

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0310801

Insp Area: 4

Site Address: 5500 HONOR PK SAC

Parcel No: 201-0540-039

Thos Bros:

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

5745 ALDER AVE  
SACRAMENTO CA  
CLASS A, B, C-27, C-31 95828

OWNER

CITY OF SACRAMENTO  
915 I ST  
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: NEW RESTROOM BUILDING.

**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 License Number 133947 Date 11/18/03 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 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 11/18/03 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 SELF INSURED 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 my business 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 11/18/03 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKERS' 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 BUILDING DIVISION

### PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200  
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046  
CENTRAL CITY: 1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #  <span style="font-size: 1.5em;">0310801</span>	Insp. Area  <span style="font-size: 1.5em;">4C</span>
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**Applicant MUST complete  
ALL Unshaded areas**

ADDRESS 5500 HONOR PKY Suite \_\_\_\_\_  
PARCEL # 201-0540-039

<b>CONTACT</b> Name <u>RANDY SCOTT</u> Street Address <u>5745 ALDER AVE</u> City/State/Zip <u>SAC CA 95828</u> Phone <u>916.386.4875</u> FAX <u>916.386.4681</u> E-mail: <u>RSCOTT@VALLEYCREST</u>	<b>LICENSED CONTRACTOR</b> Lic No.# <u>10</u> Name <u>VALLEY CREST LANDSCAPE DES.</u> Address <u>7043 COMMERCE CIR</u> City/State/Zip <u>PLEASANTON CA 94588</u> Phone <u>925.463.0700</u> FAX <u>925.463.2814</u> E-mail: _____
<b>ARCHITECT/ENGINEER</b> Name <u>CITY OF SACRAMENTO</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<b>OWNER</b> Name <u>CITY OF SACRAMENTO</u> Address _____ City/State/Zip _____ 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: ERECT & ASSEMBLE PRE-FABRICATED RESTROOM BLDG FOR CITY PARK MANUFACTURED BY ROMTEC PER CITY SPEC. BLDG HAS NO ELEC. SERVICE.

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 50K

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

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

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



WALLACE - KUHL & ASSOCIATES INC.

SPECIAL INSPECTOR DAILY MASONRY REPORT

Date: \_\_\_\_\_ WKA No. \_\_\_\_\_
Project: \_\_\_\_\_ Location: \_\_\_\_\_
Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Miles: \_\_\_\_\_

INSPECTION:

Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_

REINFORCING STEEL: Checked steel placement for conformance with plans and specifications:

Yes  No  Acceptable  Needs repair  (See attached)

GROUT PLACEMENT INSPECTION: Yes  No  High Lift  Low Lift

Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_

Mix # \_\_\_\_\_ Cubic Yards Placed \_\_\_\_\_

Consolidated By: Mechanical Vibration  Rodding

Grout sample(s) taken: Yes  No  Number of sets: \_\_\_\_\_

Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_

MASONRY PRISM: sample(s) taken: Yes  No  Number of sets: \_\_\_\_\_

Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_

MORTAR: sample(s) taken: Yes  No  Number of sets: \_\_\_\_\_

Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_
Line: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ Height: \_\_\_\_\_

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

INSPECTOR: \_\_\_\_\_ DATE: 8-2-04

JG



REC'D AUG 20 2004

WALLACE - KUHL & ASSOCIATES INC.

COMPRESSION TEST REPORT

Report to: NORTHPOINTE NORTH LLC
ATTN: JACK GRIDLEY
1075 CREEKSIDE RIDGE DRIVE
ROSEVILLE, CA 95628

Date: August 17, 2004
WKA File No.: 6106.27

Project Name: REGENCY PARK 11A
SACRAMENTO, CALIFORNIA

Mix Design No.: 6561812

Supplier: CENTRAL

Design Strength: 2000

Location in Structure:
SOUTH WEST RESTROOMS, CMU WALL,
0' TO 4' LEVEL

Specimen: GROUT

Air Content:

Mix Temp. 75 °F, Air Temp. 70 °F

Measured Slump: 8"

Table with 6 columns (Specimen Lab No., Client's Ident., Date Cast, Date Received, Date Tested, Age, days, Dimensions, in., Area, sq. in., Ult. Load, lbs., Comp. Str., psi) and 6 rows of data for specimens 2150, 2151, 2152, 2153, and 2154.

