CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 2100 Q ST SAC

007-0324-005 Parcel No:

1st floor phase 2c

Sub-Type:

Permit No: Insp Area:

REM

0101880

Housing (Y/N): N

CONTRACTOR

DPR .45) RIVER PARK DR SUITE 210

SACTO, CA 95815

<u>OWNER</u>

MC CLATCHY NEWSPAPERS

SACRAMENTO C AA

95816

ARCHITECT

LIONAKIS BEAUMONT DESIGN GROUP

1

1919 19TH ST

SACRAMENTO CA 95814

CONSTRUCTION LENDING AG of the work for which this permit is issue	ENCY: Thereby affirm under penalty of perjury that there id (Sec. 3097, Civ. C)	is a construction lending agency for the performance
Conder's Name	Lender's Address	
LICENSED CONTRACTORS DI	ECLARATION: I hereby affirm under penalty of perju	ry that I am licensed under provisions of Chapter
License Class <u>B</u> License Numbe	ton 3 of the Business and Professions Code and my ficense bate 3/13/01 Contracto	r Signature Than Scholle
OWNER-BUILDER DECLARAT following reason (Sec. 7031.5, Business any structure, prior to its issuance, also not the Contractors License Law (Chapter exempt therefrom and the basis for the aboundty of not more than five hundred december.)	TON: I hereby affirm under penalty of perjury that I are and Professions Code, any city or county which requires a predures the applicant for such permit to file a signed statemer 9 (commencing with Section 7000) of Division 8 of the illeged exemption. Any violation of Section 7031.5 by any oblans (\$500,000).	n exempt from the contractors License Law for the permit to construct, alter, improve, demolish, or repaint that he or she is licensed pursuant to the provision Business and Professions Code) or that he or she is applicant for a permit subjects the applicant to a civ
for sale (Sec. 7044, Business and Prote	ny employees with wages as their sole compensation, will deessional Code. The Contractors License Law does not appelf or herself or through his/her own employees, provided the exement is sold within one year of completion, the owner-biale.)	at such improvements are not intended or offered for
I, as owner of the property, am ode: The Contractors License Law do contractor(s) licensed pursuant to the Co	exclusively contracting with licensed contractors to construces not apply to an owner of property who builds or improve intractors I icense I aw)	uct the project (Sec. 7044, Business and Profession es thereon, and who contracts for such projects with
Lam exempt under Sec.	B & PC for this reason:	
	Owner Signature	
all measurements and locations shown or private agreement relating to permiss	AIT, the applicant represents, and the city relies on the reproperties that the importance of accompanying drawings and that the impible or prohibited locations for such improvements. This built-private agreement relating to location of improvements.	provement to be constructed does not violate any la
relating to building construction and her	n and state that all information is correct. I agree to comp by authorize representative(s) of this city to enter upon the al	bovener tioned property for inspection purposes.
Date 3/13/01	Applicant Agent Signature Lan	Scholle
WODKED'S COMPENSATION I	DECLARATION: I hereby affirm under penalty of perjure cate of consent to self-insure for workers' compensation as pro-	y one of the following declarations:
I have and will maintain worker which this permit is issued. My workers	s' compensation insurance, as required by Section 3700 of s' compensation insurance carrier and policy number are:	the Labor Code, for the performance of the work for
Carrier LUMBERMENS MU	JTUAL CASUALTY CO Policy Number 5ba15998800	Exp Date 02/01/2002
shall not employ any person in any ma	sted if the permit is for \$100 or less). I certify that in the per nner so as to become subject to the workers' compensation by isions of Section 3700 of the Labor Code, I shall forthwith	laws of California and agree that if I should become
Date 3/13/01	Applicant Signature	-ladlo

OMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

WNER INFORMATION:			
Degal Property Owner: Morris Owner Address: 1130 Fron Po	son Homes pint Rd #12 G ity Fol	Phone# (9 Som State	16) 355-8900 CA Zip 95630
CONTRACTOR INFORMA			
Contractor: Morrison Homes	Lic. # 519465	Phone # _355-8	3900 Fax 355-0100
ROJECT INFORMATION: Land Use Zone R1A Occup	nancy Group R3 Co	nstruction Type VN	Fed Code 1A
No. of Stories:			
1 st Floor Area 777 2 nd Floor	Area <u>437</u> Basem	entRoof	Material
AREA IN SQUARE FOOT OF Dw	relling/Living $-/\hat{Y}$		
Gar	rage/Storage <u>47</u>	4	
Dec	cks/Balconies	<u>′</u>	
Car	rports		
SCOPE OF WORK:New Si	ngle Family Dwell	ing	
☐ Information Above Complete ☐ Violation Files Checked ☐ Standard Setbacks ☐ County Sewer	☐ AR Flood Waiver Re☐ Flood Elevation Cert☐ Water Development	ificate Required Des	nning Approval sign Review Approval scial Fee Districts Apply:

Date:

a) Assessors Parcel Number

b) New Floor Area

FOR OFFICE USE ONLY

Received by: (staff)

c) Owners Name

d) Project Address

Permit #



WesPac



insulation

MASCO Company

809 North Market Blvd., Ste. 11 . Sacramento, CA 95834 9161927-7149 • Fax (916) 927-4257 Lic. #487478

Installed Insulation Certificate

We certife that the Soliding insulation fisted herein is installed in conformance with surrent one gy conservation organitions. California Administrative Code, Title 24, State of California

TYPE

INCHES/BAGS (BLOWN)

Certified by James Vimeney Address or Lot Number

AREA

Title la catar

Date Installed

KwikKote

Stucco System

Installation Card

Job Name: VILLA COLLECTION

Address: 42 ALLARD CT.

, CA

Lot #: 00066-2

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion: June 01, 2001

Home Builder: MORRISON HOMES

Address: 1130 IRON POINTE RD #120

FOLSOM, CA

Stucco Contractor: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as

issued by the Stucco Manufacturer: 1001

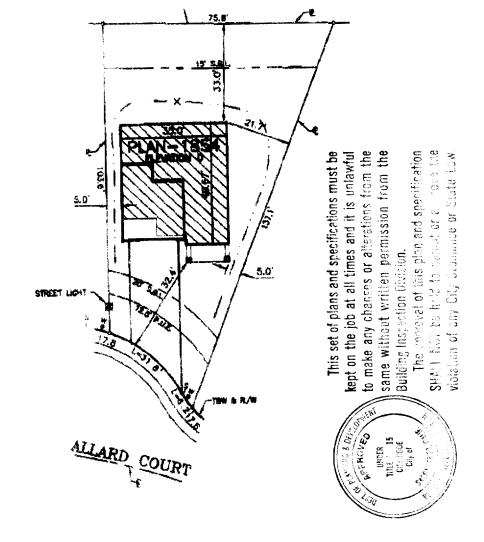
Card Print Date: 06/27/2001

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

S moture of authorized representative of man a contractor

6-27-01

Date



1.5% Java

NOTE:
It is uncerstant that the drainage areas, stoppe and grades shall not be altered, changed, blacked, modified or in any way be reconstructed by Owner controry to what is depicted on this Plat Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSECUENT OWNERS.

OSTUMBED (12.0)
Magnison Homes Rep Date

Owner

APPROVAL

Jote

NOTE All setback dimensions and elevations as shown may be adjusted to fit field conditions.

ELECTRICAL SERVICE ON L SIDE OF LOT.

