

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9914533

Insp Area: 1

Site Address: 1708 59TH ST SAC

Parcel No: 008-0010-009

BY DOCK

Sub-Type: AOTHR

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

SACRAMENTO MUNI UTILITY DISTRICT
6201 S ST
SACRAMENTO CA 95813

**Nature of Work: INSTALL TWO DOUBLE WIDE OFFICE TRAILERS: W/
ELECT; PHONE; FIRE ALARM; FIRE SPRINKLERS; HANDICAP RAMP:**

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 9/7/2000 Owner Signature W. J. Surkovich (SMUD)

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 9/7/2000 Applicant/Agent Signature W. J. Surkovich (SMUD)

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 Exempt Policy Number _____ Exp Date _____

____ (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 9/7/2000 Applicant Signature W. J. Surkovich (SMUD)

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
APPLICATION FOR [REDACTED] BUILDING PERMIT

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

PLAN CHECK # 9114533 Insp. Area 16

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 1708 59th Street Sacramento Suite _____
PARCEL # APN 008-0010-009

<p>CONTACT</p> <p>Name <u>Jim Jurkovich - SMUD (owner)</u></p> <p>Address <u>6201 S Street</u> <u>Sacramento, CA</u> Zip <u>95817-1899</u></p> <p>Phone <u>916/732-6295</u> FAX <u>732-5238</u></p>		<p>LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>TBD</u></p> <p>Address _____ Zip _____</p> <p>Phone _____ FAX _____</p>	
<p>ARCHITECT/ENGINEER</p> <p>Name <u>Phillips Enterprises Inc - Ed Phillips</u></p> <p>Address <u>1805 Tribute Rd, Suite B</u> <u>Sacramento, CA</u> Zip <u>95815</u></p> <p>Phone <u>916/922-3192</u> FAX <u>922-5311</u></p>		<p>OWNER/ [REDACTED]</p> <p>Name <u>SMUD -</u></p> <p>Address <u>6201 S Street</u> <u>Sacramento, CA</u> Zip <u>95817-1899</u></p> <p>Phone <u>916/452-3211</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: Install two double-wide office trailers on-site, with electrical and telephone, fire alarm, detection and sprinkler system. Includes handicap access ramp.

1440 SQ FT. EA TRAILER

DBA: Smud VALUATION: \$145,000⁰⁰

FLOOD STATUS: <u>[REDACTED]</u>				S.C.A.T.						
JOB DESCRIPTION		<u>BLDG</u>	SHEL	APT	TI()	REM()	SW	FIRE	ADD	<u>OTH</u>
INSP. DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N	Fed Code	Vio. File		
		<u>2880</u>		<u>B</u>	<u>YN</u>	Spr Alarm	<u>15</u>			
<u>B</u>	<u>L</u>	P	M	<u>E</u>	<u>F</u>	<u>S</u>	D	<u>R</u>		
							<u>RSB</u>			

COMMENTS: Need HCD Forms

[Handwritten notes and signatures]

REGIONAL SANITATION FEES Yes No HEALTH DEPARTMENT? Yes No

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1708 59th St.

Assessor's Parcel Number: 008-0010-009

Previous Use: Warehouse

Description of Request/Proposed Use: _____

Add 2 Modular Bldgs
2800 SF. for Offices

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: M-1
298-096

Comments: Project is in 59th/65th
Transit Village Study Area
& requires a Spec. Permit approval
by Planning Comm. prior to permit issuance.

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: W. J. Bourne 12/27/99

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

MICROFILM AFTER FINAL



SRCSD

December 28, 1999

Receiving Fax: 264-7046

Sending Fax: 875-6253

To: **Barbara Larsen**
City of Sacramento

From: **Robb Armstrong**
Sacramento Regional County Sanitation District

Phone Number: 875-6756

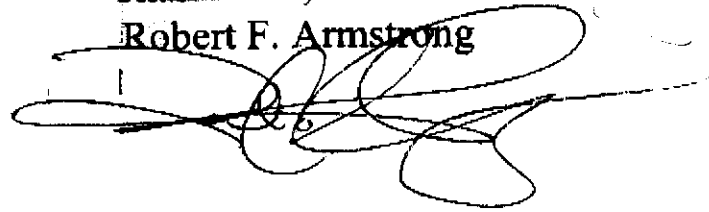
Re: **Sewer Facility Impact Fees**
1708 59th St.

