

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9907669
Inspr Area: 1

Site Address: 6051 M ST SAC
Parcel No: 008-0020-028

BLDG #PC-4

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

CONTRACTOR

OWNER

ARCHITECT

DIOCESE OF SACRAMENTO EDUCATION & WELFARE
SACRAMENTO CA
95819

Nature of Work: MODULAR BLDG (2 COACHES) & HC RAMP CLASS ROOM

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 _____ License Number _____ 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: _____

X Date 9/14/99 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.

X Date 9/14/99 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 _____ Policy Number _____ Exp Date _____

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.

X Date 9/14/99 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 Development Services Division
Planning and Zoning Information Request

Project Address: 6051 M ST

Assessor's Parcel Number: 008-0020-028

PREVIOUS USE: HIGH SCHOOL (PVT)

Current Land Use:

Description of Request/Proposed Use: REQUESTING

NEW BUILDING ON PROPERTY

IS THIS A CHANGE OF USE? No

Zoning Designation: R4

Prior Applications for Project Site (PE, ZE, DRPS#): 299-059

Comments: Conform to requirements of 299-059
See Attached

Are There Any Planning Issues? (Circle One) YES NO See Min Mod
 YES NO Conditions Attached
 Design Review/ Preservation Required? (Circle One) YES NO

Planning Review by/Date: [Signature] 2/15/99



CITY OF SACRAMENTO
CALIFORNIA

DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998
PH 916-264-7615

MEMORANDUM OF UNDERSTANDING RELATED TO
MITIGATION MEASURES, PLANNING CONDITIONS,
ZONING ORDINANCE PROVISIONS AND/OR SIGN ORDINANCE PROVISIONS

In order to proceed with construction/occupancy of the project located at _____
6051 M St. Plan Check/Permit Number _____

I agree that the following Mitigation Measures/Planning Conditions/Zoning Ordinance Provisions/Sign Ordinance Provisions associated with project 299-059 will be fully implemented to the satisfaction of the City of Sacramento by Certificate of Occupancy (Date) (File Number)

LIST OF MEASURES/CONDITIONS/PROVISIONS:

- 1) Build per plans
- 2) Provide skirts around all portable buildings - painted to match the building (buildings shall be painted to match existing structures.
- 3) Obtain building permits
- 4) No additional student enrollment is authorized with the expansion
- 5) Any other additions or modifications must be reviewed & approved by Planning.

The above language shall not be deemed a waiver by the City of Sacramento of any Mitigation Measure, Planning Condition, Zoning Ordinance Provision, or Sign Ordinance Provision applicable to the project whether or not the measure, condition or provision is listed above.

Signature _____ Date: 7/15/99

Name & Title: HARRY CARSON PLANT. MGR.

Address: 6051 M ST. SACTO, CA 95819

Phone Number: 916 452 3461

Reviewed by: Sandra L Goffe Date: 8 Jun 99



July 16, 1999

RECEIVING FAX : 452-1591

SENDING FAX : 875-6253

TO: **LARRY CARSON**
ST. FRANCIS HIGH SCHOOL

PHONE NUMBER: 875-6679

FROM: **DOLORES ROSS**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES**
6051 "M" St.

APN: **008-0020-028**

There are no Sewer Facility Impact Fees due for the addition of two modular buildings, one to be used as a classroom and the other as a counseling office at St. Francis High School.

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

e-mail: rossd@pwa.co.sacramento.ca.us

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: SAINIT FRANCIS HIGH School Phone: (916) 4523461
 Site Address: 6051 "M" ST SACTO, CA. 95819 Suite: _____
(Street) (Zip)
 Business Owner/Representative: LARRY PARSON Phone: (916) 4523461
 Nature of Business: SCHOOL
 Property Owner: DICHAASE OF SACTO. Phone: _____
 Address: P.O. BOX 1706 Suite: _____
SACTO CA. 95808
(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: Larry Parson
(Print)
[Signature] 2/21/99
(Signature) (Date)

BID Use Only: Plan Ck# <u>9907669</u> Permit # <u>1</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>BY 7/20/99</u> 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? ini' _____ date _____ OK to issue Certificate of Occupancy? ini' _____ date _____	

CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY 9907669 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6051 H ST Suite PC#4
 PARCEL # 008-0020-028

CONTACT Name <u>LINDY</u> Address <u>6051 H ST</u> Phone <u>916-452-3461</u> FAX <u>916-452-1571</u> E-mail _____		LICENSED CONTRACTOR Lic No. # _____ Name <u>O/B</u> Address _____ Phone _____ FAX _____ E-mail _____	
ARCHITECT/ENGINEER Name _____ Address _____ Phone _____ FAX _____ E-mail _____		OWNER Name <u>DIORE OF SACCO</u> Address <u>BUDAVITY, SACCO CA</u> 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: PORTABLE UNIT (double coach)
LOCATION #2 HC RAMPS.
PORTABLE CLASS ROOM #4
NO INT WALLS. MAX 30 students.

OCCUPANT/TENANT: ST. FRANCIS H.S VALUATION: \$31,401.60

FLOOD STATUS: <u>ZONEX</u>		S.C.A.T. <u>X11 X13</u>							
JOB DESCRIPTION: <u>work</u>	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	MECH	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories <u>1</u>	1st flr Area	Total Area <u>960</u>	Use Zone	Occp Group <u>E3</u>	Const type <u>VN</u>	Fire Req. Y/N	Fed Code <u>17</u>	Vio. File [H] [Quad]	
<u>B</u>	<u>I</u>	SPR	M	<u>E</u>	<u>F</u>	<u>S</u>	D	PW	UTIL
		<u>NON</u>					<u>W/B</u>		

COMMENTS: work on ramps

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


77177

sent in for both Bldgs
Joe

4637

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:	PC9907671 + PC99-07671
	COMPLETE DATE:	
	ANALYSIS FEE: 90%	DATE PAID: 7/21/99
	FIELD TEST FEE:	DATE PAID:
CONTACT PERSON:	PHONE NO: (916) 246-1822	FAX NO: 452-1241
COMPANY:	CELL PHONE NO: (916) 213-8726	
COMPANY ADDRESS:	STREET ADDRESS OF TEST: 6051 M Street	
PURPOSE OF TEST: 2 NEW BUILDINGS Class Room + Community Center	ASSESSOR'S PARCEL NUMBER: 008-0020-028	

- 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: LARRY CARSON Signature:  Date: 7/16/99

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		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
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.

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

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

	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.

7/21/99

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____

2. I (have/have not) LARRY CHASON signed an application for A building permit for the proposed work

3. I have contracted with the following person (firm) to provide the proposed construction:

Name ROYAL ELECTRIC Address _____

City SACTO. Telephone (910) 428-0286

Contractors License No YES

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name CFS WELDING Address _____

City LEDI Telephone (1-209) -4887

Contractors License No YRS

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature]

Job Address 6051 M St

Permit No: 9907669



Customer Service Group
 PWA Water Quality Engineering for
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

REQUEST FOR SEWER FEE QUOTE

DATE	7/21/99	REQUESTOR	BARBARA LARSEN	NUMBER OF PAGES		FAX	2641 7046
FROM	City of SAC	RESPONDER	DOLORIS ROSS	FAX	875-6679	PHONE	
TO	SRCSO Customer Service			FAX	875-6253	PHONE	

URGENT -- Applicant is in office or ready to pay permit

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request. Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

1 week

Applicant	NAME	Larry Carson	PHONE	(916) 452-3461
Property	ASSESSOR'S PARCEL NUMBER(S)	008-0020-028	PROPERTY ADDRESS	6051 MST
Project	PLAN CHECK # BUILDING PERMIT NO	9907671 C	(mark all that apply)	
			New construction	<input checked="" type="checkbox"/>
			Remodel	<input type="checkbox"/>
			Change in use	<input type="checkbox"/>
	USE	ST FRANCIS H.S.	CURRENT // PREVIOUS	PLANNED
		NEW Classroom 960 SF Module		
	SQUARE FOOTAGE			960 SF

RECORDING REQUESTED BY:

Roman
Catholic
Diocese

AND WHEN RECORDED MAIL TO:

