

CITY OF SACRAMENTO

Permit No: 9802527

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1689 ARDEN WY SAC

Sub-Type: REM

Parcel No: 2770160071

SPACE 1106

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

ARDEN FAIR ASSOCIATES
1689 ARDEN WAY #1167
SACRAMENTO CA


95815

Nature of Work: REMODEL RESTAURANT(JOHNNY ROCKET'S)

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 License Number 4102857 Date _____ Contractor 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.)

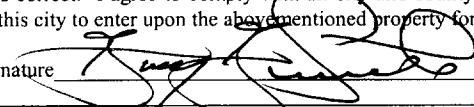
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

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 above mentioned property for inspection purposes.

Date 7-20-98 Applicant/Agent Signature 

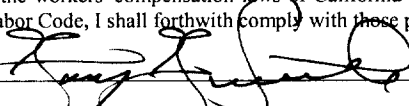
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ 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 REPUBLIC INDEMNITY CO OF AM. Policy Number 9-98 00534B10

____ (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 7-20-98 Applicant 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.

GASOLINE SOLD? YES ___ NO ___

IF YES, FORWARD APPLICATION TO HMD

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

8475 JACKSON ROAD, STE 240, SACRAMENTO, CA 95826 - PH 875-8440

OFFICIAL USE ONLY

BILL BY ASU CT # 55
EMD RECEIPT # _____
TOTAL FEE _____
DATE PAID _____

APPLICATION FOR PERMIT TO OPERATE
(PLEASE PRINT)

- OWNER(S) OF BUSINESS Johnny Rockets Inc PH (916)641-0591
- OWNER'S ADDRESS 1689 ARDEN WAY #1106 CITY SACRAMENTO STATE CA ZIP 95815
- BILLING NAME S.A.H. JO # 350
- BILLING ADDRESS 15635 ALTON PKY CITY IRVINE STATE C.A. ZIP 92618
- NAME OF FACILITY/BUSINESS THE JOHNNY ROCKETS GROUP
- FACILITY ADDRESS 15635 ALTON PKY, #350 IRVINE, CA 92618 PH (949)789-7575
- FACILITY MAILING ADDRESS (if different from #6) _____
- IF CORPORATION, LIST ALL OFFICERS RAWY MAYAN - District Manager
- OWNER'S I.D.: SOC. SEC. NO/ FED TAX I.D. 562-19-1945 CDL# N6776344
- DOES THIS ESTABLISHMENT HAVE A SEMI-FROZEN (SOFT SERVE) PROCESSING MACHINE? Yes No

11. IF FOOD FESTIVAL, EVENT NAME & DATES _____

Application is hereby made for HEALTH PERMIT to operate the following type(s) of facility:

TYPE	FEE	P/E CODE	TYPE	FEE	P/E CODE
<input checked="" type="checkbox"/> RESTAURANT	\$340.00	1622	<input type="checkbox"/> OPTION A		
<input type="checkbox"/> BAR	217.00	1620	___TEMP FOOD FAC (FD PREP)	\$146.00 ea.	1661
<input type="checkbox"/> RESTAURANT W/BAR	490.00	1621	___TEMP FOOD FAC (PKG FOOD)	73.00 ea.	1660
<input type="checkbox"/> SCHOOL/NONPROFIT SR ML PRGM	165.00	1625	<input type="checkbox"/> OPTION B		
<input type="checkbox"/> BAKERY	340.00	1651	___TEMP FOOD FAC (FD PREP)	51.00 ea.	1665
<input type="checkbox"/> BAKERY - NO PREPARATION*	194.00	1652	___TEMP FOOD FAC (PKG FOOD)	31.00 ea.	1664
<input type="checkbox"/> PRODUCE STAND	146.00	1607	___ PLUS BASE FEE	409.00	
<input type="checkbox"/> SATELLITE FOOD DISTRIB. FAC.	170.00	1693	<input type="checkbox"/> OPTION C		
<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTAB.	219.00	1681	___TEMP FOOD FAC (FD PREP)	31.00 ea.	1667
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	277.00	1619	___TEMP FOOD FAC (PKG FOOD)	18.00 ea.	1666
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 sq.ft.)	417.00	1614	___ PLUS BASE FEE	409.00	
<input type="checkbox"/> RETAIL MARKET (6,000-14,999 sq.ft.)	328.00	1613	<input type="checkbox"/> MULTI-EVENT (OPTION A ONLY)		
<input type="checkbox"/> RETAIL MARKET (LESS 6,000 sq.ft.)	211.00	1612	___TEMP FOOD FAC (FD PREP)	295.00 ea.	1663
<input type="checkbox"/> MOBILE FOOD FACILITY CAT. A	131.00 ea.	1631	___TEMP FOOD FAC (PKG FOOD)	181.00 ea.	1662
<input type="checkbox"/> MOBILE FOOD FACILITY CAT. B	168.00 ea.	1632	<input type="checkbox"/> SWIM POOL	234.00	3611
<input type="checkbox"/> MOBILE FOOD FACILITY CAT. C	211.00 ea.	1633	<input type="checkbox"/> SPA POOL	121.00	3612
<input type="checkbox"/> MOBILE FOOD PREP UNIT	211.00 ea.	1635	<input type="checkbox"/> WADING POOL	121.00	3615
<input type="checkbox"/> SWAP MEET PKG. FD STAND	146.00 ea.	1648			
<input type="checkbox"/> COMMISSARY	248.00	1680			

