

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007895
Insp Area: 4

Site Address: 2939 ACADEMY WY SAC
Parcel No: 265-0411-001

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

CONTRACTOR
EARL CONSTRUCTION COMPANY
POB 2280
WEST SACRAMENTO CA 95691

OWNER
LAMBERT FAMILY TRUST
1576 SILICA AVE
SACTO 95815

ARCHITECT

Nature of Work: INTER. REMODEL. REROOF 50% / EXT. COVERED WALK

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 A-13 License Number 511371 Date 9-25-00 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 _____ Owner 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 9-25-00 Applicant/Agent Signature Jack Choy

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 ST. PAUL FIRE & MARINE Policy Number WVK 8300313 Exp Date 10/01/2000

_____, (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 9-25-00 Applicant Signature Jack Choy

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # <u>0007895</u>	Insp. Area <u>4C</u>
------------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1935 ACADEMY WAY, SAC., CA. Suite _____
 PARCEL # 265-0411-001

<p style="text-align: center;">CONTACT</p> Name <u>ALLEN EDWARDS</u> Street Address <u>P.O. BOX 834</u> City/State/Zip <u>LOOMIS, CA. 95650</u> Phone <u>(916) 652-6373</u> FAX <u>(916) 652-6373</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>EARL CONSTRUCTION</u> Address _____ City/State/Zip _____ Phone <u>371-4100</u> FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>MARIO LAQUISA</u> Address <u>P.O. BOX 834</u> City/State/Zip <u>LOOMIS, CA. 95650</u> Phone <u>(916) 652-0404</u> FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>LAMBOR FAMILY TRUST</u> Address <u>1576 SILVER AVE</u> City/State/Zip <u>SAC CA 95815</u> Phone _____ FAX _____ 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: ~~RENOV~~ ← PERMITS + COURSED WALK and int office Room

OCCUPANT/TENANT: OFFICE / WAREHOUSE PACIFIC NEW VALUATION: \$ 600,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>200</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/DN</u>	Fed Code	Vio. File	
<u>B</u>	<u>D</u>	<u>6050</u>	<u>M</u>	<u>BSI</u>	<u>VN</u>	<u>SPR</u> <u>ALARM</u>	<u>15</u>	[H] [Quad]	
						<u>S</u>	<u>D</u>	PW	UTIL

COMMENTS: _____

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

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2935 Academy Way

Assessor's Parcel Number: ~~26~~ 265-0411-001

Previous Use: warehouse

Description of Request/Proposed Use: add mansard roof & covered walkway

Is This a Change of Use? no

Zoning Designation: M-2

Prior Applications for Project Site(P#, Z#, DRPB#): DR00-119

Comments: see DR00-119

Do not approve until/unless DR00-119 approval & appeal period. Compare to DR00-119.

Are There Any Planning Issues? (circle one) YES NO see above

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required? (Circle one) YES NO

North Sac. Redvelop-ment + DR. area

Planning Review by/Date: [Signature] 7-19-00

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

MICROFILM AFTER FINAL

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: EARD Construction Phone: 371-4100
Site Address: 2939 Academy Suite: _____
(Street) (Zip)
Business Owner/Representative: Lambert family trust Phone: _____
Nature of Business: Remodel
Property Owner: Lambert family Trust Phone: _____
Address: _____ Suite: _____
(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: Jack A. Champlin
(Print)
Jack Champlin (Signature)
9-25-00 (Date)

BID Use Only: Plan Ck# <u>0007895</u> Permit # <u>0007895</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>9/25/00</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No
init date
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

AIRTEX

Job No: E-79 Area Served: NORTHWEST
 Date: April 26, 2001 Page: 1 of 4 Unit No: AC-1

Motor Nameplate Data		Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:		MFR:	CARRIER	Volts			
M:		M/N:		AMPS	2.6	3	
HP:	V:	S/N:		BHP			
FLA:	PH:	Sheave Data Blower		RPM			
SF:	RPM:	P/N:	N/A	SP -			
Sheave Data		Shaft:	N/A	SP +			
P/N:	4" OD	Belts:	1-A40	TSP			
Shaft:	5/8	Fan Design Data		Filter SP			
Adj:	90%	CFM:	1950	CFM Total	1765	1820	
Fixed:		SP:	0.5	CFM RA	1280	1490	
		RPM:		CFM OA	485	330	
		BHP:					
		OSA:	320				

