

CITY OF SACRAMENTO

Permit No: 0319322

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 298 C7
Sub-Type: HSG
Housing (Y/N): Y

Site Address: 7901 LA RIVIERA DR SAC
Parcel No: 079-0010-042

CONTRACTOR

OWNER

ARCHITECT

COLLEGE GARDENS II(COLLEGE I
6630
LOS ANGELES CA 90405

Nature of Work: FIRE DAMAGE - REPLACE EXISTING GAS LINES, PATCH DRYWALL & SIDING AS NEEDED

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 B/C License Number 638488 Date 12/15/03 Contractor Signature [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 have the burden of proving that he/she did not build or improve for the purpose of sale.)

CITY OF SACRAMENTO

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 12/15/03 Owner Signature [Signature]

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 12/15/03 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 _____ 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 12/15/03 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0319318	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 7901 La Riviera Dr Sacramento Suite 7865
PARCEL # * 101 / 162

<p style="text-align: center;">CONTACT</p> <p>Name <u>Angel Ridgway</u> Street Address <u>7901 La Riviera Dr</u> City/State/Zip <u>Sacramento Ca</u> Phone <u>916 381 2001</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>638488</u></p> <p>Name <u>Delta Const</u> Address <u>PO Box 920</u> City/State/Zip <u>Manitoba</u> Phone <u>209 825-7929</u> FAX <u>209 239-8539</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>ACHT/Delta</u> Address <u>7901 La Riviera Dr</u> City/State/Zip <u>Sacramento Ca</u> Phone <u>916 381 2001</u> FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** Statewide WJG-002596
 → **WORKER'S COMPENSATION POLICY #** State comp 046 0008530 **EXPIRATION DATE:** 5/04

NATURE OF WORK IN DETAIL: replace existing gas lines Patch DW wall & Siding as needed

OCCUPANT/TENANT: _____ **VALUATION: \$** 8000.00

FLOOD STATUS						S.C.A.T.							
JOB DESCRIPTION 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"/> OTHER <input type="checkbox"/>													
INSPECTION DISCIPLINES													
		BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N		Fed Code		Vio. File			
						SPR.	ALARM						
B	L	P	M	E	F	S		D		PW		UTIL	

COMMENTS: Fire Damage - Date: 11-26-03

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

FIRE PAGE NO.0001 F145 FA08 12/15/03 13:19:52

Sacramento Fire Department - Incident Report

Incident No : 030057713 Call# : 3130283 Date: 11/26/03 Time: 10:50
 Address : 7863 LA RIVIERA DR
 Type : 11 BUILDING FIRE
 Action Taken: 12 VENTILATION, EXTINGUISH, SALVAGE, OVERHAUL
 Property : APARTMENTS: APT:21 + UNITS
 UBC : HOTELS APT HOUSES CONVENTS

Weather : 55 Degrees / Cloudy
 Resources : 3 Engines, 2 Trucks 1 Medic
 2 Other Apparatus
 1 Fire Rescue Unit

Fire Casualties : None

Fire Damage : Confined to part of room or area of origin
 Smoke Damage : Confined to structure of origin
 Property Loss : \$75,000 Contents Loss :
 Property Value : \$250,000 Contents Value:
 Area of Origin : Exterior wall surface
 Caused by : Road transport vehicle
 Form of Heat : Heat from liquid fueled equipment
 Ignition Factor : Collision, overturn, knockdown
 Type of Material : Natural gas
 Form of Material : Gas or liquid in or from pipe or container
 Type of Material : Sawn woods, finished lumber
 Form of Material : Exterior sidewall covering, surface, finish
 Smoke Travel : Not classified
 Other Factors : Careless act
 Extinguished by : Water from hydrant, draft, standpipe
 Structure Type : Building with one specific property use
 Structure Status : In use
 Occupied
 Construction Type: Type V - Wood Frame
 Roof Type : Composition
 Number of Stories: 1

