

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9910378**  
**Insp Area: 3**

**Site Address: 7946 BUTTE AV SAC**  
Parcel No: 061-0053-008

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

CONTRACTOR

OWNER  
ZELLARS WILLIAM C  
PO BOX 60141  
SACRAMENTO CA 95860

ARCHITECT

**Nature of Work:** (NEW BUILDING & BLOCK WALL) = JR BUSTER INFO 9/15/99

**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: \_\_\_\_\_

Date 6/19/00 Owner Signature [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 6/19/00 Applicant/Agent Signature [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 Exempt 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.

Date 6/19/00 Applicant Signature [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.**



# CONSTRUCTION TESTING & ENGINEERING, INC.

SAN DIEGO, CA  
2414 Vineyard Ave.  
Suite G  
Escondido, CA 92029  
(760) 746-4955  
(760) 746-9806 FAX

RIVERSIDE, CA  
490 E. Princland Ct.  
Suite 7  
Corona, CA 91719  
(909) 371-1890  
(909) 371-2168 FAX

VENTURA, CA  
1645 Pacific Ave.  
Suite 105  
Oxnard, CA 93033  
(805) 486-6475  
(805) 486-9016 FAX

TRACY, CA  
242 W. Larch  
Suite F  
Tracy, CA 95304  
(209) 839-2890  
(209) 839-2895 FAX

LANCASTER, CA  
42156 10th St. W.  
Unit K  
Lancaster, CA 93534  
(661) 726-9676  
(661) 726-0246 FAX

SACRAMENTO, CA  
3628 Madison Ave.  
Suite 22  
N. Highlands CA 95660  
(916) 331-6030  
(916) 331-6037 FAX

January 11, 2001

CTE Job No.90-0025

County of Sacramento  
Building Inspection Department  
Attention: D. Richardson  
1231 "I" Street, Room 200  
Sacramento, CA 95814

**PERMIT NO.: 9910378**

**SUBJECT: SATISFACTORY COMPLETION OF WORK REQUIRING SPECIAL INSPECTION PERFORMED**

**ADDRESS: 7946 Butte Avenue  
Sacramento, California 95826**

Mr. Richardson:

To the best of my knowledge all of the work requiring special inspections of footings and rebar, and anchor bolt installation has been completed. All work inspected for the structure constructed under the subject permit conforms to the approved plans and specifications and the applicable workmanship provisions of the Uniform Building Code.

Dan T. Math

Civil Engineer Registration # 61013

Expiration Date 12/31/04

Signature & Stamp:



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

APPLICATION NO: *CHX*

BLDG PERMIT NO:

THIS PERMIT GOOD ONLY WHEN  
 VALIDATED BY THE CASHIER  
*HB 260673 6-19-00*

GENERAL INFORMATION

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	601-	COMMERCIAL USE	UNITS
SRESD	3,055-		
CONSTRUCTION	447-	<i>Office / Warehouse</i>	
IN-LIEU			
<b>TOTAL FEE</b>	<b>4103-</b>		

APN: *061-0053-031*

DESCRIPTION/  
 SUBDIVISION *N/A* LOT: *N/A*

PROPERTY ADDRESS *7946 Buette Ave*

OWNER *P. J. Williams*

MAILING ADDRESS *11028 61141*

CITY-STATE-ZIP *SEAS, CA 95860* PHONE *918-9362*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE 

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_

**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: Bill Zellars Phone: 916-442-1111  
 Site Address: 7946 Butte Ave Suite: 0  
(Street) (Zip)  
 Business Owner/Representative: Bill Zellars Phone: 916-442-1111  
 Nature of Business: Auto Wash  
 Property Owner: Bill Zellars Phone: 916-442-1111  
 Address: 12121 1st St SW Suite: 0  
(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: Bill Zellars  
(Print)  
6/19/00  
(Signature) (Date)

