CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0101248
Insp Area: 2

Site Address: 5610 FREEPORT BL SAC
Parcel No: 025-0033-020

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

CONTRACTOR
HENLEY WEBER, INC
1830 SIERRA GARDENS DR.STE 90
ROSEVILLE, CA 95661

OWNER
NOUMAN TARABICHI
3000 EXECUTIVE PARKWAY #515
SAN RAMON, CA 94583

ARCHITECT
CHARLES DOERR
611 VETERANS BLVD #217
REDWOOD CITY, CA. 94063

Nature of Work: RESTAURANT ADDITION 552 SF, W/REMODEL &SITEWORK

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'sAddress _____

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 ~~C17678~~ 792038 Date 7/9/01 Contractor Signature Fred Henley

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 isexempt 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 & P C. for this reason: _____

Date _____ Owner Signature _____

CRAMER
JUL 09 2001
NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/9/01 Applicant Agent Signature Fred Henley

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.

FH 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 STATE FUND Policy Number 1636317-01 Exp Date 05/18/2002

_____ (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 7/9/01 Applicant Signature Fred Henley

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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 5610 FREEPORT BL Permit No. 0101248

Building Use: RESTAURANT Occupancy: A3

Building Owner: NOUMAN TRABICHI Construction Type: V-NH

Owner Address: 3000 EXECUTIVE PK #515 SAN RAMON, CA Sprinkled?[X]Yes[ ]No

Portion of Building Occupied: ADDITION Area: 552 Sq. Ft.

11/1/01 W. DeHarris **DENNIS RICHARDSON**

Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:GTD,MJS,RVL,AW,GRS]

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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

ADVANCED AIR CONCEPTS

HEATING, AIR CONDITIONING & VENTILATION

MICROFICHE @ FINAL

TEST AND BALANCE ANALYSIS REPORT

FOR

BURGER KING
5610 Freeport Blvd.
Sacramento, CA.

CONTRACTOR: Henley Weber

ARCHITECT: The Charles Doerr Group

ENGINEER: Rolfes Engineering, INC.

CERTIFICATION:
AIR DISTRIBUTION SYSTEM HAS BEEN COMPLETELY BALANCED AS PER REQUIREMENTS OF SPECIFICATIONS AND RESULTS OF TESTS HEREIN LISTED

JOB NUMBER: 2313

DATE: 10/22/01

TECHNICIAN: Mike J.

APPROVED: Tony F.

ADVANCED AIR CONCEPTS

HEATING, AIR CONDITIONING & VENTILATION

AIR DISTRIBUTION CODES

Shortcut	Definition
CSD=	CEILING SUPPLY DIFFUSER
CEG=	CEILING EXHAUST GRILLE
CER=	CEILING EXHAUST REGISTER
CRG=	CEILING RETURN GRILLE
CSR=	CEILING SUPPLY REGISTER
CRR=	CEILING RETURN REGISTER
EDO=	EXHAUST DUCT OPENING
EAR=	EXHAUST AIR REGISTER
FEG=	FLOOR EXHAUST GRILLE
FRR=	FLOOR RETURN REGISTER
FRG=	FLOOR RETURN GRILLE
FSR=	FLOOR SUPPLY REGISTER
RAB=	RETURN AIR BAR
RDO=	RETURN DUCT OPENING
RLD=	RETURN LINEAR DIFFUSER
SAB=	SUPPLY AIR BAR
SDO=	SUPPLY DUCT OPENING
SLD=	SUPPLY LINEAR DIFFUSER
WEG=	WALL EXHAUST GRILLE
WER=	WALL EXHAUST REGISTER
WRG=	WALL RETURN GRILLE
WRR=	WALL RETURN REGISTER
WSG=	WALL SUPPLY GRILLE
WSR=	WALL SUPPLY REGISTER

GENERAL REPORTING CODES

DNA=	DATA NOT AVAILABLE
DNL=	DATA NOT LISTED
NA=	NOT ACCESSIBLE
NI=	NOT INSTALLED
NS=	NOT SPECIFIED
NT=	NOT TESTED DUE TO ABNORMAL CONDITIONS
NLV=	NO VALID LOCATION FOR ACCURATE TESTING
*=	MEASURED WITH HOOD FLOW

ADVANCED AIR CONCEPTS
HEATING, AIR CONDITIONING & VENTILATION

GENERAL NOTE SHEET

FOR

Burger King
5610 Freeport Blvd.
Sacramento, CA.

