

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0421002  
Insp Area: 4  
Thos Bros: 277J2

Site Address: 999 NORTH AV SAC St: BLD 7  
Parcel No: 237-0200-032 BUILDING 7

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

**CONTRACTOR**  
SIHS CONTRACTORS LP  
320 GOLDEN SHORE SUITE 200  
LONG BEACH CA 90802

**OWNER**  
NORTH AVE APTS LP  
110 PINE ST  
LONG BEACH CA 90802

**ARCHITECT**  
KEITH MINNIE  
MAPLE DELL MCCLELLAND  
380 STEVENS AVE, STE 380 92075

Nature of Work: BUILDING 7 - TYPE B - 17,106 SF (12 UNITS AND 36 BEDROOMS)

**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 B License Number 797982 Date 6-1-05 Contractor Signature Gandy Carro

**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: **REVISION**

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.

Date 6-1-05 Applicant/Agent Signature Gandy Carro

**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.

PC 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 EMPLOYERS INS. CO. OF WAUSAU Policy Number WACZ91545339044 Exp Date 07/01/2005

\_\_\_\_ (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 6-1-05 Applicant Signature Gandy Carro

**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.**

**Certification of Compliance**  
School District Development

0421002

**Part I - To be completed by the APPLICANT**

Owner's Name/Address NORTH AVENUE APARTMENTS, LP 110 Pine St, Long Beach, CA 90802  
 Project Address 999 North Ave.  
 Parcel Number 237-0200-032 Lot No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ No. of Units 80  
 Applicant's Signature [Signature] Title \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or grant payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which the fees are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II - To be completed by the BUILDING DEPARTMENT**

Plan Identification Number Building 7, Permit # 0421002  
 Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
 Square Feet of Chargeable Building Area 13,290 sq. ft.  
 Signature/Title [Signature] Project Manager, 808-1953 Date 2/18/15

**Part III - To be completed by the SCHOOL DISTRICT**

School District Robla School District Certificate No. 05-001  
670433 05-1220

<input type="checkbox"/> Exempt	Comment		
Residential/Apartment/etc.	<u>13,290</u>	Square ft. x \$ <u>.90</u>	= \$ <u>12,758.40</u>
Commercial/Industrial	<u>13,290</u>	Square ft. x \$ <u>1.19</u>	= \$ <u>15,815.10</u>
Total fees collected			= \$ <u>Grant 15,815.10</u>

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 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.

Signature [Signature] Grant SD Date 4/20/15  
[Signature] 4/20/15

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 933 NORTH AVE Permit No.: 0421002  
Building Use: APARTMENT Occupancy: R1  
Building Owner: NORTH AVE APARTMENTS Construction Type: V-1H  
Owner Address: LONG BEACH, CA. Sprinkled?  Yes  No  
Portion of Building Occupied: ENTIRE Area: 17,106 Sq. Ft.  
03/16/07 Pamela Morgan F. Morgan CARL HEFNER  
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

999 NORTH AVE- BLDG #7

[ Finaled By: GRS, MJJ, JET, WZG, MCM ]

*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**

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT  
2101 ARENA BLVD., STE 200  
SACRAMENTO, CA 95834

Bldg 7

933

INSPECTION SERVICES

24 HOUR INSPECTIONS REQUEST LINE ..... CALL (916) 808-1643  
MINIMUM OF 48 HOURS NOTICE REQUIRED FOR INSPECTIONS / APPOINTMENTS

PERMIT# 063016 CHECKED BY MES DATE 10/10/06  
SCOPE OF WORK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB NAME \_\_\_\_\_  
CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

NOTE:

- 1) Do not cover walls or ceiling or bury piping until the following items are signed off.
- 2) An all weather (paved) emergency access roadway and operating fire hydrants shall be provided prior to any combustible storage or construction on site.