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

# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

## CERTIFICATION OF COMPLIANCE

### SCHOOL DISTRICT DEVELOPMENT FEES

PART I To be completed by APPLICANT	
PROPERTY OWNER'S NAME	Bill Zefferis
OWNER'S ADDRESS	P.O. Box 10141 Sacto. CA 95860
PROJECT ADDRESS	7942 Butte Ave
PARCEL NUMBER	1442001005-0718 LOT NUMBER 03901-57
SUBDIVISION NAME	1442001005-0718
NUMBER OF UNITS	1
APPLICANT'S SIGNATURE	<i>[Signature]</i>
TITLE OF APPLICANT	Owner
DATE	1/31/00
TELEPHONE NUMBER	481-9362
PART II To be completed by BUILDING DEPARTMENT	
PLAN IDENTIFICATION NUMBER	9910378
BUILDING TYPE (CHECK ONE)	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL
SQUARE FEET OF CHARGEABLE BUILDING AREA	3000
SIGNATURE	<i>[Signature]</i>
TITLE	Building Inspector I
DATE	1-27-00
PART III To be completed by SACRAMENTO CITY UNIFIED SCHOOL DISTRICT	
DISTRICT CERTIFICATION NUMBER	67A
EXEMPT	COMMENTS
RESIDENTIAL / APARTMENT / ETC.	_____ SQ. FT. X \$ _____ = \$ _____
COMMERCIAL / INDUSTRIAL	3000 SQ. FT. X \$ .28 = \$ 840
OTHER FEE _____ TYPE _____	SQ. FT. X \$ _____ = \$ _____
TOTAL FEES COLLECTED..... \$ 840-	
<p><i>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.</i></p> <p><i>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.</i></p>	
AUTHORIZED SCHOOL DISTRICT OFFICIAL	
SIGNATURE	<i>[Signature]</i>
TITLE	Bill Zefferis
DATE	2/3/00

**CITY OF SACRAMENTO  
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

ACTIVITY # **9910378** Insp. Area **3C**

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

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7946 Butte Ave Suite \_\_\_\_\_

PARCEL # **061-0053-007-008**

<b>CONTACT</b> Name <u>Bill Zellars</u> Address _____ Phone <u>451-9362</u> FAX <u>457-3326</u> E-mail _____		<b>LICENSED CONTRACTOR</b> Lic No. # <u>419181</u> Name <u>Zellars Concrete</u> Address <u>P.O. Box 60141 95860</u> Phone <u>451-9362</u> FAX <u>457-3326</u> E-mail _____	
<b>ARCHITECT/ENGINEER</b> Name <u>SROLAS Design</u> Address _____ Phone _____ FAX _____ E-mail _____		<b>OWNER</b> Name <u>Bill Zellars</u> Address <u>P.O. Box 60141</u> Phone <u>451-9362</u> FAX <u>457-3326</u> 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: New Shop / BLDG  SCHOOL Given To Customer  
B = 610 SQ FT office  SEWER EX  
S-2 = 2390 SQ F WORK SHOP  WATER EX  
 FLOOD Given To City

OCCUPANT/TENANT: Zellars Concrete VALUATION: \$ 102,039.90

FLOOD STATUS: <u>AR</u>		S.C.A.T. <u>X2; 201; 206; X1.12; X1.20; X1.17; X1.27</u>								
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 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 type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Col. No	Fire Req. Y / N	Fed Code	Viol. File		
<u>1</u>		<u>3000</u>		<u>B-2</u>	<u>V1</u>	<u>Y</u>	<u>10</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> J	<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 type="checkbox"/> D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTIL	
						<u>RSB</u>				

COMMENTS: ~~CONTRACTOR TO PROVIDE PERMIT~~  
QUAD FEE / J.R. 9-15-99  
DO NOT ISSUE UNTIL LOT MERGER IS COMPLETE

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

dssu/forms/commercialapp. [rev. 04/26/99] **WATER SUPPLY TEST IS NEEDED**  
Charged 90.00 For Report.  
 Val of sitework Landsc. & PAVING.?

Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 7946 Battle Ave

Assessor's Parcel Number: 061-0053-007+008

Previous Use: vacant

Description of Request/Proposed Use: New 3000 SF. storage

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): Zoning Designation: M-2  
299-128

Comments: Record cert. of compl. before  
permit issuance (merger 299-128)  
Needs dimensioned site plan, landscape  
& irrig. plan (show compliance w/shading ord.)

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: W. J. Bour 1/25/00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

SEPT. 10, 1999

TO:

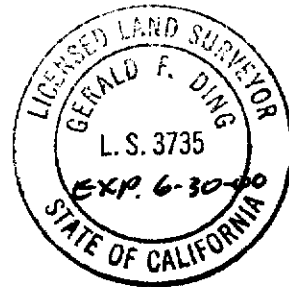
ZELLARS CONCRETE  
P.O. BOX 60141  
SACRAMENTO, CA. 95821

ATTN: BILL ZELLARS

DEAR MR. ZELLARS

I HEREBY CERTIFY THAT THE ELEVATION  
OF THE 50# SPIKE SET IN THE EAST  
SIDE OF THE POWER POLE ON THE  
SOUTH SIDE OF BUTTE AVE. 5 FEET  
EAST OF THE MAIL BOX MARKED  
7948 IS 41.70 FEET ABOVE SEA LEVEL  
BASED ON DATUM FURNISHED BY THE  
CITY/COUNTY OF SACRAMENTO AND  
ESTABLISHED FROM EXISTING BENCH  
MARK #31B-D3A.