I hereby certify that I am the person owning the above business, and I will comply with all State and local laws now in force or which may hereafter be enacted pertaining to such business.

SIGNED John C. French TITLE OR POSITION Director of Development

*Bakery wherein no products are prepared or processed from the beginning state.
Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 70% of each remaining fee. Temp. Food Fac., Swap Meet Prepackaged Fd Stand, Satellite Distrib. Fac., Mobile Food Facility, Mobile Food Prep Unit are not included as multiples and shall pay the standard fees. Additions to a facility between annual billings will be prorated on a monthly basis.

OFFICIAL USE ONLY

NEW FACILITY CHANGE OF OWNERSHIP (Previous owner's name) Taco Bell
 (Previous name of Facility/Business) _____
 MISC CHANGE (Nature of change) _____
 O/B ENTIRE ACCT. DROP/ADD P/E _____ SOFT SERVE PLT # _____
 RESTRICTIONS/COMMISSARY _____
 COMMENTS Complete items on reinspection sheet
 VEHICLE LIC. # & DECAL # _____ PROGRAM RECORD ID(S) # _____
 APPROVED UPON PAYMENT OF FEES BY: Monica R. Dubois
 DISAPPROVED DATE: 9/15/98
 ANNIVERSARY DATE 9/22/98

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT
1231 I STREET, SUITE 401
SACRAMENTO, CA 95814-2979
FIRE PREVENTION DIVISION
INSPECTION SERVICES

5191
5791
5260

FOR INSPECTIONS _____ CALL (916) 264-5480

NOTICE OF 48 HOURS REQUIRED FOR INSPECTIONS

PERMIT # 98-07648 APPROVED BY EHC
PROJECT Kitchen Hood Ext. Sys.
ADDRESS 1689 Arden Way
OWNER Johnny Rockets

NOTE

- DO NOT COVER WALLS, CEILING OR PIPING UNTIL THE FOLLOWING ITEMS ARE SIGNED OFF.
- ALL-WEATHER EMERGENCY ACCESS ROADWAYS AND FIRE HYDRANTS (IN SERVICE) SHALL BE PROVIDED PRIOR TO ANY COMBUSTIBLE CONSTRUCTION OR STORAGE ON SITE.

INSPECTIONS	SITE	INITIALS	DATE
→ UNDERGROUND WATER MAINS/THRUST BLOCKS			
→ HYDROSTATIC TEST OF WATER MAINS			
FLUSHING OF WATER MAINS			
REFLECTIVE MARKERS			
PAINTING OF EQUIPMENT			
MARKING OF FIRE LANES			
ADDRESS POSTED			
EMERGENCY ACCESS KEY BOX (KNOX)			
FIRE HYDRANTS			