SITE

INSPECTIONS	INITIALS	DATE
Underground Fire Mains/Visual (Class 200)	201	
Hydrostatic test of Fire Main (Class 200)	201	
Flushing of Fire Main (Class 200)	201	
Access/Fire Lane/Striping	701	
Gates/Fences/Knox	701	
Above ground tank	600	

FIRE & LIFE SAFETY

INSPECTIONS	INITIALS	DATE
Fire Doors		
Smoke Venting		
High Piled Stock		
Flammable liquids		
Hazardous Materials		
Special Hazards		
Posted signs for occupant load		

EQUIPMENT

INSPECTIONS	INITIALS	DATE
Fire Sprinkler System Piping/Visual	200	<u>MES/2226 11-08-06</u>
Fire Sprinkler Hydrostatic Test	200	<u>MES/2226 11-08-06</u>
Standpipes	200	
Fire Alarms	100	
Fire Sprinkler Monitoring System	101	
Fire Alarm Monitoring System	102	
Kitchen Hood & Duct System	311	
Special Extinguishing System	308	
Fire Extinguishers	194	
Fire Pumps	202	

SPECIAL REQUIREMENTS

HOLD FINDS FOR MES/2226  
KNOX OK 03-18-0

FINAL APPROVAL

Fire Department Approval MES/2226 11-08-06

NOTICE: Failure to comply with an order of the Fire Department may result in a citation and/or discontinued use of the building or premises.

ORIGINAL CARD TO BE POSTED AT THE WORK SITE

KEEP THIS CARD FOR REFERENCE-THIS IS YOUR RECORD OF FIELD INSPECTIONS

There is a \$25.00 fee for replacement/lost cards

# CORRECTION NOTICE

**City of Sacramento  
Building Inspection Division**

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**When corrections are made  
call 808-7622 for reinspection**

Permit #: 0421002

Job Location: 999 NORTH AV

SACRAMENTO, CA

Inspection Requested: 29 Bldg FINAL

Inspection Results: Correction Notice

Inspector this day inspected this structure for the requested inspection and found the following violations of City and/or State laws governing same:

Inspection Comments: ok to final with approval of others

Scheduled: 2007-03-12 / 24:00

Inspector: Marshall Johnson

Inspector's Phone Number:

\_\_\_\_ Building  
\_\_\_\_ Plumbing

\_\_\_\_ Mechanical  
\_\_\_\_ Electrical

72	POOL ELEC - CONDUIT / UNDERGROUND		
27	POOL BLDG - STRUCTURAL STEEL		
51	POOL PLMG - PRE-GUNITE		
70	POOL ELEC - PRE-GUNITE		
73	POOL PRE-PLASTER		
71	POOL ELEC - PRE DECK		
47	PLMG - GAS TEST		

OKAY TO COVER ALL OF THE ABOVE:

ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL

DATE: SIGNED:

SPECIAL INSPECTION REPORT TO BE ON FILE PRIOR TO FINAL APPROVAL

DATE: SIGNED:

FIRE DEPARTMENT ONLY

FINAL APPROVALS

92	SITE	2-28-07	<i>[Signature]</i>
29	BUILDING		
79	ELECTRICAL	2/23/07	<i>[Signature]</i>
59	PLUMBING	3-1-07	<i>[Signature]</i>
39	MECHANICAL	3-1-07	<i>[Signature]</i>
194	FIRE	1/10/07	<i>[Signature]</i>
98	SIGNS - ELECTRICAL		
99	SIGNS - BUILDING		
80	FLOOD ELEVATION CERTIFICATE / FINAL		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITH 180 DAYS.  
PLEASE SEE OTHER SIDE

**INSTALLATION CERTIFICATE**

**CF-6R**

Site Address: 999 North Avenue, Sacramento CA  
 Site Name: North Ave, Unit type 3

Permit #

923, 933, 943, 953, and 4035, 4045 MAY

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After comple

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump, etc.)	CEC Certified Mfr. Make & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (BTU/Hr)
Heat Pump	First Company 24HX6-C-R22 TXV	51	N/A	DROP	R4.2	24,000	20,500

**Cooling Equipment**

Equip. Type (pkg. heat pump, etc.)	CEC Certified Compressor Unit Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (BTU/Hr)
Heat Pump	YORK E1RDO124806	51	13	N/A	N/A	24,000	21,000

<sup>1</sup>  $\geq$  reads greater than or equal to.