Gerald F. Ding





PARCEL MERGER LEGAL DESCRIPTION

LOTS 10556 AND 10557, AS SHOWN ON THE "PLAT OF BRIGHTON PARK OR M. J. GOETHE COMPANY'S SUBDIVISION NO. 105 FILED IN THE OFFICE OF THE RECORDER OF SACRAMENTO COUNTY STATE OF CALIFORNIA IN BOOK 7 OF MAPS MAP NO. 47 DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 10557 THENCE ALONG THE NORTH LINE OF SAID LOT 10557 AND 10556 N 89° 30' E 90.00 FEET TO THE NORTHEAST CORNER OF SAID LOT 10556; THENCE S 00° 33' E 112.00 FEET TO THE SOUTHEAST CORNER OF SAID LOT 10556; THENCE ALONG THE SOUTH LINE OF SAID LOTS 10556 AND 10557 S 89° 30' W 90.00 FEET TO THE SOUTHWEST CORNER OF SAID LOT 10557; THENCE N 00° 33' W 112.00 FEET TO THE POINT OF BEGINNING CONTAINING 0.2314 ACRES.

PREPARED BY



*Gerald F. Ding*

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) YES

2. I (have/have not) have 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 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

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 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

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

X Signed [Signature]

X Job Address 7946 Bufile Ave

6/19/00  
X Date

Permit No: \_\_\_\_\_

<b>WATER SUPPLY TEST - DEPT. OF UTILITIES</b> 1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-8897	TEST NO: <b>99-75</b>	FILE NO: <b>R99-0082</b>
	REQUEST DATE: <b>10-5-99</b>	PCN
	COMPLETE DATE: <b>10-12-99</b>	
	ANALYSIS FEE: \$90.00	DATE PAID: <b>10-5-99</b>
	FIELD TEST FEE: \$360.00	DATE PAID: <b>N/A</b>
CONTACT PERSON: <b>Bill Zellars</b>	PHONE NO: <b>481-9362</b>	FAX NO: <b>457-3326</b>
COMPANY: <b>Zellars Concrete</b>	CELL PHONE NO: <b>997-7788</b>	
COMPANY ADDRESS: <b>7946 Bolte</b>	STREET ADDRESS OF TEST: <b>7946 Bolte Ave</b>	
PURPOSE OF TEST: <b>Construction</b>	ASSESSOR'S PARCEL NUMBER: <b>061-053-07</b>	

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, or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damage 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.

**USED TEST # 99-75**

Print Name: **Bill Zellars** Signature: *[Signature]* Date: **9/12/99**

ENGINEERING REQUEST DATE: **9-30-99** DATE OF TEST: **10-4-99** TIME OF TEST: **8:45**

WATER MAIN SIZE: **8"** TEST CONDUCTED BY: **Rennae, Jaquae Martinez**

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PILOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C <sub>1</sub>	C <sub>2</sub>		
RESIDUAL	100	42	50	43						
FLOWED	99	42			10	4.5	0.90	0.83	1429	
FLOWED	98	42			3	2.5	0.90	1.0	291	
FLOWED									<b>TOTAL 1718</b>	
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.

	ACTUAL	DESIGN (1)
STATIC PRES.	50 PSI	45 PSI
RESIDUAL PRES.	43 PSI	38 PSI
TOTAL FLOW @ RESIDUAL PRES.	1700 G.P.M.	1700 G.P.M.
TOTAL FLOW @ 20 PSI	3800 G.P.M.	3400 G.P.M.

$$Q = 29.83 C_c C_d \sqrt{P_{100} - P_{20}}$$

$$Q_{20} = Q \left( \frac{P_{100} - 20}{P_{100} - P_{20}} \right)$$

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

TEST # USED 99-75 DATA  
 1299-0082  
 FILE #

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

*Bldg.  
Folder copy*

**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <i>Bill Zellers</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>7946 Bolte Ave</i>		Company NAIC Number
CITY <i>SACRAMENTO</i>	STATE <i>CA</i>	ZIP CODE <i>95828</i>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 061-0033-007/008</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>NON-RESIDENTIAL</i>		
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 <i>SACRAMENTO 060266</i>	B2. COUNTY NAME <i>SACRAMENTO</i>	B3. STATE <i>CA</i>			
B4. MAP AND PANEL NUMBER	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>July 6, 1998</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>July 6, 1998</i>	B8. FLOOD ZONE(S) <i>A12</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>41.6</i>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____					

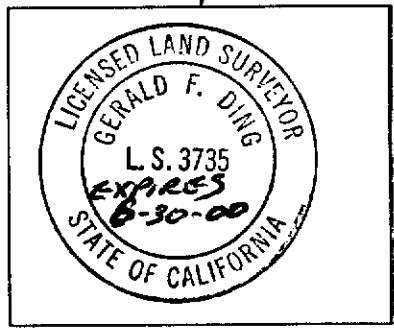
**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
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 *CITY* Conversion/Comments \_\_\_\_\_  
Elevation reference mark used *31B-D3A* Does the elevation reference mark used appear on the FIRM?  Yes  No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<i>42.35</i> ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	<i>0</i> ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)	
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<i>41.05</i> ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<i>0</i> ft.(m)	
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<i>4</i>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)	



