

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9907299
Insp Area: 3

Site Address: 4901 WAREHOUSE WY SAC
Parcel No: 061-0192-013

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

CONTRACTOR
GORMAN CONSTRUCTION
8440 BELVEDERE AV
SACRAMENTO, CA 95826

OWNER
BEYER TRUST
1134 FIRTH WY
EL DORADO HILL CA 95762

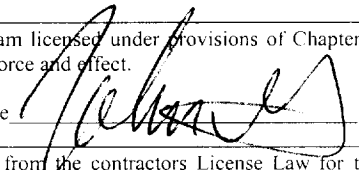
ARCHITECT

Nature of Work: ADD2480 FT TO BUTLER BLDG

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.

X License Class 17 License Number 589881 Date 11/3/99 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.

X Date 11/3/99 Applicant/Agent Signature 

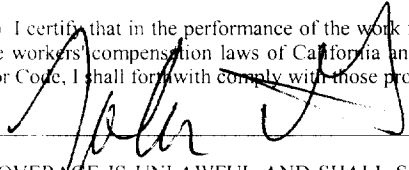
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

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 FUND Policy Number 229-99 UNIT 0014066 Exp Date 01/01/2000 

(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.

X Date 11/3/99 Applicant 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

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

1231 J Street, Rm. 200
 Sacramento, CA 95814 (916) 264-2619 FAX 264-7046

ACTIVITY # 9907299 Insp. Area 30

Applicant MUST complete ALL Unshaded areas

ADDRESS 4901 Warehouse Way Suite _____
 PARCEL # 001-0192-013

CONTACT		LICENSED CONTRACTOR	
Name <u>John Gorman</u>		Lic No. # <u>539881</u>	
Address <u>5440 Belvedere Ave S</u>		Name <u>GORMAN LOUST</u>	
Phone <u>2864270</u> FAX <u>2864273</u>		Address _____	
E-mail _____		Phone <u>Same</u> FAX _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>Robert Rasmussen</u>		Name <u>Norman Wright</u>	
Address <u>323 20th</u>		Address <u>4901 Warehouse Way</u>	
Phone <u>4446962</u> FAX _____		Phone <u>3818888</u> FAX <u>383-3499</u>	
E-mail _____		E-mail <u>KURONG # 100</u>	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund NOT FAX
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: ADD 2480 sq ft Butler building
lights 4 plugs Relocate roll-up door

OCCUPANT/TENANT: Norman Wright Mech VALUATION: \$ 29500.00

FLOOD STATUS: <u>NA</u>		S.C.A.T. <u>X</u>							
JOB DESCRIPTION <u>BLDG</u>		SHELL	APT	TI()	REM()	SW	FIRE	<u>ADD</u>	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File
		<u>2480</u>		<u>3-2</u>	<u>IL-N/E</u>	SPR	ALARM	<u>18</u>	[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>
		<u>None</u>	<u>none</u>					<u>150-2111/95</u>	<u>None</u>

COMMENTS: Yes
Why want this permit?
IT'S OVER 600 SF

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

City of Sacramento Development Services Division
Planning and Zoning Information Request

Project Address: 4901 Warehouse Way

Assessor's Parcel Number: 061-0192-013

PREVIOUS USE

Current Land Use: Warehouse

Description of Request/Proposed Use:

Warehouse Addn, 2480 SF

IS THIS A CHANGE OF USE?

Zoning Designation: M-2-S

Prior Applications for Project Site(P#,Z#,DRPB#): 295-055

Comments: check per M-2-S
zone + parking ord.

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: W. J. Gour 7/21/99

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

MICRO ELM AFTER FINAL

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *10/2/99*
 PERMIT AND CALCULATION SHEET *Bob*

APPLICATION NO	BLDG PERMIT NO: <i>CITY</i>
GENERAL INFORMATION <i>500 sq ft</i> <i>NOTE: 11/02/99</i> <i>CONSTRUCTION</i> <i>4901 Warehouse</i>	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER DEPT 26 TRAN 400656 11/02/99 RECEIPT 724460 C#1 <i>255372</i> THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE
FEE CALCULATION	BUILDING USE
INSPECTION	RESIDENTIAL SF <input type="checkbox"/> MF <input type="checkbox"/>
SD-1	COMMERCIAL USE <input checked="" type="checkbox"/> UNITS
RCSD	
CONSTRUCTION	
IN-LIEU	
TOTAL FEE	<i>914⁰⁰</i>
APN: <i>061-0192-013</i>	
DESCRIPTION / SUBDIVISION	LOT:
PROPERTY ADDRESS	<i>4901 Warehouse Wy</i>
OWNER	<i>Thomas Wright Mcc</i>
MAILING ADDRESS	<i>4901 Warehouse Wy</i>
CITY-STATE-ZIP	<i>Sacto Ca 95826</i> PHONE <i>381666</i>
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.	
APPLICANT SIGNATURE <i>[Signature]</i>	
CONSOLIDATED UTILITY BILLING USE ONLY	
ACCT _____	INPUT _____ START _____

INSPECTOR'S COPY

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: Norman Wright Mech Phone: 381 6666
 Site Address: 4901 Warehouse Wy Suite: ---
 Business Owner/Representative: Bob Beyer (Street) (Zip) Phone: 381 6666
 Nature of Business: Mech. equipment
 Property Owner: Bob Beyer Phone: 381 6666
 Address: 4901 Warehouse Wy Suite: ---
Sacto (City) Ca (State) 95826 (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: John Gorman
 (Print)
[Signature] (Signature) 11/1/99 (Date)

BID Use Only: Plan Ck# _____ Permit # <u>9907299</u> OK to issue prmt? Y <u>11-3-99</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? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

MESSAGE CONFIRMATION

07/22/99 17:12
ID=DEVELOPMENT SERVICES

NO.	MODE	BOX	GROUP
478	TX		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S. CODE
07/22 17:11	00'43"	8897	001/001	OK		0000

REV. FORM

JUL 20 1999 15:17 SACRAMENTO UTILITIES

WATER SUPPLY TEST - DEPT. OF UTILITIES		TEST NO:	FILE NO:
1395 35TH AVENUE		REQUEST DATE: 7/22/99	PC99-07299C
SACRAMENTO, CA. 95822		COMPLETE DATE:	
PHONE: 916 / 264-1430		ANALYSIS FEE: \$90.00	DATE PAID:
FAX: 916 / 264-8897		FIELD TEST FEE: \$360.00	DATE PAID:
CONTACT PERSON: JON N GORMAN	PHONE NO: 386-4270	FAX NO: 386-4273	
COMPANY: Gorman Const	CELL PHONE NO: ✓		
COMPANY ADDRESS: 8440 BELVEDERE AVE	STREET ADDRESS OF TEST: 4901 Warehouse		
PURPOSE OF TEST: ADD 240 SF WAREHOUSE	ASSESSOR'S PARCEL NUMBER: 1961-0192-013		

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 - I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 - At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

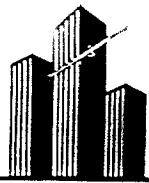
Print Name: ✓ JOHN GORMAN Signature: ✓ Date: ✓

ENGINEERING REQUEST DATE: DATE OF TEST: TIME OF TEST:

WATER MAIN SIZE: TEST CONDUCTED BY:

	HYDRANT NO	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL										
FLOWED										
FLOWED										

9000 NOT PAID



KEEP WITH CITY SET

NORMAN WRIGHT
MECHANICAL EQUIPMENT CORP.

4901 Warehouse Way • Sacramento, CA 95826
PHONE (916) 381-6666 • FAX (916) 381-8057

October 18, 1999

City of Sacramento
Department of Fire
1231 I St
Sacramento, CA 95814

*Microfilm
at final*

Attn: Troy Malaspino
Re: 4901 Warehouse Way

Troy,

As discussed today, we propose the following:

1. To install a NFPA 72 compliant smoke detection system in our existing office space, not in the existing warehouse or new warehouse addition.
2. We would plan to proceed with the smoke detection system in the warehouse area sometime between now and Dec. 31, 2002. If Building is sold, detection system would have to be installed prior to close of escrow.

Please advise at once if this meets your approval so we may proceed with our project.
Thank you.

Sincerely,


Robert L. Beyer

Approved
10/21/99
SACRAMENTO
FIRE DEPARTMENT

Violator of City Ordinance or State Law.
The Fire Department has the right to inspect and approve the
plans and specifications for the proposed work.
The Fire Department has the right to stop work if the
work does not conform to the City Ordinance or State Law.
The Fire Department has the right to stop work if the
work does not conform to the City Ordinance or State Law.



AIR CONDITIONING • VENTILATION • HEATING • EQUIPMENT

SAN FRANCISCO • SACRAMENTO • SANTA CLARA • HONOLULU • FRESNO
RENO • CHICO • LAS VEGAS



ALARM INSTALLATION AND SERVICE AGREEMENT

- 325 7th St. Oakland, CA 94607 (510) 452-3211
- 890 Cowan Rd., Suite F Burlingame, CA 94010 (650) 588-9700
- 491 Gianni St. Santa Clara, CA 95054 (408) 280-8008
- 835 Arnold Dr., Suite 102 Martinez, CA 94553 (925) 372-5700

- 820 E. Haley St. Santa Barbara, CA 93103 (805) 568-0557
- 3819 Duck Creek Dr. Stockton, CA 95215 (209) 465-1986
- 1201 N. McDowell Blvd. Petaluma, CA 94954 (707) 778-2910
- 2264 Goodyear Ave. Ventura, CA 93003 (805) 658-0555
- 3475 Orange Grove Ave. N. Highlands, CA 95680 (916) 489-1900
- 441 Lake Blvd. Redding, CA 96003 (530) 241-5145

ACCOUNT # _____
 LEAD # _____
 WORK ORDER # _____

New System
 Alteration-Addition
 New Customer

Residential
 Commercial
 Cancels Former Contract

CALIFORNIA CONTRACTOR'S LICENSE NO. 261003 ALARM OPERATOR'S LICENSE NO. ACO 28

Old Name/Acct # _____
 WRITTEN CANCELLATION REQUIRED 213 INITIALS _____ Old Rate _____ Other _____ Business Type _____

User hereby authorizes Bay Alarm Co. hereinafter Co., or assigns to install, maintain, and service an alarm detection or monitoring system under the following conditions and agrees to pay the installation charge upon completion and the service charge in advance at Co.'s address for an initial period of five years, from date system is operational.

User NORMAN WRIGHT CO Grid _____ Phone 381-6666
 Address 4901 WAREHOUSE WAY City SACRAMENTO Zip 95826
CROSS STREET

Monthly Service Charge \$ 75⁰⁰ Due Quarterly (Annually) in advance. Installation Charge \$ 1197⁰⁰ of which \$ 500⁰⁰ is due upon signing this agreement and balance of \$ 697⁰⁰ due upon completion. User agrees to pay in addition to charges stated herein all taxes, permits, fees, or any costs relating to this system imposed by any governmental or regulatory body or increases in charges made by the telephone company. User understands there may be a direct telephone company charge for the installation of a telephone interface jack. Protection to consist of the following only

TYPE SERVICE

<input type="checkbox"/> BURGLARY LOCAL 2 BA SYSTEM 3 SUPERVISED 4 AUTOLOG	<input checked="" type="checkbox"/> FIRE 10 SPRINKLER <u>11</u> AUTOMATIC 12 SUB OWNED 13 SIS	TEST FREQUENCY <input checked="" type="checkbox"/> NFPA 71 <input type="checkbox"/> OTHER <input type="checkbox"/> MONTHLY <input type="checkbox"/> BIMONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY	<input type="checkbox"/> 15 INDUSTRIAL MONITOR <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 14 ACCESS CONTROL <input type="checkbox"/> 16 AGENT RESPONSE <input type="checkbox"/> 18 CCTV <input type="checkbox"/> 19 OTHER	COVERAGE <u>B F C I S A E R</u> COMMUNICATION TYPE: <u>2</u> DIGICOM 3 MULTIPLEX 10 CELLNET™2000/DIGICOM 11 CELLNET™2000/MULTIPLEX 12 CELLNET™2000 OTHER _____
--	---	--	---	---

WORK WILL BEGIN ABOUT 6 to 8 WEEKS AND BE SUBSTANTIALLY COMPLETED WITHIN 30 DAYS

FOR OFFICE USE ONLY		
	(1) FIRE LITE CONTROL	TELCO CLOSET
	(1) REMOTE ANNUNCIATOR	1- LOBBY
	(5) SMOKE DETECTORS	1- LOBBY 4 MAIN STAIRS
	(2) SMOKE DETECTORS	2- HALLWAYS
	(13) HEAT DETECTORS	1 ea OFFICE
	(2) HEAT DETECTORS	1 ea BATHROOM
	(1) HEAT DETECTOR	1- SUPPLY CLOSET
	(1) SMOKE DETECTOR	1- TELCO CLOSET
	(2) MANUAL PULL STATIONS	1- FRONT DOOR 1- EXIT DOOR
	(1) MANUAL PULL STATION	1- BACK DOOR
	(2) STROBE LIGHTS	1 ea BATHROOM
	(4) HORN/STROBES	2- HALL, 1- STAIRS, 1- LOBBY

CUSTOMER DESIRES NO ADDITIONS AT THIS TIME U FIRE COVERAGE IN WAREHOUSE, CELLNET 2000, CCTV, BA SYSTEM, ETC

CO. DOES NOT REPRESENT OR WARRANT THAT THE ALARM SYSTEM MAY NOT BE COMPROMISED OR CIRCUMVENTED; OR THAT THE SYSTEM OR SERVICES WILL PREVENT ANY LOSS BY BURGLARY, FIRE, HOLD-UP, OR OTHERWISE; OR THAT THE SYSTEM OR SERVICES WILL IN ALL CASES PROVIDE THE SECURITY FOR WHICH THEY ARE INTENDED. CO. MAKES NO EXPRESS OR IMPLIED WARRANTIES AS TO ANY MATTER WHATSOEVER, INCLUDING WITHOUT LIMITATION THE CONDITION OF THE EQUIPMENT, ITS MERCHANTABILITY, OR ITS FITNESS FOR ANY PARTICULAR USE. USER ACKNOWLEDGES: THAT ANY AFFIRMATION OF FACT OR PROMISE MADE BY CO. SHALL NOT BE DEEMED TO CREATE AN EXPRESS WARRANTY; THAT USER IS NOT RELYING ON CO.'S SKILL OR JUDGMENT IN SELECTING OR FURNISHING A SYSTEM SUITABLE FOR ANY PARTICULAR PURPOSE, AND THAT THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THOSE ON THE AGREEMENT HEREOF. THIS AGREEMENT SHALL NOT BE BINDING UPON CO. UNLESS APPROVED IN WRITING BY AN OFFICER OF THE CO. IN THE EVENT OF NON-APPROVAL, THE SOLE LIABILITY OF THE CO. SHALL BE TO REFUND USER THE AMOUNT THAT HAS BEEN PAID TO CO. BY USER UPON THE SIGNING OF THIS AGREEMENT.

THE REVERSE OF THIS AGREEMENT IS INCORPORATED HEREIN. USER ACKNOWLEDGES AND AGREES THAT CO. IS NOT AN INSURER AND THAT USER ASSUMES ALL RISK FOR LOSS OR DAMAGE TO HIS PREMISES OR CONTENTS THEREOF. USER ACKNOWLEDGES RECEIPT OF COPY AND THAT HE HAS READ AND UNDERSTANDS REVERSE SIDE OF AGREEMENT AND PARTICULARLY PARAGRAPH 3 WHICH LIMITS CO.'S LIABILITY TO \$250.00 AND HAS AGREED TO AMOUNT SET FORTH HEREIN AND UNDERSTANDS THAT HE MAY OBTAIN AN INCREASE OF CO.'S LIABILITY BY PAYING AN ADDITIONAL CHARGE.

BAY ALARM COMPANY

Norman Wright ACE 31048-49
 SALES REPRESENTATIVE AGENT # _____

Date 10/19/99
 AUTHORIZED SIGNATURE [Signature] TITLE Sr. Vice Pres.

SIGNER'S NAME (PRINTED OR TYPED) Robert Dejer



ALARM INSTALLATION AND SERVICE AGREEMENT

- 325 7th St. Oakland, CA 94607 (510) 452-3211
- 690 Cowan Rd., Suite F Burlingame, CA 94010 (850) 588-9700
- 491 Gianni St. Santa Clara, CA 95054 (408) 290-6006
- 835 Arnold Dr., Suite 102 Martinez, CA 94553 (925) 372-5700
- 3819 Duck Creek Dr. Stockton, CA 95215 (209) 465-1986
- 1201 N. McDowell Blvd. Petaluma, CA 94954 (707) 776-2910
- 2294 Goodyear Ave. Ventura, CA 93003 (805) 658-0555
- 3475 Orange Grove Ave. N. Highlands, CA 95660 (916) 489-1900
- 441 Lake Blvd. Redding, CA 96003 (530) 241-5145

ACCOUNT # _____
 LEAD # _____
 WORK ORDER # _____

- New System
- Alteration-Addition
- New Customer
- Residential
- Commercial
- Cancels Former Contract

CALIFORNIA CONTRACTOR'S LICENSE NO. 261003 ALARM OPERATOR'S LICENSE NO. ACO 28

Old Name/Acct # _____
 WRITTEN CANCELLATION REQUIRED 180 (INITIALS) _____ Old Rate _____
 Other Addendum Business Type _____

User hereby authorizes Bay Alarm Co. hereinafter Co., or assigns to install, maintain, and service an alarm detection or monitoring system under the following conditions and agrees to pay the installation charge upon completion and the service charge in advance at Co.'s address for an initial period of five years, from date system is operational.

User NORMAN WRIGHT Co. Grid _____ Phone 381-6666

Address 4901 WAREHOUSE WAY City SACRAMENTO Zip 95826
CROSS STREET

Monthly Service Charge \$ 36⁰⁰ Due (Quarterly/Annually) in advance. Installation Charge \$ 1150⁰⁰ of which \$ 500⁰⁰

is due upon signing this agreement and balance of \$ 650⁰⁰ due upon completion. User agrees to pay in addition to charges stated herein all taxes, permits, fees, or any costs relating to this system imposed by any governmental or regulatory body or increases in charges made by the telephone company. User understands there may be a direct telephone company charge for the installation of a telephone interface jack. Protection to consist of the following only:

TYPE SERVICE

<input type="checkbox"/> BURGLARY	<input checked="" type="checkbox"/> FIRE	TEST FREQUENCY	<input type="checkbox"/> 15 INDUSTRIAL MONITOR	COVERAGE <u>B F M C I S A E R</u>
1 LOCAL	10 SPRINKLER	<input checked="" type="checkbox"/> NFPA 71	<input type="checkbox"/> REFRIGERATION	COMMUNICATION TYPE:
2 BA SYSTEM	<input checked="" type="checkbox"/> AUTOMATIC	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> DIGICOM
3 SUPERVISED	12 SUB OWNED	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> 14 ACCESS CONTROL	<input type="checkbox"/> 3 MULTIPLEX
4 AUTOLOG	13 SIS	<input type="checkbox"/> BIMONTHLY	<input type="checkbox"/> 16 AGENT RESPONSE	<input type="checkbox"/> 10 CELLNET™2000/DIGICOM
		<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> 18 CCTV	<input type="checkbox"/> 11 CELLNET™2000/MULTIPLEX
		<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> 19 OTHER	<input type="checkbox"/> 12 CELLNET™2000
		<input type="checkbox"/> ANNUALLY		OTHER _____

WORK WILL BEGIN ABOUT 6 TO 8 WEEKS AND BE SUBSTANTIALLY COMPLETED WITHIN 30 DAYS

FOR OFFICE USE ONLY	<u>ADD WAREHOUSE TO SYSTEM</u>
	<u>(1) MANUAL PULL STATION</u>
	<u>(5) HORN / STROBES</u>
	<u>(26) HEAT DETECTORS</u>
	<u>LIFT RENTAL 3 DAYS</u>
	<u>LEAVE BALANCE OF SYSTEM AS IS</u>
	<u>CUSTOMER DESIRES NO ADDITIONS AT THIS TIME TO BURG SYSTEM, CAMERAS, CELLNET 2000, ETC.</u>

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BAY ALARM COMPANY

Norm Antuna SALES REPRESENTATIVE
 ACC: 31048 49 AGENT #

Robert L. Beja AUTHORIZED SIGNATURE
 TITLE _____

Date 10/19/99