

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0406078**  
**Insp Area: 4**  
**Thos Bros: 277H2**

**Site Address: 450 JESSIE AV SAC**  
Parcel No: 237-0180-002

**Sub-Type: NCOM**  
**Housing (Y/N): N**

CONTRACTOR  
BLDCO INC  
PO BOX 1309  
WEST SACRAMENTO, CA 95605

OWNER  
GRAND PACIFIC PROPERTIES  
2917 FULTON AVE  
SACRAMENTO, CA 95821

ARCHITECT  
PAUL BALLORA

**Nature of Work: 625 SQ FT OFFICE/CLUBHOUSE/SITE WORK FOR APT COMPLEX**

**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 792206 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.)

LO, 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 12.07.04 Owner Signature LO

**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 12.07.04 Applicant/Agent Signature LO

**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 NO EMPLOYEES 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 12.07.04 Applicant Signature LO

**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.**

0406078

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 450 Jessie Avenue		APN: 237-0180-002
DRPB AREA / PUD / SPD: Expanded North Design Review		ZONING: R-3
EXISTING LAND USE: Vacant land with 4 plex.		
PROPOSED USE: New 60 unit apartment complex.		
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>		
<input type="checkbox"/>	Planning review is NOT required.	
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.	
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.	
<input type="checkbox"/>	<b>Application(s) IN PROGRESS:</b> Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.	
<input checked="" type="checkbox"/>	<b>Application(s) COMPLETED:</b> Z04-092 Approved 7-21-05 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.	
<input checked="" type="checkbox"/>	<b>Plans may be submitted for plan check.</b> Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.	
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.	
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.	
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.	
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.	
COMMENTS: SITE to check for conditions of approval from Z04-092.		
DATE: 3-1-05	BY: Sally Shore	

\*\*\*DUPLICATE\*\*\*

PD: 04/20/2005 042 SMU  
DATE: 04/20/2005 12:50PM 00004591  
PMT#: 0406078 SHT COM BLDG PT  
0201BLDG PMT-COM'L

\$75.00

PC  
CHANGE

\$75.00  
\$0.00



CITY OF SACRAMENTO  
RE-INSPECTION PAYMENT FORM

Development Services Division  
Permit Services Section  
1231 I Street, Room 200  
Sacramento, California 95814  
(916) 264-7619 (916) 264-7046 (fax)

DATE: 4-20-05  
ADDRESS: 450 Jessie Av  
PERMIT NUMBER: 0406078

- Residential
- Commercial  (if commercial, check discipline)
- Building
- Mech/Plumbing
- Electric
- Site
- Fire
- Sign

**PAID**  
CITY OF SACRAMENTO  
APR 20 2005  
NORTH PERMIT  
CENTER

FEE: \$75 PER INSPECTION  
TOTAL 75.00

Inspector's Name: C DeYoung  
APS Entry By: Sandra Munoz Date: 4-20-05

cc: Field Inspection - Support Staff  
Fax Permit Specialist

O = Stringer poles  
without service panels.

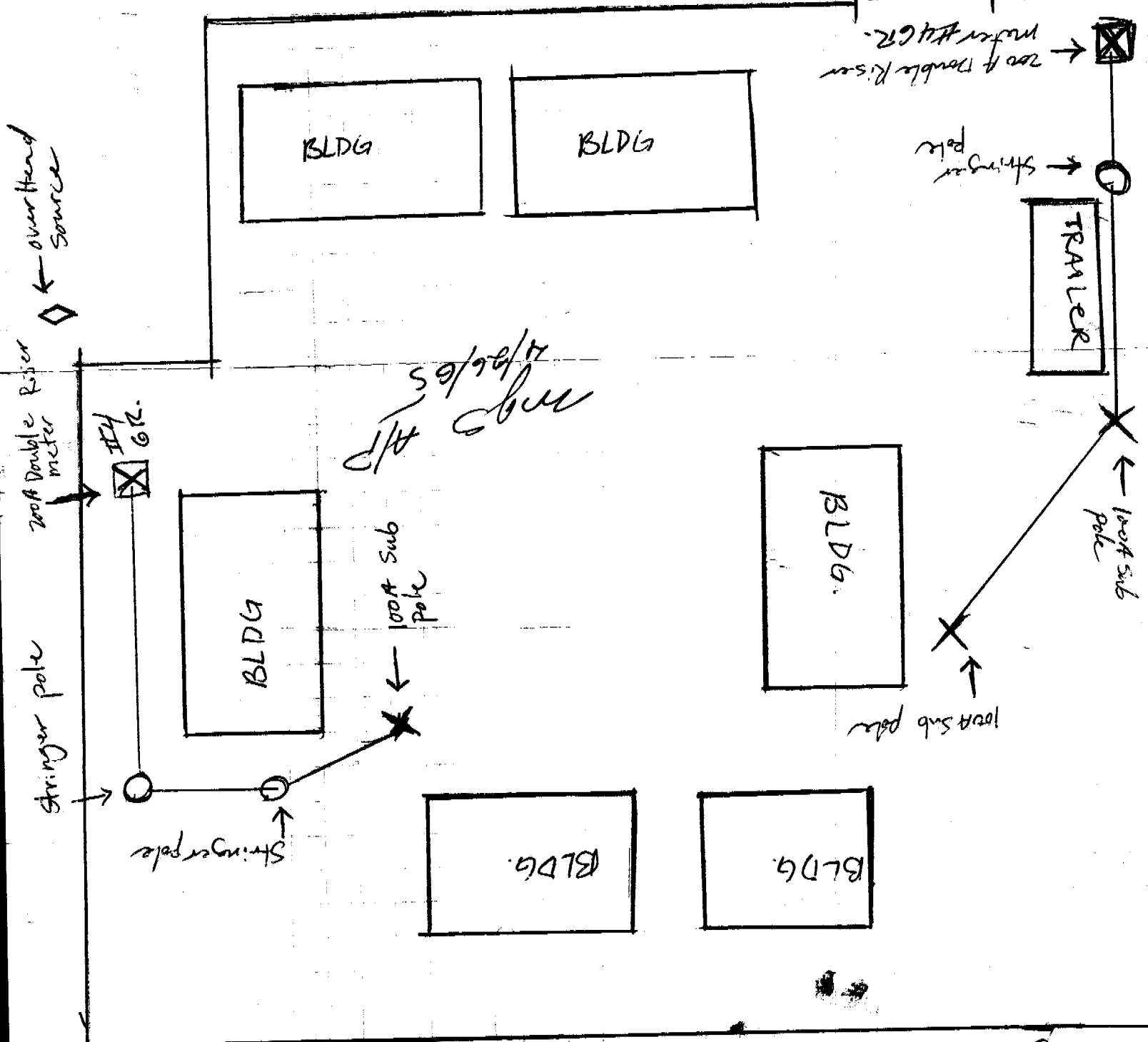
Primary: 2" schedule 80 conduit.  
4/0t aluminum  
Secondary: 2" schedule 80 conduit  
#1 Aluminum wire  
#1 Aluminum wire  
100A riser.  
#2 0/4 wire

#1 aluminum wire  
in 2" conduit sch. 80  
1-8ft. ground rod  
run #12 ground unshielded  
through 1/2 conduit  
meters

X = 100A sub.

440  
450

Jesse Ave.



overhead source

200A Double Riser meter

#4 GR.

mp 4/6/6/5 A/P

100A sub pole

Stringer pole

Stringer pole

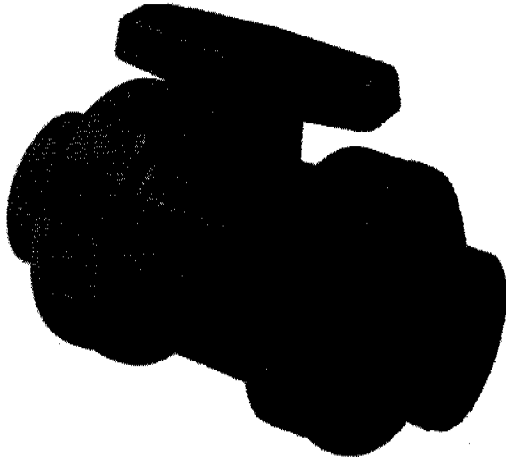
8704040

416



# TRUE UNION BALL VALVES

(REGULAR STYLE)



## Features

0406078

This versatile, quarter-turn shutoff valve is well suited for industrial and chemical processing applications. Available in IPS Sizes 1/2"- 4" with socket, threaded or flanged end connectors. 6" Venturied valve (4" valve with 4 x 6 adapter) available with either socket or flanged end connection. Also available with metric 20mm - 110mm or 1/2" - 4" BSP threaded end connectors.

## Sample Engineering Specification

All thermoplastic ball valves shall be True Union type constructed from PVC Type I, ASTM D 1784 Cell Classification 12454 or CPVC Type IV, ASTM D 1784 Cell Classification 23447. All O-rings shall be EPDM or genuine Viton®. All valves shall have Safe-T-Shear® stem and double stop Polypropylene handle. All valve union nuts shall have Buttress threads. All seal carriers shall be Safe-T-Blocked®. All valve components shall be replaceable. All valves shall be certified by NSF International for use in potable water service. All 1/2" - 2" valves shall be pressure rated at 235 psi and all 2-1/2" - 6" and all flanged valves shall be pressure rated at 150 psi for water at 73° F, as manufactured by Spears® Manufacturing Company.

- Chemical & Corrosion Resistant PVC or CPVC Construction
- Schedule 80 Full-Bore Design
- Strong, Buttress Thread Union Nuts
- Fully Serviceable, Replaceable Components
- Spears® Safe-T-Blocked® Seal Carrier
- Self Adjusting PTFE Floating Seat Design
- EPDM or genuine Viton® O-rings
- High Impact Polypropylene Handle
- Spears® Safe-T-Shear® Stem Design
- Sizes 1/2" - 2" Pressure Rated to 235 psi @ 73°F, Sizes 2-1/2" - 6" and all flanged Pressure Rated to 150 psi @ 73°F
- NSF Certified for Potable Water use
- Suitable for Vacuum Service
- Assembled with Silicone-Free, Water Soluble Lubricants
- Manufactured to ASTM F 1970

## Quick-View Valve Selection Chart

Valve Size	O-ring Material	PVC Part Number <sup>1</sup>			Pressure Rating
		Threaded	Socket	Flanged	
1/2	EPDM	2329-005	included	2323-005	235 psi Non-Shock Water @ 73°F
	Viton®	2339-005	included	2333-005	
3/4	EPDM	2329-007	included	2323-007	
	Viton®	2339-007	included	2333-007	
1	EPDM	2329-010	included	2323-010	
	Viton®	2339-010	included	2333-010	
1-1/4	EPDM	2329-012	included	2323-012	(Flanged 150 psi Non-Shock) Water @ 73°F
	Viton®	2339-012	included	2333-012	
1-1/2	EPDM	2329-015	included	2323-015	
	Viton®	2339-015	included	2333-015	
2	EPDM	2329-020	included	2323-020	
	Viton®	2339-020	included	2333-020	
2-1/2	EPDM	2321-025	2322-025	2323-025	150 psi Non-Shock Water @ 73°F
	Viton®	2331-025	2332-025	2333-025	
3	EPDM	2321-030	2322-030	2323-030	
	Viton®	2331-030	2332-030	2333-030	
4	EPDM	2321-040	2322-040	2323-040	
	Viton®	2331-040	2332-040	2333-040	
6" venturied	EPDM	---	2322-060	2323-060	
	Viton®	---	2332-060	2333-060	

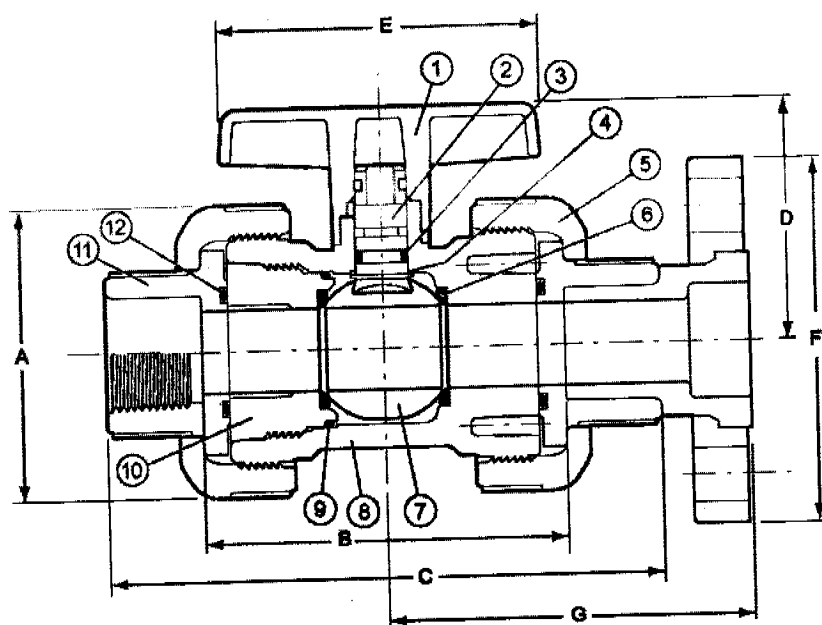
1: For CPVC valves, add the letter "C" to part numbers listed (e.g., 2339-005C).  
 2: Consists of 4" True Union Ball Valve with two 4" x 6" Adapters.

## Optional Accessories\*

- Round Safety Handle
- Stem Extension Kit
- Multi-Mount Valve/Actuation
- Mounting Bracket & Kits
- Mini-Mount Actuation Mounting Kit
- 2" Square / T-Style Operator Nut

\* See "BALL VALVE ACCESSORIES" section for details of individual products

# TRUE UNION BALL VALVES (REGULAR STYLE)



## Replacement Parts

No.	Component	Qty.	Material
1	Handle	1	PP
2	Stem	1	PVC/CPVC
3	Stem O-ring	1	EPDM/Viton®
4	Stem Bearing*	1	PP
5	Union Nut	2	PVC/CPVC
6	Seat**	2	PTFE
7	Ball	1	PVC/CPVC
8	Body	1	PVC/CPVC
9	Carrier O-ring	1	EPDM/Viton®
10	Seal Carrier	1	PVC/CPVC
11	End Connector	2	PVC/CPVC
12	End Connector O-ring	2	EPDM/Viton®

\* Sizes 1-1/4" and larger.  
\*\* Seat O-ring (not shown) on sizes 2-1/2" and larger.

## Dimensions, Weights, Operating Torque & Cv Values

Nominal Size	Dimension Reference (inches, ± 1/16)							Approx. Wt. (Lbs.)				Oper. <sup>2</sup> Torque (in.-lb.)	C <sub>v</sub> <sup>4</sup> Values	
	A	B <sup>1</sup>	C	D	E	F	G	PVC		CPVC			Soc/Thd	Flanged
								Soc/Thd	Flanged	Soc/Thd	Flanged			
1/2	2-9/16	3-7/16	5-3/16	2-13/32	2-23/32	3-1/2	3-15/32	1.05	1.23	.95	1.14	20	25	18
3/4	3-1/32	4-1/16	6-3/16	2-5/8	3-3/16	3-7/8	4	4.44	1.64	1.50	1.73	30	54	36
1	3-13/32	4-5/16	6-9/16	2-13/16	3-23/32	4-1/4	4-5/16	1.91	2.22	2.08	2.43	40	97	67
1-1/4	3-11/16	4-1/2	7-1/16	2-31/32	4-1/8	4-5/8	4-19/32	2.38	2.78	2.52	2.91	60	204	142
1-1/2	4-3/8	5-5/16	8-1/32	3-9/32	4-15/32	5	5-9/32	3.63	4.00	3.82	4.26	80	285	201
2	5-3/16	5-13/16	8-13/16	4-13/32	5-1/4	6	5-23/32	5.40	6.14	5.70	6.54	90	540	381
2-1/2	7-7/16	8-3/8	11-7/8	4-29/32	9-7/8	7	7-3/16	12.87	14.26	13.44	15.85	300	712	512
3	7-7/16	8-3/16	11-15/16	4-29/32	9-7/8	7-1/2	7-11/32	13.24	15.67	13.85	16.96	300	1294	925
4	8-15/16	8-11/16	13-3/16	5-19/32	10-13/16	9-1/16	8-5/32	19.58	24.32	20.49	25.83	400	2629	1868
6 Socket <sup>3</sup>	8-15/16	19-5/8	26-1/16	6-3/4	10-13/16	11-1/4	14-11/16	22.66	30.98	26.11	34.78	400	N/A	N/A
8 Flanged <sup>3</sup>	11-3/16	29-3/8	N/A	6-3/4	10-13/16	11-1/4	14-11/16	N/A	N/A	N/A	N/A	400	N/A	N/A

- 1: Valve Lay Lengths.
- 2: Torque required at valve maximum internal pressure rating, 5 ft./sec. flow velocity.
- 3: Consists of 4" True Union Ball Valve with two 4" x 6" Adapters.
- 4: Gallons per minute at 1 psi pressure drop. Values calculated from valve laying length, based on derivative of Hazen-Williams equation with surface roughness factor of C=150.  
C<sub>v</sub> Values for 6" venturied flange and socket valves are not available.