Level: A01

Detector Type : Smoke detector - other
 Power : Hard wire w/battery backup
 Performance : Detector in space of origin - alerted occupants
 Reason Failed : No failure

Extinguishing Sys: No extinguishing system

Report Author : F617

FIRE

** FIRE INCIDENT SYSTEM -- MASTER RECORD INFORMATION **

INC-NO 030057718 Supp-Exp _____ Inc-Date 112603 Inc-Type 11 CALL 03130283
 Take 12 Prop-Use 42 Pro-Clas 428 Inv-Act _____ I-Case _____
 Adr 7863 LA RIVIERA DR City SAC _____ County 34 St CA
 Zip _____ Mli 1019399 Map 15B DBA _____
 EDP 888 AA-MA 8 FPD _____ Disp-Grp S1 Pat-Nam _____
 Occupant _____ Oc-Phone _____ Pat-DOB _____
 Rept-By _____ Re-Phone _____
 Owner _____ Ow-Phone _____
 Own-Adr _____ O-City _____ O-St _____ O-Zip _____
 Manager _____ Ma-Phone _____
 Man-Adr _____ M-City _____ M-St _____ M-Zip _____

Res-Dis _____ (tenths) Alr-Srce 1 Alr-Code 1 Fin-Unit E60 Trans _____ FID _____
 Staffing 027 Staf-Hrs 28.7 Duration 1.7 Fm-Date 112603 To-Date 112603
 Rcv-Tim 105058 Dis-Tim 105118 Arr-Tim 105717 Ctl-Tim _____ Clr-Tim 123031
 Res-Tim 559 Batalion 1 Shift B Rpt-Unit E60 Juris _____ Priority 1 Amb C
 Rescue? _____ Count _____ Next _____ Control F617031126171534 Mast-RN 9961

NCFR

** FIRE INCIDENT SYSTEM -- INCIDENT INFORMATION REPORT ** Mast-RN 9961

Inc-No 030057718 Supp-Exp _____ Inc-Date 112603 Inc-Type 11
 Address 7863 LA RIVIERA DR MA-Id _____

Situations A2 _____ A3 _____ A4 _____ *Fire* Act-Tak2 _____ Act-Tak3 _____ Act-Tak4 _____
 Environ A5 2 A6 055 A7 _____ A8 _____ *Resources* R1 _____ R2 01 R3 _____
 Casualties F-Inj _____ F-Ftl _____ *Civilian Fire* C-Inj _____ C-Ftl _____
 Property P1 42 P2 428 P3 1 P4 _____ P5 R1 P6 1 P7 2 P8 1
 EMS Calls E1 _____ E2 _____ E3 _____ E4 _____ E5 _____ E6 _____ E7 _____ E8 _____ E9 _____
 EMS Situ. S1 _____ S2 _____ S3 _____ S4 _____ Act1 _____ Act2 _____ Act3 _____ Act4 _____
 Extent of Damage Fire 2 Smoke 6 Prop-Dam 000075000 Cont-Dam _____
 Pro-Val 250000 Cont-Val _____ Prop-Ins _____ Cont-Ins _____
 Location and Cause L1 76 L2 A01 L3 _____ L4 17 L5 71 Sex1 _____ Age1 _____
 Material, Travel T1 11 T2 86 T3 63 T4 12 T5 9 Sex2 _____ Age2 _____
 Contrib Factors Cf1 212 Cf2 _____ Fuel-Mod _____ Acres _____ Ext-Mtd 6
 Equip Typ 01 Model _____ Make _____ M-Yr 95
 Ser _____ *Veh/Mobil* Veh-Typ 98 V-Make _____
 Mod _____ DOT _____ VIN _____
 VL _____ St _____ Yr _____ DL _____ DL-St _____

Structure Con-Typ 5 Roof 2 Stories 1 Det-Typ 3 Power 4 Perf 1 Fail 7
 Ext-Typ 93 Ext-Perf _____ Ext-Fail _____ Sprk-Typ _____ Num-Act _____
 Auth-Id F617031126173305 Next _____ Control F617031126173305 Recno 136158

