

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0109179

Insp Area: 4

Site Address: 725 EL CAMINO AV SAC

Thos Bros:

Parcel No: 263-0252-016

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

THE BRADFORD CO.
3140 SHASTA WY
SAC CA 95821

OWNER

MORGAN HENRY A & RITA M
DURHAM NC
27704-0459

ARCHITECT

Nature of Work: 2157 SQ FT ADDITION AND REMODEL TO FUNERAL HOME

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 319567 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.)

H.M. 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 8-15-02 Owner Signature Henry A. Morgan

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 8-15-02 Applicant/Agent Signature Henry A. Morgan

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

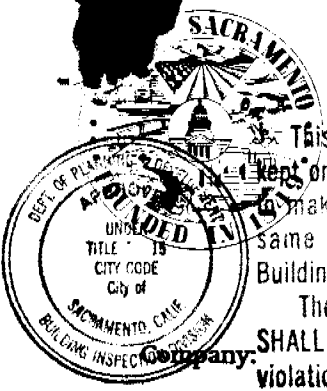
Exp Date

H.M. (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 8-15-02 Applicant Signature Henry A. Morgan

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.



Insp. Area 4C

ISSUED

This set of plans and specifications must be kept on the job at all times and it is unauthorized to make any changes or alterations from the same without written permission from the Building Inspection Division.
AUTHORIZATION TO START WORK
CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 J ST., ROOM 200, SACRAMENTO, CA 95814

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

Company:

Steve Williams Const.

PC # 01-09179

Address: 5225 NORTH AVE, CARM.

BID App. (J)

Job Phone: 922 9668 Office Ph. 606 7422

Fee 350⁰⁰

SUBJECT: Project Address: 725 EL CAMINO AVE. Suite # _____

I request permission to start the following work EMBALMING ROOM IMPROVEMENTS
below / office stairwell ABOVE / ROOF over this
AREA OF BUILDING.

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.

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: 596539

STEVE WILLIAMS CONST
COMPANY NAME

Steve Williams
SIGNATURE

7-19-01
DATE

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 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 improvement 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 Code for this reason _____

SIGNATURE

DATE

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 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: _____ exp. _____

Policy No.: _____

I certify under penalty of perjury 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.

Step Williams
SIGNATURE

7-19-01
DATE

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury 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 city to enter upon the above mentioned property for inspection purposes.

Step Williams
SIGNATURE OF APPLICANT OR AGENT

7-19-01
DATE

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 #

0109179

Insp. Area

4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 725 EL CAMINO AVE, SACRAMENTO Suite _____
 PARCEL # 263 0252-007, 015, 016, 017

<p style="text-align: center;">CONTACT</p> <p>Name <u>STEVE Williams</u></p> <p>Street Address <u>5225 NORTH AVE</u></p> <p>City/State/Zip <u>CARMICHAEL, CA 95608</u></p> <p>Phone <u>606 7422</u> FAX <u>922-2905</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>STEVE Williams Const.</u></p> <p>Address <u>5225 NORTH AVE</u></p> <p>City/State/Zip <u>CARMICHAEL, CA 95608</u></p> <p>Phone <u>606 7422</u> FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>William MERKEL & Assoc.</u></p> <p>Address <u>2804 Fulton Ave</u></p> <p>City/State/Zip <u>SALTO, CA</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MORGAN FAMILY</u></p> <p>Address <u>SAME</u></p> <p>City/State/Zip _____</p> <p>Phone <u>922 9668</u> FAX <u>922-2905</u></p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ALLIED INS
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: REMODEL TO CHAPEL, UPSTAIRS DECK, CREAMATORIUM MODIFICATIONS, HANDICAP RAMPS, ELECTRICAL & ENERGY IMPROVEMENTS. Additional net sq footage @ chapel & deck.

OCCUPANT/TENANT: _____ VALUATION: \$ 500,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input type="checkbox"/> FIRE			
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> N	Fed Code	Vio. File		
				<u>B</u>		SPR	ALARM	<u>18</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTIL	

COMMENTS: related to 0008297C & 0103967C

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: 7/19
By: STEVIS

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 725 El Camino Av

Assessor's Parcel Number: 263 0252 016

Previous Use: Merituary

Description of Request/Proposed Use: addition & exterior changes

Is This a Change of Use? No

Zoning Designation: C-2
Prior Applications for Project Site(P#, Z#, DRPB#): 200-035, DR00-034

Comments: MUST COMPLY WITH CONDITIONS OF APPROVAL PER PARCEL MERGER APPL. 200-035 AND DESIGN REVIEW APPL. DR00-034.