FIRE & LIFE SAFETY

EXITING SYSTEMS		
FIRE DOORS		
SMOKE VENTING		
HIGH PILED STOCK		
FLAMMABLE LIQUIDS		
HAZARDOUS MATERIALS		
SPECIAL HAZARDS		
INTERIOR FINISH		
POSTED SIGNS FOR OCCUPANT LOAD		

EQUIPMENT

→ FIRE SPRINKLER WELDED OUTLETS		
→ FIRE SPRINKLER SYSTEM PIPING		
→ FIRE SPRINKLER HYDROSTATIC TEST		
→ STANDPIPES		
→ FIRE ALARMS/TESTING CONTRACT		
KITCHEN HOOD & DUCT SYSTEM	<u>K.K.Lee</u>	<u>9-16-98</u>
SPECIAL EXTINGUISHING SYSTEM		
FIRE EXTINGUISHERS		
PRIVATE WATER SYSTEM		

SPECIAL REQUIREMENTS

FINAL APPROVAL

APPROVED FIRE FLOW _____
OCCUPANCY GRANTED/F.D. APPROVAL K.K.Lee 9-16-98

NOTICE:
FAILURE TO COMPLY WITH AN ORDER OF THE FIRE DEPARTMENT MAY RESULT IN THE ISSUANCE OF A CITATION AND/OR DISCONTINUED USE OF THE BUILDING OR PREMISES.
1994 UPC SECTIONS 103.4.3.1, 103.4.3.2, 103.4.4.

KEEP THIS CARD FOR REFERENCE
THIS IS YOUR RECORD OF FIELD INSPECTIONS

POST THIS CARD IN A CONSPICUOUS PLACE

SACRAMENTO CITY FIRE DEPARTMENT
1231 I STREET, SUITE 401
SACRAMENTO, CA 95814-2979
FIRE PREVENTION DIVISION
INSPECTION SERVICES

5260

FOR INSPECTIONS _____ CALL (916) 264-5480

NOTICE OF 48 HOURS REQUIRED FOR INSPECTIONS

PERMIT # 9802527C APPROVED BY EHC
PROJECT Remodel
ADDRESS 1689 Arden Way
OWNER Johnny Rockets

NOTE

- DO NOT COVER WALLS, CEILING OR PIPING UNTIL THE FOLLOWING ITEMS ARE SIGNED OFF.
- ALL-WEATHER EMERGENCY ACCESS ROADWAYS AND FIRE HYDRANTS (IN SERVICE) SHALL BE PROVIDED PRIOR TO ANY COMBUSTIBLE CONSTRUCTION OR STORAGE ON SITE.

INSPECTIONS	SITE	INITIALS	DATE
→ UNDERGROUND WATER MAINS/THRUST BLOCKS			
→ HYDROSTATIC TEST OF WATER MAINS			
FLUSHING OF WATER MAINS			
REFLECTIVE MARKERS			
PAINTING OF EQUIPMENT			
MARKING OF FIRE LANES			
ADDRESS POSTED			
EMERGENCY ACCESS KEY BOX (KNOX)			
FIRE HYDRANTS			

FIRE & LIFE SAFETY

EXITING SYSTEMS		
FIRE DOORS		
SMOKE VENTING		
HIGH PILED STOCK		
FLAMMABLE LIQUIDS		
HAZARDOUS MATERIALS		
SPECIAL HAZARDS		
INTERIOR FINISH		
POSTED SIGNS FOR OCCUPANT LOAD		

EQUIPMENT

→ FIRE SPRINKLER WELDED OUTLETS		
→ FIRE SPRINKLER SYSTEM PIPING	<u>K.K.Lee</u>	<u>9/4/98</u>
→ FIRE SPRINKLER HYDROSTATIC TEST		
→ STANDPIPES		
→ FIRE ALARMS/TESTING CONTRACT		
KITCHEN HOOD & DUCT SYSTEM		
SPECIAL EXTINGUISHING SYSTEM		
FIRE EXTINGUISHERS		
PRIVATE WATER SYSTEM		

SPECIAL REQUIREMENTS

FINAL APPROVAL

APPROVED FIRE FLOW _____
OCCUPANCY GRANTED/F.D. APPROVAL K.K.Lee 9-16-98

NOTICE:
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1994 UPC SECTIONS 103.4.3.1, 103.4.3.2, 103.4.4.