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Sacramento Fire Department - Incident Report

 Incident No : 030057713 Call# : 3130283 Date: 11/26/03 Time: 10:50
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 Type : 11 BUILDING FIRE
 Action Taken: 12 VENTILATION, EXTINGUISH, SALVAGE, OVERHAUL
 Property : APARTMENTS: APT:21 + UNITS
 UBC : HOTELS APT HOUSES CONVENTS

Weather : 55 Degrees / Cloudy
 Resources : 3 Engines, 2 Trucks 1 Medic
 : 2 Other Apparatus
 : 1 Fire Rescue Unit

Fire Casualties : None

Fire Damage : Confined to part of room or area of origin

Smoke Damage : Confined to structure of origin

Property Loss : \$75,000 Contents Loss :

Property Value : \$250,000 Contents Value:

Area of Origin : Exterior wall surface

Level: A01

Caused by : Road transport vehicle

Form of Heat : Heat from liquid fueled equipment

Ignition Factor : Collision, overturn, knockdown

Type of Material : Natural gas

Form of Material : Gas or liquid in or from pipe or container

Type of Material : Sawn woods, finished lumber

Form of Material : Exterior sidewall covering, surface, finish

Smoke Travel : Not classified

Other Factors : Careless act

Extinguished by : Water from hydrant, draft, standpipe

Structure Type : Building with one specific property use

Structure Status : In use

Occupied

Construction Type: Type V - Wood Frame

Roof Type : Composition

Number of Stories: 1

Detector Type : Smoke detector - other

Power : Hard wire w/battery backup

Performance : Detector in space of origin - alerted occupants

Reason Failed : No failure

Extinguishing Sys: No extinguishing system

Report Author : F617

FIRE

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 Zip _____ Mli 1019399 Map 15B DBA _____
 EDP 888 AA-MA 8 FPD _____ Disp-Grp S1 Pat-Nam _____
 Occupant _____ Oc-Phone _____ Pat-DOB _____
 Rept-By _____ Re-Phone _____
 Owner _____ Ow-Phone _____
 Own-Adr _____ O-City _____ O-St _____ O-Zip _____
 Manager _____ Ma-Phone _____
 Man-Adr _____ M-City _____ M-St _____ M-Zip _____

Res-Dis _____ (tenths) Alr-Srce 1 Alr-Code 1 Fin-Unit E60 Trans FID _____
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 Pro-Val 250000 Cont-Val _____ Prop-Ins _____ Cont-Ins _____
 Location and Cause L1 76 L2 A01 L3 _____ L4 17 L5 71 Sex1 _____ Age1 _____
 Material, Travel T1 11 T2 86 T3 63 T4 12 T5 9 Sex2 _____ Age2 _____
 Contrib Factors Cfl 212 Cf2 _____ Fuel-Mod _____ Acres _____ Ext-Mtd 6
 Equip Typ 01 Model _____ Make _____ M-Yr 95
 Ser _____ *Veh/Mobil* Veh-Typ 98 V-Make _____
 Mod _____ DOT _____ VIN _____
 VL _____ St _____ Yr _____ DL _____ DL-St _____
 Structure Con-Typ 5 Roof 2 Stories 1 Det-Typ 3 Power 4 Perf 1 Fail 7
 Ext-Typ 93 Ext-Perf _____ Ext-Fail _____ Sprk-Typ _____ Num-Act _____
 Auth-Id F617031126173305 Next _____ Control F617031126173305 Recno 136158

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 Type of Material : Sawn woods, finished lumber
 Form of Material : Exterior sidewall covering, surface, finish
 Smoke Travel : Not classified
 Other Factors : Careless act
 Extinguished by : Water from hydrant, draft, standpipe
 Structure Type : Building with one specific property use
 Structure Status : In use
 Occupied

Level: A01

Construction Type: Type V - Wood Frame
 Roof Type : Composition
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Detector Type : Smoke detector - other
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