

**CITY OF SACRAMENTO**

**Permit No: 9810214**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 3**

**Site Address: 6812 BENDER CT SAC**

**Sub-Type: RES**

**Parcel No: 0210251052**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

CANTU DEAN R  
6881  
SACRAMENTO CA 95831

**Nature of Work: SINGLE FAMILY RES. TO CARE FACILITY- 6 CLIENTS AMBULATORY**

**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 10/15/93 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 above mentioned property for inspection purposes.

Date 10/15/93 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 10/15/93 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.**

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) \_\_\_\_\_

2. I (have) have not) \_\_\_\_\_ 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 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

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 \_\_\_\_\_

Job Address 6812 Bender ct.

Date 12/14/98

Permit No.: \_\_\_\_\_

**City of Sacramento Development Services Division  
Planning and Zoning Information Request**

Project Address: 6812 BENDER CT.

Assessor's Parcel Number: 021-0251-052

Current Land Use: SFR

Description of Request/Proposed Use: \_\_\_\_\_

change to care facility 6 clients  
ambulatory NO ramps

Zoning Designation: R-1

Prior Applications for Project Site(P#,Z#,DRPB#): \_\_\_\_\_

Comments: 6 or fewer is a

single family use

Are There Any Planning Issues?: (Circle One) YES  NO

Site Plan Check Required? (Circle One) YES  NO

Design Review/ Preservation Required?: (Circle One) YES  NO

Planning Review by/Date: W. J. Bour 10/14/98

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

### FACILITY SKETCH (Floor Plan)

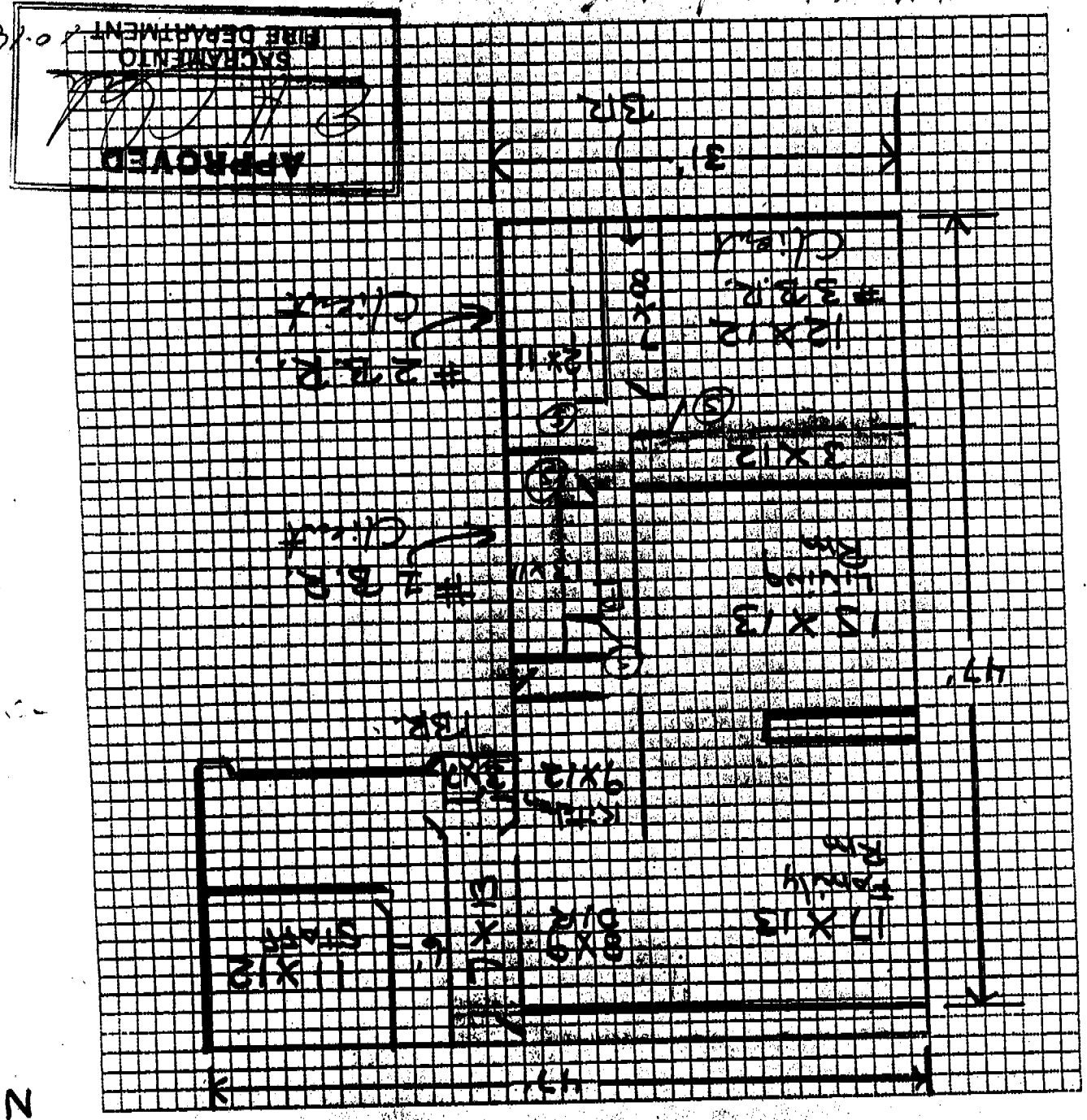
Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The Floor Sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See back for yard sketch.