Unless otherwise noted, indicated CFM is at standard condition

Flow hood used on all ceiling supply and return terminal units, and sidewall registers and grills where applicable

Correctional factors have been applied to all values shown in test FPM column on the test sheet.

ADVANCED AIR CONCEPTS

HEATING, AIR CONDITIONING & VENTILATION

LIC.#521204

DIFFUSER & GRILLE TEST SHEET

JOB NAME: _____ **PAGE:**

SYSTEM		SUPPLY			REQUIRED		ACTUAL	
System	No	Code	Size	Eff Area	FPM	CFM	FPM	CFM
AC-1	1	CSD	12"	1.0		500.00	498.00	498.00
	2	CSD	12"	1.0		450.00	455.00	455.00
	3	CSD	12"	1.0		500.00	503.00	503.00
	4	CSD	12"	1.0		500.00	496.00	496.00
TOTALS ---------->					0.00	1,950.00	1,952.00	1,952.00

NOTES

ADVANCED AIR CONCEPTS

HEATING, AIR CONDITIONING & VENTILATION

LIC.#521204

DIFFUSER & GRILLE TEST SHEET

JOB NAME: Burger King Freeport **PAGE:**

SYSTEM		SUPPLY			REQUIRED		ACTUAL	
System	No	Code	Size	Eff Area	FPM	CFM	FPM	CFM
AC-2	1	CSD	10"	1.0		325.00	329.00	329.00
	2	CSD	10"	1.0		325.00	322.00	322.00
	3	CSD	10"	1.0		325.00	327.00	327.00
	4	CSD	10"	1.0		325.00	320.00	320.00
	5	CSD	10"	1.0		325.00	330.00	330.00
	6	CSD	10"	1.0		325.00	325.00	325.00
TOTALS ---------->					0.00	1,950.00	1,953.00	1,953.00

NOTES

ADVANCED AIR CONCEPTS

HEATING, AIR CONDITIONING & VENTILATION

LIC.#521204

DIFFUSER & GRILLE TEST SHEET

JOB NAME: Burger King Freeport **PAGE:**

SYSTEM		SUPPLY			REQUIRED		ACTUAL	
System	No	Code	Size	Eff Area	FPM	CFM	FPM	CFM
AC-3	1	CSD	10"	1.0		375.00	375.00	375.00
	2	CSD	10"	1.0		375.00	379.00	379.00
	3	CSD	12"	1.0		500.00	496.00	496.00
	4	CSD	12"	1.0		500.00	504.00	504.00
	5	CSD	6"	1.0		100.00	100.00	100.00
	6	CSD	6"	1.0		100.00	102.00	102.00
TOTALS ---------->					0.00	1,950.00	1,956.00	1,956.00

NOTES

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

ACTIVITY # 01-01248 Insp. Area 2C

Applicant MUST complete ALL Unshaded areas

ADDRESS BURGER KING 5610 FREEPORT BLVD., SACRAMENTO, CA Suite

PARCEL # 025-0033-020

CONTACT	LICENSED CONTRACTOR Lic No. #
Name ELISE SOLA	Name TBD
Address THE CHARLES DOERR GROUP	Address
Phone 650·366·8215 FAX 650·366·0837	Phone FAX
E-mail elise@cd-g.com	E-mail
ARCHITECT/ENGINEER C-17678	**OWNER**
Name THE CHARLES DOERR GROUP 94063	Name NOUMAN TARABICHI OF SYDRAN SERVICES
Address 611 VETERANS BLVD. #217, REDWOOD CITY, CA	Address 3000 EXECUTIVE PARKWAY #515, SAN RAMON, CA 94583
Phone 650-366-8215 FAX 650-366-0837	Phone (925) 218-3680 FAX (925) 328-3333
E-mail	E-mail

→ Will permittee have any employees on the jobsite? ☐ No ☐ Yes → INSURANCE CO:

→ WORKER'S COMPENSATION POLICY # EXPIRATION DATE:

NATURE OF WORK IN DETAIL: MAJOR INTERIOR DEMOLITION / RENOVATION. ADDITION TO DINING AREA. ENCLOSING THE FREEZER/COOLER. ALL NEW MECHANICAL AND KITCHEN EQUIPMENT. NEW CLGS. AND INTERIOR FINISHES. DRIVE-THRU LANE WILL BE LENGTHENED (AS APPROVED BY PLANNING #200-149 ON 12·28·00 WITH CONDITIONS). ADDN = 552 SF

