

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9914240
Insp Area: 4

Site Address: 3555 AUBURN BL SAC
Parcel No: 240-0342-005 BLDG D

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

CONTRACTOR
UNGER CONSTRUCTION
2112 SUTTERVILLE RD
SACRAMENTO CA 95822

OWNER
COUNTY OF SACRAMENTO
4936 CRESTWOOD WY
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: 4530 SQ FT DORMITORY #D

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 B, A License Number 301670 Date 8-22-00 Contractor Signature See CL

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: AUG 22 2000

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

Date 8-22-00 Applicant/Agent Signature See CL

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 STATE FUND Policy Number 692-98 UNIT 0002442 Exp Date 10/01/2000

_____, (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 8-22-00 Applicant Signature See CL

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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 3555 AUBURN BL BLD. D Permit No. 9914240

Building Use: DORMITORY Occupancy: R1

Building Owner: COUNTY OF SACRAMENTO Construction Type: V1

Owner Address: 4936 CRESTWOOD WY SAC. Sprinkled? [X] Yes [] No

Portion of Building Occupied: ENTIRE Area: 4530 Sq. Ft.

1/14/02

Date

Nicholas A. Brubaker

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:DB,RLB,TNG,FJ,MG]

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

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME San Juan Unified School District
 OWNER'S ADDRESS 3555 Auburn Blvd. Sacramento, CA 95821
 PROJECT ADDRESS 3555 Auburn Blvd. (Bldg B)
 PARCEL NUMBER 2410-02412-115 LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS 43 units

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT General Contractor
 DATE 4/13/00 PHONE NUMBER 916-402-1458

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 111233 Bldg D also
 BUILDING TYPE children's dormitory
 RESIDENTIAL () APARTMENT/CONDOMINIUM (x) COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 4,530
 SIGNATURE [Signature]
 TITLE Building Department DATE 4/13/00

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT SAN JUAN UNIFIED SCHOOL DISTRICT
 DISTRICT CERTIFICATION NO. _____
 EXEMPT X COMMENTS Non Profit organization
 RESIDENTIAL/APT/CONDO 4,530 SQ FT X \$ _____ = \$ _____
 COMMERCIAL/INDUSTRIAL _____ SQ FT X \$ _____ = \$ _____
 OTHER FEE _____ TYPE _____ SQ FT X \$ _____ = \$ _____
 TOTAL FEES COLLECTED _____ = \$ _____

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 district 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.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE [Signature] DATE 4/24/00
 TITLE _____

CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

*Waiting
plan checked*

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 9914232 Insp. Area AC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3555 Auburn Blvd.
 PARCEL # 240 - 0342 - 005 - 0000

Suite Bldg D

CONTACT Name <u>Scott Maxwell / Sean Olsen</u> Address <u>2112 Sutterville Rd. Sacramento</u> Phone <u>916-452-1458</u> FAX <u>452-2612</u> E-mail _____		LICENSED CONTRACTOR Lic No. # <u>3011690</u> Name <u>Unger Construction</u> Address <u>2112 Sutterville Rd.</u> Phone <u>916-452-1458</u> FAX <u>452-2612</u> E-mail _____	
ARCHITECT/ENGINEER Name <u>Williams & Paddon</u> Address <u>3001 Douglas Blvd # 330</u> Phone <u>916-786-8178</u> FAX <u>786-8265</u> E-mail _____		OWNER Name <u>Children's Receiving Home of Sac</u> Address <u>3555 Auburn Blvd. Sacramento</u> Phone <u>916-482-2370</u> FAX <u>482-1539</u> E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 692-99 2442 EXPIRATION DATE: 10-1-00

NATURE OF WORK IN DETAIL: New dormitory - 4530 sq. ft

OCCUPANT/TENANT: Children's Receiving Home of Sac VALUATION: \$343,944.60

FLOOD STATUS: <u>AE-63</u>		S.C.A.T. <u>XI.11; XI.12; XI.14; XI.27; XI.12; XI.13; 100; 200; 201; 202</u>							
JOB DESCRIPTION	<u>BLDG</u>	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Fed Code	Vio. File	
		<u>4530</u>		<u>R1</u>	<u>VI</u>	<u>SPR</u> / <u>ALARM</u>	<u>17</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>PW</u>	<u>UTIL</u>

