

CITY OF SACRAMENTO

Permit No: 9712400

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 6200 MC MAHON DR SAC

Sub-Type: NCOM

Parcel No: 0270284018

Housing (Y/N): N

CONTRACTOR

ROYAL ELECTRIC CO
3131 52ND AV
SACRAMENTO CA

OWNER

ROMAN CATHOLIC BISHOP OF SACRAMENTO
6200 MC MAHON DR
SACRAMENTO CA

ARCHITECT

58240

Nature of Work: INSTALL MODULAR CLASSROOM - 1,056 SF - MANUF FEE & RECORDING FEES SHOWN IN FEE PAYMENT SCREEN ONLY

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 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. 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 8/24/98 Owner Signature [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 8/24/98 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 Policy Number

(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 8/24/98 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.

Worker's Comp Policy # WNC 169301501  
Company [unclear]

CITY OF SACRAMENTO  
APPLICATION FOR BUILDING PERMIT  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
BUILDING INSPECTION DIVISION  
1231 I Street, Room 200  
Sacramento, CA 95814  
(916) 264-7619 FAX 264-7046

97-12400 C

P.C. # 5991  
SUITE # \_\_\_\_\_  
AREA # 2C

ADDRESS \_\_\_\_\_  
 PARCEL # 0284-018  
 CONTACT 027-0284-018

LICENSED CONTRACTOR  
NAME [Signature]  
ADDRESS [Signature]  
PHONE \_\_\_\_\_

NAME Ray Sidney Peter Hall  
ADDRESS 6210 Mc Mahon Dr  
Sacramento ZIP 95824  
PHONE 455-3001 FAX: ( ) \_\_\_\_\_

ARCH./ENG.  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

OWNER  
NAME Roman Catholic Bishop of Sacramento  
ADDRESS 6210 Mc Mahon Drive  
Sacramento ZIP 95824  
PHONE 455-3001

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL:  
Modular Classroom & OR Computer Lab

\$36,000.00

D.B.A. \_\_\_\_\_  VALUATION 36,000.

BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS \_\_\_\_\_  S.C.A.T. X-13 X-26

JOB DESCR. BLDG SHEL APT TI ( ) REM ( ) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

| # OF STORIES | AREA 1ST FL. | TOTAL AREA | USE ZONE  | OCCUP. GROUP | CONST. TYPE | FIRE SPRINK. | FED. CODE | VIO. FILE |
|--------------|--------------|------------|-----------|--------------|-------------|--------------|-----------|-----------|
|              |              |            | <u>RI</u> | <u>E-2</u>   | <u>UN</u>   | <u>N</u>     | <u>17</u> |           |
| <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>R</u>  |

COMMENTS:  
 \* provide off-set distance from existing building  
 \* ramp details  
 \* foundation details including holdowns

ADDRESS

6206 Mc Mahon Dr.

SPECIAL CONDITIONS ATTACHMENT

PROJECT TITLE

PERMIT #

P.C. 5391

Mitigation Monitoring Plan

Yes

No

Page 1 of

| Item # | Description  | Orig. Dept. | Timing                            | Follow up Resp. | Verification Date Int. | Code | Remarks   |
|--------|--|-------------|-----------------------------------|-----------------|------------------------|------|---|
| X1     | Special inspections in accordance with section 106 of the U.B.C. (all)   | SPI         | Prior to final, C of C, or C of O | SPI             |                        |      |   |
| X2     | Verify floor elevation taking per elevation certificate.   | LFA         | Prior to foundation inspection    | BLI             |                        |      | Inspection request not necessary                                    |
| X3     | A surveyor/engineer shall re-survey the finished floor elevation and provide an elevation certificate based on finished floor elevation. | LFA         | Prior to framing inspection       | SCU             |                        |      | (1)   |
| X4     | Life Safety testing is required for highrises  | CPC         | Prior to final, C of C, or C of O | ELI             |                        |      | (1)   |
| X5     | Smoke control/Alarm systems testing is required for malls and atriums  | CPC         | Prior to final, C of C, or C of O | ELI             |                        |      | (1),(2)   |
| X6     | Verify that the C of C has been issued   | CPC         | Prior to final, C of C, or C of O | ELI             |                        |      | (1),(2)   |
| X11    | Site improvement/UT 24 handup  | SCU         | Prior to final, C of C, or C of O | FLC             |                        |      | (1)   |
| X12    | Site improvement/Window sink   | SCU         | Prior to final, C of C, or C of O | SCU             |                        |      | (1)   |
| X13    | Special permit conditions  | SCU         | Prior to final, C of C, or C of O | SCU             |                        |      | (1)   |
| X14    | Noise and Dust Abatement Program   | CRP         | Prior to final, C of C, or C of O | CRP             |                        |      | (1)   |
| X15    | Archaeological findings  | ESD         | Random                            | BLI             |                        |      | Random inspections will be arranged by Building Inspection Division |
| X16    | Design Review  | ESD         | Verify at foundation inspection   | BLI             |                        |      | Notify building inspector at foundation inspection                  |
| X24    | Halon system   | CRP         | Prior to final, C of C, or C of O | CRP             |                        |      | (1)   |
| X25    | Kitchen hood fire suppression system   | FRI         | Prior to final, C of C or C of O  | FRI             |                        |      | (2)   |
| X26    | Fire alarm   | FRI         | Prior to final, C of C or C of O  | FRI             |                        |      | (2)   |
| X27    | Medical Gas Lines  | FRI         | Prior to final, C of C or C of O  | FRI             |                        |      | (2)   |
| X28    | Underground fuel tanks   | FRI         | Prior to covering with sheet rock | FRI             |                        |      | (2)   |
| X29    | Underground fire sprinkler mains   | FRI         | Prior to covering tanks           | FRI             |                        |      | (2)   |
| X30    | Underground fire sprinkler risers  | FRI         | Prior to covering mains           | FRI             |                        |      | (2)   |
| X31    | Underground fire sprinkler system  | FRI         | Prior to final, C of C, or C of O | FRI             |                        |      | (2)   |

GARY SPROSS  
2647720

Inspected by: \_\_\_\_\_ (Inspector's name)  
 Inspected on: \_\_\_\_\_ (Date)  
 Inspected at: \_\_\_\_\_ (Location)  
 Inspected for: \_\_\_\_\_ (Type of inspection)  
 Inspected by: \_\_\_\_\_ (Inspector's name)  
 Inspected on: \_\_\_\_\_ (Date)  
 Inspected at: \_\_\_\_\_ (Location)  
 Inspected for: \_\_\_\_\_ (Type of inspection)

Attachment A

**OWNER-BUILDER VERIFICATION**

**ATTENTION PROPERTY OWNER**

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) no

2. I (have/have not) yes signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name Williams Scotman Address 4911 Alban Parkway  
City Tacoma, WA 98688 Telephone 800-782-1500  
Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

| Name | Address | Phone | Type of Work |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

Signed Rw Sidney Peter Hall  
Job Address 6200 W. Mahon by Accurants Co Date 8/24/98  
Permit No.: 47-12400C

**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: Jesus + Peter School Phone: 455-2915  
 Site Address: 6200 W. McMahon Drive Suite: \_\_\_\_\_  
 (Street) (Zip)  
 Business Owner/Representative: Rev. Sidney Peter Hall Phone: 455-3001  
 Nature of Business: School - Kindergarten & 8<sup>th</sup> grade  
 Property Owner: Roman Catholic Bishop of Sacramento Phone: 733-0200  
 Address: 2110 Broadway Suite: \_\_\_\_\_  
 (Street) (City) (State) (Zip)  
Sacramento CA 95818

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.