OCCUPANT/TENANT: BURGER KING RESTAURANT VALUATION: $ 350,000.—

FLOOD STATUS: NJR S.C.A.T. X1.11, X1.14, X1.27, 305, +199

JOB DESCRIPTION BLDG SHELL APT TI( ) REM SW FIRE ADD OTH

INSPECTION 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
1	3254			A3	VN	SPR ALARM	18	[H] (Quad)

B L P M E F S D PW UTIL

COMMENTS: 350000 - 15,398.61 334,601.39 - 108,000
- 226,01.39
- 108,000 [illegible]
226
[illegible]

REGIONAL SANITATION FEES? ☐ Yes ☐ No HEALTH DEPARTMENT? ☐ Yes ☐ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed

dssu/forms/commercialapp. [rev. 04/26/99]

* NEED Health Dept. plans

11.5 Rear ADDITION
x30.5 Front
351 + 201 = ADDITION = 572

compute for descrip.

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE

EFB 5-21-01

10F 5-8-2001

PERMIT AND CALCULATION SHEET

APPLICATION NO:

BLDG PERMIT NO: SWO2001-00448

GENERAL INFORMATION

City of Sac

THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

271454 EFB 5-21-01

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF ☐ MF ☐	
CSD-1		COMMERCIAL USE	UNITS
SRCSD	3308	200# Addn to Burger King	
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	$ 3308		

APN: 025-0033-020

DESCRIPTION/ SUBDIVISION LOT:

PROPERTY ADDRESS 3610 Freeport Blvd

OWNER

MAILING ADDRESS

CITY-STATE-ZIP PHONE

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, Push Hard for 4 Copies

PART I To be completed by APPLICANT

OWNER'S NAME: HENLEY WEBER, INC.

OWNER'S ADDRESS: 1830 SIERRA GARDENS DR #90 ROSEVILLE CA 95661

PROJECT ADDRESS: 5610 FREEPORT BL

PARCEL NUMBER: 025-0033-020 LOT NO.

SUBDIVISION NAME

NUMBER OF UNITS

APPLICANT'S SIGNATURE: [signature]

TITLE OF APPLICANT: PRESIDENT - G.C.

DATE: 7/6/01 PHONE NO. (916) 782-4414

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER: 01-012418

BUILDING TYPE (CHECK ONE)

RESIDENTIAL ( ) APARTMENT / CONDOMINIUM ( ) COMMERCIAL / INDUSTRIAL (X)

SQUARE FEET OF CHARGEABLE BUILDING AREA: 5524

SIGNATURE: [signature]

TITLE: Bldg. TECH. DATE 7/6/01

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT

DISTRICT CERTIFICATION NUMBER

EXEMPT COMMENTS

RESIDENTIAL / APARTMENT / ETC. SQ. FT. X. $ = $

COMMERCIAL / INDUSTRIAL SQ. FT. X. $ .28 = $

OTHER FEE TYPE SQ. FT. X. $ = $

TOTAL FEES COLLECTED = $

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 district official, I hereby certify that the requirements of Goverment Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE

TITLE DATE.

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

GJUHSD: Facilities Planning Department
Certificate of Compliance Form (rev. 3/93)

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

Revised: 1/01

1
Contractor HENLEY WEBER, INC. Owner [illegible]
Address 1830 SIERRA GARDEN DR #90 Address [illegible]
City ROSEVILLE City [illegible]
State/Zip CA 95661 State/Zip [illegible]
Telephone 916 782-4494 Telephone [illegible]

2
Structure Name BURGER KING Use [illegible]
Address 5610 FREEPORT BLVD City/Zip [illegible] 95822

3
Structure Age 30 (years) Number of floors: 1 Size [illegible] sq. ft.

4
Has RACM reported by the consultant been removed? (circle) YES NO N/A
Asbestos contractor who removed or will remove RACM [illegible] Environmental

5
DEMOLITION Start Date 5/29/01 Completion Date 6/8/01

6
Preference for return of form: ☐ **Mail** ☒ **Pick-Up (after 2 working days)**

7
I have read and understand the directions. The information on this form is true and accurate.
Applicant Name (Print) FRED HENLEY ☐ Owner ☒ Contractor
Applicant's Signature [signature] Date 5/15/01

