

CITY OF SACRAMENTO

Permit No: 9809026

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 30 TEARPAK CT SAC

Sub-Type: COM

Parcel No: 1170680026

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

PANEN EDGAR N/IMELDA B
30 TEARPAK CT
SACRAMENTO CA 95823

**Nature of Work: CONVERT SFR TO CARE FACILITY 2 AMB,2 NON AMB.PULL
STA.,ALARM SMOK DET,3 RAMPS**

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 9/21/98 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 9/21/98 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 _____ Policy Number _____

(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 9/21/98 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.

CITY OF SACRAMENTO
APPLICATION FOR XXXXXXXXXX BUILDING PERMIT

9809026C

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ Insp. Area # _____

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 30 TEARPAK COURT SACRAMENTO CA. 95823 Suite _____
PARCEL # 117-0680-026

<p align="center">CONTACT</p> <p>Name _____ Address <u>Contact</u> Zip _____ Phone _____ FAX _____</p>	<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address <u>O/S</u> Zip _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>	<p align="center">OWNER XXXXXXXXXX</p> <p>Name <u>IMELDA B. PANEN</u> Address <u>30 TEARPAK COURT</u> <u>SACRAMENTO CA. Zip 95823</u> Phone <u>395-1057</u> FAX _____</p>

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL:
Convert SFR to care facility ON SLAB FLOOR
4 clients 2 non + 2 ambulatory
pull station, alarm smoke det. ramp

DBA: GOLDEROCK CARE FACILITY VALUATION: _____

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>		MECH	PLUMB	<u>ELEC</u>		SITE	<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						Spr	Alarm			
B	<u>L</u>	P	M	<u>E</u>	<u>F</u>	S		<u>D</u>	R	

COMMENTS:
Show ramps

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

CITY OF SACRAMENTO
APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS _____ Suite _____

PARCEL # _____

CONTACT Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____	LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____
ARCHITECT/ENGINEER Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____	OWNER Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____

Will the permittee have any employees on the jobsite? Yes No

If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: _____

DBA: _____ VALUATION: _____

FLOOD STATUS:				S.C.A.T.				
JOB DESCRIPTION		BLDG	SHEL	ART	TI	REM	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	ETC	FIRE
# Stories	1st Fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Ret. V/N	Code	Via. File
						Sp.		
B	L	P	M	E	F	S	D	R

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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) NO

2. I (have/have not) _____ 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 DR. VOLT ELECTRIC Address 100 CHADWICK WAY
City FOLSOM CA. 95630 Telephone ¹⁻⁸⁰⁰⁻430-2598
Contractors License No. 746821

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:

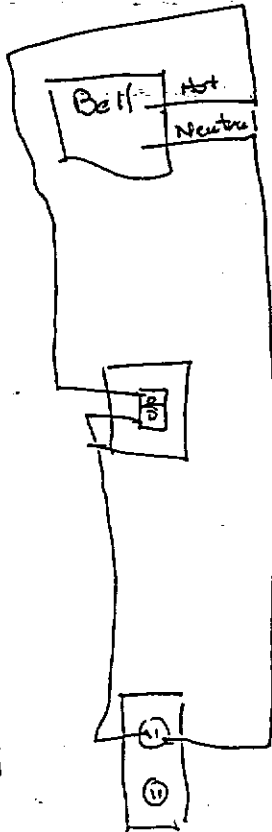
Name	Address	Phone	Type of Work

Signed AP

Job Address _____ Date _____

Permit No.: _____

110 VAC



Hot
Neutral

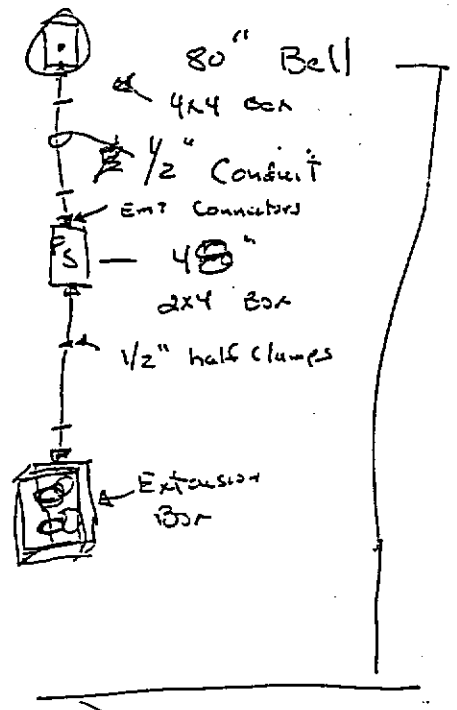
Alan Leal
455-5630

9-14-98 DL

- 4 EA EMT Connectors
- 1 EA 2x4 Cast Box (or Electrical Box)
- 1 EA 4x4 Cast Box " "
- 1 EA 2x4 Extension Box
- 1 - 10' 1/2" EMT Conduit
- 4 EA 1/2" half clamps

Bell
40"

Pulls
38"



RECEIVED

SEP 14 1998

Building Inspection Division



Established 1929 (916) 455-5630
SENTINEL FIRE
 EQUIPMENT COMPANY

Alan Leal, Manager Engineered Systems Div.

SALES AND SERVICE
ANSUL AUTHORIZED DISTRIBUTOR

- HALON 1301 SYSTEMS
- FIRE ALARM SYSTEMS
- CO₂ SYSTEMS



5702 BROADWAY, SACRAMENTO, CALIFORNIA 95820



NOTIFIER®

A Division of Pittway Corporation

I-440

BNG & BRG Series Manual Fire Alarm Stations

Catalog Section: Conventional Initiating Devices

March 19, 1996

GENERAL

The BNG and BRG Manual Fire Alarm Pull Stations each provide a single-action, normally-open contact alarm initiating point for use with Fire Alarm Control Panels. The BNG Station is non-code, non-break-glass type. The BRG Station is non-code, break-glass type.

FEATURES

- Within ADA 5 lb. pull force.
- Sturdy metal construction.
- Simple operation.
- Operation does not require replacement of parts (BNG only).
- Drawing of flames on cover helps communicate purpose of this device to people who do not read.
- Designed to prevent false alarms when bumped, shaken or jarred.
- Spanish version (*FUEGO*) (BNG-1SP).
- Meets UL 38 Standard for manually actuated signaling boxes.

APPLICATIONS

Designed for indoor use in atmospheres which are not potentially explosive. Use as a means of allowing anyone on the premises to turn in non-coded alarm quickly without chance of error. There is no need for delay. There is no danger of giving incorrect or incomplete instructions. Typical users include:

1. Schools.
2. Hospitals.
3. Retail stores.
4. Industrial plants.
5. Warehouses.

Compatible with any appropriate control panel. May be used to:

1. Initiate local alarm signals.
2. Trip a municipal fire alarm box.
3. Start fire pumps.
4. Initiate other functions which can be initiated by the closing.

OPERATION

The stations are operated by a pull on the pull cover. This causes a key latch to act against a retaining mechanism until adequate force is applied to open the station. As the station opens, a switch is released to initiate an alarm. The retainer used in Model BRG is a glass rod. When operated, the cover hangs down (and cannot be made to stay in a closed position) indicating that the station was used to turn in the alarm. **OPERATED STATIONS CAN BE SEEN UP TO 100 FEET AWAY.** Resetting is easily accomplished using a reset key.