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		MIN	CFM	CFM	FPM	CFM	FPM	CFM	FPM
115	1	S	12X12			330		315		340		
112	2	S	12X12			285		120		60		
107	3	S	8X8			95		70		100		
118	4	S1	12X12			400		370		440		
111	5	S	8X8			40		105		40		
109	6	S	8X8			30		85		30		
122	7	S	14X14			340		375		370		
108	8	S	14X14			430		325		440		
TOTAL						1950		1765		1820		
115	9	R	12X12			255		175		200		
107	10	R	8X8			85		35		45		
112	11	R	12X12			240		175		220		
111	12	R	8X8			30		55		65		
109	13	R1	8X8			20		50		55		
122	14	R	22X22			755		670		745		
108	15	R	12X12			245		120		160		
TOTAL						1630		1280		1490		
OSA						320		485		330		

Remarks:

AIRTEX AIR CONDITIONING AND HEATING, INC. - 3199 Fitzgerald Road - Rancho Cordova, CA 95742
 (916) 852-8672 Fax (916) 852-8459 - Lic# 614060

AIRTEX

Job No: E-79 Area Served: SOUTHWEST
 Date: April 26, 2001 Page: 2 of 4 Unit No: AC-2

Motor Nameplate Data		Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3
MFR:		MFR: CARRIER	Volts			
M:		M/N:	AMPS			
HP:	V:	S/N:	BHP			
FLA:	PH:	Sheave Data Blower	RPM			
SF:	RPM:		P/N:	SP -		
Sheave Data		Shaft:	SP +			
P/N:		Belts:	TSP			
Shaft:		Fan Design Data		Filter SP		
Adj:		CFM: 1950	CFM Total	1595	1975	
Fixed:		SP: 0.5	CFM RA	1360	1660	
		RPM:	CFM OA	235	315	
		BHP:				
		OSA: 315				

Room	Opening			Factor	Design			Test 1			Test 2			Test 3		
	No.	Type	Size		MIN	CFM	FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	FPM	
117	16	S1	12X12			400		200	240	430						
122	17	S	16X16			775		720	865	780						
122	18	S	16X16			775		6750	805	765						
TOTAL						1950		1595	1910	1975						
122	19	R	22X22			875		800		950						
122	20	R	22X22			880		560		710						
TOTAL						1755		1360		1660						
OSA						195		235		315						

Remarks:

AIRTEX AIR CONDITIONING AND HEATING, INC. - 3199 Fitzgerald Road - Rancho Cordova, CA 95742
 (916) 852-8672 Fax (916) 852-8459 - Lic# 614060

AIRTEX

Job No: E-79Area Served: EASTDate: April 26, 2001Page: 3 of 4Unit No: AC-3

Motor Nameplate Data		Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:		MFR:	CARRIER	Volts			
M:		M/N:		AMPS	2.45	3	
HP:	V:	S/N:		BHP			
FLA:	PH:	Sheave Data Blower		RPM			
SF:	RPM:	P/N:		SP -			
Sheave Data		Shaft:		SP +			
P/N:	4" OD	Belts:	1-A40	TSP			
Shaft:	5/8	Fan Design Data		Filter SP			
Adj:	100% IN	CFM:	1950	CFM Total	1735	2045	
Fixed:		SP:	0.5	CFM RA	1425	1575	
		RPM:		CFM OA	310	475	
		BHP:					
		OSA:	475				

Room	Opening		Factor	Design		Test 1		Test 2		Test 3	
	No.	Type Size		MIN	CFM	FPM	CFM	FPM	CFM	FPM	CFM
106	21	S1 12X12		185		180		185			
102	22	S 16X16		555		395		570			
101	23	S 16X16		605		600		630			
101	24	S 16X16		605		560		660			
TOTAL				1950		1735		2045			
106	25	R 10X10		165		200		220			
104	26	R 22X22		1065		745		790			
102	27	R 14X14		245		480		560			
TOTAL				1475		1425		1570			
OSA				475		310		475			

Remarks:

AIRTEX AIR CONDITIONING AND HEATING, INC. - 3199 Fitzgerald Road - Rancho Cordova, CA 95742
 (916) 852-8672 Fax (916) 852-8459 - Lic# 614060

AIRTEX

Job No: E-79 Area Served: RESTROOMS/ATM
 Date: April 26, 2001 Page: 4 of 4 Unit No: EF-1,2,3 & 4

Motor Nameplate Data		Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:		MFR:		Volts			
M:		M/N:		AMPS			
HP:	V:	S/N:		BHP			
FLA:	PH:	Sheave Data Blower		RPM			
SF:	RPM:	P/N:		SP -			
Sheave Data		Shaft:		SP +			
P/N:		Belts:		TSP			
Shaft:		Fan Design Data		Filter SP			
Adj:		CFM:		CFM Total			
Fixed:		SP:		CFM RA			
		RPM:		CFM OA			
		BHP:					
		OSA:					