**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 <i>GERALD F. DING</i>	LICENSE NUMBER <i>6.5. 3735</i>		
TITLE	COMPANY NAME		
ADDRESS <i>1550 MORGAN Pt.</i>	CITY <i>LOOMIS</i>	STATE <i>CA</i>	ZIP CODE <i>95250</i>
SIGNATURE <i>Gerald F. Ding</i>	DATE <i>1-29-00</i>	TELEPHONE <i>916-652-7663</i>	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7942 Butte Ave			Policy Number 002214214
CITY Sacramento	STATE CA	ZIP CODE 95820	Company NAIC Number 9530349

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is  ft.(m) 15 in.(cm)  above or  below (check one) the highest adjacent grade.
- E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME Bill Zellars			
ADDRESS 7942 Butte Ave	CITY Sacramento	STATE CA	ZIP CODE 95820
SIGNATURE 	DATE 1/30/10	TELEPHONE 916-481-9362	

COMMENTS

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

COMMENTS

Check here if attachments

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

Date: <b>06/08/00</b>	Time:	Planning No.:	Plan Check No.: <b>9910378</b>
Address: <b>7946 BUTTE AVE. ZELLERS CONCRETE</b>		Parcel No.: <b>061-0053-008</b>	
Description: <b>NEW BUILDING</b>			
Subdivision Map: <b>BRIGHTON PARK 89-B</b>		Water Page No.: <b>42</b>	
Estimate By: <b>R THAUNG</b>			
Engineering Firm: <b>OWNER-BILL ZELLERS 481-9362 457-3326</b>		Project Engineer: <b>SROKAS DESIGN Phone No.: Fax No.:</b>	
Sewer Jurisdiction: <input type="checkbox"/> County <input type="checkbox"/> City			
Comment No.1 <b>NO NEW SEWER, DRAINAGE OR WATER, EXISTING WATER METER</b> Comment No.2 Comment No.3 Comment No.4 Comment No.5 Comment No.6			
TOTAL WATER DEV. FEES: <b>\$0</b>		15 hrs x \$75 per hour = \$1,125 or \$300.00 (whichever is greater)	
TOTAL SEWER DEV. FEES: <b>\$0</b>		Total on-site grading and drainage review fee: <b>\$1,125</b>	

**Water Service Quotations**

*In computer ready*

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	
											\$0	
<b>4" TAP AND 3" METER</b>												
											n/a	
											n/a	
<b>ABANDONMENT</b>												
					in.							
					in.							
<b>CREDIT</b>												
					in.							
					in.							
							0			Fire Hydrant		
<b>Total for Water</b>											<b>\$0</b>	<b>\$0</b>

**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
<b>Total for Sewer</b>						<b>\$0</b>	<b>\$0</b>

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

*Robert [Signature]*

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



# CONSTRUCTION TESTING & ENGINEERING, INC.

**SAN DIEGO, CA** • **RIVERSIDE, CA** • **VENTURA, CA** • **TRACY, CA** • **LANCASTER, CA** • **SACRAMENTO, CA**  
2414 Vineyard Ave. 490 E. Princland Ct. 1645 Pacific Ave. 242 W. Larch 42156 10th St. W. 3628 Madison Ave.  
Suite G Suite 7 Suite 105 Suite F Unit K Suite 22  
Escondido, CA 92029 Corona, CA 91719 Oxnard, CA 93033 Tracy, CA 95304 Lancaster, CA 93534 N. Highlands CA 95660  
(760) 746-4955 (909) 371-1890 (805) 486-6475 (209) 839-2890 (661) 726-9676 (916) 331-6030  
(760) 746-9806 FAX (909) 371-2168 FAX (805) 486-9016 FAX (209) 839-2895 FAX (661) 726-0246 FAX (916) 331-6037 FAX

January 11, 2001

CTE Job No.90-0025

County of Sacramento  
Building Inspection Department  
Attention: D. Richardson  
1231 "I" Street, Room 200  
Sacramento, CA 95814

**PERMIT NO.: 9910378**

**SUBJECT: SATISFACTORY COMPLETION OF WORK REQUIRING SPECIAL INSPECTION PERFORMED**

**ADDRESS: 7946 Butte Avenue  
Sacramento, California 95826**

Mr. Richardson:

To the best of my knowledge all of the work requiring special inspections of footings and rebar, and anchor bolt installation has been completed. All work inspected for the structure constructed under the subject permit conforms to the approved plans and specifications and the applicable workmanship provisions of the Uniform Building Code.

Dan T. Math

Civil Engineer Registration # 61013

Expiration Date 12/31/04

Signature & Stamp:

