

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102306
Insp Area: 3

Site Address: 6161 27TH ST SAC
Parcel No: 036-0052-003

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

CONTRACTOR
GATEJEN ELECTRIC
3517 2ND AV
SACRAMENTO CA 95817

OWNER
SUNOPTICS SKYLITES
6350 27TH ST
SAC CA 95822

ARCHITECT

Nature of Work: NEW ELEC SVC AND PLASTIC MFG EQUIP/RACKING

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 214917 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, 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. 7000, 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 & P for this reason: _____

X Date 7-13-01 Owner Signature E. J. D. Clark **NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES**

FAIL
JUL 13 2001

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 above mentioned property for inspection purposes.

X Date 7-13-01 Applicant Agent Signature E. J. D. Clark

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 COMPENSATION INS FUND Policy Number 71300006072 Exp Date 10/01/2001

(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 7-13-01 Applicant Signature E. J. D. Clark

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.

3517 2ND AVE.
P.O. BOX 5273
SACRAMENTO, CALIF. 95817
(916) 452-8101
(916) 452-7405 FAX

**Gatejen Electric
Company**

APPROVED PER 1996
NATIONAL ELECTRICAL CODE
AND CITY OF SACRAMENTO
AMENDMENTS
2/1/02 JHH
ELECTRICAL DIVISION

THE APPROVAL OF ALL ELECTRICAL WORK
IS SUBJECT TO FIELD INSPECTIONS.

Fax

6161 27TH ST

To: City of Sacto From: Dave Parviri
Attn: Ken Hagen Pages: 3
Fax: 808-~~777~~ 8330 Date: 1-31-02
Re: Sun Optics CC:

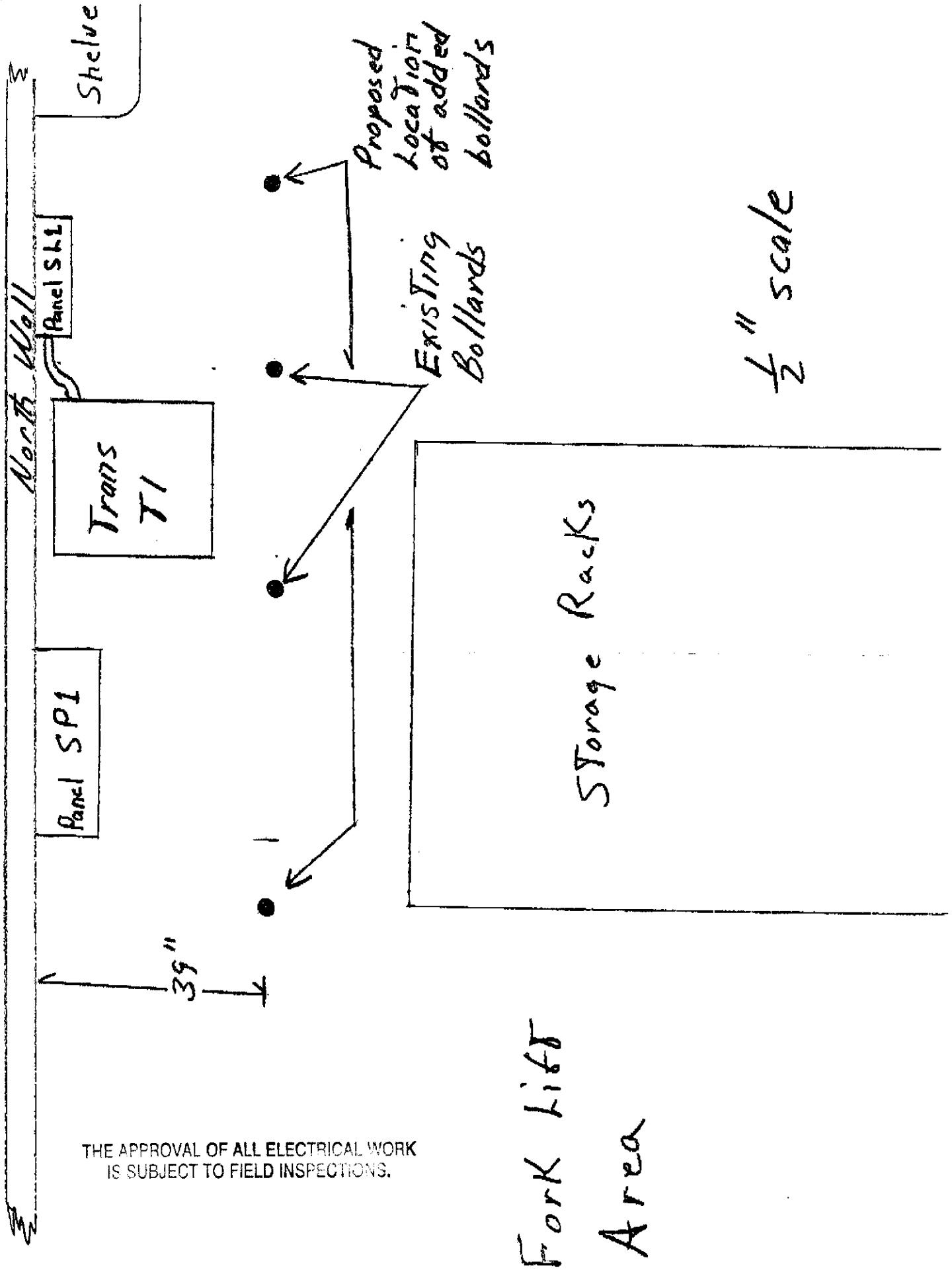
Urgent For Review Please Comment Please Reply As Requested