I, the undersigned, verify that the equipment listed above is: (1) is the actual equipment installed, (2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency

JDI Mechanical  
 HVAC Subcontractor (Co. Name)  
 OR General Contractor OR Owner

**WATER HEATING SYSTEMS:**

Water Heater Type#	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value

**FAUCETS & SHOWER HEADS:**

All faucets and showerheads installed are listed in the Commissions Directory of Certified Faucets and Showerheads, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that th

Signature, Date

Plumbing Subcontractor (Co. Name)  
 OR General Contractor OR Owner

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

**CF-6R**

Site Address: 999 North Avenue, Sacramento CA  
 Site Name: North Ave, Unit type 2

Permit #

933 943 AND (4045 MAY)

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per section 10-103(b).

**HVAC SYSTEMS:**

*Heating Equipment*

Equip. Type (pkg. heat pump, etc.)	CEC Certified Mfr. Name & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) [ $\geq$ CF-IR value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (BTU/Hr)
Heat Pump	First Company 19HX3-C-R22 TXV	15	N/A	DROP	R4.2	19,000	17,000

*Cooling Equipment*

Equip. Type (pkg. heat pump, etc.)	CEC Certified Compressor Unit Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) [ $\geq$ CF-IR value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (BTU/Hr)
Heat Pump	YORK E1RDO18S06	15	15	N/A	N/A	18,000	18,000

1  $\geq$  reads greater than or equal to.

I, the undersigned, verify that the equipment listed above is: (1) is the actual equipment installed, (2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and (3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

LDI Mechanical  
 HVAC Subcontractor (Co. Name)  
 OR General Contractor OR Owner

**WATER HEATING SYSTEMS:**

Water Heater Type/#	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value

**FAUCETS & SHOWER HEADS:**

All faucets and showerheads installed are listed in the Commissions Directory of Certified Faucets and Showerheads, pursuant to Title-24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

Signature, Date

Plumbing Subcontractor (Co. Name)  
 OR General Contractor OR Owner

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

**CF-6R**

Site Address: 999 North Avenue, Sacramento CA  
 Site Name: North Ave, Unit type 2-TH

Permit #

919, 939, 949, 959 NORTH

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After complete

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump, etc.)	CEC Certified Mfr. Make & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (BTU/Hr)
Heat Pump	First Company 1911X6-C-R22 TXV	14	N/A	DROP	R4.2	19,000	20,500

**Cooling Equipment**

Equip. Type (pkg. heat pump, etc.)	CEC Certified Compressor Unit Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (BTU/Hr)
Heat Pump	YORK EIRDO18S06	14	13	N/A	N/A	18,000	18,000

<sup>1</sup> ≥ reads greater than or equal to.

I, the undersigned, verify that the equipment listed above is: (1) is the actual equipment installed, (2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency

LDI Mechanical  
 HVAC Subcontractor (Co. Name)  
 OR General Contractor OR Owner

**WATER HEATING SYSTEMS:**

Water Heater Type/#	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use)	If Recir- culation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R- value

**FAUCETS & SHOWER HEADS:**

All faucets and showerheads installed are listed in the Commissions Directory of Certified Faucets and Showerheads, pursuant to Title-24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that th

Signature, Date

Plumbing Subcontractor (Co. Name)  
 OR General Contractor OR Owner

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

(Page 2 of 7)

**CF-6R**

999 North Ave Sacramento, CA

Site Address

Permit Number

**FENESTRATION/GLAZING:**

All Building

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Counted)	Square Feet	Interior or Exterior Shading Device or Overhang	Comments/Location/Special Features
1. IWC	.35	.26	448	224	4,480		
2. IWC	.32	.30	4	4	24		
3. IWC	.35	.26	30	15	90		
4. IWC	.35	.26	304	152	2,280		
5. IWC	.35	.26	120	60	540		
6. IWC	.35	.26	48	24	192		
7. IWC	.35	.26	204	102	918		
8. IWC	.34	.30	152	76	3,192		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-value must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Value and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

1-8 [Signature] 3-6-07 Garland's Building Specialties  
 Item #s (if applicable) Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Item #s (if applicable) Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Item #s (if applicable) Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

July 1, 1999