## 5400 Sampson Blvd.

|  |  |                                       | RECORD OF SUBSI | EQUENT PERMIT | S ISSUED   |  |                              |               |         |
|--|--|---------------------------------------|-----------------|---------------|--|--|------------------------------|---------------|---------|
| DATE   | TYPE OF PERMIT<br>AND VALUATION                  | PERMIT NO.<br>AND FEE                 | NATURE OF WORK  |               | PRESENT OWNER AND ADDRESS  | CONTRACT   | OR & ADDRESS                 | FINALED BY    | DATE    |
| 5-3-74                                       | Bldg. \$600                                      | B-3004 \$15.                          | Reroof          |               | Richard Meyers   | A-1 Root   | Fing                         | Seros         | 6-18-14 |
|  |  | 9                                     | Dwelling        |               |  | 4995 Pas   | sadena Ave                   |               |         |
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|  |  |                                       |                 | MICROFILM F   |  | Denvis is  |                              | AND EBAUE O   | Ör.     |
| PERMIT I                                     | NO. REEL AND F<br>3004 R-388 F-05                | RAME NOS.                             | PERMIT NO.      | REEL A        | ND FRAME NOS.  | PERMIT NO.                                       | REEL                         | AND FRAME N   | US.     |
| B-3  | 2.44 2 200 5 45                                  | <u> </u>                              |                 |               |  |  |                              |               |         |
| D-   | 2004 K-288 F-05                                  | <del> </del>                          |                 |               |  | <del>                                     </del> |                              | ·             |         |
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|                     |                 |               |                              | RECORD         | CARD - BI                       | JILDING INSPECTION | OISIVID 21  | I - CITY O                  | F SACRAMEN                             | NTO, CAL                                | IFOR | AIA                                   |                                       |                                       |
|---------------------|-----------------|---------------|------------------------------|----------------|---------------------------------|--------------------|-------------|-----------------------------|--|---|------|---------------------------------------|---------------------------------------|---------------------------------------|
| PROPERTY PARCEL NO. |                 |               |                              |                | JOB ADDRESS                     |                    |             |                             |  |   |      | INSPECTION<br>AREA                    |                                       |                                       |
|                     |                 |               |                              | 5400 \$        | 5400 Sampson Blvd.              |                    |             |                             |  |   |      |                                       | 4 FINAL INSPECTIONS                   |                                       |
| LEGAL DESCRIPTION   |                 |               |                              |                |                                 |                    | C           | CCUP. GR.                   | CONST TYPE                             | VAR. N                                  | ib.  | FIRE ZONE                             | BUILDING BY .                         | DATE                                  |
|                     |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       | ,                                     |                                       |
| TITLE AND NAME 1/C  |                 |               |                              |                | ADDRESS                         |                    |             | ZIP                         | CITY L                                 | CITY LIC. NO. TEL. NO.                  |      | L. NO.                                | ELECTRICAL BY                         | DATE                                  |
| GEN. CONTR.         |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
| ELEC. CONTR.        |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       | PLUMBING BY                           | DATE                                  |
| PLBG. CONTR.        |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
| MECH. CONTR.        |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       | MECHANICAL BY                         | DATE                                  |
| ARCH. ENGR.         |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
| OWNER               |                 |               |                              |                |                                 |                    |             | ·                           |  |   |      |                                       | CERTIFICATE OF OC                     | CUPANCY                               |
| CONST. LOAN LEND    | 1····           | T             |                              | , ,            |                                 |                    |             |                             |  |   |      |                                       | ISSUED BY                             | DATE                                  |
| BLDG, WIDTH         | BLDG. LENGTH    | тот           | AL HEIGHT.                   | NO. OF STORIES | ROOF CONS                       | TR. AREA 1st FLOOR | TOTA        | OTAL AREA C.S.D. C.I. CA    |  | C.I. CAS                                | Ε    |                                       | 1                                     |                                       |
| SIDE YARDS          | REAR YARDS      |               | DACK DEO                     | LICE ZONE      |                                 |                    | ļ <u>-</u>  | CENSUS TRCT. NO.            |  |   |      |                                       |                                       |                                       |
| SIDE TARDS          | REAR TARDS      | 3E1           | BACK REQ.                    | USE ZONE       | PARK'G RE                       | Q. SPACES          | TREES RMV   | D. EXISTING BLDG'S SAME LOT |  | HOW USED                                |      |                                       |                                       |                                       |
| NATURE OF W         | ORK             |               |                              |                | <u> </u>                        |                    | <u> </u>    |                             | - <sub>121</sub>                       | <del> </del>                            |      |                                       |                                       | · · · · · · · · · · · · · · · · · · · |
|                     |                 |               |                              |                |                                 |                    | <del></del> |                             | · · / · · · ·                          |   |      |                                       |                                       |                                       |
| PERMIT NO. S.P      |                 | <del></del> - | <u> </u>                     | <b></b>        |                                 | <del></del>        |             |                             |  |   |      |                                       |                                       |                                       |
| ISSUED BY           |                 |               | 1                            |                |                                 | MICROFIL           | M RECORD    |                             |  |   |      |                                       |                                       |                                       |
| ISSUANCE DATE       |                 |               | PLANS A                      | ND APPLICATION | LICATION REEL NO. FRAME NO:- TO |                    |             |                             |  |   |      | <u> </u>                              |                                       |                                       |
|                     |                 |               | INSPECTION RECORD • REEL NO. |                |                                 |                    |             | FRAME NO:- TO               |  |   |      |                                       |                                       |                                       |
| R.b.F. FEE          |                 |               | JOB FIL                      | REEL NO.       |                                 |                    | F           | FRAME NO:- TO               |  |   |      |                                       |                                       |                                       |
| S.M.I. FEE          | Е \$            |               |                              |                |                                 | W                  |             |                             |  |   |      |                                       |                                       |                                       |
| PLAN CK. FEE        | \$              |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
| SEWER INCL. FEE     | \$              |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
| PERMIT FEE          | \$              |               |                              |                |                                 | REMARKS AND/OR     | VARIANCE    | S                           |  |   |      |                                       | 1                                     |                                       |
|                     | \$ Dwelling     |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
|                     | \$              |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
| TOTAL FEES          | \$              |               | <u> </u>                     |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
|                     |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
|                     |                 |               |                              |                |                                 |                    |             |                             |  |   |      |                                       |                                       |                                       |
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|                     |                 |               |                              |                |                                 |                    |             |                             |  |   |      | *                                     |                                       |                                       |
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