

**CITY OF SACRAMENTO**

**Permit No: 9807790**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 3**

**Site Address: 6233 SUNRISE SOUTH DR SAC**

**Sub-Type: RES**

**Parcel No: 0380341003**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

DANIEL ELEANOR  
7460 NORBEC WY  
SACRAMENTO CA 95824

**Nature of Work: INSTALL FIRE PULL STATION FOR RES CARE FACILITY**

**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 August 18, 98 Owner Signature Eleanor Daniel

**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.

Date August 18, 1998 Applicant/Agent Signature Eleanor Daniel

**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 August 18, 1998 Applicant Signature Eleanor Daniel

**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 BUILDING PERMIT**

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

→ Applicant must complete ALL Unshaded areas ←

PC #	AREA #
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ADDRESS 6233 Sunrise ~~Sunrise~~ South Drive. Suite \_\_\_\_\_  
PARCEL # \_\_\_\_\_

<b>CONTACT</b>		<b>LICENCED CONTRACTOR</b> Lic No. # _____	
Name <u>ELEANOR DANIEL.</u>	Address <u>7460 NORBECK WAY.</u>	Name <u>N/A.</u>	Address _____
Phone <u>381-3628</u>	FAX <u>N/A.</u>	Phone _____	FAX _____
<b>ARCHITECT/ENGINEER</b>		<b>OWNER/TENANT</b>	
Name _____	Address _____	Name <u>AS ABOVE</u>	Address <u>7460 NORBECK WAY.</u>
Phone _____	FAX _____	Phone <u>381-3628</u>	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: Change in occupancy: Single Family Residence to Care Facility (Ambulatory)

DBA: \_\_\_\_\_ VALUATION: \_\_\_\_\_

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st Flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>R2.2A</u>		Spr	Alarm			
B	L	P	M	<u>(E)</u>	<u>(F)</u>	S		D	R	

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

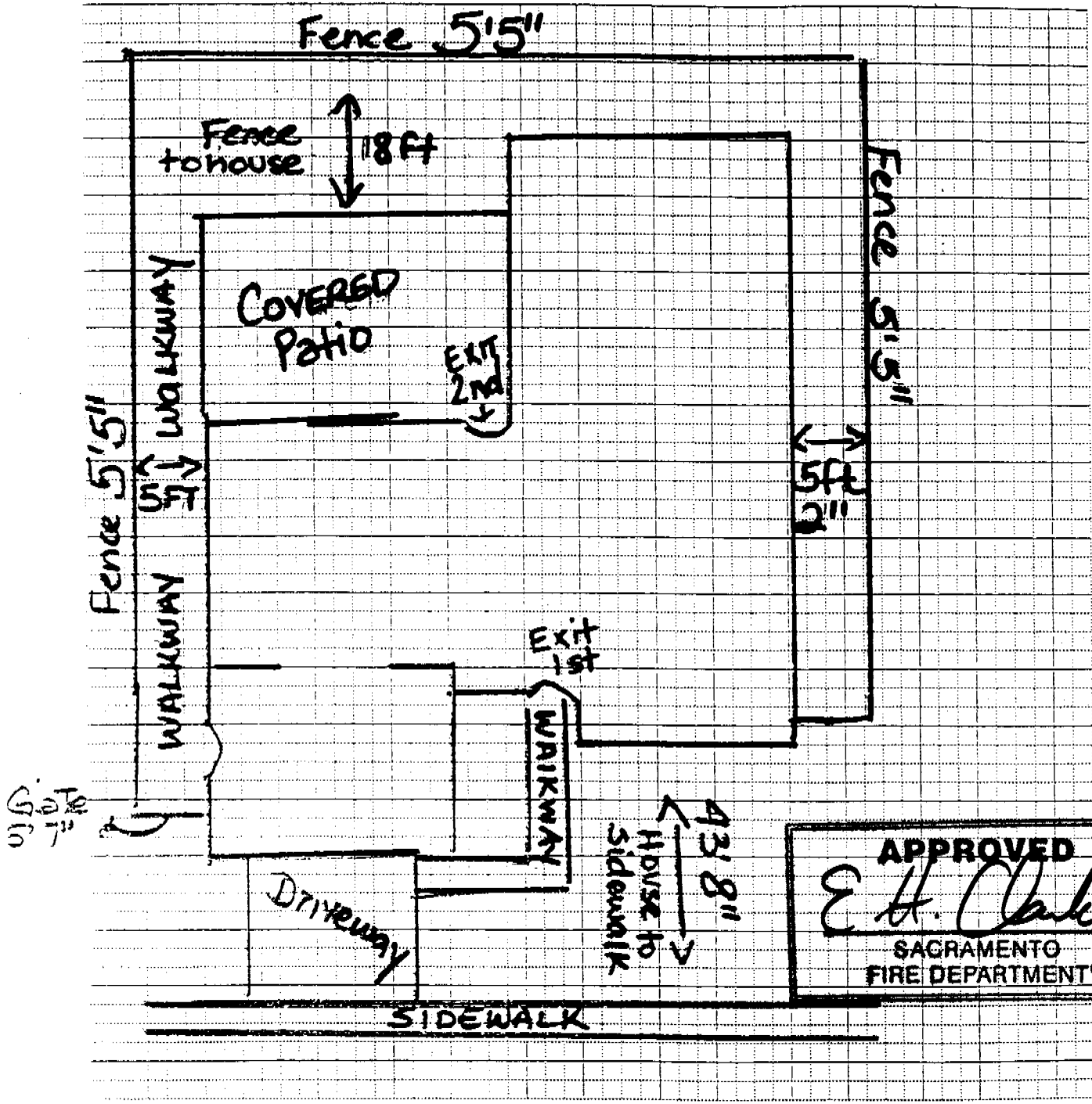
REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

