

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011731
Insp Area: 4

Site Address: 4450 EAST COMMERCE WY SAC
Parcel No: 225-0070-078 BUZZ OATES 2

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

CONTRACTOR
BUZZ OATES
8615 ELDER CREEK RD
SACRAMENTO, CA 95828

OWNER
OATES MARVIN L
8615 ELDER CREEK RD 100
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: CONSTRUCT NEW WAREHOUSE BUILDING

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 BB License Number 762621 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 & P 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 above-mentioned property for inspection purposes.

Date 4 May 01 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 COMP INS FUND (CA) Policy Number 1579398-01 Exp Date 03/01/2002

(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 4 May 01 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.



a professional engineering & field service company

p.o. box 1075 • 10725 fair oaks blvd., suite b • fair oaks, ca 95628 (916) 965-1312

fax (916) 965-1442

eets_inc@earthlink.net

GROUND FAULT PROTECTION TEST SHEET

Company: Bosley Electric Job No. 02-064
 Circuit: Main Location: 4450 East Commerce Way
 Technician: C. Logan Date: 4-29-02
 Switchboard Manufacturer Square D Single / Double
 Disconnect Device PXF361600GPL Atmospheric Conditions Overcast
 GF Protective Device Micrologic
 GF Sensor PE 16CT2

A. INSPECTION

As Found

As Left

As Found	As Left
✓ 1. Wiring and conductors.	Okay
✓ 2. Connections and wire clamping.	Okay
✓ 3. Bonding, splice bussing and grounding.	Okay
✓ 4. Sensor mounting and wiring.	Okay
✓ 5. Control circuit overcurrent protection.	Okay
6. Remarks:	

B. INSULATION RESISTANCE (with link removed)

✓*	1. Neutral-to-ground.	2000+ MΩ	
✓	2. Enclosure to ground.	0Ω	
✓	3. Grounded service conductor-to-ground.	0Ω	
✓	4. Remarks: * No neutral conductors landed at time of test.		

C. OPERATION TEST

✓	1. GF protective device setting: <u>.2=320</u> Amps <u>0.1</u> Time		
✓	2. Control power: <u>120 vac</u>		
✓	3. Current test: (a) Minimum trip current	304	Amps
✓	or (b) No trip test at 150% of min. P.U.	450	Amps
✓	4. Time delay at 150% of min. trip	0.11	Sec
✓	5. Test button, lamp, indicator operation:	Okay	
✓	6. Test at 57% nominal voltage:	N/A	

D. LABEL AFFIXED

E. EQUIPMENT RESTORED TO OPERATIONAL CONDITION

✓	GFP settings (as found)	0.2 = 320	Amps	Time
✓	GFP settings (as left)	0.2 = 320	Amps	Time
✓	Ground link installed	Okay		

DATE: 4-29-02 TESTED BY: C. Logan

(1) This test record to be retained by those in charge of the building electrical installation.

(2) Make the report available to the authority having jurisdiction.

CITY OF SACRAMENTO

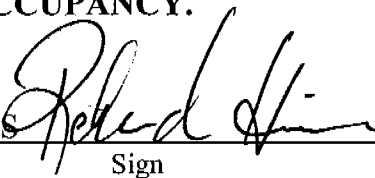
30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 4450 EAST COMMERCE WY Permit No.: 0011731
Building Use: WAREHOUSE Occupancy: S1/S2
Building Owner: MARVIN OATES Construction Type: III-NHR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 64980 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

RESOLVE ISSUES RE: REMOVING DRIVEWAYS AND NO-BUILD EASEMENTS – NOT APPROVED FOR OCCUPANCY.

6/20/03 RICHARD HEINS
Date By: (Print)


Sign

DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[TCO approvals:VF,JBB,JZB,MJG]

CBC 109.4 TEMPORARY CERTIFICATE


If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 4450 EAST COMMERCE WY Permit No.: 0011731
Building Use: WAREHOUSE DBA: Comcast Occupancy: S1/S2
Building Owner: MARVIN OATES Construction Type: III-NHR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 64980 Sq. Ft.
8/21/03  DENNIS RICHARDSON
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

CERTIFICATE OF COMPLIANCE FOR SHELL BLDG - NOT FOR OCCUPANCY

[Finaled By: VF,JBB,JZB,MJG]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT EC 40

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #	Insp. Area
0011731	

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4450 E. Commerce Way, Bldg. B' Suite _____
 PARCEL # 0225-0700-078

<p align="center">CONTACT</p> Name <u>Mike Peters</u> Street Address <u>8615 Elder Creek</u> City/State/Zip <u>Sacto 95828</u> Phone <u>381 3600</u> FAX <u>381 4707</u> E-mail: <u>mpeters@Buzz30ates.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>unknown</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>DLR Group Vitellio</u> Address <u>1931 24th St</u> City/State/Zip <u>Sacto 95814</u> Phone <u>446-0206</u> FAX <u>446-0894</u> E-mail: _____		<p align="center">OWNER</p> Name <u>Buzz 0ates Enterprises</u> Address <u>8615 Elder Creek Rd</u> City/State/Zip <u>Sacto CA 95828</u> Phone <u>381 3600</u> FAX <u>381 4707</u> E-mail: <u>same as contact</u>	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Concrete Tilt-Up Spec Shell
Commercial - Fire Pump Room deferred, but must
be installed prior to final inspection