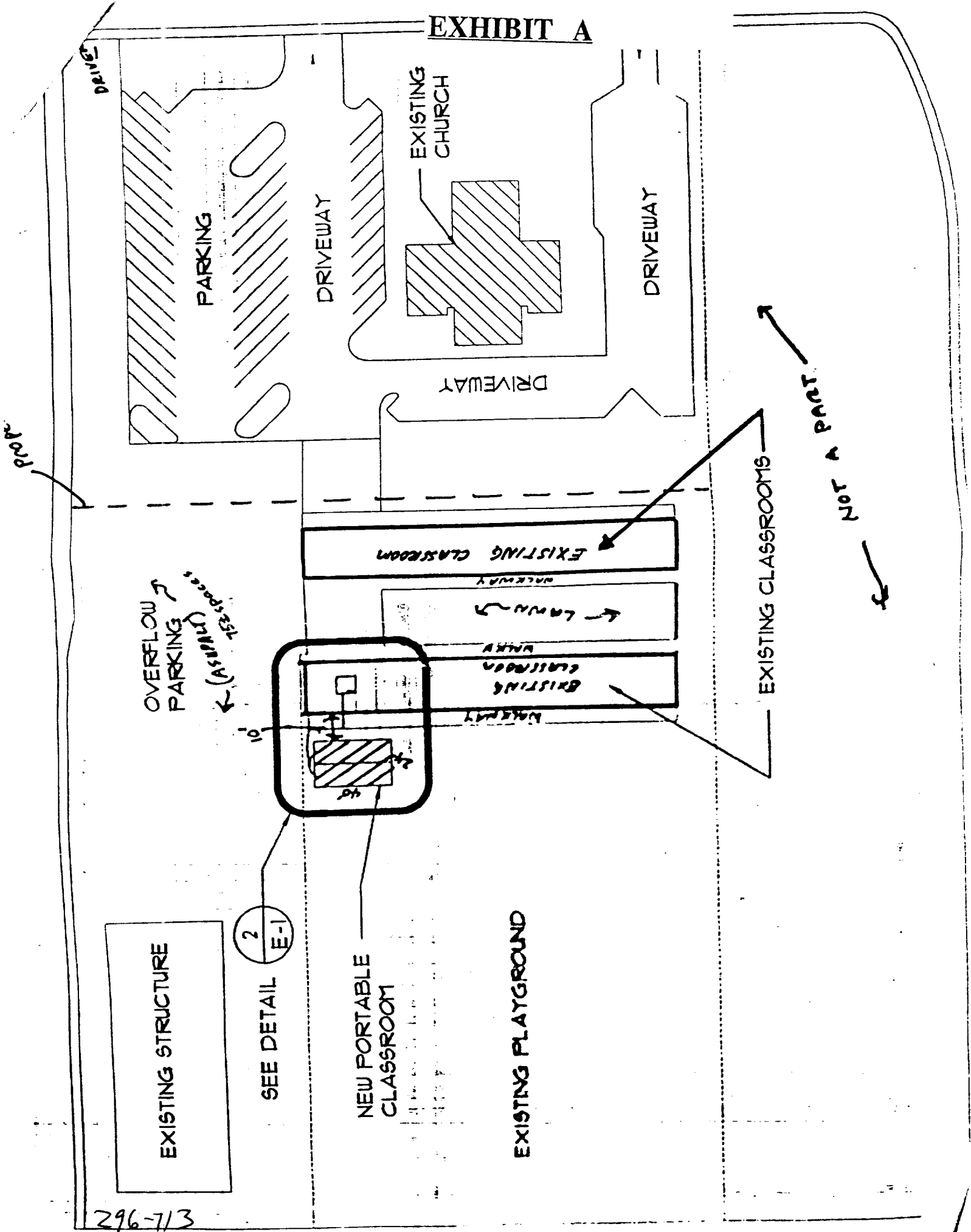
**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:**