Room	Opening		Factor	Design		Test 1		Test 2		Test 3	
	No.	Type		Size	MIN	CFM	FPM	CFM	FPM	CFM	FPM
114	EF1	CEF	4C714		55		165				
113	EF2				55		170				
105	EF3				55		170				
121	EF4	E	12X12		400		580				

Remarks: _____

AIRTEX AIR CONDITIONING AND HEATING, INC. - 3199 Fitzgerald Road - Rancho Cordova, CA 95742
 (916) 852-8672 Fax (916) 852-8459 - Lic# 614060

AIRTEX

START-UP REPORT

Unit No:	1	Filters:	2-16X25X2	Date:	4/16/01
MFR:	CARRIER	Measured Voltage	210	Job No:	E-79
M/N:	48TFD008-501GA	Ambient Temp:	70	Job Name:	RIVER CITY BANK
S/N:	5000G24327	S/A:	50	Mechanic's Name:	KEN/BLANE
Belts:	A-40	R/A:	70		

#1 Comp Amps	FLA: 16	ACT: 15.1
#2 Comp Amps	FLA: N/A	ACT: N/A
Indoor Motor	FLA: 5.2	ACT: 2.7
#1 Outdoor Motor	FLA: 1.4	ACT: 1.4
#2 Outdoor Motor	FLA: N/A	ACT: N/A
#1 Comp	H/P: 235	L/P: 68
#2 Comp	H/P: N/A	L/P: N/A
Gas Manifold Press	HI Fire: 3.5	Low Fire: N/A
Enthalpy Setting:	C	
Discharge Air Controller Setting:	N/A	
Room Stat Settings:	Hot: 70	Cool: 73
Static Pressure Control Setting:	Hi: N/A	Low: N/A
Reset Control Setting:	N/A	
Room Stat Type:	WHITE ROGERS 1F91W-71	

Check Off List

Heat Ant. Set:	N/A
Belt Tension:	X
All Motor Mounts:	X
Scratch Date in Unit Nameplate:	4/16/01
Label Unit:	AC-1
Label Stats:	X
Check Terminals:	X
Check Linkages:	X
Condensate Comp:	X
Cap Tube Routing:	X
Panels Secure:	X
Air Balance Comp:	X
Stat Programmed:	X

D.O.A. Information: _____

Additional Notes: _____

AIRTEX AIR CONDITIONING AND HEATING, INC. - 3199 Fitzgerald Road - Rancho Cordova, CA 95742
 (916) 852-8672 Fax (916) 852-8459 - Lic# 614060

AIRTEX

START-UP REPORT

Unit No: 2	Filters: 2-16X25X2	Date: 4/16/01
MFR: CARRIER	Measured Voltage 210	Job No: E-79
M/N: 48TFD908-501GA	Ambient Temp: 70	Job Name: RIVER CITY BANK
S/N: 5000G20393	S/A: 48	Mechanic's Name: KEN/BLANE
Bells: A-40	R/A: 67	

#1 Comp Amps FLA: 16 ACT: 14.7
 #2 Comp Amps FLA: N/A ACT: N/A
 Indoor Motor FLA: 5.2 ACT: 2.5
 #1 Outdoor Motor FLA: 1.4 ACT: 1.4

 #2 Outdoor Motor FLA: N/A ACT: N/A
 #1 Comp H/P: 220 L/P: 63
 #2 Comp H/P: N/A L/P: N/A
 Gas Manifold Press Hi Fire: 3.5
 Low Fire: N/A
 Enthalpy Setting: C
 Discharge Air
 Controller Setting: N/A
 Room Stat Settings: Hot: 70 Cool: 74
 Static Pressure
 Control Setting: Hi: N/A Low: N/A
 Reset Control Setting: N/A
 Room Stat Type: WHITE ROGERS 1F91W-71

Check Off List	
Heat Ant. Set:	N/A
Belt Tension:	X
All Motor Mounts:	X
Scratch Date in Unit Nameplate:	4/16/01
Label Unit:	AC-2
Label Stats:	X
Check Terminals:	X
Check Linkages:	X
Condensate Comp:	X
Cap Tube Routing:	X
Panels Secure:	X
Air Balance Comp:	X
Stat Programmed:	X

D.O.A. Information: _____

Additional Notes: _____

AIRTEX

START-UP REPORT

Unit No: 3	Filters: 2-16X25X2	Date: 4/16/01
MFR: CARRIER	Measured Voltage 210	Job No: E-79
M/N: 48TFD9006-501GA	Ambient Temp: 68	Job Name: RIVER CITY BANK
S/N: 5000G20392	S/A: 48	Mechanic's Name: KEN/BLANE
Belts: A-40	R/A: 65	

