

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009384
Insp Area: 2

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

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

CONTRACTOR

OWNER
LUCAS ENT/MARK LUCAS
83 SCRIPPS DR
SACRAMENTO CA 95831

ARCHITECT

Nature of Work: ROUGH GRADING ONLY NO U.G.

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 9/18/00 Owner Signature Mark Lucas

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 9/18/00 Applicant/Agent Signature Mark Lucas

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 _____ Applicant 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.

PAID
CITY OF SACRAMENTO
SEP 18 2000
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

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 # 0009384 C	Insp. Area 2
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1151 Corp Way 7335 PARK CITY DR Suite _____
 PARCEL # APN 31-0051-015

<p style="text-align: center;">CONTACT</p> <p>Name <u>MARK LUCAS (SEE OWNER)</u></p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____</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>JOHN GERMAN/GERMAN ENGINEERING</u></p> <p>Address <u>3000 FRANKLIN BLVD</u></p> <p>City/State/Zip <u>SACRTO, CA 95818</u></p> <p>Phone <u>455-3000</u> FAX <u>455-3118</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MARK LUCAS/LUCAS ENTERPRISES</u></p> <p>Address <u>83 SCRIPPS DR.</u></p> <p>City/State/Zip <u>SACRTO, CA 95825</u></p> <p>Phone <u>924-1500</u> FAX <u>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: ~~SEE WATER~~ / ROUGH GRADING (GRADING PERMIT REQUEST)
SOILS IMPORTATION
1.41 AC SITE

OCCUPANT/TENANT: PHOENIX CHILDCARE VALUATION: \$ 199,500

FLOOD STATUS:		<u>X99</u>		S.C.A.T.					
JOB DESCRIPTION		<u>BLDG</u>	SHELL	APT	TI()	REM()	<u>SW</u>	FIRE	ADD <u>OTH</u>
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File
				<u>E</u>		SPR	ALARM		[H] [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: (✓ w Dave H for Park City Dr bfr issuing)
This cannot be issued w/o planner Brad Shearha)
POD-051 ENVURO ISSUES

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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

Date: 09/06/00		Time:		Planning No.:		Plan Check No.: 0009384	
Address: 1151 Corporate Way						Parcel No.: 031-0051-016	
Description: Rough Grading for Phoenix School							
Subdivision Map:						Water Page No.:	
Estimate By: Dilley				Project Engineer: John German			
Engineering Firm: German Engineering				Phone No.: 455-3000		Fax No.: 455-3118	
Sewer Jurisdiction:			<input type="checkbox"/> County		<input checked="" type="checkbox"/> City		
Comment No.1 Comment No.2 Comment No.3 Comment No.4 Comment No.5 Comment No.6							
Rough Grading only, no underground or taps with this permit.							
TOTAL WATER DEV. FEES: \$0				8 hrs x \$75 per hour = \$600		or \$300.00 (whichever is greater)	
TOTAL SEWER DEV. FEES: \$0				Total on-site grading and drainage review fee:		\$600	

entered
 9/14/00
 JZ

Water Service Quotations

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
				Abandon	in.							
				Abandon	in.							
CREDIT												
				Credit for	in.			1				
				Credit for	in.			1				
								0		Fire Hydrant		
Total for Water											\$0	\$0

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	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

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

Sewer Tap Construction Charge: \$0
 Water Main Construction Charge: \$0
Total For Address: \$0

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <u>MARK LUCAS</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>83 SCRIPTS DRIVE, SUITE 320</u>		Company NAIC Number	
CITY <u>SACRAMENTO</u>	STATE <u>CALIF.</u>	ZIP CODE <u>95825</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN 031-0051-015</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>Phoenix School</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ##.#####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>City of Sacto 060266</u>		B2. COUNTY NAME <u>SACRAMENTO</u>		B3. STATE <u>CA</u>	
B4. MAP AND PANEL NUMBER <u>060266 0030</u>	B5. SUFFIX <u>F</u>	B6. FIRM INDEX DATE <u>JULY 1998</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>MAY 28, 2000</u>	B8. FLOOD ZONE(S) <u>A99</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <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 - see 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 _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) _____ ft.(m) 5.04 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)

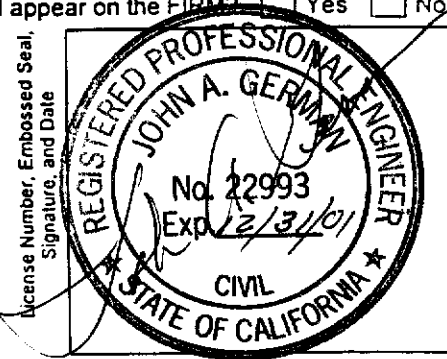
e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m) 5.0 ft.(m)

f) Lowest adjacent grade (LAG) _____ ft.(m) 5.0 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 GERMAIN LICENSE NUMBER: CALIF REG 22993

TITLE: CIVIL ENGINEER COMPANY NAME: GERMAIN ENGINEERING

ADDRESS: 3000 FRANKLIN BLVD. CITY: SACRAMENTO STATE: CA ZIP CODE: 95818

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

WATER SUPPLY TEST - DEPT. OF UTILITIES 1395 JSTH AVENUE SACRAMENTO, CA 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-1497	TEST NO: 99-21	FILE NO: R99-0021
	REQUEST DATE: 4-1-99	TEST #2
	COMPLETE DATE: 4-12-99	
	ANALYSIS FEE: \$90.00	DATE PAID: 3-30-99
	FIELD TEST FEE: \$360.00	DATE PAID: 3-30-99
CONTACT PERSON: MARK C. LUCAS	PHONE NO: 916 924-1500	FAX NO: 916 924-1185
COMPANY: LUCAS ENTERPRISES	CELL PHONE NO: 916 425-4912	
COMPANY ADDRESS: 83 SCRIPPS DR. #320 SAC, CA 95825	STREET ADDRESS OF TEST: CORPORATE WAY	
PURPOSE OF TEST: PLANNING DEPT APPLICATION 1R98-107	ASSESSOR'S PARCEL NUMBER: 031-0054-001,002,003,004,005	

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: MARK C. LUCAS Signature: *Mark Lucas* Date: 3/17/99

ENGINEERING REQUEST DATE: 4-1-99 DATE OF TEST: 4-2-99 TIME OF TEST: 1:55 PM

WATER MAIN SIZE: 12" TEST CONDUCTED BY: Colasanti, Perrone, Talavera

TEST #2	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	80	78	55	42						
FLOWED	65	78			20	4.5	0.90	0.83	2018	
FLOWED	79	78			22	4.5	0.90	0.83	2116	
FLOWED							TOTAL		4134	7057
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{pitot}}$$

$$Q_{20} = Q_F \left(\frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

	ACTUAL	DESIGN (D)
STATIC PRES.	55 PSI	35 PSI
RESIDUAL PRES.	42 PSI	22 PSI
1 ORG. FLOW @ RESIDUAL PRES.	4100 G.P.M.	4100 G.P.M.
TOTAL FLOW @ 20 PSI	7100 G.P.M.	4500 G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be 7/18/98