### FACILITY SKETCH (Yard)

The Yard Sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

FACILITY NAME: Daniel Care Facility

ADDRESS: 6233 Sunrise South Dr.  
Sacramento, CA 95824

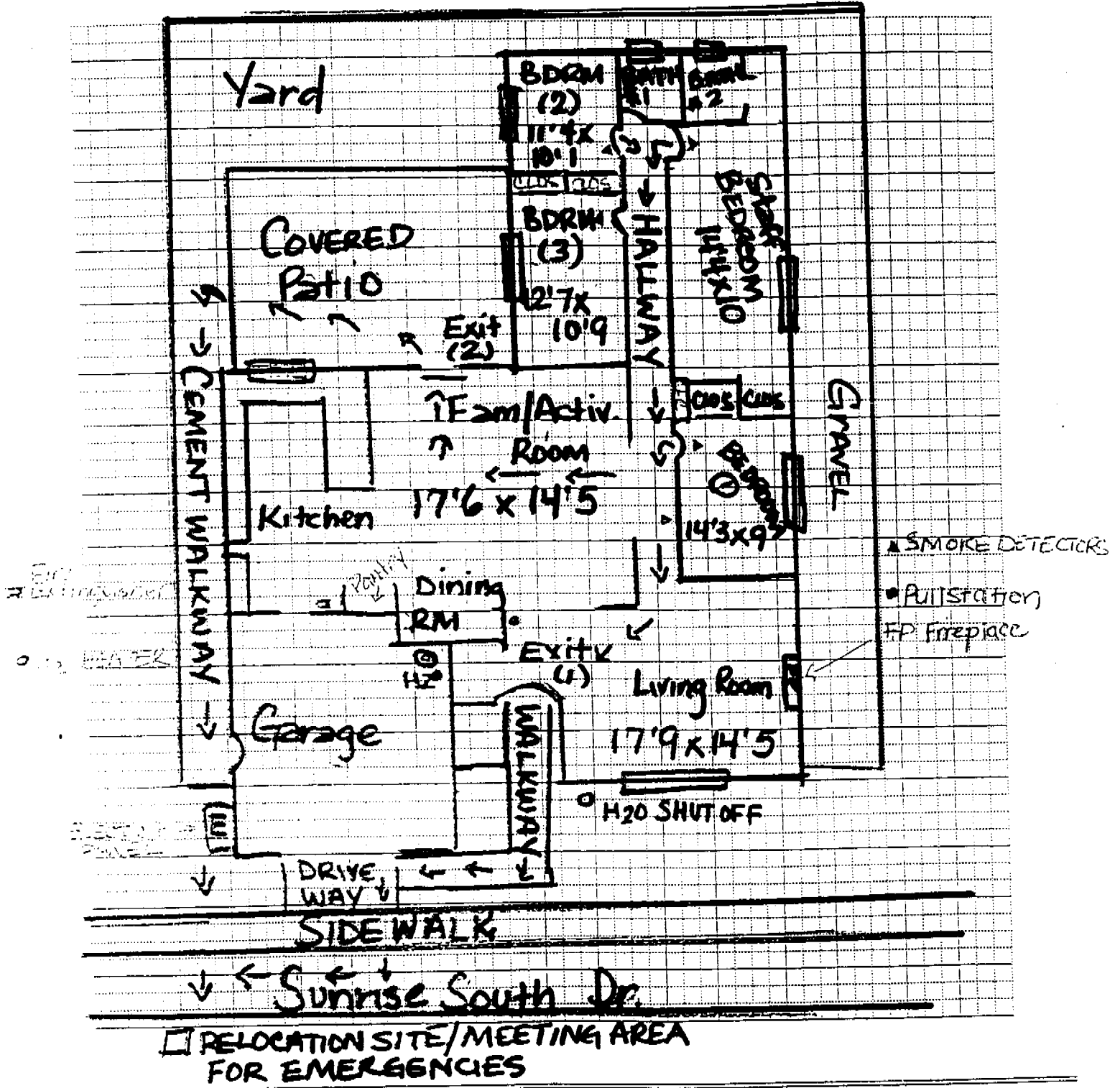


98-07790C

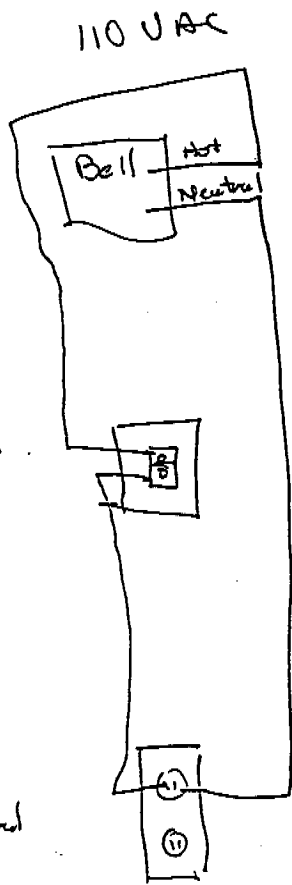
### FACILITY SKETCH (Floor Plan)

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: Daniel Care Facility ADDRESS: 6233 Sunrise South Drive  