A.P.N. = 201-041-047
PAD ELEV = 19.5
FOOTPRINT = 1,391 SF
LOT AREA = 6,177 SF
ALLOWED LOT COVERAGE = 40% =
ACTUAL LOT COVERAGE = 23% = 2,471 SF 1,391 SF

LOT 66 ALLARD COURT NORTHBOROUGH OF

REY, ENGINEERS, Inc. Od Engineer / Land Sunsyon



AND NO.	4000
بجهنون	Α.
	or
DATE	Q-10-03
BEALE	140

Date HORRISON HOMES Rep

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION PERMIT SERVICES SECTION	ACTIVITY # 0 0 880 Insp. Area
1231 Street, Rm. 200 Sabramento, CA 95814 (916-264-7619 FAX 264-7046 ADDRESS 2(00 G S†	Applicant MUST complete ALL Unshaded areas Suite
PARCEL #	
CONTACT Name Davy Movie - Leder Street Address 9 9 19 th St City/State/Zip Sac Car Phone 966 55% - 1900 FAX 916 55% 919 E-mail: Dan dary (a bag com ARCHITECT/ENGINEER Name Lonahis Beautine ut Design Croup Address 9 9 9 th St City/State/Zip Sac Car Phone 916 55% - 1900 FAX 916 55% - 1910 E-mail: day (a bag com Will permittee have any employees on the jobsite? No 1000 WORKER'S COMPENSATION POLICY #	E-mail: Yes → INSURANCE CO: EXPIRATION DATE:
OCCUPANT/TENANT: Sacranda to Bee	VALUATION: \$ 125,000.00
	A.T.
JOB DESCRIPTION BLDG SHELL APT	TI() REM(X) SW FIRE ADD OTH
INSPECTION DISCIPLINES BLDG M	ECH PLUMB ELEC SITE FIRE
# Stories 1st firArea. Total Area Use Zone Occp	Group Const type Fire Req Y/N Fed Code Vio. File SPR ALARM [H] [Quad]
B (L) (P) (M)	E S D PW UTIL
COMMENTS:	
R GIONAL SANITATION FEES? Yes N	No HEALTH DEPARTMENT? Yes No
WATER FLOW TEST FOR NEW BUILDINGS O	
dssu't rms/commercialapp. [rev=03/28/0/1]	Taxu

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

	SUBN	AITT!	AL DA	TES					
First Review		2nd R	eview			3rd	Review	V , ,	
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	3/6	j.	/	/	/	/			
PLAN CHECK # 010188 ADDRESS: 2100 Q S	30 St sidentia	<u> </u>			ACCE	PTED I	by (Staff	D:	
	15	ST REVIE	w	21	ND REVIE	w	3r	RD REVIE	w
DISCIPLINE	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	n	2/14/61	13	3/7/01				
SPRUCTURAL	3	n	3/14/01	13	3/7/4				
MECHANICAL/PLUMBING	, 5	JMT	2/4/01						
ELECTRICAL	13	DM.	2/14/01						
FIRE	•		2/14/01						
PLANNING									
STAFF COMMENTS:									

CITY OF SACRAMENTO

BUILDING INSPECTION DIVISION APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

Rusiness Name:	Sacramento Bee	Phone:	
	_	Suite:	
Sile Address.	(Street)	- (Zip)	
Besiness Owner/I	Representative:	Phone:	
	SS:		
Property Owner:		Phone:	
Address:		Suite:	
	(Street)	(State) (Zip)	_
(1	City)	(State) (Zip)	×οΝ
		Yes No Is this permit for a shell building? Yes	_ ````
Notify lessee of to hazardous ma	he responsibility to coordinate with terials.	the Fire Department regarding the use and handling	
Does/Will vour b	usiness generate hazardous waste?	Yes No 🗶	
Does/Will your b	admindd gerreraid	nny solid, liquid, or gaseous chemicals? Yes No	X
ONSULT THE EP CUTELY HAZARD	A CHEMICAL LIST LOCATED AT T OUS MATERIALS TO COMPLETE	THE BUILDING DIVISION COUNTER FOR HAZARDOUS THE FOLLOWING QUESTIONS.	OH
•	. mron to manadismo #2 and/or #4	shove continue on to questions 5 - 8.	
Pressure) of a p	roduct or formulation containing haz	Zardous materials at any one time.	
Do you handle,	store or transport any amount of ac	cutely hazardous materials? Yes No	-
is/Will your busi	ness be located within 1,000 feet of	a school? Yes No	
If you answered	d "yes" to questions #6 and/or #7 ness be located within 1,000 feet of	, complete the RMPP informational sheet. a hospital, and/or long-term healthcare facility? Yes	No
	TO OUTSTION #2 AND!	OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO SUITE 401, SACRAMENTO, CA OR CALL 449-5416.	
FIRE DEPARTM	ENT LOCATED AT 1281 FOR ILLE	() to the angle of the of Sacramen	nto Fire
epartment and C	omply with the health and Salety	n business owner(s) shall contact the City of Sacramen Code regarding the use and handling of hazardous ma	
ENALTY Any bu	usiness that violates Section 2553	1-25541 of the Health and Safety Code shall be civilly than two thousand dollars (\$2,000) for each day in wh	liable t sich the
ne administering	agency in an amount of not more	than two thousand dollars (\$2,000) for each day in which the contributes to, an emergency, including a fire, t	the
iolation occurs.	if the violation results in, or signif	city emergency response, as well as the cost of clean	ning up
nd disposing of t	the hazardous materials. Addition:	al liability and punishment may be assessed for knowing	ng a
iolation after reas	sonable notice of the violation.	RID Use Only: Plan Ck# Permit #	
		OK to issue prmt? Y F.D. Appr Req'd?	Yes
pplicant's Name:		init date	
	(Print) 3/13/01	Hold on Certificate of Occupancy? Yes No Fire Dept. Use Only:	
	Signature) (Date)	OK to issue permit? ini' date	
		OK to issue Certificate of Occupancy? init date	

RAGLEN SYSTEM BALANCE,INC.

DATE

PAGE

UNIT

VAV DIFFUSER AND GRILLE TEST SHEET

						FULL	COOL		FULL	HEAT
					Req	uired	Tes	sted	Required	Tested
Room No.	Outlet No.	Code	Size	Effective Area	FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
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RAGLEN SYSTEM BALANCE,INC.

DATE PAGE UNIT

VAV DIFFUSER AND GRILLE TEST SHEET

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RAGLEN SYSTEM BALANCE,INC.

DATE 6-21-01
PAGE
UNIT

VAV DIFFUSER AND GRILLE TEST SHEET

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RAGLEN SYSTEM BALANCE,INC

BALANCE, INC. QUERIP RW

DATE 7(20(0)
PAGE 1
UNIT Phase 20

DIFFUSER AND GRILLE TEST SHEET

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Room No.	Outlet No.	Code	Size	Effective Area	FPM Vel	CFM	FPM Vei	CFM		
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MEMORANDUM SACRAMENTO FIRE DEPARTMENT

TO:	BUILDING DEPARTMENT	DATE: 6801
FROM:	Troy Malaspino Fire Marshal	
SUBJECT:	FIRE SYSTEM INSPECTION	
A final inspec	tion of the newly installed fire system	n at:
_2	100 q st	
Has been cond	ucted by Inspector C. Pack	
-	C. Pack	
On	5.31.0/	
	<u> </u>	
01-0188 Permit Number	Square Footage	FRE Harm Type of Inspection
	. •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
They system is	acceptable by this department.	
AL	bhr	
	Woodman, evention Officer II	
01-97	Number	
r. D. Reierence	Number	

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	2100 Q STREET		Permit No	0101880
Building Use:	NEWSPAPER		Occupancy:	В
Building Owner: _	THE SACRAMENTO	BEE (Construction T	ype: <u>II</u>
Owner Address:	2100 Q STREET	{	Sprinkled? [X] Yes [] No
Portion of Building	g Occupied: ENTIRE (1 ^s	T FLR PHAS	E 2C) Area: _	3,428 Sq. Ft.
	0			
08/27/01 / Date	Bryon Nakos By:Print	Sign For	CITY BU	ICHARDSON JILDING OFFICIAL

[Finaled By: RCY;WJR;JZB;CP]

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