KEEP THIS CARD FOR REFERENCE
THIS IS YOUR RECORD OF FIELD INSPECTIONS

CITY OF SACRAMENTO
CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 1689 MADEN WAY SPACE 310B Permit No. 98-02527/98-08341
Building Use Restaurant Occupancy A3
Building Owner Jimmy Rockett Group, Inc. Construction Type II N
Owner Address 1689 Maden Way, Suite 310B, Sacramento, CA 95811 Sprinkled Yes () No
Portion of Building Occupied SPACE 310B Area 2181 Sq. Ft.

09/24/98 RON BECK Bradford J. Behm, P.E.
Date Issued By Print Sign City/Building Official
Henry/Melville/Green/Lee

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 9 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 Law or Ordinance. 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

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION**

980 25270

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

ADDRESS 1689 Arden Way - Arden Fair P.C. # 5920
 PARCEL # 277-060-071 SUITE # 1106
 AREA # 4C

CONTACT LICENSED CONTRACTOR
 NAME Linda Budge / CommTech Services NAME TBA
 ADDRESS 9571 Mi Ra del Rio ADDRESS _____
Sacramento ZIP 95827 ZIP _____
 PHONE 363-4164 FAX 363-1446 PHONE _____

ARCH./ENG. OWNER/TENANT
 NAME Gensler Architects NAME Johnny Rockets Group Inc.
 ADDRESS 2500 Broadway Suite 300 ADDRESS 15605 Alton Parkway #250
Santa Monica ZIP 90404 Truene CA ZIP 92618
 PHONE (310) 449-8600 PHONE (714) 789-7575

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: tenant improvements for a new
restaurant in an existing space.

D.B.A. Johnny Rocket's VALUATION \$165,000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS A99 S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI () REM SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
1		2380		B	2N	yes	18	OK
<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>R</u>
GL	GL	BD	BD	GM	EC			

COMMENTS: _____



Insp. Area 4C

AUTHORIZATION TO START WORK

**CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814**

Company: TERRA NOVA INDUSTRIES PC # 5920
Address: 1607 TICE VALLEY BLVD BID App. JT
Job Phone: _____ Office Ph. 510-934-6133 Fee \$ 142⁰⁰
SUBJECT: Project Address: 1689 ARDEN WAY Suite # 1106

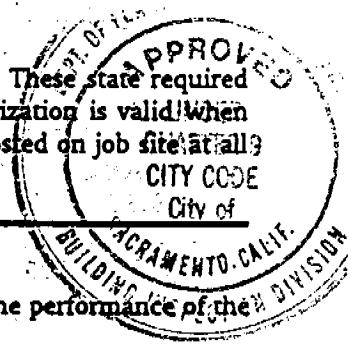
I request permission to start the following work SELECTIVE DEMOLITION/Rqk P214
Rqk ELECTRICAL/WALL FRAMING - NO INSPECTIONS
NO WORK TO BE COVERED

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.



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 NONE
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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: _____ Lic. Number: 410354 TERRA NOVA IND
SIGNATURE _____ DATE _____