Sacramento, CA 95824

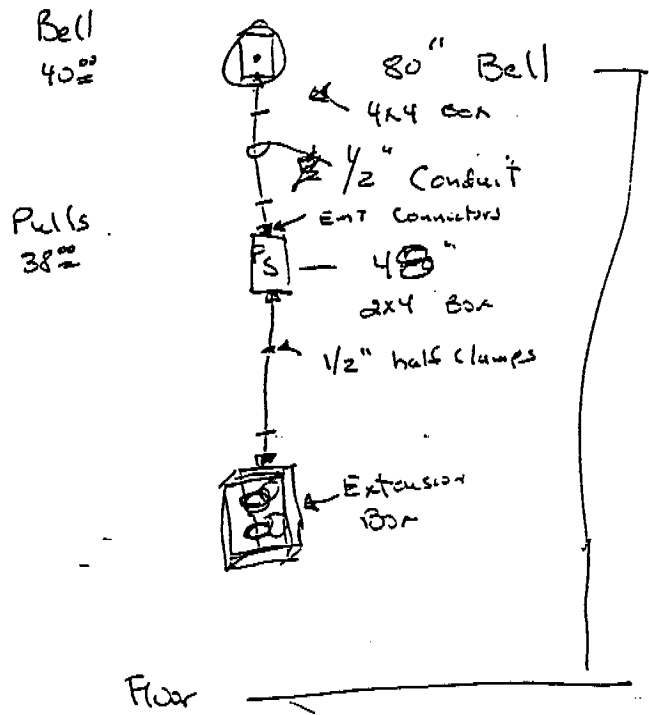


Max. 6 ambulatory clients



Alan Leal  
455-5630

- 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



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
- CO<sub>2</sub> SYSTEMS

5702 BROADWAY, SACRAMENTO, CALIFORNIA 95820

The approval of all Electrical Work  
is subject to field inspection.