Are There Any Planning Issues?: (circle one) YES NO ** MUST COMPLY w/ COND. OF APP. 200-035

- * Staff Site Plan Check Required? (Circle one) YES NO
 - * Field Inspection Required? (Circle one) YES NO
 - * Design Review/Preservation Required?: (Circle one) YES NO
- 5% TREE SHADING w/ 15 TR. & PARKING LOT
* APPROVED PER DR00-034

Planning Review by/Date: DAVID HUNG 7/19/01

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

MICROFILM AFTER FINAL

Sacramento Metropolitan Air Quality Management District

ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM

NOTE: Please read instructions on the back of this form.

1 Contractor STEVE WILLIAMS Owner HENRY + RITA MORGAN
 Address 5225 NORTH AVE Address 725 EL CAMINO AVE
 City CARMICHAEL City SACRAMENTO, CA
 State/Zip CA 95608 State/Zip CA 95815
 Telephone 483-8231 Telephone 1-716-922-9668
 Structure Name NORTH SACRAMENTO FUNERAL HOME Use FUNERAL HOME

2 Address 725 EL CAMINO AVE City/ Zip 95815

3 Structure Age 65 (years) Number of floors: TWO Size: _____ sq. ft.

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

5 DEMOLITION Start Date / / Completion Date / /

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

7 Applicant Name (Print) HENRY A. MORGAN Owner Contractor

Applicant's Signature Henry A. Morgan Date 2/01/2002

I have read and understand the directions. The information on this form is true and accurate.

8 To be completed by CAL-OSHA Consultant. (See SMAQMD list or OSHA list) Limited survey
 Company Name: Beta Development Telephone: (916) 631-1900
 Surveyor's Name: Mark Schmidt Survey Date: 02/04/02 OSHA # 99-26911
 Company Address: 11275 Sunrise Gold Blvd City/State/Zip Rancho Cordova, CA 95742
 Amount of RACM: None linear feet None square feet None cubic feet
 Amount of Category I: 80 sq ft Amount of Category II: 0
 Analytical Procedure: Polarized Light Microscopy (PLM)
 Consultant's Signature: [Signature] Date: 02/06/02

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

DEMOLITION PERMIT SHALL NOT BE ISSUED PRIOR TO

SMAQMD USE ONLY: PROJ. # _____ RECEIVED DATE/POSTMARK / /
 Ck # _____ REC'T # _____ Amt. Paid _____ STAFF _____ DATE APPROVED / /



Sacramento County Regional Sanitation District
 10545 Armstrong Ave., Ste. 101
 Mather, California
 95655

February 5, 2002
RECEIVING FAX:916-922-2905
SENDING FAX: 916-876-6161

TO: NORTH SAC. FUNERAL HOME
Attn: Chris Morgan

FROM: MARSHALL D. CASTON
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES **APN: 263-0252-024**
725 El Camino Ave.

The Sewer Facility Impact Fees are not required for the North Sac. Funeral Home.

Impact to Sac. Regional County San. District

\$ -
 \$ -

If you have any questions regarding the above, please feel free to call me at 876-6100.

M. Caston

*Fees are subject to adjustment if the data supplied is changed.
 SRCSD fees are proposed to increase 28.6% and CSD-1 fees 20%,
 effective March 1, 2002, subjects to Board approval.*

www.srcsd.com / www.csd-1.com

e-mail: castonm@SacCounty.NET

Certificate of Compliance
 Building Department

PART I To be completed by APPLICANT

Owner's Name & Address MORGAN FAMILY
 Project Address 725 EL CAMINO AVE
 Parcel Number 263-0252-007 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title Henry A. Morgan
 Date 02/01/2002 Phone No. 1-916-922-9668

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 other 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 they 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 BUILDING DEPARTMENT

Plan Identification Number 0109179 Building Type (CHECK ONE)
 Square Feet of Chargeable Building Area 2157 () Residential
 Signature [Signature] () Apartment / Condominium
 Title BUILDING INSPECTOR (X) Commercial / Industrial
 Date 2-1-02

PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 153-02
EXEMPT
 Comments _____
RESIDENTIAL / APARTMENT / CONDOMINIUM
2157 Sq. Ft. X \$ 33 = \$ 711.81
COMMERCIAL / INDUSTRIAL
 _____ Sq. Ft. X \$ _____ = \$ _____
OTHER FEE TYPE
 _____ Sq. Ft. X \$ _____ = \$ _____
TOTAL FEES COLLECTED = \$ 711.81

Robla Elementary School District
 District Certification No. _____
EXEMPT
 Comments _____
RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq. Ft. X \$ _____ = \$ _____
COMMERCIAL / INDUSTRIAL
 _____ Sq. Ft. X \$ _____ = \$ _____
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 Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