#1 Comp Amps FLA: 16 ACT: 14.1
 #2 Comp Amps FLA: N/A ACT: N/A
 Indoor Motor FLA: 5.2 ACT: 2.7
 #1 Outdoor Motor FLA: 1.4 ACT: 1.4
 #2 Outdoor Motor FLA: N/A ACT: N/A
 #1 Comp H/P: 220 L/P: 63
 #2 Comp H/P: N/A L/P: N/A
 Gas Manifold Press Hi Fire: 3.5
 Low Fire: N/A
 Enthalpy Setting: C
 Discharge Air Controller Setting: N/A
 Room Stat Settings: Hot: 70 Cool: 73
 Static Pressure
 Control Setting: Hi: N/A Low: N/A
 Reset Control Setting: N/A
 Room Stat Type: WHITE ROGERS 1F81W-71

Check Off List	
Heat Ant. Set:	N/A
Belt Tension:	X
All Motor Mounts:	X
Scratch Date in Unit Nameplate:	4/16/01
Label Unit:	AC-3
Label Stats:	X
Check Terminals:	X
Check Linkages:	X
Condensate Comp:	X
Cap Tube Routing:	X
Panels Secure:	X
Air Balance Comp:	X
Stat Programmed:	X

D.O.A. Information: _____

Additional Notes: _____

PERMIT SUMMARY DOCUMENT

**Bldg Commercial
ISSUED**

Address: **2939 ACADEMY WY SAC** Date Issued: 09/25/2000 Area: 4

Permit #: **0007895** Thomas Bros: 278F2 313

Location:

APN: 265-0411-001

Owner: LAMBERT FAMILY TRUST
EARL CONSTRUCTION COMPANY
1576 SILICA AVE
SACTO
CA 95815

Contractor:

3940 INDUSTRIAL BLVD. SUITE 100D
WEST SACRAMENTO CA
95691

Phone:

Phone: 916-371-4100

JOB DESCRIPTION: INTER. REMODEL. REROOF 50% / EXT. COVERED WALK/SKYLIGHTS

*add on
wall*

DBA: PACIFIC NEON

Occupancy: B/S-1	Change of Use: N	Zoning: ??
Const Type: V-N	Sub-Type: ACOM	DR: North Sa
Fire Sprinkler?: Y	Activity Code: I1	Fed Code: 10
Flood Zone: NR	Cert Req'd: N	Balance: \$0.00

VALUATION: \$615,000.00 Sq. Ft: 0 Reg San: \$0.00 School Fees Req'd: Y or N

BLDG Y MECH Y PLBG Y ELEC Y SITE N FIRE Y

	<u>BLDG</u>	<u>L/S</u>	<u>MECH</u>	<u>PLBG</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>	<u>UTIL</u>	<u>PW</u>
Cycle 1	JST	JST	JMT	JMT	GMC	GRS	BJF		
Cycle 2	JST	JST		JMT	GMC	GRS	BJF		
Cycle 3									
Cycle 4									

CONDITIONS: Cond: 200
FRI - Overheads - Plans

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#: _____

DATE: 9-28-00

X OLD PLAN CHECK NO#: 0007895

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES _____ NO _____

JOB ADDRESS 2939 Academy Wy PERMIT NO _____

AREA: _____ DBA: _____

X DESCRIPTION OF REVISIONS ADDING SKYLIGHTS TO
EXIST. BUILD.

DISCIPLINE	(B)	L	P	M	E	F	S	R	D
CHECKED BY	JT								
ROUTE TO									
CODE	13								
HOURS SPENT									

X CONTACT: ALLEN EDWARDS

ADDRESS: P.O. Box 834
LOOMIS, CA.

X PHONE#: (916) 652-6373

OF PLANS SUBMITTED 2

SUBMITTED TO Brent

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN

APP FEE	PAID

Applicant signature Date

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 2939 Academy Way,

Assessor's Parcel Number: 265-0411-001

Previous Use: Warehouse

Description of Request/Proposed Use: Add roof s/c - 4x4

Added to scope of work to Design Review file - DR00-119

Is This a Change of Use? No

Zoning Designation: M-2

Prior Applications for Project Site(P#, Z#, DRPB#): DR-00-119.

Comments: App'd by EAS to add to D.R. Approval DR00-119.

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: [Signature] 9/28/00

Not in scope Redw. EAS.

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

MICROFILM AFTER FINAL