

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0008206**  
**Insp Area: 2**

**Site Address: 138 CASELLI CR SAC**  
Parcel No: 049-0301-010

**Sub-Type: NOTHR**  
**Housing (Y/N): N**

**CONTRACTOR**  
GERMIA POOLS  
1327 65TH ST  
SAC, CA 95819

**OWNER**  
SHY EUGENE  
SACRAMENTO CA  
95860

**ARCHITECT**

**Nature of Work: REMOVE EXISTING FILTER SYSTEM FROM POOL & REPLACE WITH NEW**

**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 CS/PHC License Number 191966 Date 7/19/00 Contractor Signature Germia Pools

**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 7/19/00 Applicant/Agent Signature Christine Beem

**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 238-0000166-00 Exp Date 04/01/2001

(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 prohibited by 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 7/19/00 Applicant Signature Germia Pools

**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.**

**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 # <i>0.08206</i>	Insp. Area <i>2C</i>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 135 Casella Lane Suite 1A 95825 Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p align="center"><b>CONTACT</b></p> Name <u>Contractor</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>191966</u></p> Name <u>James Hall</u> Address <u>1327 65th St</u> City/State/Zip <u>Stockton CA 95219</u> Phone <u>277-1500</u> FAX <u>277-1530</u> E-mail: _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center"><b>OWNER</b></p> Name <u>11/10/2000/Chuck Comm</u> Address <u>135 Casella Ln</u> City/State/Zip <u>Stockton CA 95825</u> Phone <u>391-3291</u> FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Farm  
 → WORKER'S COMPENSATION POLICY # 25166 EXPIRATION DATE: 4/6/01

NATURE OF WORK IN DETAIL: Remove existing filter system in pool  
See attached details

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 200.00

FLOOD STATUS: <u>NR</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N	Fed Code	Vio. File	
						SPR	ALARM	<u>20</u>	[H] [Quad]
B	L	<u>P</u>	M	<u>E</u>	F	S	D	PW	UTIL
		<u>13K4</u>		<u>13</u>					

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

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

RECEIPT  
 ENVIRONMENTAL MANAGEMENT DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION

RECEIVED FROM: Geremia Pools Inc. DATE: 6/27/00  
 ADDRESS: 1327 - 65th St, Sac CA 95819  
 AMOUNT RECEIVED: \$ 189.00 CHECK NO.: 59600 CASH   
 FACILITY NAME: Morrison Creek Commons  
 FAC. ADDRESS: 138 Caselli Cir, Sac,

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$
6206202304	96964302	E32142	\$ <u>189.00</u>
6206202304	92929018	E32131	\$
6206202304	96964403	E32143	\$
6206202304	96964402	E32142	\$

REVENUE DESCRIPTION: (KEY 33)  
 PLAN CHECK - FOOD  
 PLAN CHECK - POOLS  
 PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)  
 PLAN CHECK - NOISE  
 PLAN CHECK - TENTATIVE PLOT APPROVAL

SIGNATURE: Gillian Martens

7060

Experience In All Types of  
Concrete Construction Since 1922  
"Our Reputation Is Your  
Guarantee of Quality"

NOT A PART OF THIS PROPOSAL	
Job No.	Salesman Sal Saputo
Financing By:	

# Geremia Swimming Pool Service Company

Sacramento, CA 95819  
1327 65th Street (916) 277-1500

a California Corporation  
All Other Areas  
1-800-499-SWIM

Stockton, CA 95204  
4210 Coronado Avenue (209) 948-8276

## SWIMMING POOL REMODEL CONTRACT

CONTRACTOR: GEREMIA SWIMMING POOL SERVICE COMPANY (Geremia) a licensed swimming pool contractor, with offices at 1327 65TH STREET, SACRAMENTO, CALIFORNIA, holder of C-53 license issued by the State of California (license 291581) hereby agrees to construct for and sell to on the property of the Buyer:

BUYER:

BUYER'S NAME Morrison Creek Commons BUYER'S NAME \_\_\_\_\_ HOME PHONE 391-3292

MAIL ADDRESS 138 Caselli Cir. CITY Sacramento ZIP 95823 OFFICE PHONE \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

LEGAL: LOT \_\_\_\_\_ TRACT \_\_\_\_\_ PER MAP BK. \_\_\_\_\_ PG. \_\_\_\_\_ COUNTY \_\_\_\_\_

QUANTITY	JOB DESCRIPTION
	Drain pool, undercut, sandblast, bondcoat.
	Replaster pool white with Silicone Shield. <span style="float: right;">740 #</span>
	Install back non skid tile @ 4 1/2 ft depth. <span style="float: right;">22 LB.</span>
	Remove existing filter system & install Sta Rite 450 with 1 1/4 HP Sta Rite pump.
	Install new B & W chlorinator.
	Install GFI for pool light.
	Clean waterline tile.

