

CITY OF SACRAMENTO  
BUILDING INSPECTIONS DIVISION

JOB ADDRESS

129 Otto Circle

AREA  
4+S

FINAL INSPECTIONS		ASSESSOR PARCEL NUMBER		LEGAL DESCRIPTION		ZIP CODE		ACCT. NO.		PHONE NO.	
BUILDING BY	DATE	NAME OF FIRM		ADDRESS		ZIP CODE		ACCT. NO.		PHONE NO.	
ELECTRICAL BY	DATE	CONTRACTOR		ADDRESS		ZIP CODE		ACCT. NO.		PHONE NO.	
PLUMBING BY	DATE	Siegalkoff Const;		P.O. Box 9901		95823				392-3652	
MECHANICAL BY	DATE	OWNER		ADDRESS		ZIP CODE		ACCT. NO.		PHONE NO.	
CERTIFICATE OF OCCUPANCY ISSUED BY	DATE	T. Hansen		2890 47th Ave							
MICROFILM RECORD		ARCH. ENGR.		CONST. LOAN LENDER							

PLANS AND APPLICATION		
REEL NO. 610	FRAME NO.- 552	TO 561
REEL NO.	FRAME NO.-	TO
REEL NO.	FRAME NO.-	TO
REEL NO.	FRAME NO.-	TO
REEL NO.	FRAME NO.-	TO
REEL NO.	FRAME NO.-	TO

NO. OF STORIES	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	BUILDING ELECT. MECH. PLUMB.
1	Blt. Up	6400	6400			M-1-S	
THIS PERMIT IS FOR: <input checked="" type="checkbox"/> BUILDING <input checked="" type="checkbox"/> MECHANICAL <input checked="" type="checkbox"/> PLUMBING <input checked="" type="checkbox"/> ELECTRICAL							
NATURE OF WORK IN DETAIL							
Const. Whse/ Office Building							

R725F497 Cancelled

PERMIT #  
H  
4  
5  
2

REMARKS AND/OR VARIANCES	VALUATION \$ 76,000.00	OCCUP. GROUP
	ISSUED BY Pieman	
	DATE ISSUED 1-28-80	
	BUILDING PERMIT FEE \$ 543.00	
	PLAN CHECK FEE \$ 352.95	
	RDF FEE \$	
	S.M.I. FEE \$ 5.32	
	REG. SEWER FEE \$	
	BRIDGE FEE \$	
	CONST. TAX \$ 760.00	
TOTAL FEES \$ 1,661.27	CONST. TYPE	

OFFICE COPY  
REV. 9/79



FINAL INSPECTIONS

BUILDING BY	DATE
ELECTRICAL BY	DATE
PLUMBING BY	DATE
MECHANICAL BY	DATE
CERTIFICATE OF OCCUPANCY ISSUED BY	DATE

ASSESSOR  
PARCEL  
NUMBER

LEGAL  
DESCRIPTION

036-192-16

NAME OF FIRM

ADDRESS

ZIP CODE

ACCT. NO.

PHONE NO.

CONTRACTOR

Siegalkoff Const;

P.O. Box 9901

95823

392-3652

OWNER

T. Hansen  
ARCH. ENGR.

2890 47th Ave

CONST. LOAN LENDER

MICROFILM RECORD

PLANS AND APPLICATION

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NATURE OF WORK IN DETAIL

Const Whse/ Office Building

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*Canceled*  
*per B. C. P.*

