIPTION  
Private Catholic School

ASSESSOR'S PARCEL NUMBER 008-0302-016

### NOTICE TO ASSESSOR HCD 433(B) 1/83

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

*\* Provided for free from Sac. City Unified School District*

#### ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ 0 \*
- 2. Optional Equipment & Upgrades \$ 400 Electrical
- 3. Subtotal \$ 400
- 4. Accessories & Accessory Structures \$ 0
- 5. Other (Specify) \_\_\_\_\_ \$ 0
- 6. Delivery & Installation \$ 0
- 7. TOTAL SALES PRICE \$ 400

Type of Exterior Wall Covering: T-111  
(Metal, Wood, etc.)

Type of Roof Covering: Metal  
(Metal, Wood, Composition, etc.)

Heating Type:  Forced Air  Floor or Wall

- Air Conditioning:  YES  NO Tons 1
- Evaporative Cooler:  YES  NO
- Built-in Cooktop:  YES  NO
- Built-in Oven:  YES  NO
- Built-in Dishwasher:  YES  NO
- Built-in Wet Bar:  YES  NO
- Refrigerator:  YES  NO
- Roof Overhang (Eaves):  YES  NO 60 Inches
- Furniture Included:  YES  NO Value \$ \_\_\_\_\_  
(LENGTH X WIDTH)
- Carport:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Awning:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Porch:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Garage:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Storage Shed:  YES  NO \_\_\_\_\_ X \_\_\_\_\_
- Skirting:  YES  NO 170 LINEAL FEET

#### DOES THE BASIC PRICE INCLUDE:

- The Towbar(s)  YES  NO
- Tires & Wheels  YES  NO
- Wheelhubs & Axles  YES  NO

#### LIST NUMBER OF ROOMS:

- Bedrooms \_\_\_\_\_ Dining Room \_\_\_\_\_
- Baths \_\_\_\_\_ Family Room \_\_\_\_\_
- Kitchen \_\_\_\_\_ Utility Room \_\_\_\_\_
- Living Room \_\_\_\_\_ Other Rooms 1 Library

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 008-0302-016

*Please bring this information to building dept before issuing*

Matt [Signature]  
(Signature)

8617 Midfield Way  
Address

Sacto CA 95826

916-386-7225  
Telephone

**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: ST MARYS Phone: 452-1100  
 Site Address: 5815 N ST Suite: \_\_\_\_\_  
(Street)  
 Business Owner/Representative: ROMAN CATHOLIC BISHOP Phone: \_\_\_\_\_  
(Zip)  
 Nature of Business: CHURCH  
 Property Owner: ROMAN CATHOLIC BISHOP Phone: 452-1100  
 Address: 5815 N ST Suite: \_\_\_\_\_  
SAC (City) CA (State) 95826 (Zip)

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 \_\_\_ *It is a school*

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: MICHAEL MURPHY  
(Print)  
MICHAEL MURPHY (Signature) 10/24/00 (Date)

BID Use Only: Plan, Ck# <u>0010035</u> Permit # <u>201035</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>10/24/00</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> No <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

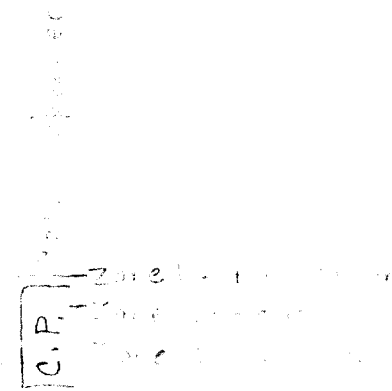
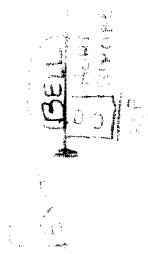


**ISSUED**

FEB 21 2001

Sacramento Building Division

0010035



WAF  
(H)  
(S)

Heat Detectors

[LP] FIRE ALARM "STAND ALONE"  
SYSTEM CONTROL PANEL

ONG



**APPROVED**  
 [Signature]  
 Sacramento Fire Department  
 PENDING FIELD INSPECTION

The net of work and quality of work must be  
 maintained in accordance with the  
 fire code and the fire department's  
 standards. The fire department reserves the  
 right to inspect and re-inspect the work  
 at any time. The fire department's  
 approval does not constitute a warranty or  
 a guarantee of any kind. The fire department  
 is not responsible for any damage or injury  
 resulting from the use of the work.