Apn: 008-0010-009

App # 99-14533c

There will be no Sewer Facility Impact Fees due at this time for the placement of two office trailers (1,440sq. ft. per trailer) on the above-mentioned parcel. However future development to the parcel may result in additional fees?

Thank You,
Robert F. Armstrong



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: To be completed by APPLICANT	
PROPERTY OWNER'S NAME	Sacramento Municipal Utility District
OWNER'S ADDRESS	6201 S Street, Sacramento, CA 95817
PROJECT ADDRESS	1708 59 th Street, Sacramento, CA 95819
PARCEL NUMBER	APN 008-0010-009
LOT NUMBER	
SUBDIVISION NAME	
NUMBER OF UNITS	
APPLICANT'S SIGNATURE	<i>William J. Jurkovich, Jr.</i>
TITLE OF APPLICANT	Senior Facilities Project Manager
DATE	TELEPHONE NUMBER 916/732-6295
PART II: To be completed by BUILDING DEPARTMENT	
PLAN IDENTIFICATION NUMBER	9914533
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	2880 #
SIGNATURE	<i>[Signature]</i>
TITLE	DATE 12-22-09
PART III: To be completed by SACRAMENTO CITY UNIFIED SCHOOL DISTRICT	
DISTRICT CERTIFICATION NUMBER	6720
EXEMPT	COMMENTS
RESIDENTIAL / APARTMENT / ETC.	SQ. FT. X \$ = \$
COMMERCIAL / INDUSTRIAL	2880 SQ. FT. X \$.28 = \$ 806.40
OTHER FEE TYPE	SQ. FT. X \$ = \$
TOTAL FEES COLLECTED.....	\$ 806.40
<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	<i>[Signature]</i>
TITLE	DATE 2/2/00

91a:certcomp

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) no
2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name TBA Address _____
City _____ Telephone _____
Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed [Signature]

X Job Address 1708 59th St. X Date 9/7/200

Permit No: _____

RECORDING REQUESTED BY:

1 of 2 coaches
Closed

1 permit
Needed Fire Approval

AND WHEN RECORDED MAIL TO:

X NAME Smud
STREET ADDRESS 6201 S ST
CITY, STATE and ZIP SACRAMENTO Co 95817-1899

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH,
INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Sacramento Municipal Utility District
REAL PROPERTY OWNER/LESSOR

CITY OF

LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

6201 S Street
MAILING ADDRESS

MAILING ADDRESS

Sacramento, Sacramento, CA 95817
CITY COUNTY STATE ZIP

CITY COUNTY STATE ZIP

★ 1108 59th St
INSTALLATION MAILING ADDRESS, IF DIFFERENT

9914533
BUILDING PERMIT NO. TELEPHONE NUMBER

Sacramento, Sacramento, CA 95819
CITY COUNTY STATE ZIP

SIGNATURE OF LOCAL AGENCY OFFICIAL DATE

SAME

UNIT OWNER (if also property owner, write "SAME")

DEALER NAME (if not a dealer sale, write "NONE")

MAILING ADDRESS

DEALER LICENSE NO.

CITY COUNTY STATE ZIP

UNIT DESCRIPTION

Spectrum

06/86

MANUFACTURER'S NAME

DATE OF MANUFACTURE

MODEL NAME/NUMBER

S3282 & 3283

2ea 12x60 x 24x60

CC54496

SERIAL NUMBER(S)

LENGTH X WIDTH

INSIGNIA/LABEL NUMBER(S)

REAL PROPERTY LEGAL DESCRIPTION

ASSESSOR'S PARCEL NUMBER

APN 008-0010-009

Double wide office trailer, 2 sections each 12x60 = 1440 SF.
Occupancy B-2, electrical with heat pumps for A/C.



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder

CANARY—HCD

PINK—Applicant

GOLDENROD—Building Dept.