**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: REV. SIDNEY PETER HALL  
 (Print)  
Rev. Sidney Peter Hall 8/21/98  
 (Signature) (Date)

|   |  |
|---|--|
| BID Use Only: Plan Ck# <u>5391</u> Permit # <u>97.12400</u><br>OK to issue prmt? <input checked="" type="checkbox"/> <u>8.24.98</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> <u>No</u><br>init date _____ |  |
| Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> <u>No</u>   |  |
| Fire Dept. Use Only:<br>OK to issue permit? init _____ date _____<br>OK to issue Certificate of Occupancy? init _____ date _____  |  |

EXHIBIT A



296-713

OVERFLOW PARKING (A) 135 spaces

EXISTING STRUCTURE

2  
E-1

SEE DETAIL

NEW PORTABLE CLASSROOM

EXISTING PLAYGROUND

EXISTING CLASSROOM

EXISTING CLASSROOM

EXISTING CHURCH

DRIVEWAY

DRIVEWAY

DRIVEWAY

EXISTING CLASSROOMS

NOT A PART

296-713



January 4, 2000

Rev. Msgr. Robert P. Walton  
Vicar General  
Diocese of Sacramento  
2110 Broadway  
Sacramento, CA 95818

SUBJECT: St Peters School Modular Classroom  
6200 McMahan Drive, Sacramento

Dear Rev. Walton

We have received your letter regarding the St. Peters School portable classrooms at 6200 McMahan Drive. I spoke with Tim Sullivan this afternoon as well as a number of the staff in the Building Division and Fire Department who are trying to resolve this matter.

An approved fire alarm system is required according to section 511 of the California Building Code at all buildings within the school grounds. Section 305.9(a) may give some relief from the requirement to interconnect the systems depending on the proximity and extent of other communication means.

The new computer classroom does not have a fire alarm and the two older buildings have existing fire alarm systems that have been disconnected. Plans for a new fire alarm system that were previously approved have been checked out by the fire alarm contractor and were apparently misplaced. We are unable to issue a permit without the return of the approved plans or submittal of new plans.

Page 1 of 2



*building better neighborhoods block by block*  
[www.sacto.org/npds/](http://www.sacto.org/npds/)

The City is agreeable to allow temporary occupancy of the computer classroom for 60 days if the School provides acceptable hand held radio communications and provides acceptable fire drill training to the teachers, administrative staff and student occupants of the classrooms. Please contact David DeMello, Fire Prevention Officer, at 264-7067 to work out the details.

Similar communications and training should be provided for the occupants of the older buildings where the fire alarms are non-functional. Additionally the existing landings should be adjusted to prevent the trip hazard that presently exists at the exterior landings. This work must be done immediately.

We will issue a permit for the fire alarm system at the classroom once acceptable plans have been provided and approved. This is based on our understanding you will work diligently to legalize the two older buildings, which were installed without the benefit of permits.

Please obtain the required permits to install the fire alarm and complete work remaining to legalize the older buildings. Work must be completed within 60 days of this letter. We will need building permit and fire alarm applications within 30 days in order to process the permits and allow you time to complete the work.

Feel free to contact me at 264-5956 if I can be of additional assistance in this matter.

Sincerely,



DENNIS RICHARDON,  
Chief Building Official

C: David Jones, City Council Member, 6<sup>th</sup> District  
Tim Sullivan, Sky Engineering  
David Brock, Counter Manager  
Nick Buchberger, Chief Inspector  
David DeMello, Fire Prevention Officer II





# FACSIMILE TRANSMITTAL

To: Building Dept. City of Sacramento Date: 12/29/99  
 Attn: DENNIS RICHARDSON  
 From: ROBERT MASSA Fax #: (916) 264-8370  
 Re: St. Peter's School, Mother Phone #: \_\_\_\_\_  
CLASSROOM  
 Number of Pages Including this Cover Sheet: 3

Comments: DENNIS: THIS IS LETTER WE SPOKE  
OF. ALSO I JUST TALKED TO A.D.T. AND  
ALAN ROBERTS THERE. SAID THAT THE  
ALARM PLANS ARE WITH THE FIRE  
DEPT. THEY DID NOT RETURN THEM  
TO A.D.T. THANK FOR THE HELP.