OCCUPANT/TENANT: unknown VALUATION: \$ 2,625,852.00

FLOOD STATUS: <u>X</u> <u>4.565 acres</u>		S.C.A.T. XI-11, XI-12, XI-14, XI-16, XI-19, XI-20, XI-33, XI, XII, XIII								
JOB DESCRIPTION		BLDG	<u>SHELL</u>	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y</u> N	Fed Code	Vio. File		
		<u>64980</u>		<u>S1</u>	<u>3N</u>	<u>SPR</u> 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>SMB/D/S</u>										

COMMENTS: _____

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

Date of Request: 4 Oct 00
By: Mike Peters

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 4470 E COMMERCE HWY

Assessor's Parcel Number: 225 0070 078

Previous Use: VACANT

Description of Request/Proposed Use: OFFICE (25%) / WAREHOUSE
"SPEC" SHELLS

Is This a Change of Use? YES

Prior Applications for Project Site(P#, Z#, DRPB#): P08-392, P09-078, P08-028
Zoning Designation: EC40(PUD)

Comments: SEE ATTACHED STAFF REPORT - P09-078
FOR CONDITIONS

Are There Any Planning Issues?: (circle one) YES NO SEE ATTACHED STAFF REPORT

- * 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: [Signature] 10/4/2000

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

MICROFILM AFTER FINAL

City of Sacramento
Water and Sewer Service Quotation
 FY 99/00

Date:	03/15/01	Time:		Planning No.:	P99-078	Plan Check No.:	0011731
Address:	4450 East Commerce Way					Parcel No.:	225-0070-078
Description:	Construct a new warehouse.						
Subdivision Map:	Natomas Central Subdivision					Water Page No.:	59N/54N
Estimate By:	Dilley/Gentry						
Engineering Firm:	Morton & Pitalo				Project Engineer:	Alex A.	
					Phone No.:	927-2400	
					Fax No.:		
Sewer Jurisdiction:	<input checked="" type="checkbox"/> County			<input type="checkbox"/> City			
Comment No.1	3 existing 8" fire services (constructed on off-site plans).						
Comment No.2	1-2" meter only (service constructed on off-site plans).						
Comment No.3	1-1" meter only (service constructed on off-site plans).						
Comment No.4							
Comment No.5							
Comment No.6							
TOTAL WATER DEV. FEES:					\$9,548	16 hrs x \$75 per hour = \$1,200	
TOTAL SEWER DEV. FEES:					\$0	or \$300.00 (whichever is greater)	
						Total on-site grading and drainage review fee: \$1,200	

Water Service Quotations

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
12"	2"					Meter only		1		\$610	\$610	\$7,642
12"		1"				Meter only		1		\$340	\$340	\$1,906
											\$0	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
	Abandon				in.							
	Abandon				in.							
CREDIT												
	Credit for				in.			1				
	Credit for				in.			1				
								0		Fire Hydrant		
Total for Water											\$950	\$9,548

COUNTY SEWER

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Sewer Tap Construction Charge: \$0
 Water Main Construction Charge: \$950
 Total For Address: \$950

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-1497	TEST NO: <u>0071</u> COMPLETE DATE: <u>8.7.00</u> ANALYSIS FEE: \$90.00 FIELD TEST FEE: \$360.00	FILE NO: <u>R00-0071</u> PC# <u>0011731</u> DATE PAID: <u>8.3.00</u> DATE PAID: <u>8.3.00</u>
CONTACT PERSON: <u>Mike Peters</u>	PHONE NO: <u>381-3600</u>	FAX NO: <u>381-4707</u>
COMPANY: <u>Buzz Oater Enterprises</u>	CELL PHONE NO: <u>997-0291</u>	
COMPANY ADDRESS: <u>28615 E. Lee's Creek</u>	STREET ADDRESS OF TEST: <u>4450 EAST COMMERCIAL</u>	
PURPOSE OF TEST: <u>W.D. For Fire</u>	ASSESSOR'S PARCEL NUMBER: <u>225-0070-077</u>	

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: Mike Peters Signature: [Signature] Date: 8 Aug 00

ENGINEERING REQUEST DATE: 8.3.00 DATE OF TEST: 8.4.00 TIME OF TEST: 9:10 AM
 WATER MAIN SIZE: 12" TEST CONDUCTED BY: Steckline, TASH-ERIC.

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PI TOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	<u>1</u>	<u>59N</u>	<u>53</u>	<u>44</u>						
FLOWED	<u>3</u>	<u>59N</u>			<u>22</u>	<u>4 1/2</u>	<u>0.90</u>	<u>0.83</u>	<u>2116</u>	
FLOWED	<u>9</u>	<u>59N</u>			<u>23</u>	<u>4 1/2</u>	<u>0.90</u>	<u>0.83</u>	<u>2164</u>	
FLOWED							<u>TOTAL</u>		<u>4280</u>	<u>8632</u>
FLOWED										

• THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
 • (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

	ACTUAL	DESIGN (1)
STATIC PRESSURE	<u>53 - PSI</u>	<u>40 - PSI</u>
RESIDUAL PRESSURE	<u>44 - PSI</u>	<u>31 - PSI</u>
TOTAL FLOW @ RESIDUAL	<u>4300 - G.P.M.</u>	<u>4300 - G.P.M.</u>
TOTAL FLOW @ 20 PSI	<u>8600 - G.P.M.</u>	<u>6600 - G.P.M.</u>

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 10/12/99