

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013105
Insp Area: 2

Site Address: 7335 PARK CITY DR SAC
Parcel No: 031-0051-015

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

CONTRACTOR

OWNER

ARCHITECT

MARK C. LUCAS
83 SCRIPPS DRIVE STE. 326
SACRAMENTO CA 95825

Nature of Work: CHILDCARE FACILITY SITEWORK AND UNDERGROUND.

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 4/03/01 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 4/03/01 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 _____ Exp Date _____

(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 4/03/01 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 7335 PARK CITY DR Permit No. 0013105

Building Use: CHILD CARE Occupancy: E-1

Building Owner: MARK C. LUCAS Construction Type: V-N

Owner Address: 83 SCRIPPS DR #326 SAC. Sprinkled? Yes No

Portion of Building Occupied: ENTIRE Area: 11448 Sq. Ft.

<u>10/5/01</u>	<u><i>Willie Harris</i></u>	<u>DENNIS RICHARDSON</u>
Date	By:Print	Sign
		CITY BUILDING OFFICIAL

[Finaled By:GTD,MJS,JZB,CP,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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 7335 Park City Drive Permit No. 0013105

Building Use: Childcare Facility Occupancy: E-1

Building Owner: The Phoenix School Construction Type: V-N

Owner Address: 83 Scripps Drive Sute 326 Sprinkled? [x] Yes [] No

Portion of Building Occupied: Entire Area: 11,448 Sq. Ft.

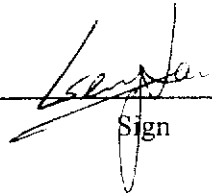
Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

8/17/01

Date

Gerry Lau

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals:: GD,GRS,MJS,JZB,CP]

BC 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

1 COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO:

BLDG PERMIT NO:

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF	<input type="checkbox"/>	MF	<input type="checkbox"/>	UNITS
CSD-1	COMMERCIAL USE					
SRCSD						
CONSTRUCTION						
IN-LIEU						
TOTAL FEE						15205

APN:

DESCRIPTION /
 SUBDIVISION

LOT:

PROPERTY ADDRESS

2335 Park City Dr

OWNER

MAILING ADDRESS

CITY-STATE-ZIP

PHONE

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____

INPUT _____

START _____

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME LUCAS ENTERPRISES
 OWNER'S ADDRESS 2750 S. GATEWAY BLVD, SUITE 220, SAN JOSE, CA 95128
 PROJECT ADDRESS 1151 Corporate Wy 7335 Park City Dr
 PARCEL NUMBER 031-0051-015 LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT OWNER
 DATE 1/12/01 PHONE NUMBER 415-924-1500

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0013105
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL
 SQUARE FEET OF CHARGEABLE BUILDING AREA 11448
 SIGNATURE [Signature]
 TITLE Bldg Insp DATE 1/3/01

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT SCUSD
 DISTRICT CERTIFICATION NO. 6960
 EXEMPT COMMENTS _____
 RESIDENTIAL/APT/CONDO _____ SQ FT X \$ _____ = \$ _____
 COMMERCIAL/INDUSTRIAL _____ SQ FT X \$ _____ = \$ _____
 OTHER FEE EXEMPT TYPE Childcare Facility SQ FT X \$ _____ = \$ _____
 TOTAL FEES COLLECTED _____ 01-12-01201:12 RCVD _____ = \$ ~~_____~~

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE [Signature]
 TITLE _____ DATE 1/12/01

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1157(?) Corporate Way

Assessor's Parcel Number: 031-0051-015

Previous Use: Vacant

Description of Request/Proposed Use: Phoenix School Childcare

Is This a Change of Use? Yes

Zoning Designation: C2 PUD

Prior Applications for Project Site(P#, Z#, DRPB#): P00-051

Comments: Comply with conditions of approval
per P00-051 prior to permit issuance