Ken.

This is a drawing of Trans/panels and location of existing bollards per Marice's instructions. From our discussion I proposed adding three shown on attached drawings. The MSB is in a non-turk lift area against west wall located behind large extrusion equipment, so bollard shown on print were not installed per (Marice)

Thanks Dave Parviri
cell # 813-5715

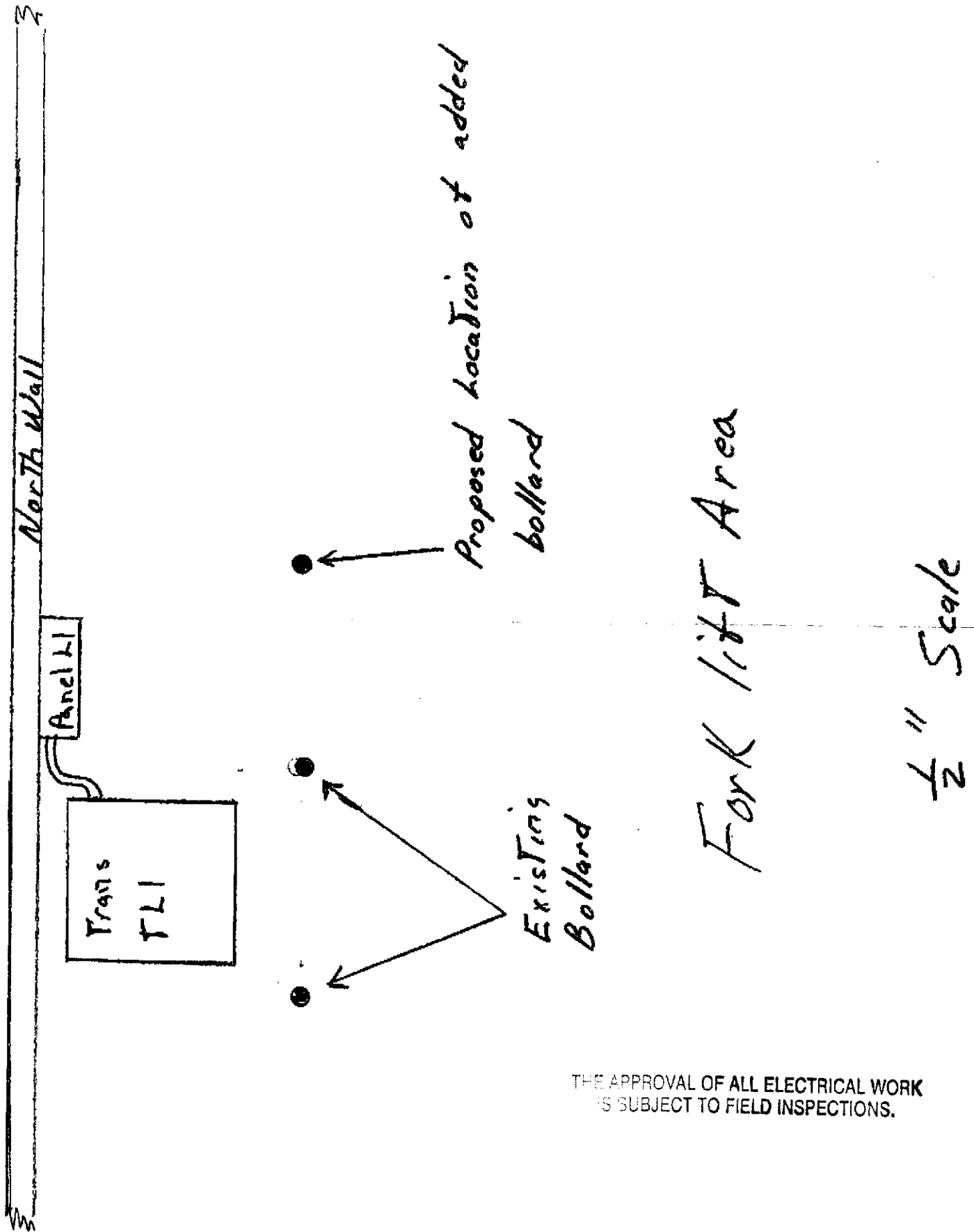
If locations are OK I will install ASAP and call for final permit # 0102306



THE APPROVAL OF ALL ELECTRICAL WORK IS SUBJECT TO FIELD INSPECTIONS.