COPIES

PLEASE COMPLETE BACK OF THIS FORM

5100000000 0110000000 0110000000 0110000000 0110000000

ADDRESS 1689 Bedford Way # 106

P.C.# 5920 PREPARED BY BL DATE 8/31/98

	REQUIRED				NOT REQUIRED	UNKNOWN AT THIS TIME
	APPROVED/RECEIVED	ATTACHED	PREVIOUSLY ATTACHED	NO ATTACHMENT REQUIRED		
Owner/builder forms are required to be signed by the owner or tenant if the permit will be pulled by the owner or tenant.					X	
Current Certificate of Worker's Compensation must be on file with Building Dept. (Certificate holder's name and address must read City of Sacramento, Dept. of Planning & Development, Building Inspection Division, 1231 I St. Room 200, Sacto. CA 95814) This form is required for contractors who are not exempt from workers' compensation requirements and for owners who will be using their own employees to perform work.				X		
Letter of authorization from contractor on company letterhead for employees of contractor to sign for permit. Exhibit 1 must be signed by owner if employees or agents will be signing for permit.						X
School Impact Fee form must be taken to applicable School District and fees paid. Receipt must be returned to Building Department.					X	
A Driveway permit must be obtained from Department of Public Works. Contact Danny Lee at 264-7915.					X	
A Regional Sanitation Permit must be obtained from the County. The receipt must be returned to the Building Department. Contact Howard Richmond at 855-8079.					X	
Special Inspection forms must be completed and signed by owner.						X
Hazardous Materials form must be completed and signed by owner.		X				
This project is in an A-99 flood zone. A flood waiver form for <input checked="" type="checkbox"/> substantial improvements ___ new construction is required to be signed and returned to the Building Department prior to permit issuance.		X				
This project is in an AO, AE, or AH flood zone. An elevation certificate signed by a California licensed Civil Engineer is required prior to permit issuance. The engineer will also be required to certify the building pad elevation.					X	
This project is in the Natomas flood moratorium area. Commercial projects will be required to meet the requirements of City Ordinance. Residential projects may not be built without a waiver.					X	
Sewer connection waiver form req'd. to be signed by owner.					X	
Other _____						

ENCON

ENERGY ■ CONSERVATION ■ COMPANY

September 21, 1998

Tom Malovic
City of Sacramento
Electrical Inspector
Sacramento, CA

Project: Johnny Rockets - Arden Fair Mall

Encon #JR2357.01

Subject: Transformer Ground

Dear Tom:

It has been visually verified that the #2 copper ground from the 112.5KVA transformer is properly grounded to the building steel and that based on the size and our understanding of the steel framing that the ground connection for the Johnny Rockets transformer (tied to the building steel) is in fact effectively grounded per NEC 250.

If there are any questions, please call myself or Tom Gajic at (650) 919-0584 or (650) 961-8095.

Sincerely,


Alvin Haw

Cc: Andrea Hewitt, Gensler
John Tankeh, Encon

To be Micro Filmed

4940 El Camino Real ■ Los Altos ■ California 94022 ■ U.S.A.
Tel. (650) 961-8095 U.S.A. Projects, (650) 919-0571 Overseas Division
FAX # (650) 964-3764

September 2, 1998

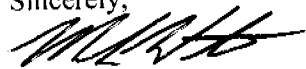
Mr. Tom Mellavic
City of Sacramento Inspection Division
1231 I Street, Room 200
Sacramento, CA

Re: Ebara
Ground Electrode

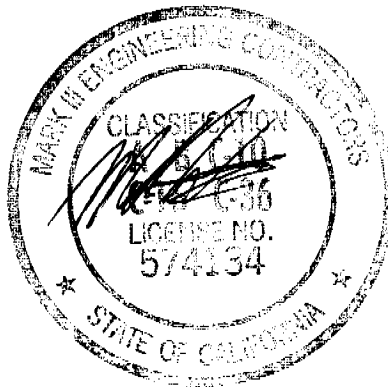
Dear Mr. Mellavic,

Building steel is an effective ground^{ing} electrode for the new 150kVA transformer at Ebara (permit number 9716338C). If you have any questions regarding this matter, please do not hesitate to contact me at (916) 381-8080 ex. 161.

Sincerely,

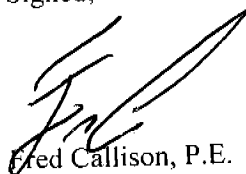


Mark Wills

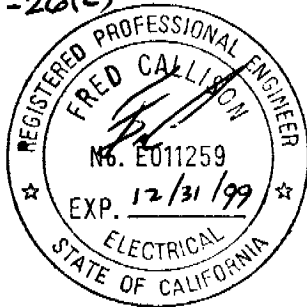


I concur with the above statement.
REFERENCE 250-26(c)

Signed,



Fred Callison, P.E.



RECEIVED

SEP 02 1998

Building Inspection Division

To Be Micro Filmed

MEMORANDUM

B.D.
Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 9-18-98

From: Gordon Duncan,
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1689 ANDERSON WAY #1106

has been conducted by Inspector K. Lee

on 9-16-98.

98-02527-C

Permit Number

2180

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,
Fire Prevention Officer II

TI-141

F. D. Reference Number