If you do not receive all pages of this facsimile, please call the Diocesan Finance Office at (916) 733-0277.

*Robert Massa*

**Confidentiality Note:** The information contained in this facsimile transmission is privileged and confidential information, intended for the use of the individual or entity named above. If the reader of the message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this telecopy is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the address noted below, at our expense.



FINANCE

mailed  
12/28/99  
P.M.

## DIOCESE OF SACRAMENTO

2110 Broadway • Sacramento, California 95818-2541 • 916/733-0277 • Fax 916/733-0295

December 21, 1999

Mr. Dennis Richardson  
 Building Official, City of Sacramento  
 1231 I Street  
 Sacramento, Ca 95814

*Attachment 6*

RE: St. Peters School Modular Classroom  
 6200 McMahon Drive, Sacramento

Dear Mr. Richardson:

As you are aware we wish to occupy the 20' x 40' Modular Classroom as soon as possible. We understand you met with our representative, Tim Sullivan, where you agreed to the occupancy with certain conditions. It is understood you have concerns about code deficiencies present in the two existing modular buildings that have been on site for approximately 15 years. We agree to the following corrective measures for the buildings in return for the occupancy of the 20' x 40' Computer Classroom:

**Computer Classroom**

1. Replace the door knobs with handicapped accessible lever hardware.  
 It is understood when this is accomplished, occupancy of this building will be approved.

**Two Older Buildings**

1. Provide two handicapped ramps and landings, one for each unit.
2. Provide seismic bracing to the under structures.
3. Provide appropriate drinking water facilities. A bottled water dispenser will be permitted.
4. Obtain approval of the City Planning Division and Fire Department. It is understood that this letter does not prevent the owner from appealing planning or Fire Department requirements that we are unable to comply with.
5. Replace door knobs with handicapped lever hardware.


The owner wishes to provide a fire/burglar alarm system in the three buildings. Since each building is a single room with less than 50 students, a monitored alarm will exceed the 1998 California Building Code requirements of Section 305.9(a).

Page 2

Mr. Dennis Richardson

If you have questions or comments on the content of this agreement, please call Mr. Sullivan at 492-2450.

Sincerely



Rev. Msgr. Robert P. Walton  
Vicar General

cc: David Jones  
Tim Sullivan  
Rev. Sidney Hall



FINANCE

## DIOCESE OF SACRAMENTO

2110 Broadway • Sacramento, California 95818-2541 • 916/733-0277 • Fax 916/733-0295



December 21, 1999

Mr. Dennis Richardson  
Building Official, City of Sacramento  
1231 I Street  
Sacramento, Ca 95814

RE: St. Peters School Modular Classroom  
6200 McMahon Drive, Sacramento

Dear Mr. Richardson:

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4. Obtain approval of the City Planning Division and Fire Department. It is understood that this letter does not prevent the owner from appealing planning or Fire Department requirements that we are unable to comply with.
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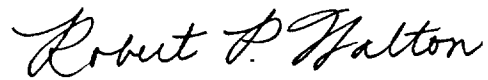
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Page 2

Mr. Dennis Richardson

If you have questions or comments on the content of this agreement, please call Mr. Sullivan at 492-2450.

Sincerely

A handwritten signature in black ink that reads "Robert P. Walton". The signature is written in a cursive style with a large initial 'R'.

