

**NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.**

ITEM	DESCRIPTION	INSPECTOR	DATE
B10	FOUNDATION FORMS		
E60B11	CONCRETE SLAB FORMS		
B12	MECH/UNDERFLOOR/SLAB		
M30	ELECT UNDERGROUND		
E61	ELECT CONDUIT-SLAB		
B13	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13	FLOOR JOISTS OR GIRDERS		
B13	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14	INSULATION/WALL/FLOOR		
P41	TOP PLUMBING		
M31	TOP MECHANICAL/WALL/CELL.		
E63	ROUGH ELECTRICAL/WALL/CELL.		
B19	FRAME		
B17	ROOF PLYWOOD NAIL, COMM. & APTS		
B18	EXTERIOR LATH/SIDING		
B22	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22	INT. LATH OR WALL BD. NAILING		
E66	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
P43	SEWER SERVICE		
P42	WATER SERVICE		
P46	SPRINKLER SYSTEM		
P47/M33	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P48	GAS TEST		
E68	TEMP GAS		
E67	POWER POLE		
E67	TEMP POWER #		
<b>SWIMMING POOLS ONLY</b>			
P47	GAS TEST		
P51	PLUMBING PRE-GUNITE		
P42	PLUMBING PRE-DECK		
E70	ELECTRICAL PRE-GUNITE		
E71	ELECTRICAL PRE-DECK		
E72	ELECTRICAL UNDERGRD		

**FINAL APPROVALS**  
*Sr - 8/10/00*

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED  
 THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS: 4301 FREEPORT BLVD SUITE 3C INSP. AREA

ASSESSOR PARCEL NO. 018-0071-001 ADDRESS 11333 SUNCO DR #103 ZIP CODE 95742 PHONE NO. 635-4440 COMMUNITY PLAN NO. 95822

NAME OF APPLICANT: JOHN MASTROTOTARO LICENSED CONTRACTOR: CIMORELLI CONSTRUCTION PROPERTY OWNER: JOHN CECARELLI TRUST ARCH. ENGR. JOHN CECARELLI TRUST

NO. OF STORES: 1 NO. OF ROOMS: 4301 ROOF COVERING: SACRAMENTO, CA 95824 AREA 1ST FLOOR: 5960 SAMPSON BLVD TOTAL AREA: SACRAMENTO, CA 95824 GARAGE AREA: LICENSE NO. X12 PATIO AREA: USE ZONE: STREET WIDTH:

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE NATURE OF WORK IN DETAIL: INTERIOR ALTERATION

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191 WORKERS 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: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 (This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

ISSUED BY:	VALUATION	\$ 55,000.00
DATE ISSUED	BUILDING PERMIT FEE	\$
PLAN CHECK/PROC. FEE	S.M.F.FEE	\$
CONST. EXCISE TAX	CITY BUS LICENSE	\$
TECH. FEE	WATER DEV. FEE	\$
CITY SEWER DEV. FEE	CITY SEWER DEV. FEE	\$
REG. SEWER FEE	RESIDENTIAL CONST. TAX	\$
<b>TOTAL FEES</b>		<b>\$</b>

## 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 # 00-04800 Insp. Area 3C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4301 Freesport Blvd. Suite \_\_\_\_\_  
 PARCEL # 018-0071-001

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Bert Hogge</u>                  Street Address <u>11333 Sunco Dr. #103</u>                  City/State/Zip <u>Rancho Cordova, CA. 95742</u>                  Phone <u>635 4440</u> FAX <u>635 7084</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>525704</u></p> <p>Name <u>Cimorelli Construction</u>                  Address <u>11333 Sunco Dr. #103</u>                  City/State/Zip <u>Rancho Cordova, CA. 95742</u>                  Phone <u>635 4440</u> FAX <u>635 7084</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>John Mastrototaro</u>                  Address <u>5960 Sampson Blvd.</u>                  City/State/Zip <u>Sacramento, CA. 95824</u>                  Phone <u>421 9501</u> FAX <u>421 9501</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>JOHN Ceccarelli TRUST</u>                  Address <u>4301 FREESPORT BL</u>                  City/State/Zip <u>SAC CA 95822</u>                  Phone <u>N/A</u> FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Legion Ins. Co.  
 → WORKER'S COMPENSATION POLICY # WC 31189737 EXPIRATION DATE: 07/99

NATURE OF WORK IN DETAIL: Interior alteration

OCCUPANT/TENANT: Plumer Title Co. VALUATION: \$ 55,000.00

FLOOD STATUS: <u>N/A</u>		S.C.A.T. <u>X12</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	Fed Code	Vio. File	
	<u>1983</u>	<u>1983</u>		<u>B</u>	<u>V-N</u>	SPR	ALARM	[H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	D	PW	UTIL

COMMENTS: \_\_\_\_\_

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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0004800  
 ADDRESS: 4301 Freeport Bl  
 Commercial     Residential

**ACCEPTED** by (Staff): \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	5/5/00						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	11	JT	5/5/00						
ELECTRICAL	3	DM	5/5/00	3	T.M.	5/19/00	13	JM	6/2/00
FIRE			5/3/00						
PLANNING	13	GRS	5/5/00						

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 4301 FREEPORT BL Permit No. 0004800

Building Use: INTERIOR REMODEL Occupancy: B

Building Owner: JOHN CECCARELLI TRUST Construction Type: V-N

Owner Address: 4301 FREEPORT BL SAC, CA Sprinkled? [ ] Yes [ N ] No

Portion of Building Occupied: 100 % Area: \_\_\_\_\_ Sq. Ft.

8/11/00 Dennis Richardson **DENNIS RICHARDSON**  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: JR,BB,MS]

*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 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**