The attractive design of the station highlights its engineered simplicity and unusual dependability; bumping, shaking, or



S635



0A0A3.AY



California State Fire Marshal
7150-028:003

BSA

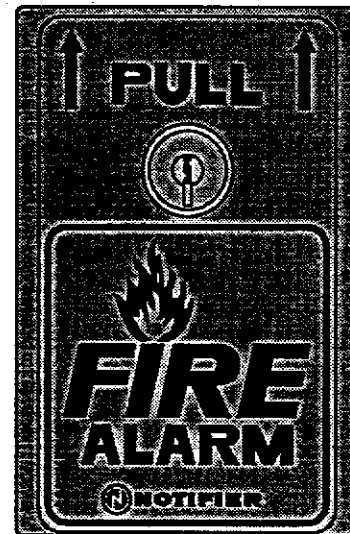
750-76-SA

MEA

38-93-E

ADA

Meets ADA Pull Force



The BNG-1TSL and BNG-1TSRL

jarring will not activate the switch or circuit. Instructions for operation of the station are provided on the front of the pull cover. The BNG and BRG Stations are both die-formed from 1/8" thick satin-finish aluminum, with the operating instructions in raised letters. Stations come in surface mounting models only. BNG and BRG contacts are rated at: 1 amp., 30 VAC, and 30 VDC. The master key fits all stations used in an installation of the same series.

INSTALLATION

The station mounts with two screws (supplied) to a standard single-gang electrical switch box. It can also be mounted to a surface-mount box.

ARCHITECT/ENGINEERING SPECIFICATIONS

Manual Fire Alarm Stations shall be non-code, non-break-glass type, equipment with a key operated reset, and so designed that after actual Emergency Operation, they cannot be restored to normal except by use of a key. An operated station shall be designed such that upon activation, it will be

DN-65

This document is not intended to be used for installation purposes. We try to keep our product information up to date and accurate. We cannot cover all specific applications or anticipate all requirements. All specifications are subject to change without notice. For more information, contact NOTIFIER. Phone: (203) 484-7181 FAX: (203) 484-7118



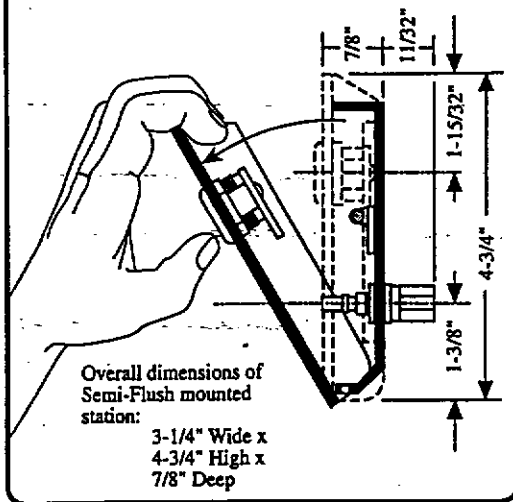
12 Clintonville Road, Northford, Connecticut 06472

ISO-9001
Engineering and Manufacturing
Quality System Certified to
International Standard ISO-9001



Made in the U.S.A.

BNG (pictured below) uses a tension spring as a retainer.
BRG looks the same, except the retainer is a glass rod.



Overall dimensions of
Semi-Flush mounted
station:

3-1/4" Wide x
4-3/4" High x
7/8" Deep



The DABC-SP

PHYSICAL DIMENSIONS

Length: 7.000 inches (17.64 cm)

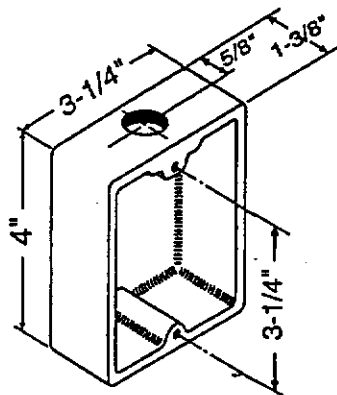
Width: 3.500 inches (8.82 cm)

Depth: 1.250 inches (3.15 cm)

DABC-SP BACK PLATE

Length: 9.650 inches (24.318 cm)

Width: 6.750 inches (17.01 cm)



BG-2 Back Box



The BNG-1SP

visually detectable at a minimum distance of one hundred feet, front or side. Manual stations shall be constructed of die-formed aluminum, with operating directions provided on the front cover in raised letters. Stations shall be suitable for surface mounting on a standard single-gang box or switch plate, and shall be installed 48" above the finished floor per ADA requirements. Manual stations shall be Underwriters Laboratories listed.

The DABC Double Action Cover and DABC-SP adapter provide a simple and economical means to convert NOTIFIER single-action BNG-1 Manual Fire Alarm Stations into double-action units.

The purpose of these adapters is to deter false alarms caused by passersby who pull a station and continue on without stopping. Using the double-action adapter requires a person to stop and perform two distinct actions: lifting the cover and pulling the breakstation. Such action is sufficient to deter potential pranksters from initiating costly alarms.

The DABC-SP consists of a red and white BSA approved back plate and the cover assembly which fits over the BNG-1. The cover is hinged to a bracket with nylon bushings which form the cover housing. The DABC-SP back plate and cover housing are punched and drilled to accommodate field wiring and the mounting screws that secure the BNG-1 and adapter to a wall backbox.

PRODUCT LINE INFORMATION

Model No.	Description
*BNG-1	Aluminum pull station with red lettering.
BNG-1TSL	Standard "LOCAL" style BNG-1 (aluminum) unit with terminal strip.
BNG-1TSRL	Standard "LOCAL" style BNG-1R (red) unit with terminal strip.
*BNG-1SP	Spanish aluminum pull station with red FUEGO (FIRE) and JALE (PULL) letters. UL listed (contact factory for current status of other listings and approvals).
**BNG-1R	Red aluminum pull station with silver lettering.
**BNG-1F	Aluminum pull station with red lettering and DPDT switch.
*BNG-1TS	Aluminum pull station with red lettering and two-position, double-row terminal block.
*BNG-1FTS	Aluminum pull station with red lettering with DPDT switch and two-position, double-row terminal block.
**BRG-1	Aluminum pull station with red lettering and break-glass option.
**BRG-1R	Same as BRG-1, but painted red.
BG-2	Surface-mounting backbox for BNG/BRG Series stations. One end tapped for 1/2" conduit.
146-0601	Replacement glass retainer for BRG.
DABC	Second action cover for BNG.
DABC-SP	NYC back plate with second action cover.

*MEA 38-93-E

**BSA 750-76-SA

MSB-6B-PV



AMERICAN security equipment company

Carson, California 90746
 Phones: (213) 538-4570
 (800) 421-1096
 Telex: 69-8241
 FAX: (213) 538-9932
 N. J. Office & Warehouse
 P.O. Box 308
 30 Chasin Road Bldg. F
 Pine Brook, N.J. 07358
 Phone: (201) 575-4433
 FAX: (201) 575-5504

California State Fire Marshal Listing Number 7135-587:2

EXB Series



Fire Alarm Bells

4 Wire Version with Varistor Suppression



The EXB series bells are conventional type two coil assembled vibratory bells that comply with the new UL Standard 464 for 4 wire installation.

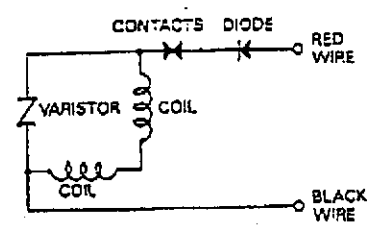
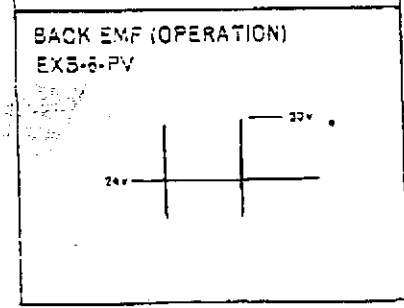
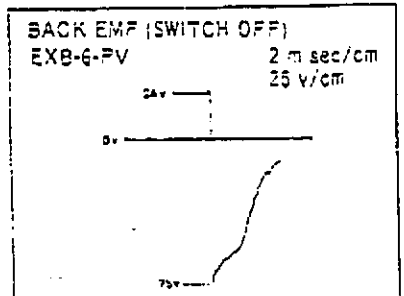
A special feature of the EXB series bells is the VARISTOR SUPPRESSION ELEMENT assembled between the coils to reduce RFI and back EMF noise problems. The reduction of the RFI and back EMF noise problems are essential in today's highly integrated control panels.

The two coil vibrator produces a low current power consumption with high sound output.

All DC bells are polarized for use in supervised fire alarm systems and are provided with 4 lead wires.

The base is cast aluminum and completely encloses the bell mechanism.

The EXB bell can be mounted on either a 4" standard electrical box or weatherproof back box, SBX-1 or SBX-4, for outdoor use.



■ SUPPRESSION CIRCUIT EXB-6-PV

RFI (3 Meter Method)

Frequency (MHz)	Background Noise (dB)	MSB-6B-PV
		Field Intensity (dB)
50	12	21
70	17	17
100	15	23
150	23	23
200	25	35

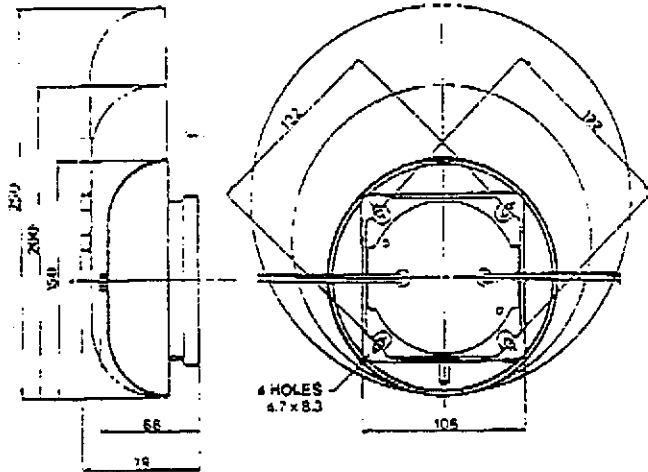
The field noise intensity denotes that of electric noise.
 dB/at 3M dB·1mV/m·0dB

Specify the Model Numbers from the following:

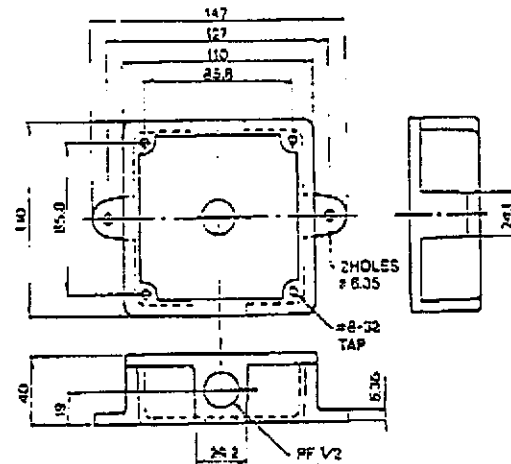
Model Number	Gong Size	Rated Voltage	Rated Current (A)	Starting Voltage	Sound Pressure UL Std 464	Indoor Measurement
EXB-6-PV4-6	6"	6VDC	0.30	4.8	85	85-86
EXB-6-PV4-12	6"	12VDC	0.12	9.6	79	85-86
EXB-6-PV4-24	6"	24VDC	0.06	19.2	87	85-86
EXB-6-PV4-25	6"	25VDC	0.03	22.4	82	85-87
EXB-8-PV4-6	8"	6VDC	0.50	4.8	85	87-90
EXB-8-PV4-12	8"	12VDC	0.12	9.6	82	85-87
EXB-8-PV4-24	8"	24VDC	0.06	19.2	85	95-88
EXB-8-PV4-25	8"	25VDC	0.03	22.4	82	86-87
EXB-10-PV4-6	10"	6VDC	0.50	4.8	85	89-94
EXB-10-PV4-12	10"	12VDC	0.12	9.6	85	90-94
EXB-10-PV4-24	10"	24VDC	0.06	19.2	82	89-94
EXB-6-A4-6	6"	6VAC	0.35	4.8	85	86-89
EXB-6-A4-24	6"	24VAC	0.18	19.2	79	86-89
EXB-6-A4-120	6"	120VAC	0.047	30.0	82	86-89
EXB-8-A4-24	8"	24VAC	0.18	19.2	85	86-89
EXB-8-A4-120	8"	120VAC	0.047	30.0	85	87-94
EXB-10-A4-24	10"	24VAC	0.18	19.2	85	87-94
EXB-10-A4-120	10"	120VAC	0.047	30.0	82	86-94

NOTE: P indicates Polarized, V indicates Variable, A indicates 4 Wire Leads
 GONG: Steel painted Res.
 FM Approved 6" and 8" 10" Pending.
 SSA CAL NO: 1070-60-SA

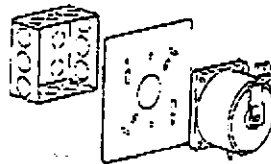
EXB-6, EXB-8, EXB-10
 Dimension: mm



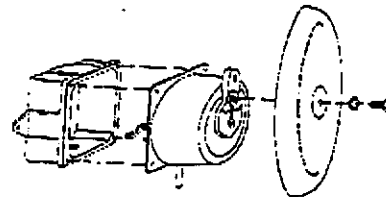
BBX-4 Waterproof Back Box



INSTALLATION



EXB series with Standard electrical outlet box with Adapter Plate.



EXB series with BBX-4 waterproof bell back box.

Distributed by:



**american
 security
 equipment
 company**

Corporate Office
 & Warehouse
 228 E. Star of India Lane
 Carson, California 90746
 Phone: (213) 538-4670
 (800) 421-1096
 Telex: 69-8241
 FAX: (213) 538-9932

N. J. Office & Warehouse
 P.O. Box 808
 30 Chapin Road Bldg. F
 Pine Brook, N.J. 07058
 Phone: (201) 575-4433
 FAX: (201) 575-5504



SACRAMENTO CITY FIRE DEPARTMENT
FIRE PREVENTION BUREAU



FIRE SAFETY CORRECTION NOTIFICATION

BUSINESS Golden Rock Care Home OCCP # _____
 ADDRESS 30 Terrapin Court PERMIT # _____
Soda, Ca. 95823 R22A
Enelda 395-1556 2 AM / 2 N-AMs

RECEIVED
SEP 14 1998

The Sacramento City Fire Code, State Fire Marshal's regulations and Uniform Building Code require the following fire safety deficiencies be corrected immediately:

- 1) Install 1 manual Pull Station w/ approved alarm Device SEE (yellow sheet)
- 2) Install Smoke Detectors in all sleeping Rooms
- 3) Remove all Deadbolts, Chain locks, Flip locks from all Exit Doors
- 4) Install "Single action - no knowledge" type Door knobs on all Exits -
- 5) Install Ramp @ non ambulatory Bedroom Exit & @ Sliding Glass Door in Dining Room
- 6) Remove Padlock from Side Gate, This Gate shall allow Exiting at all Times
- 7) Install 1 2A10 BC Portable Fire Extinguisher in Kitchen area (5 lb ABC)

Elaine Clark
1231 I Street
2nd Floor

264-1914 P.M.