8
To Be completed by CAL-OSHA Consultant
Company Name: H B & T Environmental Telephone: (916) 446 0406
Surveyor's Name: Tim Hoppe Survey Date: 5/10/01 OSHA # 92-0106
Company Address: 1400 S St Ste 102 City/State/Zip: Sacramento CA
Amount of RACM: ~~[illegible]~~ lineal feet APX 1300 square feet ______ cubic feet ______
Amount of Category I: APX. 2600 Amount of Category II: N/A
Analytical Procedure: PLM
Consultant's Signature: [signature] Date: 5/15/01

9
REVISION #: (1) 2 3 4 5 6 7 8 9 (Circle)
Old: Start Date __/__/__ New: Start Date __/__/__
Old: Completion Date: __/__/__ New: Completion Date: __/__/__

Demolition Permit Shall Not Be Issued Prior To

MAY 28

SMAQMD USE ONLY: Project # ______ Received Date/Postmark: 5/15/01
Check # 1019 Receipt # 275 Amount Paid 93.00 Staff [illegible] Date Approved 5/16/01

Hand Carried

Date of Request: _____
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 5610 Freeport Bl

Assessor's Parcel Number: 025-0033 020

Previous Use: _____

Description of Request/Proposed Use: New Burger King Restaurant ADDITION

Is This a Change of Use? no

Zoning Designation: C-2

Prior Applications for Project Site(P#, Z#, DRPB#): P4880, P89-134, P89-248

Comments: Comply w/ Z00-149 Conditions of Approval; Site must have additional landscaping per exhibit A-2.

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: Donna Decker 4/24/01

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

MICROFILM AFTER FINAL

Revised 3/31/99

P/C 0101248

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE
SACRAMENTO, CA. 95822
PHONE: 916 / 264-1430
FAX: 916 / 264-1497

TEST NO: 01-035 | FILE NO: R01-035
COMPLETE DATE: 3/22/01 | PC#
ANALYSIS FEE: $90.00 | DATE PAID: 3/13/01
FIELD TEST FEE: $360.00 | DATE PAID: 3/13/01

CONTACT PERSON:✔ NOUMAN TARABICHI | PHONE NO:✔ 925-218-3680 | FAX NO:✔ 925-328-3333
COMPANY:✔ SYDRAN SERVICES, INC. | CELL PHONE NO:✔
COMPANY ADDRESS:✔ 3000 EXECUTIVE PARKWAY # 515 SAN RAMON, CA 94583 | STREET ADDRESS OF TEST:✔ 5610 FREEPORT BLVD.
PURPOSE OF TEST:✔ PER ELAINE CLARK | ASSESSOR'S PARCEL NUMBER:✔ 025-0033-020

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:✔ NOUMAN TARABICHI *Signature:✔* [signature] *Date:✔* 3/19/01

ENGINEERING REQUEST DATE: 3/16/01 DATE OF TEST: 3/19/01 TIME OF TEST: 11:00

WATER MAIN SIZE: 8" TEST CONDUCTED BY: Perrone - Stockline - Ledesma Wells

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT C_1	COEFFICIENT C_2	CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
RESIDUAL	121	47	51	33						
FLOWED	122	47			23	2"	0.90	1	805	
FLOWED	123	47			24	2"	0.90	1	822	
FLOWED							TOTAL		1627	2182
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.

WATER SUPPLY DATA SUMMARY

	ACTUAL	*DESIGN (1)*
STATIC PRESSURE	51 *PSI*	43 *PSI*
RESIDUAL PRESSURE	33 *PSI*	25 *PSI*
TOTAL FLOW @RESIDUAL	1600 *G.P.M.*	1600 *G.P.M.*
TOTAL FLOW @ 20PSI	2200 *G.P.M.*	1900 *G.P.M.*

(1)The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.

10/12/99

Insp. Area 2C

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: HENLEY WEBER, INC. PC # 0101248C

Address: 1830 SIERRA GARDEN DR #90 ROSEVILLE BID App. 4

Job Phone: 916 240-0589 Office Ph. 916 782-4494 Fee 350

SUBJECT: Project Address: 5610 Freeport Bl Suite #

I request permission to start the following work non structural demo, rough framing, plumbing/mechanical, electrical. ALL AT OWN RISK. Do not cover any work. No inspections.

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

DID ALL INSPECTOR SUPS. GET COPY?

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: #792038 HENLEY WEBER, INC

SIGNATURE COMPANY NAME

5/29/01

DATE

PLEASE COMPLETE BACK OF THIS FORM