FACILITY NAME:

Lila & Howard Cooke Care Home #1

ADDRESS:

6812 Bender Court, Sacramento, CA. 95820



2 →

APPROVED

SACRAMENTO FIRE DEPARTMENT

0-4-98

Use 1200ft writing materials (Conex)

⑤ - Smoke Detector

② - Pull Station

10-13-98 DM  
10 field inspectors

REGIONAL SANITATION FEES?  YES  NO HEALTH DEPARTMENT?  YES  NO

COMMENTS: *Check for change in floor level on how equipment will be wired.*

FLOOD STATUS:		S.C.A.T.	
JOB DESCRIPTION		BLDG	SHEL
INSP. DISCIPLINES		BLDG	MECH
# Stories	1st H Area	Total Area	Use Zone
Occup Group	Const type	Fire Reg. Y/N	Alarm
Red Code	Via. FTE		
B	L	P	M
(E)	(F)	(S)	(D)
1357			

DBA: Lila + Howard Cook Care Home #1 VALUATION: \$500K

NATURE OF WORK IN DETAIL: *Change of Use: R3 to R2.2A - Care Facility, Max. 6 Amb.*

NAME OF INSURANCE COMPANY:

→ If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

→ Will the permittee have any employees on the jobsite?  Yes  No

Name: ARCHITECT/ENGINEER Address: _____ Zip: _____ Phone: _____ FAX: _____	Name: _____ Address: _____ Zip: _____ Phone: _____ FAX: _____
Name: Howard Cook Address: 1824 BEVERLY CT Zip: 95820 Phone: 451 4079 FAX: 451 0946	Name: _____ Address: _____ Zip: _____ Phone: _____ FAX: _____
CONTACT Lic No. # _____ Name: _____ Address: _____ Zip: _____ Phone: _____ FAX: _____	LICENSED CONTRACTOR Lic No. # _____ Name: _____ Address: _____ Zip: _____ Phone: _____ FAX: _____

ADDRESS: 6812 BEVERLY CT Suite 95820  
 PARCEL # 021 + 0251-052

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # \_\_\_\_\_ Insp. Area **3C**

APPLICATION FOR \_\_\_\_\_ BUILDING PERMIT  
 9810214

Applicant MUST complete ALL Unshaded areas this page only

*[Signature]*  
DEPUTY BEN HO

APPROVED BY:

DATE ISSUED: MAY 21, 1998  
EFFECTIVE ISSUE DATE TO EXPIRATION DATE

THIS LISTING IS BASED UPON TECHNICAL DATA SUBMITTED BY THE APPLICANT. CSFM FIRE ENGINEERING STAFF HAS REVIEWED THE TEST RESULTS AND/OR OTHER DATA BUT DOES NOT MAKE AN INDEPENDENT VERIFICATION OF ANY CLAIMS. THIS LISTING IS NOT AN ENDORSEMENT OR RECOMMENDATION OF THE ITEM LISTED. THIS LISTING SHOULD NOT BE USED TO VERIFY CORRECT OPERATIONAL REQUIREMENTS OR INSTALLATION CRITERIA. REFER TO LISTEE'S DATA SHEET, INSTALLATION INSTRUCTIONS AND/OR OTHER SUITABLE INFORMATION SOURCES.