RECEIVED

A reinspection will be made within 15 days at which time it is expected that you will have complied with this notice. If you have any questions, contact the Fire Prevention Bureau at 264-5400 between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday. (FAX: 264-8130)

ISSUED BY:

H Cook

RECEIVED BY:

X [Signature]

SEP 14 1998

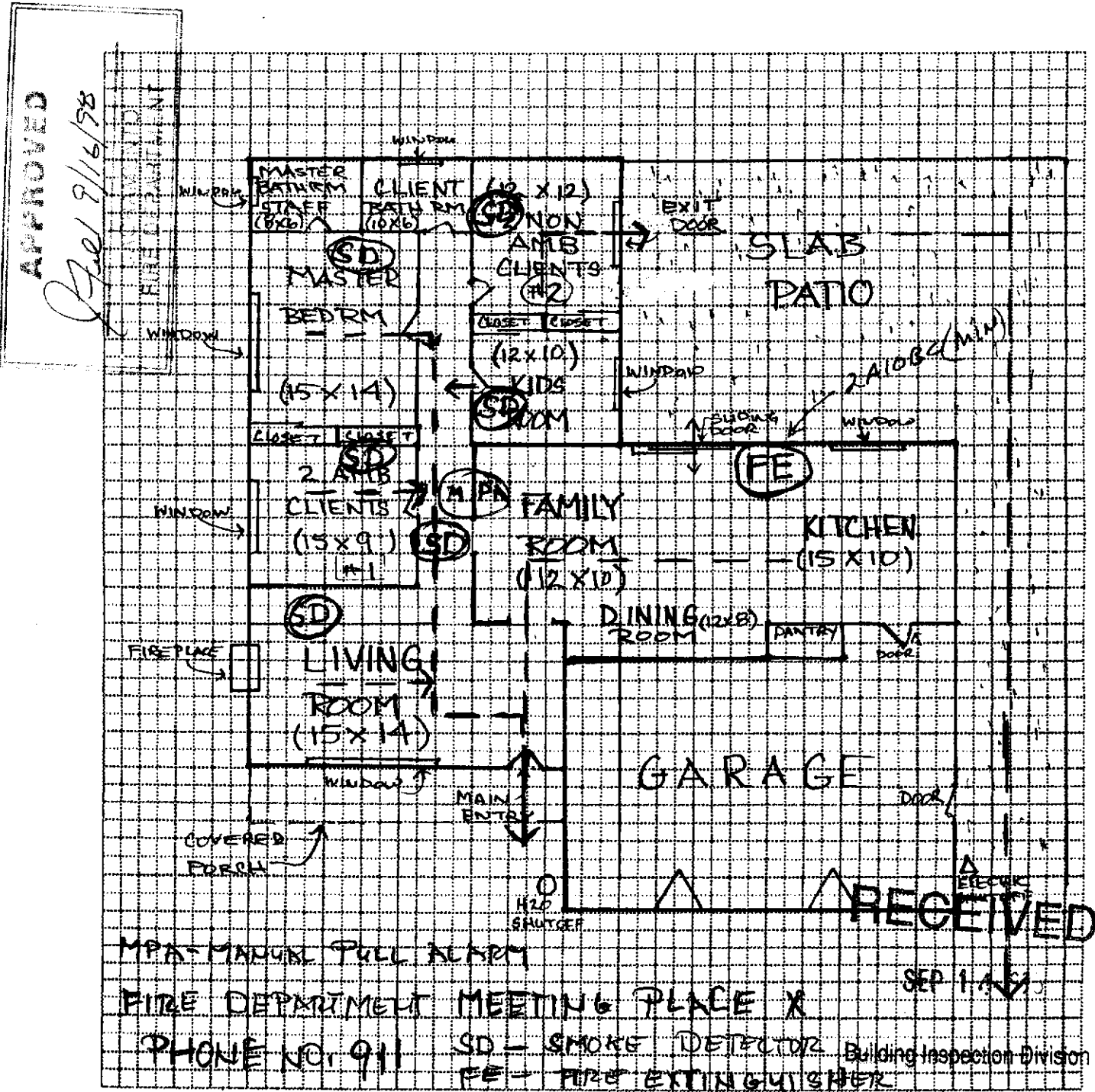
DATE:

9/1/98

FACILITY SKETCH (Floor Plan)

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The Floor Sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See back for yard Sketch.

FACILITY NAME: **GOLDEN ROCK CARE HOME** ADDRESS: **30 Tearpak Ct. Sacramento 95823**



R 2.2.1