COMMENTS: This plan check is also for bldgs B, C & D. This is to be the Master Plan set & bldg
Site work on 9908994C

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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: Children's Receiving Home Phone: 482-2370
 Site Address: 3555 Auburn Blvd. Bldg. D Sacramento, CA Suite: _____
(Street) (Zip)
 Business Owner/Representative: Unger Construction Co. Phone: 452-1458
 Nature of Business: General Contractor
 Property Owner: County of Sacramento Phone: _____
 Address: _____ Suite: _____
(Street)

(City) (State) (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 ___

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: Sean Olsen
(Print)
Sean Olsen 8-22-00
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9914240</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>8/22/00</u>	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME CHILDRENS RECEIVING HOME		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3555 AUBURN BOULEVARD		Policy Number	
CITY SACRAMENTO	STATE CA	ZIP CODE 95821	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 240-0342-005			
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) DORM - D BLDG			
LATITUDE/LONGITUDE (OPTIONAL) (##.##-##.## or ##.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME SACRAMENTO		B3. STATE CALIFORNIA	
B4. MAP AND PANEL NUMBER 060266 0005	B5. SUFFIX F	B6. FIRM INDEX DATE JULY 6, 1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-APRIL-6 1999	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 63

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

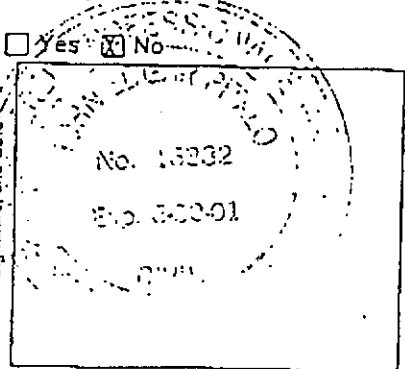
C2. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, AR/AE, AR/A1-A30, ARIA/A, ARIA/O
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum **NGVD** Conversion/Comments:

Elevation reference mark used **12-14** Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure)	77.50 ft.(m)
o b) Top of next higher floor	NA ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	NA ft.(m)
o d) Attached garage (top of slab)	NA ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building	78.00 ft.(m)
o f) Lowest adjacent grade (LAG)	76.70 ft.(m)
o g) Highest adjacent grade (HAG)	77.20 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA
o i) Total area of all permanent openings (flood vents) in C3h	NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date:



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: **JOHN E. PITALO** LICENSE NUMBER: **RCE 16382**

TITLE: **CIVIL ENGINEER** COMPANY NAME: **MORTON & PITALO, INC.**

ADDRESS: **1788 TRIBUTE ROAD, SUITE 200, SACRAMENTO** CITY: **SACRAMENTO** STATE: **CA** ZIP CODE: **95815**

SIGNATURE: *[Signature]* DATE: **4-13-00** TELEPHONE: **(916) 927-2400**

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *995*
 PERMIT AND CALCULATION SHEET *4/20/00*

APPLICATION NO: <i>City</i>		BLDG PERMIT NO:	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
		<i>258796</i> <i>4/20/00</i>	
		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION	<i>0</i>	RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	<i>18,413</i>	COMMERCIAL USE	UNITS
SRCSD		<i>Children's Receiving Home</i>	
CONSTRUCTION		<i>4 Dormitories</i>	
IN-LIEU			
TOTAL FEE	<i>18,413</i>		
APN: <i>240-0342-005</i>			
DESCRIPTION/SUBDIVISION		LOT:	
PROPERTY ADDRESS <i>3555 Auburn Blvd.</i>			
OWNER <i>Children's Receiving Home of Sacramento</i>			
MAILING ADDRESS <i>3555 Auburn Blvd.</i>			
CITY-STATE-ZIP <i>Sacramento, CA</i>		PHONE <i>95821</i>	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE <i>[Signature]</i>			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT	INPUT	START	

INSPECTOR'S COPY