

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0114175

Insp Area: 1

Thos Bros: 297 E5

Site Address: 2100 Q ST SAC

Parcel No: 007-0324-005

Sub-Type: AOTHR

Housing (Y/N): N

**CONTRACTOR**

STC NETCOM INC  
14011 PARK AVE #300  
VICTORVILLE CA 92392

**OWNER**

MC CLATCHY NEWSPAPERS  
SACRAMENTO CA  
95816

**ARCHITECT**

Nature of Work: ADD 6 ANTENNAS TO (E) MONOPOLE ON TOP OF BLDG/EQUIP ON ROOFTOP(NO OFF SITE WORK)

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/B License Number 658768 Date 12.19.01 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 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 12.19.01 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: STATE COMPENSATIONINS Exp Date: 10/12/2002

(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 12.19.01 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.

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

042

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

ACTIVITY #	Insp. Area
0114175	IC

Applicant MUST complete ALL Unshaded areas

ADDRESS 2100 Q Street Suite \_\_\_\_\_  
 PARCEL # 007-0324-005

<p align="center"><b>CONTACT</b></p> Name <u>Annette Novotny</u> Street Address <u>725 30th STREET #203</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>(916) 799-6240</u> FAX <u>916-554-3201</u> E-mail: _____		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name <u>TBD</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>J. Lee Buckingham</u> Address <u>13620 Lincoln Wy Suite 200</u> City/State/Zip <u>Auburn CA 95603</u> Phone <u>530 886-0750</u> FAX _____ E-mail: _____		<p align="center"><b>OWNER</b></p> Name <u>Mc Clatchy News Paper</u> Address <u>P.O. Box 15779</u> City/State/Zip <u>Sacramento CA, 95852</u> Phone <u>(916) 364-8190</u> 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: Add (6) Six antennas to existing monopole on top of building. Equipment to go on rooftop

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 35,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	<u>OTH</u>
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vto. File	
						SPR	ALARM	<u>20</u>	[H]	[Quad]
<u>B</u>	L	P	M	<u>E</u>	F	<u>S</u>	D	PW	UTIL	

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

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

**PLANNING AND ZONING REVIEW**

..... to be filled out by Planning staff .....

ADDRESS: 2100 Q Street (Sac Bee)

APN: 007-0324-005 ZONING: C-4-SPD

DESIGN REVIEW AREA: Central City

PREVIOUS FILES RELATED TO SITE: Z01-158

EXISTING LAND USE: exist. monopole on Sac Bee bldg.

PROPOSED USE: 6 new cellular antennas

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

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES       NO      (If yes, circle applications needed below)  
.....Staff.....  ZA..... Planning Commission..... Design Review..... Preservation Review.....

CONCLUSION: → Z01-158 App'd 9/27/01; must comply with all conditions of approval; route to site plan check

DATE: 10/31/01 BY: PHIL REED

0114175  
2100 Q ST

**Chris Oliveira and Assoc.**

3269 1/2 Folsom  
Upper East  
Sacramento, CA 95616  
(916) 452-4886  
(915) 455-9099 (fax)

rec33407-CA  
22119-AZ  
07595-NV  
2202-UT  
35908-WA

Jan. 3, 2002

City of Sacramento  
Building Inspection Division

**ISSUED**

JAN 08 2002

Subject: C-18-042A for Metro PCS

Sacramento Building Division

Dear Sir:

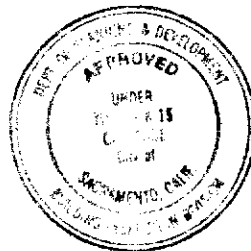
Metro PCS is propping to install telecommunication equipment on the roof at the Sacramento Bee building. There are drawings available on the existing roof, but they are incomplete. Therefore, the equipment is placed as close as possible to a column to minimize the bending the slab and make sure that shear will govern. The shear stress is very low. Consequently, the equipment is stable and the roof is adequate to support the proposed loads.

If any questions arise, please feel free to call.

Sincerely,



Chris Oliveira



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

**CHRIS OLIVEIRA AND ASSOC.**

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3269 1/2 Folsom Blvd.  
Upper East  
Sacramento, CA 95816  
(916) 452-4886  
(916) 455-9099 fax

nce 33407- CA.  
22119- AZ.  
007595-NV.  
2202-UT.  
35908- WA

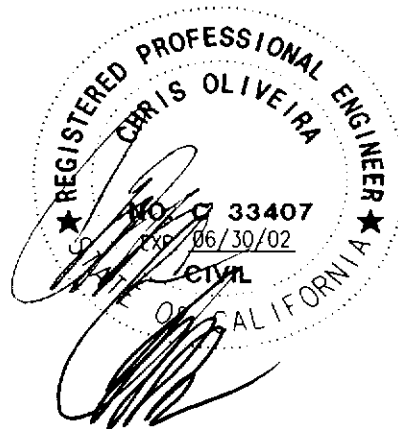
**STRUCTURAL CALCULATIONS**

**EQUIPMENT SUPPORT SAC BEE BUILDING**

**CIB-042A FOR METRO PCS**

SEPT 21 ,2001

1997 UBC  
SEISMIC ZONE 3  
WIND EXPOSURE B  
80 MPH



**EQUIPMENT ANCHORAGE -**

ZONE	3	HEIGHT	9 ft
Ip=	1	LEAST WIDTH	3.5 ft
Ca=	0.36 TBL 16-Q	WIDTH	8 ft
EQUIPMENT WEIGHT	7000 lbs		
	ALL EQUIPMENT INCLUDED	SURFACE AREA	72.00 SF
LOWER LIMIT	$.7 * Ca * Ip * W$		1764
UPPER LIMIT	$4 * Ca * Ip * W$		10080

ANCHORAGE:

a p = 1 tbl 16-0

R p = 1.5 tbl 16-0 rigid with non-ductile attachments

Fp =  $\frac{a p * Ca * Ip}{Rp} * 1 + (3 * h x / h r) * W$

EQUIP. LEVEL	h x =	1	h x / h r =	1
ROOF LEVEL	h r =	1		
	$3 * h x / h r =$			3
	$1 + (3 * h x / h r)$			4
	$\frac{a p * Ca * Ip}{Rp}$			0.24

F p = 6720 lbs

REDUCED FOR ALLOWABLE STRESS:  $Fp / 1.4 =$  4800 lbs

WIND LOADS:  $\rho = C_e * C_q * I * q_s$

$C_e = 1.19$  tbl 16-G exposure C (at 25')  
 $C_q = 1.3$  tbl 16-H projected force  
 $I = 1$   
 $q_s = 16.4$  tbl 16-F 80 mph

$\rho = 25.3708$  psf  $F_w = 1826.698$  lbs

### SEISMIC GOVERNS

OVERTURNING ABOUT BASE:  $M = F_p * \text{MID-HEIGHT}$

MID - HEIGHT = 4.5 O.T. MOMENT ARM 5 ft

HEIGHT OF LEG 0.5

O.T.M = 24000 lb - ft

RESISTING WEIGHT =  $.85 * WT$  5950

RESISTING MOMENT ARM = LEAST DIM / 2 = 1.75

RESISTING MOMENT = 10412.5

ANCHORAGE FORCE = O.T.M - RES MOM / WIDTH = 5157.143 lbs

ANCHORAGE PER SIDE = 2578.571

6 TOTAL CONNECTIONS TO THE SKID  
 429.7619 LBS PER BOLT 5/8" BOLTS GOOD FOR 3.1 KIPS

SLIDING TOTAL LATERAL FORCE = 6720

SLIDING RESISTED BY FRICTION BETWEEN THE  
 SKID AND THE ROOF

## OVERTURNING OF THE SKID:

SKID WIDTH: 10 FT

SKID LENGTH: 16 FT

WEIGHT OF THE SKID: 30 PSF

TOTAL 4800

SKID RES. MOMENT:  $.85 * WT * WIDTH/2$ : 20400 LB-FT

TOTAL RESISTING MOMENT: -15242.9

NO DIRECT ANCHORAGE REQUIRED

EXISTING ROOF DEAD LOAD: 50 PSF

LIVE LOAD 20 PSF

EQUIPMENT UNIFORM LOAD 73.75 PSF

TOTAL 143.75 PSF

CONCRETE DECK IS 5.75 IN THICK

P/A = 2.083333 PSI OK

NB : EQUIPMENT IS LOCATED DIRECTLY OVER A COLUMN

THE LOAD IS WITH 8' OF A BEAM, SO SHEAR WILL GOVERN BY INSPECTION