Copy

APPLICATION FOR:

- Alteration/Conversion Approval to Remanufacture Alternate Approval Technical Services Replacement Insignia Coding Inspection
(SEE REVERSE SIDE OF FORM FOR INSTRUCTIONS AND ADDITIONAL INFORMATION)

CONTRACTOR/OWNER BUILDER DECLARATIONS
Not required for Special Purpose Commercial Coaches or Recreational Vehicles

1. 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 _____ Lic. No. _____ Exp. Date _____
Contractor _____ Date _____

2. 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 3 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).

[] I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended of offered for sale (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 does such work himself or herself or through his or 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 or 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:

Owner [Signature] Date 3/28/00

3. WORKERS' 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 the work for which this 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 one hundred dollars (\$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 workers' compensation laws of California, and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Applicant _____ Date _____
WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

4. 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 _____

5. CERTIFICATION

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent [Signature] Date 3-29-00

SECTION 1 - UNIT INFORMATION

I/We are requesting services for the following unit(s):
(Check Appropriate Box)

- Manufactured Home/Multi-Unit Manufactured Housing
 Manufactured Home/Multi-Unit Mfg. Hsg. Component Structure
 Recreational Vehicle
 Commercial Coach (Occupancy Group B2)
 Special Purpose Commercial Coach

Decal or License No. CC4 1792 3/88

Serial Number(s) 3282, 3283, 3284, 3285

Manufacturer Name/Model Name CDC SPECTRUM

Year of Manufacturer 6/86

Insignia/HUD Label Number(s) CC5496 - CC5499

DEPARTMENT USE ONLY

COL NO. 1437056

FEE REC'D 352.00

DATE 03/28/00

AA NO. _____

RT TO O'Donnell

RT BY 34

SECTION 2 - OWNER/APPLICANT INFORMATION

Owner SMUD Telephone No. _____

Address 6201 S Street

City Sacramento County Sacramento Zip 95817

Location of Unit if Different Than Above SMUD Foothill Farm Service Center

Applicant _____

Address 5026 Don Julia Bl

City Sacramento Zip 95842 Telephone No. _____

SECTION 3 - CONTRACTOR, ARCHITECT OR ENGINEER INFORMATION

Contractor's Name _____

Address _____

Architect/Engineer Name Nathaniel Hunter License No. M29633

Address 1805 Tribute Road Sk13, Sacramento

SECTION 4 - DESCRIPTION OF WORK/ACTIVITY AND VALUATION

Describe the proposed work/activity in detail. Attach additional pages if necessary. If structural alterations or remanufacturing are proposed, complete plans, specifications, details, and calculations must accompany this form. Check box if plans accompany this application. Provide the make and model of any appliance to be installed and provide complete electrical calculations for any electrical alterations or additions.

See Attachment 1

Indicate the Total Cost of the Work to be Performed \$ 163,400

SECTION 5 - SIGNATURE AND CERTIFICATION

I/We hereby make application for the services designated above. If applying for replacement of a lost insignia for the unit described in SECTION 1 above, I/we certify that there have been no alterations, additions, or modifications to the unit that would affect the unit's compliance with California or federal law or the rules and regulations of the Department. (If alterations, additions, or modifications have been made, a coding inspection must be obtained.)

Signature _____ Date _____
(Owner of unit must sign, when a replacement insignia is being requested).

DEPARTMENT USE ONLY

APPROVED CONDITIONS (see reverse side) Disapproved (see reverse side)

Signature of Department Representative [Signature] Date 3-29-00

RECORDING REQUESTED BY:

2 of 2 coaches 1 permit
Closed

AND WHEN RECORDED MAIL TO:

X NAME Smud
STREET ADDRESS 6201 S St.
CITY, STATE and ZIP Sacramento Ca. 95817-1899

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH,
INSTALLATION ON A FOUNDATION SYSTEM

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Sacramento Municipal Utility District

REAL PROPERTY OWNER/LESSOR

6201 S Street

MAILING ADDRESS

Sacramento, Sacramento CA 95817

CITY COUNTY STATE ZIP

1708 59th St

INSTALLATION MAILING ADDRESS, IF DIFFERENT

Sacramento, Sacramento CA 95819

CITY COUNTY STATE ZIP

SAME

UNIT OWNER (If also property owner, write "SAME")

MAILING ADDRESS

CITY COUNTY STATE ZIP

LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY

MAILING ADDRESS

CITY COUNTY STATE ZIP

BUILDING PERMIT NO. TELEPHONE NUMBER

SIGNATURE OF LOCAL AGENCY OFFICIAL DATE

DEALER NAME (If not a dealer sale, write "NONE")

DEALER LICENSE NO.