Rev. Msgr. Robert P. Walton  
Vicar General

cc David Jones  
Tim Sullivan  
Rev. Sidney Hall

97-12400

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

NAME  
STREET ADDRESS  
CITY, STATE and ZIP

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH, INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

REAL PROPERTY OWNER/LESSOR  
Roman Catholic Bishop of Sacramento  
MAILING ADDRESS  
2110 Broadway  
CITY COUNTY STATE ZIP  
Sac. Sac. CA 95818  
INSTALLATION MAILING ADDRESS, IF DIFFERENT  
6200 Mahon Drive  
CITY COUNTY STATE ZIP  
Sac. Sac. CA 95824  
UNIT OWNER (If also property owner, write "SAME")  
Same  
MAILING ADDRESS  
Same  
CITY COUNTY STATE ZIP  
Same

LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY  
City of Sacramento  
MAILING ADDRESS  
1231 "J" Street, 2nd Floor  
CITY COUNTY STATE ZIP  
Sac. Sac. CA 95814  
BUILDING PERMIT NO. TELEPHONE NUMBER  
97-12400C  
SIGNATURE OF LOCAL AGENCY OFFICIAL DATE  
David P. Burk 8-24-98  
DEALER NAME (If not a dealer sale, write "NONE")  
None  
DEALER LICENSE NO.  
None

UNIT DESCRIPTION

MANUFACTURER'S NAME Williams Scotsman DATE OF MANUFACTURE 1/81 MODEL NAME/NUMBER Mobile office-Double Wide  
SERIAL NUMBER(S) Smc-00202-146, 147 LENGTH X WIDTH 44' x 24' INSIGNIA/LABEL NUMBER(S) CPX-02086

REAL PROPERTY LEGAL DESCRIPTION

ASSESSOR'S PARCEL NUMBER

027-0284-018



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder

CANARY—HCD

PINK—Applicant

GOLDENROD—Building Dept.

**NOTICE TO ASSESSOR  
HCD 433(B) 4/86**

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

**ORIGINAL PURCHASE PRICE FOR:**

|  |                       |
|--|-----------------------|
| 1. The Basic Unit  | \$ <u>12,000.00</u> X |
| 2. Optional Equipment & Upgrades   | \$ _____ X            |
| 3. Subtotal  | \$ <u>12,000.00</u> X |
| 4. Accessories & Accessory Structures  | \$ _____ X            |
| 5. Other (Specify) <u>Set-up, steps, pump, fire doors, skirting and delivery</u> | \$ <u>6,610.00</u> X  |
| 6. Delivery & Installation <u>+ install</u>                                      | \$ _____ X            |
| 7. TOTAL SALES PRICE   | \$ <u>18,610.00</u> X |

Type of Exterior Wall Covering: Wood  
(Metal, Wood, etc.)

Type of Roof Covering: Metal  
(Metal, Wood, Composition, etc.)

Heating Type:  Forced Air  Floor or Wall

|                        |   |                |
|------------------------|---|----------------|
| Air Conditioning:      | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Tons <u>5</u>  |
| Evaporative Cooler:    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |
| Built-in Cooktop:      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |
| Built-in Oven:         | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |
| Built-in Dishwasher:   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |
| Built-in Wet Bar:      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |
| Refrigerator:          | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                |
| Roof Overhang (Eaves): | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | _____ inches   |
| Furniture Included:    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Value \$ _____ |

**DOES THE BASIC PRICE INCLUDE:**

|                   |   |
|-------------------|---|
| The Towbar(s)     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Tires & Wheels    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Wheelhubs & Axles | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**LIST NUMBER OF ROOMS:**

|             |       |              |          |
|-------------|-------|--------------|----------|
| Bedrooms    | _____ | Dining Room  | _____    |
| Baths       | _____ | Family Room  | _____    |
| Kitchen     | _____ | Utility Room | _____    |
| Living Room | _____ | Other Rooms  | <u>1</u> |

|               |   |                        |
|---------------|---|------------------------|
| Carport:      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | _____ X _____          |
| Awning:       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | _____ X _____          |
| Porch:        | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | _____ X _____          |
| Garage:       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | _____ X _____          |
| Storage Shed: | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | _____ X _____          |
| Skirting:     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <u>136</u> LINEAL FEET |

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 027-0284-018

Mark Distard  
(Signature)

3131-52nd Avenue  
Address

Sacramento CA 95823

428-0286  
Telephone