Meets 28 day strength req. [ ] Fails to meet 28 day str. req. [ ] No strength req. given [ ] Cast by WKA [X] Cast by others [ ]

Copies to: CLIENT

Reviewed By [Signature] David A. Redford

3050 Industrial Blvd., P.O. Box 1137, W. Sacramento, CA (916) 372-1434

TEST METHODS: Compressive Strength - ASTM C39, Slump - ASTM C143, Air Content - ASTM C173 or C231



**WALLACE - KUHL & ASSOCIATES INC.**  
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.  
 PO Box 1137  
 West Sacramento  
 California 95691  
 916-372-1434

DATE <b>8-24-04</b>		JOB NO. <b>5106.27</b>		WEATHER <i>Partly</i>		TEMP. ° at _____ AM ° at _____ PM	
PROJECT <i>Regency Park 11A</i>				Technician I <input type="checkbox"/>		Staff E/G <input type="checkbox"/>	
LOCATION <i>Home PKwy</i>				Technician II <input type="checkbox"/>		Project E/G <input type="checkbox"/>	
TYPE OF WORK <i>Grout OB</i>				Technician III <input checked="" type="checkbox"/>		Senior E/G <input type="checkbox"/>	
Inside 50 mi. radius <input checked="" type="checkbox"/>		Outside 50 mi. radius <input type="checkbox"/>		Nuclear Densities <input type="checkbox"/>		Principal E/G <input type="checkbox"/>	
PERSONNEL	REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE	MILES
<i>David Crowl</i>							<i>2</i>

OBSERVATIONS: *Cost, one set of three ~~10~~ 4x8 grout samples with 9yd. hd. concrete mixer. Design strength 2000 psi. Grout placed at 4' to 5' level of CMU walls + casters on west side of park. Grout strength 77.*

**FIELD REPORT**

Signed *[Signature]*

JG



REC'D SEP 07 2004

**WALLACE - KUHL & ASSOCIATES INC.**

COMPRESSION TEST REPORT

Report to: NORTHPOINTE NORTH LLC  
 ATTN: JACK GRIDLEY  
 1075 CREEKSIDE RIDGE DRIVE  
 ROSEVILLE, CA 95628

Date: August 31, 2004  
 WKA File No.: 6106.27

Project Name: REGENCY PARK 11A  
 SACRAMENTO, CALIFORNIA

Mix Design No.: 6561812

Supplier: CENTRAL

Location in Structure:  
 SOUTH WEST RESTROOMS, CMU WALL,  
 0' TO 4' LEVEL

Design Strength: 2000

Specimen: GROUT

Air Content:

Mix Temp. 75 °F, Air Temp. 70 °F

Measured Slump: 8"

SPECIMEN LAB NO.	2150	2151	2152	2153	2154
CLIENT'S IDENT.					
Date Cast	08/02/04	08/02/04	08/02/04	08/02/04	
Date Received	08/03/04	08/03/04	08/03/04	08/03/04	08/03/04
Date Tested	08/09/04	08/16/04	08/30/04	08/30/04	
Age, days	7	14	28	28	HOLD
Dimensions, in.	4x8	4x8	4x8	4x8	
Area, sq. in.	12.5	12.5	12.5	12.5	
Ult. Load, lbs.	37920	45060	55690	54050	
Comp. Str., psi	3030	3600	4460	4320	

Meets 28 day strength req.    
  Fails to meet 28 day str. req.    
  No strength req. given    
  Cast by WKA    
  Cast by others

Copies to: CLIENT

Reviewed By     DAR      
 David A. Redford

3050 Industrial Blvd., P.O. Box 1137, W. Sacramento, CA (916) 372-1434

TEST METHODS: Compressive Strength - ASTM C39, Slump - ASTM C143,  
 Air Content - ASTM C173 or C231