UNIT DESCRIPTION

Spectrum

MANUFACTURER'S NAME

S 3284 & 3285

SERIAL NUMBER(S)

06/86

DATE OF MANUFACTURE

2ea 12x60 → 24x60

LENGTH X WIDTH

MODEL NAME/NUMBER

EC 54499

INSIGNIA/LABEL NUMBER(S)

REAL PROPERTY LEGAL DESCRIPTION

ASSESSOR'S PARCEL NUMBER

APN 008-0010-009

Double wide office trailer, 2 sections each 12x60 = 1140 SF.

Occupancy B-2, electrical with heat pumps for A/C.



HCD FORM 433(A) Rev. 8/91

WHITE—County Recorder

CANARY—HCD

PINK—Applicant

GOLDENROD—Building Dept.

NOTICE TO ASSESSOR
HCD 433(B) 1/93

Complete this for ea Coach

THIS FORM ~~MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH~~ AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ 10,000
- 2. Optional Equipment & Upgrades \$
- 3. Subtotal \$
- 4. Accessories & Accessory Structures \$
- 5. Other (Specify) _____ \$
- 6. Delivery & Installation \$
- 7. TOTAL SALES PRICE \$ 10,000

Type of Exterior Wall Covering: Wood
(Metal, Wood, etc.)

Type of Roof Covering: Composition
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

- Air Conditioning: YES NO Tons _____
- Evaporative Cooler: YES NO
- Built-in Cooktop: YES NO
- Built-in Oven: YES NO
- Built-in Dishwasher: YES NO
- Built-in Wet Bar: YES NO
- Refrigerator: YES NO
- Roof Overhang (Eaves): YES NO _____ inches
- Furniture Included: YES NO Value \$ _____
(LENGTH X WIDTH)
- Carport: YES NO _____ X _____
- Awning: YES NO _____ X _____
- Porch: YES NO _____ X _____
- Garage: YES NO _____ X _____
- Storage Shed: YES NO _____ X _____
- Skirting: YES NO _____ LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

- The Towbar(s) YES NO
- Tires & Wheels YES NO
- Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

- Bedrooms _____ Dining Room _____
- Baths _____ Family Room _____
- Kitchen _____ Utility Room _____
- Living Room _____ Other Rooms 1

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 008-0010-009

William J. Gubala (Signature) SMW

6201 S Street Address

Sacramento CA 95821

(916) 732-6295 Telephone

NOTICE TO ASSESSOR
HCD 433(B) 1/93

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE OR THE CONVERSION OF A MANUFACTURED HOME OR MOBILEHOME AS A FIXTURE IMPROVEMENT TO REAL PROPERTY PURSUANT TO SECTION 18555 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ 10,000
- 2. Optional Equipment & Upgrades \$ _____
- 3. Subtotal \$ _____
- 4. Accessories & Accessory Structures \$ _____
- 5. Other (Specify) _____ \$ _____
- 6. Delivery & Installation \$ _____
- 7. TOTAL SALES PRICE \$ 10,000

Type of Exterior Wall Covering: Wood
(Metal, Wood, etc.)

Type of Roof Covering: Composition
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons _____

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____
(LENGTH X WIDTH)

Carport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Storage Shed: YES NO _____ X _____

Skirting: YES NO _____ LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

The Towbar(s) YES NO

Tires & Wheels YES NO

Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

Bedrooms _____ Dining Room _____

Baths _____ Family Room _____

Kitchen _____ Utility Room _____

Living Room _____ Other Rooms 1

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is 008-0010-009

William J. [Signature] (Signature) (SMUD)

6201 S Street Address

Sacramento, CA 95824

(916) 732-6295 Telephone