

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9909167
Insp Area: 3

Site Address: 8180 FOLSOM BL SAC
Parcel No: 079-0310-037

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

CONTRACTOR

OWNER
PGE

ARCHITECT

Nature of Work: 3 PANEL ANTENNAS/SHELTER EQUIPMENT BUILDING/200A SERVICE

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 am 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: _____

X Date 7/11 Owner Signature [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.

X Date 7/11 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.

X Date 7/11 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

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: Metal Phone: 916-569-4167
 Site Address: 8180 Folsom Bl Suite: _____
 (Street) (Zip)
 Business Owner/Representative: Steven S. [unclear] Phone: 916-417-9291
 Nature of Business: _____
 Property Owner: _____ 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: STEVEN S. [unclear]
 (Print)
[Signature] 9/28/99
 (Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9909167</u>
OK to issue prmt? Y <u>9-28-99</u> F.D. Appr Req'd? Yes No	init date _____
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

RECORDING REQUESTED BY:

99-09167

Incomplete

AND WHEN RECORDED MAIL TO:

NAME STEVE SIPHERD
STREET ADDRESS 2180 HARVARD ST. SPEZZO
CITY, STATE Sacramento CA 95815
and ZIP

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH,
INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

PG 4 E
REAL PROPERTY OWNER/LESSOR

P.O. Box 770000
MAILING ADDRESS

SAN FRANCISCO, SF CA
CITY COUNTY STATE ZIP

4140 Folsom BLVD
INSTALLATION MAILING ADDRESS, IF DIFFERENT

Sacramento SAC CA 95826
CITY COUNTY STATE ZIP

Nextel
UNIT OWNER (if also property owner, write "SAME")

2180 Harvard St
MAILING ADDRESS

Sacramento SAC CA 95815
CITY COUNTY STATE ZIP

BUILDING DEPT / CITY OF SACRAMENTO
LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

1231 I ST
MAILING ADDRESS

SACRAMENTO, SAC CA
CITY COUNTY STATE ZIP

9909167
BUILDING PERMIT NO. TELEPHONE NUMBER

SIGNATURE OF LOCAL AGENCY OFFICIAL DATE

X
DEALER NAME (if not a dealer sale, write "NONE")

X
DEALER LICENSE NO.

UNIT DESCRIPTION

Andrew X DATE OF MANUFACTURE X
MANUFACTURER'S NAME

X Andrew X
SERIAL NUMBER(S) LENGTH X WIDTH INSIGNIA/LABEL NUMBER(S)

REAL PROPERTY LEGAL DESCRIPTION ASSESSOR'S PARCEL NUMBER 079-0310-037



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder CANARY—HCD PINK—Applicant GOLDENROD—Building Dept.

**NOTICE TO ASSESSOR
HCD 433(B) 1/93**

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- | | | |
|---------------------------------------|----|---------------|
| 1. The Basic Unit | \$ | <u>22,000</u> |
| 2. Optional Equipment & Upgrades | \$ | _____ |
| 3. Subtotal | \$ | _____ |
| 4. Accessories & Accessory Structures | \$ | _____ |
| 5. Other (Specify) _____ | \$ | _____ |
| 6. Delivery & Installation | \$ | _____ |
| 7. TOTAL SALES PRICE | \$ | <u>22,000</u> |

Type of Exterior Wall Covering: Concrete
(Metal, Wood, etc.)

X Type of Roof Covering _____
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons _____

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____
(LENGTH X WIDTH)

Carport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Storage Shed: YES NO _____ X _____

Skirting: YES NO _____ LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

The Towbar(s) YES NO

Tires & Wheels YES NO

Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

- | | | | |
|-------------|----------|--------------|----------|
| Bedrooms | <u>0</u> | Dining Room | <u>0</u> |
| Baths | <u>0</u> | Family Room | <u>0</u> |
| Kitchen | <u>0</u> | Utility Room | <u>1</u> |
| Living Room | <u>0</u> | Other Rooms | _____ |

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 079-0310-037

Steve Spitzer
(Signature)

2180 Harvard Blvd STE 220
Address

Salvamento CA 95815

916-568-4467
Telephone