Rev. 12-08-97

If this appliance is required to produce a distinctive three-pulse Temporal Pattern Fire Alarm Evacuation Signal (for total evacuation) in accordance with NFPA 72, 1993 Edition, the appliance must be used with a fire alarm control unit that can generate the temporal pattern signal. Refer to manufacturer's Installation Manual for details.

Listee's name, model number, electrical/candela rating and UL label.  
Listed as audible and audible/visual signaling devices for use with separately listed electrically compatible fire alarm control units. Not suitable for the hearing impaired application.

In accordance with listee's printed installation instructions, NFPA 72, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction. Models MT series are surface mount and suitable for outdoor with Model IOB back box. Models M4 series are flush mount and suitable for outdoor with model WBB back box.

Suffix -12: 9-15.6 VDC  
-24: 18-31 VDC  
-115: 120 VAC

Refer to listee's data sheet for additional detailed product description and operational considerations.

Models MT-115-WH and MT-4-115-WH multi-tone audible/visual devices (Rated 15 cd).

Models MT-12, MT-4-12, MT-24, MTA-24 multi-tone audible/strobe signals followed by A, B, G, R or W to indicate lens color, followed by S (1.5 cd), H (15 cd) or M (117 cd) to indicate strobe intensity, and other suffixes to designate orientation, lens lettering and plate color.

Model MT-12/24, MT-115, and MTA-12/24, and MT-4-115 multi-tone audible devices followed by R, W, S, or X to indicate package color.

Wheelock Inc., 273 Branchport Ave., Long Branch NJ 07740  
Contact: Luy Nguyen (732) 222-8880 fax (732) 222-8707

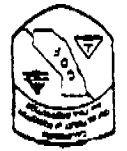
Audible Devices

7135-0785:118

Page 1 of 1

LISTING EXPIRES  
JUNE 30, 1999

**LISTING SERVICE**  
OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION  
CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION



07-24-98 16:52:50 FROM: Firelite/Notifier TO: 19164521481  
 JUN-18-98 THU 11:39 AM NOTIFIER MID CENTRAL 3149317244  
 PAGE 2 P.01

LISTING EXPIRES  
 JUNE 30, 1999

CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION  
 OFFICE OF THE STATE FIRE MARSHAL  
 FIRE ENGINEERING DIVISION  
**LISTING SERVICE**



LISTING No. 7150-0075:103 Page 1 of 1

CATEGORY: Boxes/Pull Stations

LISTEE: Fire-Lite Alarms, 12 Clintonville Road, Northford, CT 06472-1653  
 Contact: Lawrence Flood (203) 484-1200

DESIGN: Model BG10, -10A, -10L, -10N, -10P, -10T, -10W, -10X, BG-10SP, BGID, BGX-10, -10L; BG-1; HR10, -10A; HRA-10, ARA-10 and AR-10F manual pull stations. Model BG-10WP is suitable for outdoor use when installed with outdoor backbox and gasket. Models HR-10 and HR-10A are suitable for halon extinguishing systems. All models are intended for indoor use and must be mounted on Model SB-10 or SBA-10 back box. Refer to listee's data sheet for additional detailed product description and operational considerations.

INSTALLATION: In accordance with listee's printed installation instructions, applicable codes and ordinances and in a manner acceptable to the authority having jurisdiction.

MARKING: Listee's name, product designation, electrical rating and UL label.

APPROVAL: Listed as manual pull stations for use with separately listed electrically and functionally compatible fire alarm control units.

THIS LISTING IS BASED UPON TECHNICAL DATA SUBMITTED BY THE APPLICANT. CSFM FIRE ENGINEERING STAFF HAS REVIEWED THE TEST RESULTS AND/OR OTHER DATA BUT DOES NOT MAKE AN INDEPENDENT VERIFICATION OF ANY CLAIMS. THIS LISTING IS NOT AN ENDORSEMENT OR RECOMMENDATION OF THE ITEM LISTED. THIS LISTING SHOULD NOT BE USED TO VERIFY CORRECT OPERATIONAL REQUIREMENTS OR INSTALLATION CRITERIA. REFER TO LISTEE'S DATA SHEET, INSTALLATION INSTRUCTIONS AND/OR OTHER SUITABLE INFORMATION SOURCES.