8-15-98 *PLJ*



CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION

LISTING EXPIRES  
JUNE 30, 1999

## LISTING SERVICE

LISTING No. 7150-1388:121

Page 1 of 1

CATEGORY: Boxes/Pull Stations

LISTEE: GS Building Systems, 6411 Parkland Drive, Sarasota, FL 34243  
Contact: Jeff Van Keuren (941) 739-4274

DESIGN: Fire alarm pull stations Models 270, 270P, 270-SPO, 270A-SPO, 270A-DPO, 270-DOC, 276B, 277B, 278B, 279B, 279TC, 279P, 279T, 279L, 5966B, 5966BR, 5966BV, 5966BRV, 6296B-270, 6296B-K279, 6296B-T279, 8557-B301, 8557-B311, 8558-B301, 8558-B311 and 8558-B312. Refer to listee's data sheet for detailed product description and operational considerations.

INSTALLATION: In accordance with listee's printed installation instructions, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction.

MARKING: Model designation, electrical rating, UL label and one of the following name brands: Edwards, Edwards Systems Technology (EST), Mirtone, Fire Alarm and Systems Technology (FAST) or Alarm Industry Products (AIP).

APPROVAL: Listed as non-coded fire alarm pull stations for use with separately listed compatible fire alarm control units.

NOTE:

1. Formerly 7150-0073:117
2. Models provided with two-wire lead and normally closed switch contacts are not approved for fire alarm signaling use.

01-05-94

THIS LISTING IS BASED UPON TECHNICAL DATA SUBMITTED BY THE APPLICANT. CSFM FIRE ENGINEERING STAFF HAS REVIEWED THE TEST RESULTS AND/OR OTHER DATA BUT DOES NOT MAKE AN INDEPENDENT VERIFICATION OF ANY CLAIMS. THIS LISTING IS NOT AN ENDORSEMENT OR RECOMMENDATION OF THE ITEM LISTED. THIS LISTING SHOULD NOT BE USED TO VERIFY CORRECT OPERATIONAL REQUIREMENTS OR INSTALLATION CRITERIA. REFER TO LISTEE'S DATA SHEET, INSTALLATION INSTRUCTIONS AND/OR OTHER SUITABLE INFORMATION SOURCES.

DATE ISSUED: **APRIL 24, 1998**  
EFFECTIVE ISSUE DATE TO EXPIRATION DATE

APPROVED BY:

  
DEPUTY BEN HO  
PROGRAM COORDINATOR



CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION

# LISTING SERVICE

LISTING EXPIRES  
JUNE 30, 1999

**LISTING No.** 7135-0785:118

Page 1 of 1

**CATEGORY:** Audible Devices

**LISTEE:** Wheelock Inc., 273 Branchport Ave., Long Branch NJ 07740  
Contact: Luy Nguyen (732) 222-6880 fax (732) 222-8707

**DESIGN:** Model MT-12/24, MT-115\* and MT4-12/24, and MT4-115\* multi-tone audible devices followed by R, W, S, or X to indicate package color.

Models MT-12, MT4-12, MT-24, MT4-24 multi-tone audible/strobe signals followed by A, B, G, R or W to indicate lens color, followed by S (1.5 cd), H (15 cd) or M (117 cd) to indicate strobe intensity, and other suffixes to designate orientation, lens lettering and plate color.

\*Models MT-115-WH and MT4-115-WH multi-tone audible/visual devices (Rated 15 cd).

Refer to listee's data sheet for additional detailed product description and operational considerations.

**RATING:** Suffix -12: 9-15.6 VDC  
-24: 18-31 VDC  
-115: 120 VAC

**INSTALLATION:** In accordance with listee's printed installation instructions, NFPA 72, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction. Models MT series are surface mount and suitable for outdoor with Model IOB back box. Models MT4 series are flush mount and suitable for outdoor with model WBB back box.

**MARKING:** Listee's name, model number, electrical/candela rating and UL label.

**APPROVAL:** Listed as audible and audible/visual signaling devices for use with separately listed electrically compatible fire alarm control units. Not suitable for the hearing impaired application.

If this appliance is required to produce a distinctive three-pulse Temporal Pattern Fire Alarm Evacuation Signal (for total evacuation) in accordance with NFPA 72, 1993 Edition, the appliance must be used with a fire alarm control unit that can generate the temporal pattern signal. Refer to manufacturer's Installation Manual for details.

\*Rev. 12-08-97

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**DATE ISSUED: MAY 21, 1998**  
EFFECTIVE ISSUE DATE TO EXPIRATION DATE

**APPROVED BY:**

  
DEPUTY BEN HO