

RECORD CARD - BUILDING INSPECTIONS DIVISION - CITY OF SACRAMENTO, CALIFORNIA

CARD # 1

| | | | | | | | | | | |
|---------------------------------|--------------|-----------------|-------------------|--------------|----------------|-------------|------------------|--------------------------|--------------------------|---------|
| PROPERTY PARCEL NO. | | JOB ADDRESS | | | | | INSPECTION AREA | | FINAL INSPECTIONS | |
| | | 5151 - F Street | | | | | 1 | | | |
| LEGAL DESCRIPTION | | | | | OCCUP. GR. | CONST TYPE | VAR. NO. | FIRE ZONE | BUILDING BY | DATE |
| | | | | | D-2 | I | | 3 | A.W. Campbell | 8-23-37 |
| TITLE AND NAME | | 1/C | ADDRESS | | | ZIP | CITY LIC. NO. | TEL. NO. | ELECTRICAL BY | DATE |
| GEN. CONTR. Campbell Const. Co. | | | | | | | | | | |
| ELEC. CONTR. | | | | | | | | | PLUMBING BY | DATE |
| PLBG. CONTR. | | | | | | | | | | |
| MECH. CONTR. | | | | | | | | | MECHANICAL BY | DATE |
| ARCH. ENGR. Chas. F. Dean | | | Calif. Life Bldg. | | | | | | | |
| OWNER Sutter Hospital of Sacto. | | | | | | | | | CERTIFICATE OF OCCUPANCY | |
| CONST. LOAN LENDER | | | | | | | | | ISSUED BY | DATE |
| BLDG. WIDTH | BLDG. LENGTH | TOTAL HEIGHT | NO. OF STORIES | ROOF CONSTR. | AREA 1st FLOOR | TOTAL AREA | C.S.D. | C.I. CASE | | |
| | | | | | | | | | | |
| SIDE YARDS | REAR YARDS | SET BACK REQ. | USE ZONE | PARK'G REQ. | SPACES | TREES RMVD. | CENSUS TRCT. NO. | EXISTING BLDG'S SAME LOT | HOW USED | |
| | | | | | | | | | | |

NATURE OF WORK:- Const. maternity hospital of the Sutter Hospital

| | | |
|---------------------------------|--------------------------|---|
| PERMIT NO. xx A-5762 | MICROFILM RECORD | |
| ISSUED BY | PLANS AND APPLICATION | REEL NO. 14 FRAME NO:- 124 TO 151 |
| ISSUANCE DATE 2-26-37 | INSPECTION RECORD | REEL NO. --- FRAME NO:- TO --- |
| VALUATION \$109,990.00 | JOB FILE | REEL NO. 34 F 328 FRAME NO:- 329 TO Combine |
| R.D.F. FEE \$ | | |
| S.M.I. FEE \$ | | |
| PLAN CK. FEE \$ | | |
| SEWER INCL. FEE \$ | | |
| PERMIT FEE \$ | REMARKS AND/OR VARIANCES | |
| \$ | Sutter Memorial Hospital | |
| \$ | | |
| \$ | | |
| TOTAL FEES \$ | | |