Are There Any Planning Issues?: (circle one) YES NO

* 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: D. Decker 10/31/00

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

MICROFILM AFTER FINAL

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 #

0013105

Insp. Area

ZC

ADDRESS

~~151 Corporate Way~~

Applicant **MUST** complete ALL Unshaded areas

7335 Paax City

Suite

PARCEL #

031-0051-015

<p style="text-align: center;">CONTACT</p> <p>Name <u>Mark Lucas</u></p> <p>Street Address <u>83 Scripps Dr. Suite 320</u></p> <p>City/State/Zip <u>Sacramento, CA 95825</u></p> <p>Phone <u>916-924-1500</u> FAX <u>916-924-1185</u></p> <p>E-mail: <u>lucasenterprises@msn.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>n/a</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Kent Burrow</u></p> <p>Address <u>1818 29th St.</u></p> <p>City/State/Zip <u>Sacramento, CA 95816</u></p> <p>Phone <u>916-452-2788</u> FAX <u>916-451-3502</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Mark C. Lucas</u></p> <p>Address <u>83 Scripps Dr., Ste 320</u></p> <p>City/State/Zip <u>Sacramento, CA 95825</u></p> <p>Phone <u>916-924-1500</u> FAX <u>916-924-1185</u></p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: New construction of 11,448 sq childcare facility incl. shell TI, sitework and underground. Single-story, wood frame structure, Type 5, no hour rated construction, automatic fire sprinkler system.

OCCUPANT/TENANT: The Phoenix School VALUATION: \$ 200,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI ()	<input type="checkbox"/> REM ()	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Fed Code	Vio. File		
1	11448	11448		E-1	V-N	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	17	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	D	PW	UTIL	

COMMENTS: DEFERRED FIRE SUBMITAL - SPRINK FIRE ALARM CALL ROOF TRUSSES Pocket Roof Analysis 12.95/AC.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Rca

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

Date: 02/27/01	Time:	Planning No.: P00-051	Plan Check No.: 0013105
Address: 7335 Park City Drive (formerly 1151 Corporate Way)		Parcel No.: 031-0051-015	
Description: Phoenix School			
Subdivision Map: Portion of Greenhaven Executive Park (431-Q)/Lot 4		Water Page No.: 78	
Estimate By: Dilley			
Engineering Firm: German Engineering		Project Engineer: John German	
		Phone No.: 455-3000	
		Fax No.: 455-3118	
Sewer Jurisdiction: <input type="checkbox"/> County <input checked="" type="checkbox"/> City			
Comment No.1	1-2" Street tap for no charge due to existing tap in driveway		
Comment No.2	1-2" meter only		
Comment No.3	1-6" fire tap for fire sprinklers (easement tap)		
Comment No.4	1-8" fire tap for hydrant (easement tap)		
Comment No.5	1-6" sewer tap (easement tap)		
Comment No.6	1-2" abandonment		
TOTAL WATER DEV. FEES: \$7,642		16 hrs x \$75 per hour = \$1,200	
TOTAL SEWER DEV. FEES: \$278		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	Easmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
8" P	2"			X		1-2" meter only		1		\$610	\$610	\$7,642
8" P			6"		X	1-6" fire service	1		\$1,425		\$1,425	278
8" P			8"		X	1-8" fire service	1		\$1,685		\$1,685	7720
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
8" P	Abandon			2	in.	1-2" abandonment	1				\$510	
	Abandon				in.							
CREDIT												
	Credit for				in.			1				
	Credit for				in.			1				
								0				
										Fire Hydrant		
Total for Water											\$4,230	\$7,642

Sewer Service Quotations

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
8"	6"	Easement Tap + MH + Dev. Fee	1		0	\$434	\$278
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$434	\$278

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

Sewer Tap Construction Charge: \$434 ✓
 Water Main Construction Charge: \$4,230
Total For Address: \$4,664

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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) HAVE 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 AP THOMAS CONSTRUCTION Address 8680 GREENBARK CANYE #220

City ORANGEVALE, CA 95662 Telephone 916 988-9426

Contractors License No. 637869

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 SAME AS ABOVE 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
<u>SAME AS ABOVE</u>			

Signed [Signature]

Job Address 7335 PARK CITY DR

Permit No: 0013105

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

00-13105

1151 CORPORATE WAY

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: MARK LUCAS

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 83 SCRIPTS DRIVE, SUITE 320

CITY: SACRAMENTO STATE: CALIF. ZIP CODE: 95831

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): APN 031-0051-015

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Phoenix School

LATITUDE/LONGITUDE (OPTIONAL) (#° - #' - #.### or #.#####): _____

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: City of Sacto 060266

B2. COUNTY NAME: SACRAMENTO

B3. STATE: CA

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION (Zone AO, use depth of flood)
<u>060266 0030</u>	<u>F</u>	<u>JULY 1998</u>	<u>MAY 28, 2000</u>	<u>A99</u>	<u>10.3</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

