

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008814
Insp Area: 2

Site Address: 3600 RIVERSIDE BL SAC
Parcel No: 017-0010-013

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

CONTRACTOR
OTTO JOHN F
1717 2ND ST
SACRAMENTO CA 95814

OWNER
CONGREGATION BNAI ISRAEL SACTO
915 1 ST RM 12 (ORG 11
SACRAMENTO CA 95814


ARCHITECT

Nature of Work: 4000 SQ. FT. ADDITION, LIBRARY AND OFFICE SPACE AND PARKING

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 D License Number 188809 Date 1/16/01 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.)

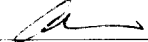
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

Date 1/16/21 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 MAJESTIC INSURANCE Policy Number C200002519-01 Exp Date 07/01/2001

(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 1/16/21 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5715

Building Address: 3600 RIVERSIDE BL Permit No. 0008814

Building Use: ADDITION, LIBRARY, OFFICE Occupancy: B

Building Owner: CONGREGATION B'NAI ISRAEL Construction Type: V

Owner Address: 915 I ST #12 SACRAMENTO Sprinkled? [] Yes [X] No

Portion of Building Occupied: ADDITION Area: 4,000 Sq. Ft.

9/6/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:RY,MJS,RVL,FJ,GRS]

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

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 # 000881A	Insp. Area ZC
--	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3000 RIVERSIDE BLVD. Suite _____
 PARCEL # 0017-0010-013 & 0041; 017-0030-013 & 022

Name <u>ISAAC KEMANT</u> <u>PETER GALICERMAN / PROFFESS & BLACKFORD</u> Street Address <u>3540 FOLSOM BLVD.</u> City/State/Zip <u>SACTO</u> Phone <u>916-453-1234</u> FAX <u>453-1230</u> E-mail: <u>PSALICERMAN@DB-MECH.COM</u>	LICENSED CONTRACTOR Lic No. # <u>178809</u> Name <u>D.F. OTTO</u> Address _____ City/State/Zip _____ Phone <u>441-6810</u> FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name <u>PROFFESS & BLACKFORD ARCHITECTS</u> Address <u>3540 FOLSOM</u> City/State/Zip <u>SACTO</u> Phone <u>916-453-1234</u> FAX <u>453-1230</u> E-mail: <u>APRNE</u>	OWNER Name <u>TEMPLE B'NAI ISRAEL / MIKE SELIGER</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: 4,000 S.F. LIBRARY & OFFICE ADDED TO EXISTING
PURE - UNMANGLED STRUCTURE (FIRE DAMAGE UNDER SEP. PERMIT.) AT RELIGIOUS
PACULTY.

OCCUPANT/TENANT: CONGREGATION (RELIGIOUS) VALUATION: \$ 700,000

FLOOD STATUS:		S.C.A.T. 200, 201, 207, X 11, X12, X13, X1.14, X1.17, 201								
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 checked="" type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Fed Code	Vio. File		
					V	SPR	ALARM	09	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> I	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTIL	

COMMENTS: 5 SETS FIRE SPRINKLER PLANS

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

FAX (916) 264-7619 444-5571

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *EFB*
 PERMIT AND CALCULATION SHEET *1-16-01*

APPLICATION NO:

BLDG PERMIT NO:

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

266760 *EFB*
1-16-01

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
CONSTRUCTION	<i>1923</i>	<i>4000 SQFT</i>	
IN-LIEU		<i>COMMERCIAL BLDG</i>	
TOTAL FEE	<i>1923</i>		

APN: *017-0036-022*

DESCRIPTION/ SUBDIVISION *Temple Valley Village Community* LOT:
 PROPERTY ADDRESS *3600 Riverside Blvd*
 OWNER

MAILING ADDRESS *N/A*

CITY-STATE-ZIP *Sacramento CA 95814* PHONE *(916) 441-6870* *San Francisco*
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE 
 CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____
 INSPECTOR'S COPY

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 (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME Triple Urban Investment Corporation
 OWNER'S ADDRESS 415 E St. Paul
 PROJECT ADDRESS 2600 PIVERSIDE DR
 PARCEL NUMBER 017-0010-013 LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS addition

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 Triple Urban Investment Corporation
 DATE 1/11/01 PHONE NUMBER 913-441-6372

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 00-00014
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 4000 (LARGE LOTTERY TO BE OFFERED)
 SIGNATURE Barbara L. Larson
 TITLE Bldg Tech DATE 1/12/01

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT 9LWSB
 DISTRICT CERTIFICATION NO. 09463
 EXEMPT _____ COMMENTS _____

RESIDENTIAL/APT/CONDO	_____	SQ FT X \$	_____	= \$	_____
COMMERCIAL/INDUSTRIAL	<u>4000</u>	SQ FT X \$	<u>0</u>	= \$	<u>EXEMPT</u>
OTHER FEE	_____	TYPE	_____	SQ FT X \$	_____
TOTAL FEES COLLECTED	<u>01-10-01002:01 RCVD</u>			= \$	<u>0</u>

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]
 TITLE CIVIC CENTER UNIT DATE 1/12/01

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#: 0105248
 OLD PLAN CHECK NO#: 0008814

DATE: 4/26/01

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES X NO _____

Keep Track of HOURS

JOB ADDRESS 3600 Riverside Blvd. SUITE _____ PERMIT NO 0008814

AREA: 2C DBA: _____

DESCRIPTION OF REVISIONS City crew to ~~do~~ ~~plan~~ bring services to property line

DISCIPLINE	B	L	P	M	E	F	S	<u>RW</u>	<u>D</u>
CHECKED BY								<u>WJD</u>	<u>WJD</u>
ROUTE TO									
CODE								<u>13</u>	<u>13</u>
HOURS SPENT								<u>1</u>	<u>2</u>

CONTACT: Ali Malackeh CITY OF SACRAMENTO PERMIT ASSISTANCE

ADDRESS: 1717 2nd St. APR 26 2001
Sacramento, CA 95814

RECEIVED

PHONE#: 916-441-6820

OF PLANS SUBMITTED 3

SUBMITTED TO *[Signature]*

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN

[Signature] 4/26/01
 Applicant signature Date

APP FEE	PAID
<u>85</u>	

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		

020 8814

Date of Request: _____

By: _____

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

Project Address: 3000 RIVERSIDE BLVD.

Assessor's Parcel Number: 017-0010-013⁰¹⁴ & 041; 017-0030-013 & 022

Previous Use: RELIGIOUS / CHURCH

Description of Request/Proposed Use: THE SAME - UPGRADE & SUPPORT SPACE FOR RELIGIOUS FACILITY. (Expansion of Church; off-site parking)

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): Zoning Designation: C2, R-1
200-067, 786-126

Comments: See ~~000~~ 200-067.

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

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: Temple B'nai Israel Congregation Phone: (916) 333-4411-6876
 Site Address: 3600 Riverside Blvd. Suite: _____
 (Street) (Zip)
 Business Owner/Representative: _____ Phone: _____

Nature of Business: _____

Property Owner: _____ Phone: _____

Address: 915 2nd St Rm 12 Suite: _____
Sacramento (City) CA (State) 95814 (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X 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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

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: Ali Malgekeh
 (Print)
 _____ (Signature) _____ (Date)

BID Use Only: Plan Ck# <u>0008814</u> Permit # <u>0008814</u>	
OK to issue prmt? <u>Yes</u>	F.D. Appr Req'd? <u>Yes</u> No ___
_____ init date	_____ date
Hold on Certificate of Occupancy? <u>Yes</u> No ___	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	OK to issue Certificate of Occupancy? init _____ date _____

WATER SUPPLY TEST - DEPT. OF UTILITIES

1395 35TH AVENUE
 SACRAMENTO, CA. 95822
 PHONE: 916 / 264-1430
 FAX: 916 / 264-1497

TEST NO:	FILE NO:
REQUEST DATE:	
COMPLETE DATE:	
ANALYSIS FEE:	DATE PAID:
FIELD TEST FEE:	DATE PAID:

CONTACT PERSON: <u>PETER SAJGERMAN</u>	PHONE NO: <u>453-1234</u>	FAX NO: <u>453-1236</u>
COMPANY: <u>DREY FUSS & BLACKFORD, AT</u>	CELL PHONE NO:	
COMPANY ADDRESS: <u>3540 Folsom</u>	STREET ADDRESS OF TEST: <u>3600 RIVERSIDE BL.</u>	
PURPOSE OF TEST:	ASSESSOR'S PARCEL NUMBER: <u>#017-0010-03,041</u> <u># 017-0036-013,022</u>	

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: Peter Sajgerman Signature: _____ Date: 8-2-00

ENGINEERING REQUEST DATE:	DATE OF TEST:	TIME OF TEST:								
WATER MAIN SIZE:	TEST CONDUCTED BY:									
	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT C ₁ C ₂		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
RESIDUAL										
FLOWED										
FLOWED										
FLOWED										
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{pitot}}$$

$$Q_{20} = Q_F \left(\frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

WATER SUPPLY DATA SUMMARY		
	ACTUAL	DESIGN (1)
STATIC PRES.	PSI	PSI
RESIDUAL PRES.	PSI	PSI
TOTAL FLOW @ RESIDUAL PRES.	G.P.M.	G.P.M.
TOTAL FLOW @ 20 PSI	G.P.M.	G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.

City of Sacramento
Water and Sewer Service Quotation
 FY 99/00

Date: 11/21/00		Time:		Planning No.: Z00-067		Plan Check No.: 0008814	
Address:						Parcel No.: 017-0010-013, 014 017-0036-013, 022 017-0010-041	
Description: 4000 square foot addition to an existing church							
Subdivision Map: Bath Tract (61)						Water Page No.: 34, 35	
Estimate By: Dilley							
Engineering Firm: Morton & Pitalo						Project Engineer: Alex A. Phone No.: Fax No.:	
Sewer Jurisdiction: <input type="checkbox"/> County <input checked="" type="checkbox"/> City							
Comment No.1 Allwater and sewer tap fees were collected under permit # 0012864 Comment No.2 Comment No.3 Comment No.4 Comment No.5 Comment No.6							
TOTAL WATER DEV. FEES: \$0						2 hrs x \$75 per hour = \$150	
TOTAL SEWER DEV. FEES: \$0						or \$300.00 (whichever is greater)	
						Total on-site grading and drainage review fee: \$150 <i>EUT-1/7/01</i>	

Water Service Quotations

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
	Abandon			in.								
	Abandon			in.								
CREDIT												
	Credit for			in.			1					
	Credit for			in.			1					
							0		Fire Hydrant			
Total for Water											\$0	\$0

Sewer Service Quotations

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Sewer Tap Construction Charge: \$0
 Water Main Construction Charge: \$0
 Total For Address: \$0

TO: ELIPAS BROADBENT

TO: ELIPAS BROADBENT



Sacramento County Regional Sanitation District
9660 Ecology Lane
Sacramento, California
95827-3881

JANUARY 12, 2001
RECEIVING FAX: 916-453-1236
SENDING FAX: 916-875-6253

TO: CONGREGATION B'NAI ISRAEL SACRAMENTO
C/O PETER SAUCERMAN, DREYFUSS & BLACKFORD

FROM: DOLORES ROSS
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES
3600 RIVERSIDE BLVD.

APN: 017-0036-022
Plan Check # 00-08814

The Sewer Facility Impact Fee due for the new 4,000 sq. ft. library building on the above parcel was calculated based upon use and building size and is as follows:

Impact to Sacramento Regional County Sanitation District \$ 1,923

The above fees are effective through February 28, 2001. If you have any questions regarding the above, please feel free to call me at 875-6679.

cc: Barbara Larsen
City of Sacramento

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com
e-mail: rossd@SacCounty.net

TELEPHONE 916 453-1234
FACSIMILE 916 453 1236

1540 FOLSOM BOULEVARD
SACRAMENTO, CALIFORNIA
95816-6699



ARCHITECTS

27 April 2001

Memorandum

**RE: Temple B'nai Israel Library Addition
Eaves at Cathedral roof structure**

From: **Peter Saucerman**
Project Architect
fax: (916) 453-1236

To: **Earl Cole, Project Superintendent**
J.F. Otto Construction
fax: (916) 444-5584

cc: **Max Fregoso, J. F. Otto**
fax: (916) 441 6138

In response to your question about venting at the overhanging eaves:

1. The roof & ceiling structure is design as a closed, unvented system, much the same as the wall system or an insulated floor joist system, with the cavity filled with insulation. This is the same detail that was used in the original chapel and library constructed in 1976. The roof sheathing was removed from the chapel last summer for sprinkler installation. We inspected the roof/ceiling joists at that time and found no signs of moisture condensation.
2. The closed soffits at the eaves are fully blocked at the wall line, completely separated from the interior. As these are exterior unconditioned spaces, there is no need for ventilation at these locations.

Project Name *TEMPLE B-NAI*
 Job Number

Unit # *F-3*
 Tech. Name *ROBERT WARD*

Date: *6-28-01*

	Outlet		Design	%	Test 1	Actual	Test 2	Test 3	Test 4	Final
<i>1</i>	<i>20X10RS</i>	<i>X</i>	<i>830</i>	<i>53</i>	<i>364</i>	<i>754</i>	<i>750</i>			<i>750</i>
<i>2</i>	<i>20X10RS</i>	<i>X</i>	<i>740</i>	<i>53</i>	<i>860</i>	<i>669</i>	<i>673</i>			<i>673</i>
		<i>TOTAL</i>	<i>1570</i>		<i>1423</i>	<i>1423</i>	<i>1423</i>	<i>N/A</i>	<i>TOTAL</i>	<i>1423</i>
<i>1</i>	<i>24X12RI</i>	<i>X</i>	<i>667</i>		<i>605</i>					<i>605</i>
<i>2</i>	<i>24X12RI</i>	<i>X</i>	<i>667</i>		<i>605</i>					<i>605</i>
		<i>TOTAL</i>	<i>1334</i>		<i>1210</i>			<i>N/A</i>	<i>TOTAL</i>	<i>1210</i>
<i>1</i>	<i>~~~~~</i>	<i>→</i>	<i>236</i> <i>236</i>		<i>213</i>			<i>N/A</i>	<i>TOTAL</i>	<i>213</i>
									<i>TOTAL</i>	

Project Name *TEMPLE B-NAI*

Unit # *F-4*

Date: *6-28-01*

Job Number

Tech. Name *ROBERT WARD*

	Outlet		Design CFM	%	Test 1	Actual	Test 2	Test 3	Test 4	Final
	OUTLET	DUCT								
1	6X60	X	50	1.6	38	45	46			46
2	6X60	3"	50	1.6	46	45	47			47
3	16X10	X	545	18	610	506	498			498
4	16X10	X	545	18	538	506	494			494
5	16X10	X	545	18	482	506	506 492			492
6	16X10	X	545	18	560	506	496			496
7	12X12D	10"	300	10	226	281	273			273
8	16X10SR	X	510	17	310	478	464			464
<i>TOTAL</i>			<i>3090</i>		<i>2810</i>	<i>2873</i>	<i>2810</i>	<i>0 S/A</i>	<i>TOTAL</i>	<i>2810</i>
<i>→ 2626</i>					<i>2388</i>			<i>R/A</i>	<i>TOTAL</i>	<i>2388</i>
<i>→ 464</i>					<i>422</i>			<i>O/A</i>	<i>TOTAL</i>	<i>422</i>

Project Name *TEMPLE - B - NAI*
 Job Number

Unit # *F-5*
 Tech. Name *ROBERT WARD*

Date: *6-29-01*

Outlet	Design		Test 1	Actual	Test 2	Test 3	Test 4	Final
1	12X6SR	85	4	74	77	78	78	78
2	12X8SR	85	4	82	77	80	80	80
3	18X10SR	325	16	336	307	300	300	300
4	18X10SR	325	16	318	307	300	300	300
5	12X8SR	145	7	156	134	192	148	148
6	20X10SR	555	28	502	538	500 564	564	564
7	12X12D	490	24	452	461	450	450	450
TOTAL		2010		1920	1901	S/A	1920	TOTAL 1920
→		1708		1632		R/A	TOTAL	1632
→		302		288		O/A	TOTAL	288