## Temperature Pressure Rating

System Operating Temperature °F (°C)		100 (38)	110 (43)	120 (49)	130 (54)	140 (60)	150 (66)	160 (71)	170 (77)	180 (82)	190 (88)	200 (93)	210 (99)	
Valve Pressure Rating psi (MPa)	1/2" - 2"	PVC	235 (1.62)	211 (1.45)	150 (1.03)	75 (.52)	50 (.34)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)	
		CPVC	235 (1.62)	219 (1.51)	170 (1.17)	145 (1.00)	130 (.90)	110 (.76)	90 (.62)	80 (.55)	70 (.48)	60 (.41)	50 (.34)	-0- (-0-)
	2-1/2" - 6"	PVC	150 (1.03)	135 (.93)	110 (.76)	75 (.52)	50 (.34)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)	-0- (-0-)
		CPVC	150 (1.03)	140 (.97)	130 (.90)	120 (.83)	110 (.76)	100 (.70)	90 (.62)	80 (.55)	70 (.48)	60 (.41)	50 (.34)	-0- (-0-)

NOTE: Flanged Valves have a base pressure rating of 150 psi.

**NOT FOR USE WITH COMPRESSED AIR OR GASES**



# CONSTRUCTION

Plumbing, Heating & Air, Gutters Installation & Service

Lic.#310899

Phone (916) 225-3478 • Fax: (916) 334-5772

1869 P.O. Box, N.Highlands, CA 95660

Invoice # No 575

Invoice Date \_\_\_\_\_

450 Jessie Av

PERMIT # 0406078

Sold to: Buildco Inc

Jessie Apartments

Quantity	Description	Price	Unit	Net
	Air balance test:			
	Common Room			
	Two of 14x14 grills = 250cfm each			
	Office			
	Two of 10x10 grills = 120cfm each			
	Corridor 170 cfm			
	Air Return 500 cfm			
SIGN _____ DATE _____				
By signing you agree that you have received the above mentioned items complete and in good condition.			SUBTOTAL	
			TAX	
			TOTAL	



**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-7.

0406078

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME Grand Pacific Properties, LLC.		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 450 Jessie Avenue, Office		Company NAIC Number J	
CITY Sacramento	STATE CA	ZIP CODE 95838	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel 2, Inst #200408261562			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####")	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sacramento 060266		B2. COUNTY NAME Sacramento		B3. STATE California	
B4. MAP AND PANEL NUMBER 0602660005	B5. SUFFIX F	B6. FIRM INDEX DATE 9/15/1978	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7/6/1998	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____					

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

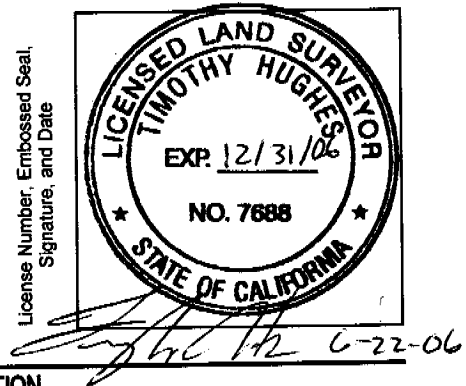
C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

- o a) Top of bottom floor (including basement or enclosure) 28. 12 ft.(m)
- o b) Top of next higher floor N/A ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) N/A ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 27. 0 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 27. 8 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)



**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Timothy Hughes LICENSE NUMBER LS# 7688

TITLE Land Surveyor COMPANY NAME Ourada Engineering

ADDRESS 3111 Sunset Blvd., Ste. L CITY Rocklin STATE CA ZIP CODE 95677

SIGNATURE DATE 4/1/2004 TELEPHONE 916-624-1221

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

450 Jessie Avenue, Office

CITY

Sacramento

STATE

CA

ZIP CODE

95838

For Insurance Company Use:

Policy Number

Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

An overland release point that is 2' below the finished floor is shown on the plans for this project

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?

Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

\_\_\_ ft.(m)

Datum: \_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is:

\_\_\_ ft.(m)

Datum: \_\_\_

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 450 JESSIE Permit No.: 0406078  
Building Use: OFFICE/CLUBHOUSE Occupancy: B  
Building Owner: GRAND PACIFIC PROPERTIES Construction Type: \_\_\_\_\_  
Owner Address: SACRAMENTO, CA Sprinkled? [ ] Yes [X] No  
Portion of Building Occupied: ENTIRE Area: 625 Sq. Ft.  
Date 08/24/06 By: Carolyn Cooper Sign ROBERT LEE CHASE, AIA  
By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: DP, JT, CM, MF, GS ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**