**IMPORTANT: VERBAL AGREEMENTS NOT ACCEPTED — WRITE IT IN ABOVE!**

Work to commence approximately 5-30-00  
DATE

PRICE: In consideration of the covenants and agreements hereof being performed by both parties to this proposal, including the furnishing of all labor materials and work required by this proposal, owner agrees to pay Geremia by cashiers check or equivalent the sum of:

Tuesday, April 25, 2000 10:52 AM

To: KRISTINE

From: Colleen M Maloza,

9164486388

Page: 1 of 2

*Freeform*

County of Sacramento  
Environmental Management Department  
Environmental Health Division

Application for Recreational Health  
Minor Remodel Plan Review

OFFICE USE ONLY	
Verified by:	<u>cm</u>
Date Received:	<u>4/28/00</u>
Total Fee:	<u>\$189</u>
Receipt No:	<u>ed</u>
Date Paid:	<u>6/27/00</u>

Please complete the following form and FAX, mail or hand deliver to Sacramento County Environmental Management Department, Environmental Health Plan Review Office, 827 - 7<sup>th</sup> Street, Rm. 102, Sacramento, CA 95814-2406. Tel. (916)874-6010 / FAX (916)448-6388.

Name of Recreational Health Facility:  
Address of Recreational Health Facility:

Morrison Creek Commons  
138 Caselli Cir  
SACRAMENTO, CA  
95823

ONE POOL ONLY

If multiple pools, spas, and/or wading pools are on site, identify which one is to be remodeled.

SIZE OF POOL, SPA OR WADING POOL

Surface area:

Rectangle or square: (length) 38 x (width) 22 = 740 sq. ft.

Circle: 3.14 x (radius)<sup>2</sup> = \_\_\_\_\_ sq. ft.

Kidney: [(small width) \_\_\_\_\_ + (large width) \_\_\_\_\_] / 2 x (length) \_\_\_\_\_ x .45 = \_\_\_\_\_ sq. ft.

Gallorage:

(Surface area) 740 x (av. Depth) 55 x 7.48gal./cu.ft. = 30444 gallons

Turnover rate:

Pool: (gallons) / 360 minutes = 84.6 gpm

Spa: (gallons) / 30 minutes = \_\_\_\_\_ gpm

Wading pool: (gallons) / 60 min. = \_\_\_\_\_ gpm

*Freeform  
OVAL*

*SR0004715*

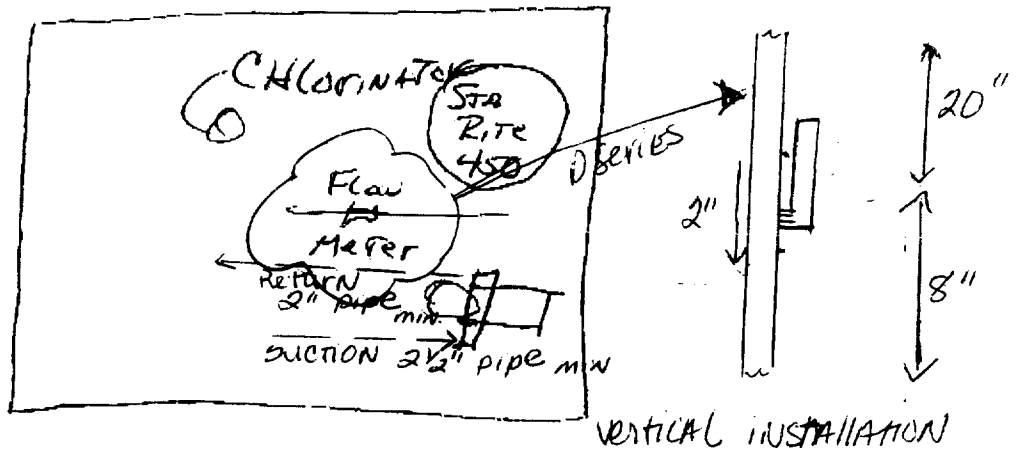
EQUIPMENT		Existing	New	MDL#
FILTER:	Make and Model:	<u>2ea PacFab Nauf. 36</u>	<u>Sta Rite Mod Model</u>	<u>98M152</u>
	Type:	<u>+ Small Leslies D2</u>	<u>450 ft<sup>2</sup> = 123gpm</u>	
PUMP:	Make and Model:	<u>Pac Fab 2 HP</u>	<u>Sta Rite P4EAA6FL</u>	
	H.P.		<u>1 3/4 HP 92gpm</u>	
SANITIZER	Make and Model:	<u>Rain Bow</u>		
	Type:	<u>INLINE</u>		
FLOWMETER:	Make and Model:		<u>Blue &amp; White</u>	<u>MODEL# D30200P</u>

<sup>1</sup> Minor remodel means remodeling of less than 30% of the pool, spa or wading pool structural area or equipment alterations, excluding replacement of like equipment solely for repair purposes. If you have questions on whether your work falls into this category call 874 6010 for clarification.

Description of additional changes (i.e., plumbing, electrical, structural, etc.):

- REPLASTER Pool "white color"
  - INSTALL BLACK NON SKID TILE @ 4 1/2" (4" wide min)
  - INSTALL GFCI on Pool Light.
- ENCLOSED COMPLIANCE FORM TO RETURN TO HEALTH DEPT. WHEN COMPLETE.

Schematic diagram of proposed equipment layout:



Company or individual doing work:

Name: General Pools, Inc  
 Address: 1323 65th St.  
SACRAMENTO, CA 95818  
 Phone and FAX number(s): 277-1540 F- 277-1537  
 Contractor's License number: 191966

Minor remodel approved by:

*[Signature]*

Date: 6/30/00

Comments:

compliance w/ notes on this plan is a condition of approval.

CALL 875-8440 FOR FINAL INSPECTION