

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

INSPECTION	INSPECTOR	DATE
FOUNDATION FORMS		
FEER GROUND		
CONCRETE SLAB FORMS		
PLUMB. UNDERFLOOR/SLAB		
MECH/UNDERFLOOR/SLAB		
ELECT. UNDERGROUND		
ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
INSULATION/WALL/FLOOR		
TOP PLUMBING		
TOP MECHANICAL/WALL/CEIL.		
ROUGH ELECTRICAL/WALL/CEIL.		
FRAME		
ROOF PLYWOOD NAIL, COMM. & APTS.		
EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
SERVICE UNDERGRD CONDUIT		
SEWER SERVICE		
WATER SERVICE		
SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
GAS TEST		
TEMP GAS ISSUED		
POWER POLE		
TEMP POWER #		
SWIMMING POOLS ONLY		
GAS TEST		
PLUMBING PRE-GUNITE		
PLUMBING PRE-DECK		
ELECTRICAL PRE-GUNITE		
ELECTRICAL PRE-DECK		
ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL		
DATE		
SIGNED		
FINAL APPROVALS		
FINAL INSP NO.		
BUILDING		
ELECTRICAL		
PLUMBING		
MECHANICAL		
DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED		

BUILDING SITE ADDRESS: 2900 RIO LINDA BLVD SUITE 4-C
 2900 RIO LINDA BLVD
 265-0112-018
 ASSESSOR PARCEL NO. 265-0112-018
 NAME OF APPLICANT
 LICENSED CONTRACTOR
 PROPERTY OWNER PEDRO BARRERA
 ARCH ENGR
 ADDRESS 2900 RIO LINDA BLVD SACRAMENTO, CA
 COMMUNITY PLAN NO. 95838
 PHONE NO. (916)923-6177
 PLAN CHECK NO.

NO. OF STORIES NO. OF ROOMS ROOF COVERING AREA 1ST FLOOR TOTAL AREA GARAGE AREA PATIO AREA USE ZONE STREET WIDTH

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: INSTALLATION OF SPRAY PAINT BOOTH

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS: CITY OF SACRAMENTO PERMIT SERVICES BUILDING INSPECTION DIVISION 264-7619

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 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.

VALUATION	\$ 15,000.00	FIRE SP.	III-N
ISSUED BY:	2-12-99	FED CODE	15
DATE ISSUED		PLAN CHECK/	
BUILDING PERMIT FEE	\$	PROC. FEE	
PLAN CHECK/	\$	S.M.I. FEE	\$
PROC. FEE	\$	CONST. EXCISE TAX	\$
S.M.I. FEE	\$	CITY BUS LICENSE	\$
CONST. EXCISE TAX	\$	TECH FEE	\$
CITY BUS LICENSE	\$	WATER DEV. FEE	\$
TECH FEE	\$	CITY SEWER DEV. FEE	\$
WATER DEV. FEE	\$	REG. SEWER FEE	\$
CITY SEWER DEV. FEE	\$	RESIDENTIAL CONST. TAX	\$
REG. SEWER FEE	\$	TOTAL FEES	\$
RESIDENTIAL CONST. TAX	\$		

CITY OF SACRAMENTO
APPLICATION FOR ██████████ BUILDING PERMIT

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

PLAN CHECK # 990106 Insp. Area _____

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

ADDRESS 2900 RIO LINDA BLVD Suite _____
 PARCEL # _____

<p align="center">CONTACT</p> <p>Name <u>ARTURO BARRERA</u> Address <u>2900 RIOLINDA BLVD</u> <u>SACTO, CA</u> Zip <u>95838</u> Phone <u>923-6177</u> FAX _____</p>	<p>LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>	<p align="center">OWNER ██████████</p> <p>Name <u>PEDRO BARRERA</u> Address <u>2900 RIOLINDA BLVD</u> <u>SACTO, CA</u> Zip <u>95838</u> Phone <u>923-6177</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: INSTALLATION OF SPRAY PAINT BOOTH

DBA: SUPER AUTO PAINTING VALUATION: \$ 15,000.00

FLOOD STATUS:						S.C.A.T. <input checked="" type="checkbox"/>				
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	SHEL	APT	TI()	REM()	SW	<input checked="" type="checkbox"/> FIRE	ADD	OTH
INSP. DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input 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	Const type	Fire Req. Y/N		Fed. Code	Vio. File	
				<u>1</u>	<u>IND</u>	Spr Alarm		<u>5</u>	<u>NO</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>R</u>	
<u>JT 13</u>	<u>JT 13</u>		<u>JMT 13</u>	<u>13/04</u>	<u>03/97</u>					

COMMENTS:
 * provide spray booth anchorage details on plans including size & total number per side
 Provide connections to extinguishing system + CIL storage + sign out

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 4-13-99

From: Gordon Duncan,
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

2900 Rio Linda Blvd

has been conducted by Inspector D. DeMello

on 4-9-99.

99-01406-C

Permit Number

Square Footage

Paint Booth

Type Inspection

The system is acceptable by this department.

R Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

99-27
F. D. Reference Number