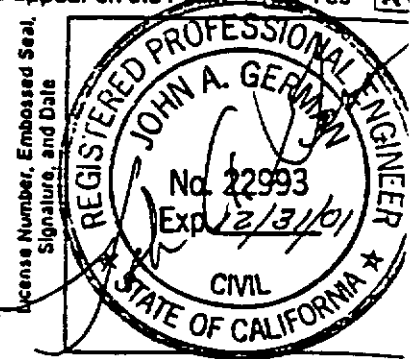
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction*
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum CITY Conversion/Comments NGVD 29 = CITY
 Elevation reference mark used 337-A2A Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
- b) Top of next higher floor _____ ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- d) Attached garage (top of slab) _____ ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
- f) Lowest adjacent grade (LAG) _____ ft.(m)
- g) Highest adjacent grade (HAG) _____ ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 6
- i) Total area of all permanent openings (flood vents) in C3h 6 sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

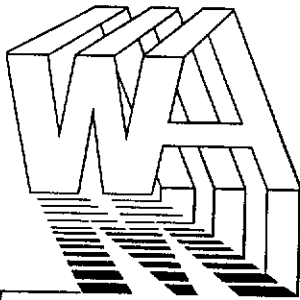
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: JOHN GERAMAN LICENSE NUMBER: CALIF ICE 22993

TITLE: CIVIL ENGINEER COMPANY NAME: GERAMAN ENGINEERING

ADDRESS: 3900 FRANKLIN BLVD. CITY: SACRAMENTO STATE: CA ZIP CODE: 95818

SIGNATURE: [Signature] DATE: 8/24/00 TELEPHONE: (916) 455-3000



WILLIAM MERKEL ASSOCIATES STRUCTURAL ENGINEERING

2804 Fulron Ave. • Sacramento, CA 95821 • (916) 481-1962 • Fax (916) 481-0181
e-mail: WMASE@pacbell.net

RECEIVED

JUN 18 2001

June 15, 2001

Kent Burrow Architect
1818 29th Street
Sacramento, CA 95816

Project: Phoenix Schools, Daycare
1151 Corporate Way, Sacramento, California

Project Number: WMA00102

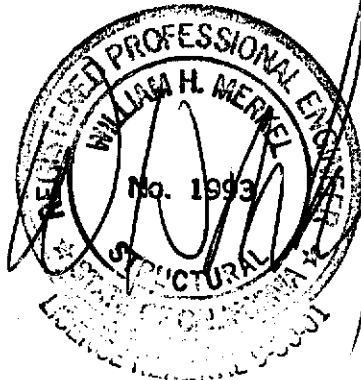
Structural Clarification:

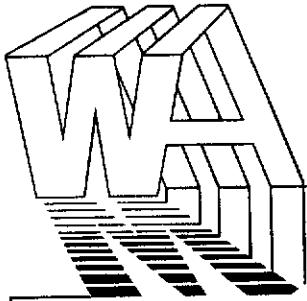
This letter is to respond to and clarify items that were noted by the Sacramento City Building Inspector in his inspection notice of 6/13/01.

- 1) The contractor has notched or removed the king stud at the cripple stud CB base connection. He has nailed the king to the 4x cripple with 3-16d @ 16" oc, which is sufficient to transfer the loads.
- 2) The contractor has missed the location of the CB base in a few locations and has notched the 4x6, $\frac{1}{2}$ " to $\frac{3}{4}$ ". This is OK since the remaining wood col is sufficient.
- 3) A MST strap tie has been requested by the inspector to tie the GL beams together. The 2 $\frac{3}{4}$ " MB in the col cap will provide over 8000# of tie force therefor a MST is not required.

If you have any questions on the above please call.

William Merkel SE1993





WILLIAM MERKEL ASSOCIATES STRUCTURAL ENGINEERING

2804 Fulton Ave. • Sacramento, CA 95821 • (916) 481-1962 • Fax (916) 481-0161

January 12, 2001

Kent Burrow Architect
1818 29th Street
Sacramento, CA 95816

Project: Phoenix Schools, Daycare
1151 Corporate Way, Sacramento, California

Project Number: WMA00102

Structural Clarification:

The 5/8", 3/4" & 7/8" dia. anchor bolts for the HD2A, HD5A & HD8A holdowns respectively may be threaded rod w/ plate washer at bottom and embedded 16" min. into foundation. The diameters of the threaded rod shall match that required in the construction documents.





LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

FAX TRANSMITTAL

COMPANY: Orunty DATE: 8/13/01
ATTENTION: Jeff Brooks
FAX NUMBER: 264-8370
FROM: Carmen for Paul Dixon @ AP Thomas
REFERENCES: Phoenix School - Greenhaven

MESSAGES: Call Paul @ 847-9365
if you have any questions

NUMBER OF SHEETS (INCLUDING COVER SHEET): ~~8~~ 4



9276 BEATTY DRIVE
 SACRAMENTO, CA 95826-9702
 PHONE 916-361-1799
 FAX 916-361-1796
 CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 08/13/01

PAGE: 1 OF 3

Project System PHOENIX SCHOOL DAYCARE-GREENHAVEN JOB #0118

AIR DISTRIBUTION TEST SHEET

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final		CFM
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3	FPM	COOL	
												OUTSIDE
AC 1	1					530	450				540	AIR
	2					530	400				520	
	3					530	840				560	
						1590	1690				1620	400
AC 2	1					600	680				680	
	2					600	660				660	
						1200	1340				1340	365
AC 3	1					800	840					
	2					800	820					
						1600	1660					370
AC 4	1					600	650				650	
	2					600	680				680	
						1200	1330				1330	390
AC 5	1					150	125				125	
	2					725	700				700	
	3					725	720				720	
						1600	1545				1545	360
AC 6	1					600	640				640	
	2					600	760				760	
						1200	1400				1400	410

Remarks _____



9276 BEATTY DRIVE
 SACRAMENTO, CA 95826-9702
 PHONE 916-361-1799
 FAX 916-361-1796
 CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 08/13/01

PAGE: 2 OF 3

Project System PHOENIX SCHOOL DAYCARE-GREENHAVEN JOB #0118

AIR DISTRIBUTION TEST SHEET

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final FPM	CFM	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3		COOL	RA
												OUTSIDE
AC 7	1					600	560				650	AIR
	2					600	740				650	
						1200	1300				1300	300
AC 8	1					600	700				700	
	2					600	640				640	
						1200	1340				1340	390
AC 9	1					500	580				580	
	2					500	460				460	
	3					500	480				480	
	4					500	480				480	
						2000	2000				2000	500
AC 10	1					400	410				400	
	2					400	390				400	
	3					400	400				400	
						1200					1200	320
AC 11	1					575	590				550	
	2					575	590				550	
	3					850	700				760	
						2000	1880				1880	350

Remarks _____



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HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 08/13/01

PAGE: 3 OF 3

Project System PHOENIX SCHOOL DAYCARE-GREENHAVEN JOB #0118

AIR DISTRIBUTION TEST SHEET

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final FPM	CFM	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3		COOL	HEAT
												OUTSIDE
AC 12	1					80	100				80	AIR
	2					370	105				160	
	3					100	100				100	
	4					150	170				150	
	5					100	110				110	
	6					100	110				100	
	7					75	90				80	
	8					200	140				140	
						1175	925				925	300
EF	1			7		90	400					
	2						400					
	3						100					
	4						390					
	5						400					
	6						120					

Remarks _____

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 6.8.01

A final inspection of the newly installed fire system at:

7335 Park City DR

Has been conducted by Inspector

C. Pack

On

6.1.01

00-13105
Permit Number

Square Footage

U.G. Hydro/visual
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-540
F.D. Reference Number

✓

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 8-30-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

7335 PACE CITY DR

Has been conducted by Inspector

A. Wilborn

On

8-15-01

00-13105
Permit Number

Square Footage

Fire Alarm
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-586
F.D. Reference Number



MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 8-17-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

7335 PARK CITY DR.

Has been conducted by Inspector

A Wilburn

On

8-17-01

00-13105
Permit Number

11,448
Square Footage

Fire Alarm +
Type of Inspection
monitoring

They system is acceptable by this department.

R Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-586
F.D. Reference Number

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7335 PART CITY DRIVE		Policy Number
CITY SACRAMENTO	STATE CA	ZIP CODE 95831
		Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed -- see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ft.(m) in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments