

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9903783

Insp Area: 2

Site Address: 400 BROADWAY SAC

Parcel No: 009-0237-021

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

KIMMEL CONSTRUCTION, INC.
1815 STOCKTON BL
SACRAMENTO CA 95816

OWNER

GREAT WESTERN BROADCASTING CORP
400 BROADWAY
SACRAMENTO CA 95818

ARCHITECT

Nature of Work: NEW COMMUNICATIONS EQUIPMENT 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.

X License Class _____ License Number 246255 Date 5/28/99 Contractor Signature Nancy Reed

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.

X Date 5/28/99 Applicant/Agent Signature Nancy Reed

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.

X ML 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 EXPLORER INSURANCE Policy Number WSA1641571 Exp Date 11/01/1999

____ (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.

X Date 5/28/99 Applicant Signature Nancy Reed

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.



WALLACE · KUHL
& ASSOCIATES INC.

February 26, 2001

Mr. Rod Robinson
KXTV Channel 10
400 Broadway
Sacramento, CA 95818

Special Inspection Final Report
KXTV 10 BROADCAST TOWER EQUIPMENT BUILDING
Permit No. 99-03783C
WKA No. 3859.02

In accordance with City of Sacramento special inspection requirements, our firm has performed *Special Inspection and Testing* in accordance with Sections 106 and 1701 of the Uniform Building Code for the subject project. Our observation and test results indicate that the following items were constructed, to the best of our knowledge, in accordance with the project's plans and specifications:

Reinforced

Concrete: Inspected placement of reinforcing steel and concrete for building pad for equipment building at base of tower. Obtained cylinder samples and performed slump tests of the fresh concrete. Performed laboratory compressive strength testing of cylinder samples.

Last date on jobsite: July 16, 1999

Please contact our office if you have any questions regarding this information.

Wallace - Kuhl & Associates, Inc.

David A. Redford
Senior Engineer



O.K. JT
11/2/01

DAR:mlo

cc: City of Sacramento
Kimmel Construction

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

PLAN CHECK # 9903783 Insp. Area 2c

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 400 BROADWAY Suite _____
 PARCEL # 009 0237 021

<p style="text-align: center;">CONTACT</p> <p>Name <u>MIKE CORRICK</u> Address <u>7300 FOLSOM BLVD</u> Zip _____ Phone <u>381 0127</u> FAX <u>381 0310</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. #</p> <p>Name <u>KIMMEL CONSTRUCTION INC</u> Address <u>1815 STOCKTON BLVD</u> P.O. Box <u>160848 / SACTO</u> Zip <u>95816</u> Phone <u>452 6691</u> FAX <u>736 1129</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>N/A</u> Address <u>7300 FOLSOM BLVD</u> STE <u>200</u> Zip <u>95826</u> Phone <u>381 0127</u> FAX <u>381 0310</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>GREAT WESTERN BROADCASTING CORP</u> Address <u>400 BROADWAY</u> SACTO Zip _____ Phone <u>441 2345</u> FAX _____</p>

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

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: NEW BROADCAST TOWER EQUIP BLDG ADJACENT
EXISTING BLDG AND TOWER

DBA: <u>Channel 10 KXTV</u>				VALUATION: \$ <u>27,000</u>						
FLOOD STATUS: <u>AR (27)</u>				S.C.A.T. <u>XI, XII</u>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI	REM	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<u>1</u>	<u>249</u>			<u>B</u>	<u>V</u>	Spr	Alarm	<u>15</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

COMMENTS: _____

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

City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 400 BROADWAY

Assessor's Parcel Number: 009 0237 021

PREVIOUS USE BROADCAST TOWER/ BLDGS

Current Land Use: SAME

Description of Request/Proposed Use: NEW BROADCAST TOWER

AND EQUIP. BLDG ADJACENT THE EXISTING
TOWER & BLDG.

IS THIS A CHANGE OF USE? NO

Zoning Designation: M1

Prior Applications for Project Site(P#,Z#,DRPB#): P 98-095
DR98-149

Comments: _____

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: [Signature] 4-10-99

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

MICRO FILM AFTER FINAL

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: To be completed by APPLICANT			
PROPERTY OWNER'S NAME	GREAT WESTERN BROADCASTING		
OWNER'S ADDRESS	400 BROADWAY SACRAMENTO CA 95814		
PROJECT ADDRESS	400 BROADWAY		
PARCEL NUMBER	09-0237-001	LOT NUMBER	
SUBDIVISION NAME	-		
NUMBER OF UNITS	1		
APPLICANT'S SIGNATURE	[Signature]		
TITLE OF APPLICANT	PROJECT MANAGER KIMMEL CONSTRUCTION		
DATE	5/28/99	TELEPHONE NUMBER	916/452-6691
PART II: To be completed by BUILDING DEPARTMENT			
PLAN IDENTIFICATION NUMBER	79-0237-1		
BUILDING TYPE (CHECK ONE)	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL		
SQUARE FEET OF CHARGEABLE BUILDING AREA	2495F		
SIGNATURE	[Signature]		
TITLE	Bldg Tech	DATE	5/18/99
PART III: To be completed by SACRAMENTO CITY UNIFIED SCHOOL DISTRICT			
DISTRICT CERTIFICATION NUMBER	16322		
EXEMPT \$ FOR STORAGE COMMENTS OF	BROADCASTING EQUIPMENT AND TOWER		
RESIDENTIAL / APARTMENT / ETC.	_____	SQ. FT. X \$	= \$ _____
COMMERCIAL / INDUSTRIAL	249	SQ. FT. X \$	= \$ EXEMPT
OTHER FEE _____	TYPE _____	SQ. FT. X \$	= \$ _____
TOTAL FEES COLLECTED.....	\$ 0		
<p><i>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.</i></p> <p><i>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.</i></p>			
AUTHORIZED SCHOOL DISTRICT OFFICIAL			
SIGNATURE	[Signature]		
TITLE	CIVIC CENTER ADMIN	DATE	5/28/99

91a:certcomp

Distribution: Original--School District; 1st Copy--School District; 2nd Copy--Building Department; 3rd Copy--Applicant

Daily Field Report (DFR)

Project Name HXTV Project No. _____ Date 12-12-77
Project Location 400 Broadway Time Arrived _____
Contractor _____ Technician _____ Time Departed _____
Weather _____ Travel Time 1
Earthwork Equipment Observed _____ Mileage _____
DFR Given to (or left at) _____ DFR No. _____
Reviewed by _____ Date Reviewed _____

Observations/Remarks: Ground surface to be tested was clean
and free of debris. No failures were observed.
No Failures

NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

[Signature]
Kleinfelder Representative Signature

Kleinfelder Representative Print Name

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: KXTV 10 Phone: 441-2345
 Site Address: 400 BROADWAY Suite: ---
(Street) Business Owner/Representative: Nancy Reich (Zip) Phone: 452-16691
 Nature of Business: TV BROADCAST
 Property Owner: GREAT WESTERN BROADCASTING Phone: 441-2345
 Address: 400 BROADWAY Suite: ---
SACRAMENTO (City) CA (State) 95818 (Zip)

2. Are you developing an undetermined tenant space? Yes No Is this permit for a shell building? Yes No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes No

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes No

7. Is/Will your business be located within 1,000 feet of a school? Yes No

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Nancy Reich
Nancy Reich (Print)
Nancy Reich (Signature) 5/28/99 (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9903783</u>
OK to issue prmt? Y <u>5-28-99</u> <small>init date</small>	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

Airco Mechanical, Inc. 5720 Alder Avenue Sacramento, CA 95828

Lic. # 311454

FAX

Date: 10-24-00

Number of pages including cover sheet: 3

Airco Job No.: KXTV BLDG

To: KIMMEL CONSTR.

Attention: JERRY

Phone: _____

Fax phone: 736-1129

CC: _____

From: ED GREEN

Airco Mechanical, Inc.

5720 Alder Avenue

Sacramento, CA 95828

Phone: 916/381-4523 Ext. 119

Fax phone: 916/386-0350

REMARKS: Urgent For your review Reply ASAP Please comment

JERRY,

HERE'S A COPY OF A PAGE FROM THE OPERATION
MANUAL REGARDING CONDENSATION (SEE NOTE). ALSO INCLUDED
IS A LETTER FROM THE MANUFACTURES REP. EXPLAINING
THAT THERE IS NO NEED IN THIS AREA FOR INSTALLATION
OF THE EXTERNAL CONDENSATE DRAIN.

LET ME KNOW IF I CAN BE OF ANY FURTHER ASSISTANCE,

Ed

16 Bring down window sash making sure wing panels and top guide are level, but do not install screw yet. Locate (3) screws on back side of each wing pane. Using a long nail or narrow pencil, make marks on the window frame through each of the screw holes in both wing panels. See Fig. 15.

⚠ WARNING

Be sure to follow Step 17 carefully for a secure installation of your air conditioner. Failure to observe this instruction completely could result in your unit falling from window and causing personal injury or property damage.

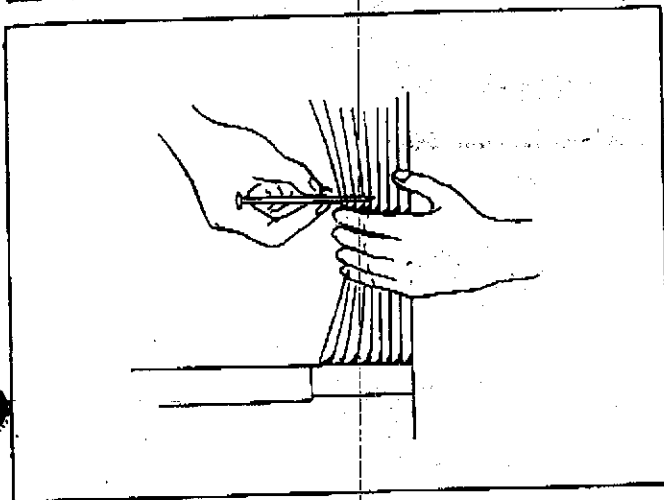


Fig. 15 - Marking Wing Panel Screw Hole Locations

17 Raise window sash, and remove the window mounting kit from the window. Drill 1/8-in. (3.2mm) screw holes at the 3-nail or pencil marks made in each side of the window frame. Replace window mounting kit and lower checking to sash be sure side holes in wing panels line up with drilled screw holes in window frame. Still leaving out the top guide retaining screw, secure wing panels to window frame by installing long screws provided in hardware kit, and tightening screws. If your window requires longer screws, they must be obtained locally.

18 Remove paper backing from narrow seal strip provided with the accessory window mounting kit, and fasten strip to top of casing so that it covers 4 pre-drilled holes in top of casing and extends down each side of casing by approximately 3/4 in. (19 mm).

NOTE: Holes are staggered to provide extra top channel reinforcement. Fasten top channel to top of casing using 4 short screws installed upward from inside casing and through the narrow seal strip. See Fig. 16.

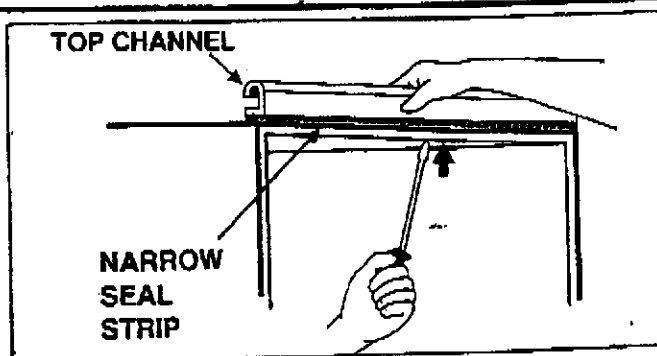


Fig. 16 - Fastening Top Channel to Top of Casing

19 Insert unit casing (without chassis) into window mounting kit now secured in window frame. Gently push casing outward, until bottom of casing slides up and over bend in bottom track. Top channel of casing rests against upper guide of window mounting kit. See Fig. 17A.

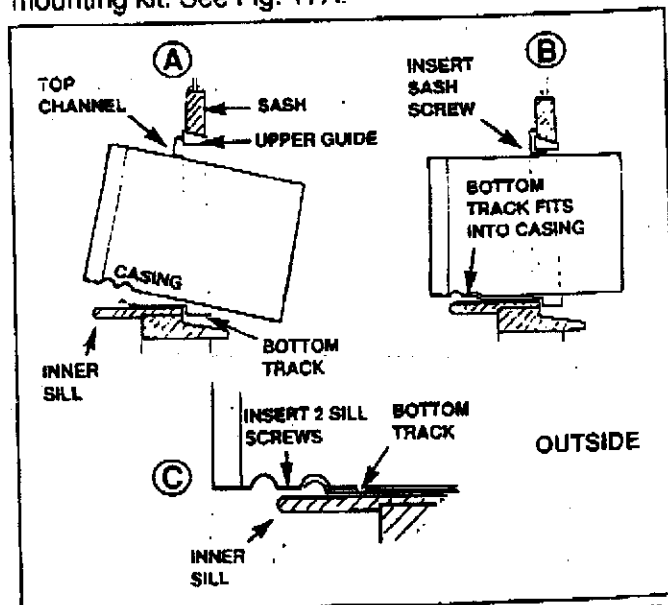


Fig. 17 - Installing Casing into Window Mounting Kit

20 Align center hole in top channel with center hole in upper guide and previously drilled hole in window sash. Install long screw through common screw hole, and tighten securely to window sash. See Fig. 17B. If window sash has a handle that obstructs screw insertion, insert long screws through holes provided in upper corner of each wing panel. Find 2 screw holes in bottom of unit casing. To make installation easier, you may want to drill 1/8-in. (3.2 mm) screw holes in window sill. Insert long screws provided, through the holes and screw firmly into window sill. See Fig. 17C.

NOTE: When casing is properly installed in window, casing should be slightly tipped toward the outside to allow for excess condensation run-off. See Fig. 18. If redirection of condensation flow is required to avoid dripping on building exterior or neighboring property (this is possible during high humidity conditions), the enclosed external drain is necessary.



FASCIMILE TRANSMISSION

Date: October 24, 2000
To: Tracy Thompson @ Alrco Mechanical
From: Ron Parr
Re: Optional External Drain Kit for Carrier YQB and YQD Heat Pumps

Dear Tracy,

In answering your question regarding the need of an external condensate drain accessory on the Carrier YQB and YQD through the wall heat pumps, it is very rare that the option is applied in Northern California.

During the cooling season there is a slinger ring on the edge of the condenser fan that throws the condensate on to the condenser coil and causes evaporation of the water and lowers condenser pressure. During the heating season if the evaporator/outdoor coil get cold enough to make ice the compressor shuts off and runs the resistance heat eliminating the production of condensate and the need for defrost.

Where Carrier sees the need for the external condensate drain kit is in extremely humid climates such as Southeastern US or Central and South America. Please call if I can be of further assistance.

Best regards,

A handwritten signature in black ink, appearing to read "Ron", is written over the typed name.

Ron Parr

If there is any portion of this transmittal that is not legible please call
916-387-3000 Ext. # 105



**WALLACE - KUHL
& ASSOCIATES INC.**

Geotechnical Engineering

Engineering Geology

Environmental Consulting

Remediation Services

Construction Inspection

Materials Testing

February 26, 2001

Mr. Rod Robinson
KXTV Channel 10
400 Broadway
Sacramento, CA 95818

Special Inspection Final Report
KXTV 10 BROADCAST TOWER EQUIPMENT BUILDING
Permit No. 99-03783C
WKA No. 3859.02

PREP	DATE	CONTROL
	FEB 28 2001	
MKTG	EST	COM
		JOB

In accordance with City of Sacramento special inspection requirements, our firm has performed *Special Inspection and Testing* in accordance with Sections 106 and 1701 of the Uniform Building Code for the subject project. Our observation and test results indicate that the following items were constructed, to the best of our knowledge, in accordance with the project's plans and specifications:

Reinforced

Concrete: Inspected placement of reinforcing steel and concrete for building pad for equipment building at base of tower. Obtained cylinder samples and performed slump tests of the fresh concrete. Performed laboratory compressive strength testing of cylinder samples.

Last date on jobsite: July 16, 1999

Please contact our office if you have any questions regarding this information.

Wallace - Kuhl & Associates, Inc.

David A. Redford
Senior Engineer



DAR:mlo

CORPORATE OFFICE
3050 Industrial Blvd.
West Sacramento
CA 95691
Tel 916.372.1434
Fax 916.372.2565

ROCKLIN OFFICE
500 Merlo Drive,
Suite 100
Rocklin, CA 95765
Tel: 916.435.9722
Fax 916.435.9822

cc: City of Sacramento
Kimmel Construction

O.M.B. NO. 3067-0077
Expires July 31, 1999

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

FLOODPROOFING CERTIFICATE

FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or effect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME <u>Great Western Broadcasting Corp.</u>	FOR INSURANCE COMPANY USE
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>400 Broadway</u>	POLICY NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>APN 009-0237-021/022</u>	COMPANY NAIC NUMBER
CITY <u>Sacramento</u>	STATE <u>CA</u> ZIP CODE <u>95818</u>

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>060266</u>	<u>0025</u>	<u>F</u>	<u>7-6-98</u>	<u>AR</u>	<u>24</u>

SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

Floodproofing Design Elevation Information:

Building is floodproofed to an elevation of feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the ^{higher} adjacent grade is 4.10 feet.

(NOTE: for insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By a Registered Professional Engineer or Architect)

Non-Residential Floodproofed Construction Certification:

I certify that based upon development and/or review of structural design, specifications, and plans for construction that the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information 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 <u>Michael Corrick</u>	LICENSE NUMBER (or Affix Seal) <u>C13913</u>
TITLE <u>Architect</u>	COMPANY NAME <u>Nacht & Lewis Architects</u>
ADDRESS <u>1700 Folsom Blvd. #200 Sacramento</u>	CITY <u>Sacramento</u> STATE <u>CA</u> ZIP <u>95824</u>
SIGNATURE <u>Michael Corrick</u>	DATE <u>4/16/99</u> PHONE <u>(916) 381-0127</u>

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.



KIMMEL CONSTRUCTION INC.

NOV 24 1999

AMERICAN... PRESIDENT... [Stamp]

REQUEST FOR INFORMATION

HLA

DATE	11/12/99	JOB NO.	369
ATTENTION	MIKE CORRICK		
RE	KXTV 10 TOWER BUILDING		

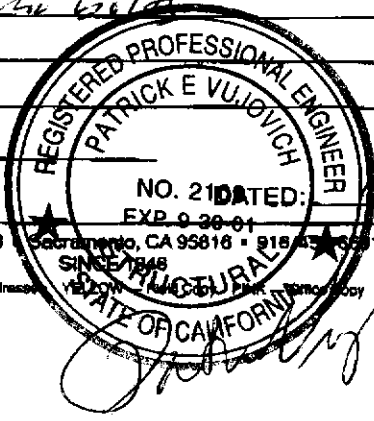
CATEGORY: <input type="checkbox"/> INFORMATION NOT SHOWN ON CONTRACT DOCUMENTS <input type="checkbox"/> INTERPRETATION OF CONTRACT REQUIREMENTS <input type="checkbox"/> CONFLICT IN CONTRACT REQUIREMENTS <input type="checkbox"/> COORDINATION PROBLEM	CONTRACT DRAWINGS REF: _____ SHOP DRAWING REF: _____ POSSIBLE COST IMPACT: YES _____ POSSIBLE TIME IMPACT: YES _____	RFI#: <u>3</u> COR#: _____ PRIORITY: URGENT: _____ EXPEDITE: <u>X</u> NORMAL: _____ DATE INFORMATION REQUIRED: _____
---	---	--

ITEM	REQUEST
	SEE ATTACHED QUESTIONS ON ROOF FRAMING ATTACHMENT. CITY INSPECTOR REQUIRES STRUCTURAL ENGINEER APPROVAL (ORIGINAL STAMP) PRIOR TO THEIR SIGN OFF OF FRAMING.

BY: Nancy Rich

REPLY: Redhead thrubolt 3/4" diameter is approved in lieu of cap-in anchor bolt.

SIGNED: _____



1815 Stockton Blvd. • PO Box 180848 Sacramento, CA 95818 • 916/437-5511 FAX: 916/736-1129

RECEIVED NOV 23 1999 NACHT & LEWIS

KXTV-10 Tower Equipment Building
KCI Job 369

November 12, 1999

RFI 3

Please confirm the following items as installed are acceptable:

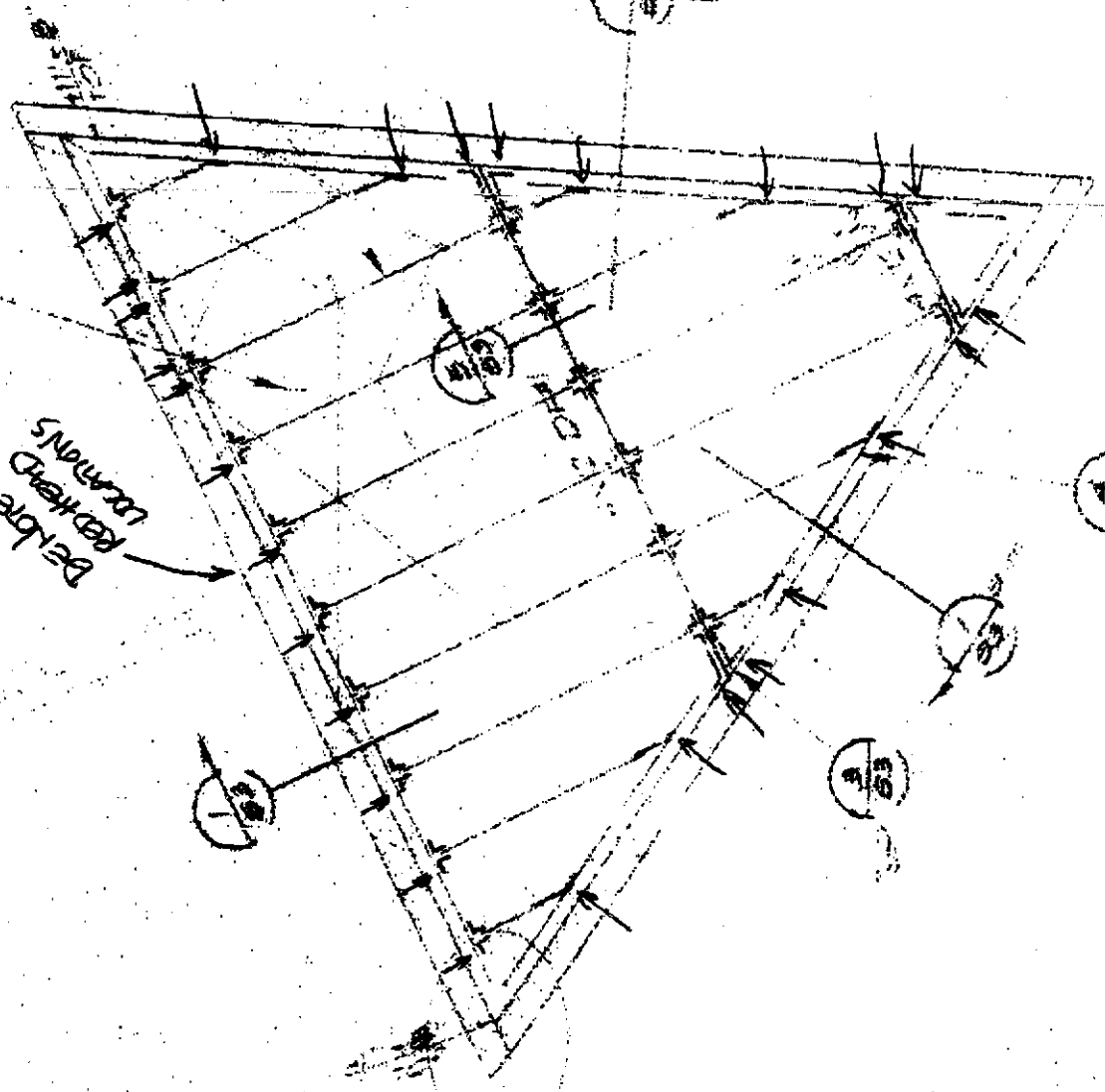
1. Due to bolt layout hitting web of block, about every other $\frac{3}{4}$ " bolt per detail 1/S3 at the north wall were installed using Hilti Concrete Anchor $\frac{3}{4}$ " Redhead Thrubolt 10" long.
2. To ensure bolt installation fit plate, bolts into the CMU wall at details 3/SE and 4/S3 were installed using Hilti Concrete Anchor $\frac{3}{4}$ " Redhead Thrubolts, 6" & 10" long.
3. Due to a fabrication error not realized, the bent plate used at Detail 4/S3 is 4" x 3/8" x 9 1/2" x 4". 1 each 5/8" bolt attaches plate to 2x6 and 1 each $\frac{3}{4}$ " bolt (redhead per item 2) attached plate to CMU.
4. Detail 5/A2 does not indicate attachment of shaped wood at top of wall to CMU. We intend to use redhead thrubolts for attachment. Please provide size & spacing.

Provide 1/2" ϕ x 3" redhead thrubolts @ 24" o.c.

RF 3

10' @ 12' OC ALL INTERMEDIATE BEAMS
10' @ 6' OC ALL EDGES
10' @ 24' @ 30' @ 36' @ 42' @ 48' @ 54' @ 60' @ 66' @ 72' @ 78' @ 84' @ 90' @ 96' @ 102' @ 108' @ 114' @ 120' @ 126' @ 132' @ 138' @ 144' @ 150' @ 156' @ 162' @ 168' @ 174' @ 180' @ 186' @ 192' @ 198' @ 204' @ 210' @ 216' @ 222' @ 228' @ 234' @ 240' @ 246' @ 252' @ 258' @ 264' @ 270' @ 276' @ 282' @ 288' @ 294' @ 300' @ 306' @ 312' @ 318' @ 324' @ 330' @ 336' @ 342' @ 348' @ 354' @ 360' @ 366' @ 372' @ 378' @ 384' @ 390' @ 396' @ 402' @ 408' @ 414' @ 420' @ 426' @ 432' @ 438' @ 444' @ 450' @ 456' @ 462' @ 468' @ 474' @ 480' @ 486' @ 492' @ 498' @ 504' @ 510' @ 516' @ 522' @ 528' @ 534' @ 540' @ 546' @ 552' @ 558' @ 564' @ 570' @ 576' @ 582' @ 588' @ 594' @ 600' @ 606' @ 612' @ 618' @ 624' @ 630' @ 636' @ 642' @ 648' @ 654' @ 660' @ 666' @ 672' @ 678' @ 684' @ 690' @ 696' @ 702' @ 708' @ 714' @ 720' @ 726' @ 732' @ 738' @ 744' @ 750' @ 756' @ 762' @ 768' @ 774' @ 780' @ 786' @ 792' @ 798' @ 804' @ 810' @ 816' @ 822' @ 828' @ 834' @ 840' @ 846' @ 852' @ 858' @ 864' @ 870' @ 876' @ 882' @ 888' @ 894' @ 900' @ 906' @ 912' @ 918' @ 924' @ 930' @ 936' @ 942' @ 948' @ 954' @ 960' @ 966' @ 972' @ 978' @ 984' @ 990' @ 996' @ 1000'

BEAMS
PERFORMED
FOR LOADS



1/2

3/8

1/2

1/2

1/2

1/2

1/2