

Sacramento Fire Department - Incident Report

Incident No : 000026723 Call# : 59006 Date: 06/21/00 Time: 14:34
Address : 2219 P ST #7
Type : 11 BUILDING FIRE
Action Taken: 13 EXTINGUISH, SALVAGE, OVERHAUL
Property : APARTMENTS: APT:9-10 UNITS
UBC : HOTELS APT HOUSES CONVENTS

Weather : 104 Degrees / Clear
Resources : 1 Engine
 1 Fire Rescue Unit
Fire Casualties : None

Fire Damage : Confined to story of origin
Smoke Damage : Confined to story of origin
Property Loss : \$5,000 Contents Loss : \$1,000
Property Value : \$800,000 Contents Value: \$5,000
Area of Origin : Concealed floor/ceiling space
Caused by : Torch/welder
Form of Heat : Spark, ember, heat or flame/ welding torch
Ignition Factor : Heat source too close to combustibles
Type of Material : Sawn woods, finished lumber
Form of Material : Structural member, framing
Type of Material : Sawn woods, finished lumber
Form of Material : Interior wall covering
Smoke Travel : Opening in construction
Other Factors : Careless act
Extinguished by : Water carried on first in unit
Structure Type : Building with one specific property use
Structure Status : In use
 Occupied
Construction Type: Type V - Wood Frame
Roof Type : Composition
Number of Stories: 2

Level: A02

Detector Type : Smoke detector - ionization
Power : Battery
Performance : Detector in space of origin - did not operate
Reason Failed : Failure of power supply
Extinguishing Sys: No extinguishing system
Report Author : F516

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # <u>0007900</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2219 P ST Suite 798
 PARCEL # 007.0254.C18

<p align="center">CONTACT</p> Name _____ Street Address <u>SAME</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>653870</u></p> Name <u>OLYMPIC RESTORATION</u> Address <u>6152 WAREHOUSE WY</u> City/State/Zip <u>SAC CA 95826</u> Phone <u>388-2200</u> FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">OWNER</p> Name <u>CORUM REAL ESTATE</u> Address <u>1005 12th ST STE 6</u> City/State/Zip <u>SAC CA 95814</u> Phone <u>441-1111</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: FIRE REPAIR

OCCUPANT/TENANT: _____ VALUATION: \$ 3500⁰⁰

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	Vio. 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>
<u>139T</u>	<u>139T</u>									

COMMENTS: SUBJECT TO FIELD APPROVAL

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