1 of 2 coaches 1 permit
Closed Lacks site + fire approvals

NAME SAINT FRANCIS High School
STREET ADDRESS 6051 "M" ST.
CITY, STATE and ZIP SACTO, CA 95819

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH,
INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Roman Catholic Bishop of
Diocese of Sacramento

REAL PROPERTY OWNER/LESSOR

2110 Broadway

MAILING ADDRESS

Sacramento Sacramento CA 95818
CITY COUNTY STATE ZIP

6051 M Street

INSTALLATION MAILING ADDRESS, IF DIFFERENT

Sacramento Sacramento CA 95819
CITY COUNTY STATE ZIP

same

UNIT OWNER (If also property owner, write "SAME")

same

MAILING ADDRESS

CITY COUNTY STATE ZIP

UNIT DESCRIPTION

Mod Tech 1999 San # 9524-25

MANUFACTURER'S NAME DATE OF MANUFACTURE MODEL NAME/NUMBER

9546, 9547 40 x 24 65965

SERIAL NUMBER(S) LENGTH X WIDTH INSIGNIA/LABEL NUMBER(S)

REAL PROPERTY LEGAL DESCRIPTION ASSESSOR'S PARCEL NUMBER 008-0020-028

City of Sacramento

LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

1231 I Street

MAILING ADDRESS

Sacramento Sacramento CA 95814
CITY COUNTY STATE ZIP

99-070669 (916) 264-7619

BUILDING PERMIT NO. TELEPHONE NUMBER

SIGNATURE OF LOCAL AGENCY OFFICIAL DATE

Mobile Modular

DEALER NAME (If not a dealer sale, write "NONE")

DL 91585

DEALER LICENSE NO.



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder CANARY—HCD PINK—Applicant GOLDENROD—Building Dept

RECORDING REQUESTED BY:

Roman Catholic Church

2 of 2 coaches 1 permit

AND WHEN RECORDED MAIL TO:

NAME SAINT FRANCIS HIGH SCHOOL

STREET ADDRESS 6051 "M" ST.
CITY, STATE and ZIP SACTO, CA 95819

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH, INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Roman Catholic Bishop of Diocese of Sacramento

City of Sacramento

REAL PROPERTY OWNER/LESSOR 2110 Broadway

LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY 1231 I Street

MAILING ADDRESS Sacramento Sacramento CA 95818

MAILING ADDRESS Sacramento Sacramento CA 95814

INSTALLATION MAILING ADDRESS, IF DIFFERENT 6051 M Street

BUILDING PERMIT NO. (916) 264-7619

SACRAMENTO SACRAMENTO CA 95819

SIGNATURE OF LOCAL AGENCY OFFICIAL DATE

UNIT OWNER (If also property owner, write "SAME") same

DEALER NAME (If not a dealer sale, write "NONE") Mobile Modular

MAILING ADDRESS

DEALER LICENSE NO. PL 91585

CITY COUNTY STATE ZIP

UNIT DESCRIPTION

mod Tech 1999
MANUFACTURER'S NAME DATE OF MANUFACTURE
9546, 9547 40x24
SERIAL NUMBER(S) LENGTH X WIDTH

MODEL NAME/NUMBER 9524-25
INSIGNIA/LABEL NUMBER(S) 65965

REAL PROPERTY LEGAL DESCRIPTION ASSESSOR'S PARCEL NUMBER 008-0020-028



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder CANARY—HCD PINK—Applicant GOLDENROD—Building Dept.

PC #4

NOTICE TO ASSESSOR
HCD 433(B) 1/93

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ 34,500
- 2. Optional Equipment & Upgrades \$ incl
- 3. Subtotal \$ 34,500
- 4. Accessories & Accessory Structures \$ none
- 5. Other (Specify) sales tax \$ 2,673⁷⁵
- 6. Delivery & Installation \$ incl
- 7. TOTAL SALES PRICE \$ 37,173⁷⁵

Type of Exterior Wall Covering: Wood
(Metal, Wood, etc.)

Type of Roof Covering Standing Seam Metal
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons 4

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____
(LENGTH X WIDTH)

Carport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Storage Shed: YES NO _____ X _____

Skirting: YES NO 960 LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

The Towbar(s) YES NO

Tires & Wheels YES NO

Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

Bedrooms _____ Dining Room _____

Baths _____ Family Room _____

Kitchen _____ Utility Room _____

Living Room _____ CLASSROOM _____
~~Other Rooms~~ 1

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 008-0020-028

[Signature]
(Signature)

6051 M Street
Address

Sacramento CA 95819

(916) 452-3461 (Ext 21)
Telephone

NOTICE TO ASSESSOR
HCD 433(B) 1/93

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- | | |
|---------------------------------------|-------------------------------|
| 1. The Basic Unit | \$ <u>34,500</u> |
| 2. Optional Equipment & Upgrades | \$ <u>incl</u> |
| 3. Subtotal | \$ <u>34,500</u> |
| 4. Accessories & Accessory Structures | \$ <u>none</u> |
| 5. Other (Specify) <u>sales tax</u> | \$ <u>2,673⁷⁵</u> |
| 6. Delivery & Installation | \$ <u>incl</u> |
| 7. TOTAL SALES PRICE | \$ <u>37,173⁷⁵</u> |

Type of Exterior Wall Covering: Wood
(Metal, Wood, etc.)

Type of Roof Covering: Standing seam metal
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons 4

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____
(LENGTH X WIDTH)

Carport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Storage Shed: YES NO _____ X _____

Skirting: YES NO 960 LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

The Towbar(s) YES NO

Tires & Wheels YES NO

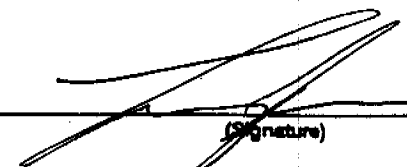
Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

Bedrooms _____	Dining Room _____
Baths _____	Family Room _____
Kitchen _____	Utility Room _____
Living Room _____	Classroom _____
	Other Rooms <u>1</u>

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 008-0020-028



(Signature)

6051 m street

Address

Sacramento CA 95819

(916) 452-3461 (ext 21)

Telephone

Serial # 008-020-18 Rev.

BOOK 71-02-22 PAGE

424

RECORDING REQUESTED BY
Transamerica Title Insurance Co.

OFFICIAL RECORDS
SACRAMENTO COUNTY, CALIF.

FEB 22 3 40 PM 1971

WHEN RECORDED MAIL TO
Chancery Office
P. O. Box 1706
Sacramento, Calif. 95808

Edward J. Hoopes
COUNTY RECORDER

\$2.80
13123

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Transamerica Title Insurance Company No. 147615-B

GRANT DEED
(CORPORATION)

(Escrow No. 1383)

DOCUMENTARY TRANSFER TAX DUE \$ *none*
 DUES OR FEES ON FULL VALUE OF PROPERTY CONVEYED.
 DUES OR FEES ON FULL VALUE OF LESS ENCUMBRANCES
AS BEING THEREIN AT TIME OF SALE.
Transamerica Title Ins. Co. Molloy
Declarant's signature (or agent) (Print Name)

By this instrument dated February 17, 1971, for a valuable consideration,

ROMAN CATHOLIC BISHOP OF SACRAMENTO, A CORPORATION SOLE, organized
under the laws of the State of California, for a valuable consideration

hereby GRANTS to

DIOCESE OF SACRAMENTO EDUCATION AND WELFARE CORPORATION

The following described Real Property in the State of California, County of Sacramento

City of Sacramento

P2 All that certain parcel of land as shown on that certain Record of
Survey entitled "Portion of the Southeast 1/4 Section 9, T. 8 N.,
R. 5 E., M.D.B. & M. and Portion of Lots 65 thru 70, Smith
Tract No. 3 and Lot 21, Edward Terrace", recorded November
6, 1963 in Book 20 of Surveys, at page 49, records of said
County. *gn*

This deed is being recorded to correct and make more certain the
legal description contained in that certain deed recorded
January 19, 1966, in Book 66-01-19, at page 513, Sacramento
County Records.

ROMAN CATHOLIC BISHOP OF SACRAMENTO

Roman Catholic Bishop of Sacramento,
a Corporation Sole

By *Edward J. Hoopes*

13123
FEB 22 1971