DATE ISSUED: MAY 7, 1998  
 EFFECTIVE ISSUE DATE TO EXPIRATION DATE

APPROVED BY:

*[Signature]*  
 DEPUTY BEN HO  
 PROGRAM COORDINATOR

Rev. 03-20-96

# BG-10 Series Non-Coded Manual Fire Alarm Station

**GENERAL**  
The Fire-Lite BG-10 Series manual alarm stations are non-coded and dual action.

## FEATURES

- Highly visible.
- Easily operated.
- Attractive shape and textured finish.
- Semi-Flush mounting on a standard single-gang electrical box.
- Operates with or without a break tube.
- Handle latches in *down* position to clearly indicate that the station has been operated.
- Optional lock with key.
- Optional N.O. contact for auxiliary functions.
- Optional pre-signal circuit.
- Spanish (FUEGO) version.

## APPLICATIONS

Use to provide a convenient means to manually initiate a fire alarm.

## CONSTRUCTION

- Shell, door, and handle are molded of durable Lexan® with a textured finish.
- Back plate made of 16 ga. steel.
- Switch contacts are normally open.

## INSTALLATION

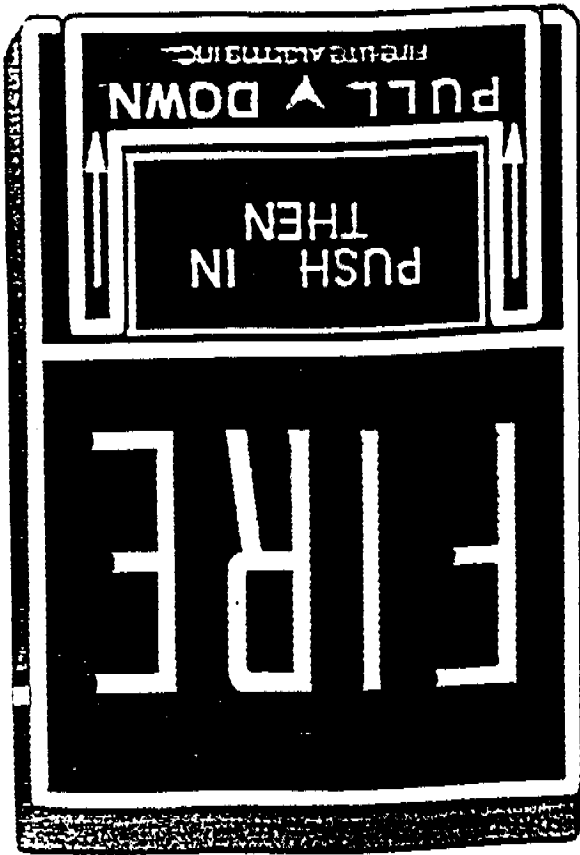
For semi-flush mounting, attach directly to a standard single-gang electrical box. Terminal block with screws allows quick installation.

## OPERATION

Pulling the handle down causes it to latch in the down position and to close the normally-open switch. The handle is restored manually by unscrewing the allen head screw so the top of the case can pivot forward, allowing the spring-loaded handle to return to its normal position. The case can then be pivoted back to its normal position and secured with the allen-head screw.  
The BG-10L utilizes a mechanical key instead of the allen-head screw.  
The BG-10 P/T has a normally-open auxiliary switch which is closed by rotating a key clockwise. (The key is non-removable in this position.)

## SPECIFICATIONS

Physical:		Electrical:	
Height	5.5"	Current Capacity:	3 Amps @ 125 VAC.
Width	4.13"		
Depth	1.38"		
BG-10			
Height	5.5"		
Width	4.13"		
Depth	1.38"		
SB-10			
Height	6.0"		
Width	4.69"		
Depth	2.0"		
WP-10			



California State Fire Marshal  
7150-075:100

**Fire-Lite Alarms** Incorporated

12 Clintonville Road  
Northford, Connecticut 06472  
Phone: (203) 484-7161  
FAX: (203) 484-7118





# MEMORANDUM

*Sacramento Fire Department*

**To:** BUILDING DEPARTMENT

**Date:** 3-25-89

**From:** Gordon Duncan,  
Fire Marshal

**Subject:** FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

6812 Bender CT

has been conducted by Inspector C. Pack

on 10-20-98

98-10214-R

Permit Number

—

Square Footage

New ~~CRK~~ Facility

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

98-250

F. D. Reference Number