Fork Lift Area

1/2" scale



THE APPROVAL OF ALL ELECTRICAL WORK IS SUBJECT TO FIELD INSPECTIONS.

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 # 0102306	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6161 27th SACRAMENTO CA Suite _____
 PARCEL # 036-0052-003

<p style="text-align: center;">CONTACT</p> Name <u>EARL CLARK</u> Street Address <u>6161 27th STREET</u> City/State/Zip <u>SACRAMENTO CA 95822</u> Phone <u>(916) 395-4700</u> FAX <u>(916) 395-7204</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>214917</u></p> Name <u>BRUCE R MCDONALD</u> Address <u>5517 2ND AVE</u> City/State/Zip <u>SACRAMENTO, CA, 95817</u> Phone <u>916-452-8101</u> FAX <u>452-7405</u> E-mail: <u>MCDONALD@GATEJENRELECTRIC.COM</u>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>GLUMAC INTERNATIONAL</u> Address <u>10419 Old Placerville Road Suite 258</u> City/State/Zip <u>SACRAMENTO, CA 95827</u> Phone <u>(916) 362-9394</u> FAX <u>916-362-3306</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Sumoptics Skylights</u> Address <u>6356 27th STREET</u> City/State/Zip <u>SACRAMENTO CA 95822</u> Phone <u>(916) 395-4700</u> FAX <u>(916) 395-7204</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE COMPENSATION INSURANCE FUND
 → WORKER'S COMPENSATION POLICY # 1616263-01 EXPIRATION DATE: 1/1/02

NATURE OF WORK IN DETAIL: UPGRADE ELECTRICAL & INSTALLING EQUIPMENT TO MFG, PLASTER SHEET & SKYLIGHTS / RACKING

CONDITIONS: 199 ; 207

OCCUPANT/TENANT: _____ VALUATION: \$ 48,500.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<u>B</u>	<u>L</u>	P	M	<u>E</u>	<u>F</u>	SPR	ALARM	<u>10</u>	[H]	[Quad]
						S		D	PW	UTIL

COMMENTS: Need: racking, details & racking/equip anchorage details & equip cut sheets

"Mech to question exhaust system?"

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

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: SUNOPTIC SKYLIGHTS Phone: (916) 395-4700
 Site Address: 6161 27th SACRAMENTO CA 95822 Suite: _____
(Street) (Zip)
 Business Owner/Representative: Earl D Clark Phone: (916) 715-1876
 Nature of Business: Plastic Mfg
 Property Owner: MARVIN & TEDA MAE OATES Phone: _____
 Address: 2810 REDDING AVE Suite: _____
(Street) (City) (State) (Zip)
SACRAMENTO CA 95820

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

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 X

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No X

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: EARL D CLARK
Earl D Clark (Print) 715-01 (Date)
 _____ (Signature)

BID Use Only: Plan Cl# _____	Permit # <u>0102306</u>
OK to issue prmt? <u>YES</u>	F.D. Appr Req'd? Yes <u>No</u>
init date _____	
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
SACRAMENTO COUNTY – ENVIRONMENTAL HEALTH DIVISION
 OFFICE (916) 875-8440 • FAX (916) 875-8513

TEST 3/03

WATER CUSTOMER INFORMATION	ASSEMBLY INFORMATION
NAME: <u>Earl Clark</u>	TYPE <u>RP</u> SIZE <u>1</u> MFG <u>Centronic</u>
MAIL ADDRESS: <u>6161 27th St</u>	MODEL <u>40205A2</u> SERIAL NO.: <u>E9668</u>
CITY, STATE, ZIP: <u>Sacramento Ca 95822</u>	<input checked="" type="checkbox"/> EXISTING <input checked="" type="checkbox"/> REFERENCE NO.:
CARE OF:	<input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> OLD ASSEMBLY SERIAL NO.:
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> PLUMBING PERMIT NO.:

SERVICE ADDRESS: 6161 27th St CITY: Sacramento
 WATER PURVEYOR: Fruitridge IF APPLICABLE, METER NO.:
 ASSEMBLY LOCATION: NW cor o bldg inside cycling
 (Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY				
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: <u>9.0</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>3.0</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

COMMENTS: _____

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>2:52</u>	START TIME: _____
END TIME: <u>3:55p</u>	END TIME: _____
DATE: <u>3/27/02</u>	DATE: _____

ASSEMBLY: PASSED FAILED TAG NO.: AK05125
 * If FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER: 150

MAIL ORIGINAL TO: ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

PLEASE PRINT YOUR NAME: Allen Thornton

Allen Thornton

Signature of Tester