GRANT	Authorized School District Official	ROBLA
Signature <u>Nancy Decker</u>	Signature _____	Signature _____
Title <u>Secretary II</u>	Title _____	Title _____
Date <u>2-4-02</u>	Date _____	Date _____

Original: Grant Joint Union High School District
 1st Copy: Robla Elementary School District
 2nd: Building Department
 3rd Copy: Applicant



CONSOLIDATED ENGINEERING
LABORATORIES

CEL FR001-1, Rev. 0

PROOFLOAD TESTING

Project Name: NORTH SACTO FUNERAL HOME Date: 11-16-02 CEL # 52053
Permit# 01-09179

Project Address: 725 EL CAMINO AVE. Inspector: M.A. GRAFFIGNA

1. [] Reported to JEFF BRADFORD
THE BRADFORD COMPANY

2. [] Performed proofload tests on 26 5/8"
A-306 EPOXYED ANCHORS
for PERIMETER WALLS
installed at WEST WALL, NORTH WALL
+ THE SHOWROOM NORTH WALL.

3. [] See attached data sheet(s) for location and quantity of anchors tested and the specified applied loads and results.

4. 70 % of the total installed were tested.
Total installed 35
Quantity Tested 26

5. [] Loads were applied in direct tension by using a calibrated hydraulic ram.
Ram Size/No. 10 TON
Gauge No. _____
Calibrated (date) _____

5a. Each 26 was randomly selected and individually proofload tested to the specified load of 2500 pounds.

6. [] Loads were applied by use of a torque wrench.

6a. [] Each _____ was randomly selected and individually checked for proper installation by applying a specified torque of _____ ft. lbs.

7. [] All 26 tested were found to be satisfactory with no visible evidence of distress or failure.

(a) [] except as noted.

8. [] Non-compliance Report left at jobsite (Lab copy attached).

9. [] 2.5 hours spent performing reinspection.

Unusual circumstances or problems?
[] No [] Yes (Describe below)

Notified JEFF BRADFORD at jobsite
and PAUL BROOKS at CEL.

Notes/Comments:
1-5/8" A-306 ANCHOR FAILED @
9' NORTH 4' EAST OF WEST SHOWROOM
DOOR.
11 5/8" ANCHORS WERE INACCESSIBLE,

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Geotechnical (925) 485-5000



**CONSOLIDATED ENGINEERING
LABORATORIES**
"Partners in Quality"

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 972-8200
- Windsor (707) 838-1113

Date: 11-15-02

Project Number: 52053

Day: FRIDAY

of

Permit / Application #: _____

Inspector's Name: (Print) M. A. GRAFFET-GNA

Job Name: (Required) NORTH SACRAMENTO FUNERAL HOME

Shop Name: _____

Job/Shop Address: (Required) 725 FLORIANO NORTH SACRAMENTO

Equipment Pick-up: YES NO

Lab Site: SACTO HARRIS

Type of Equipment: PRIMELOAD

Pick-up Time: 7:30 AM/PM

Travel Time to Lab to pick-up equip.: 100

Mileage to Lab to pick-up equip.: 5 MILES

Travel Time to Job-site: 15 MIN

Mileage to Job-site: 3

From Home From Lab Other

From Home From Lab Other

Time Start: 8:00 AM/PM Lunch Start: _____ Lunch Stop: _____ Time Stop: 10:30 AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
13100	00	PRIMELOAD TESTING	2			

Equipment Drop-off: YES NO

Drop-off Time: _____ AM/PM Lab Site: _____

If Yes: Travel time to Lab drop-off equip.: _____

Mileage to Lab to drop-off equip.: _____

Reimbursable Expenses: (Attach Receipts) Parking: \$ _____

Tolls: \$ _____ Subsistence: YES/NO

Is this the last job of the day? YES NO

Notified Dispatch? YES NO

Travel Time to Home: _____

Mileage to Home: _____

Remarks: RAW + PUMP MULTIMETER-USED COLLONY TEST ANCHORS

Inspector's Signature: Michael A. Graffet-GNA

Verification Signature: _____

Print Name/Company: PROFESSIONAL CONSTRUCTION

ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Geotechnical (925) 485-5000



**CONSOLIDATED ENGINEERING
LABORATORIES**
"Partners in Quality"

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 972-8200
- Windsor (707) 838-1113

Date: 11-16-02

Project Number: 72053

Day: SATURDAY

of

Permit / Application #: 01-09179

Inspector's Name: (Print) MA. GREAFFIGNA

Job Name: (Required) ANDY SACRAMENTO FUNERAL HOME

Shop Name: _____

Job/Shop Address: (Required) 725 EL COAST RD

Equipment Pick-up: YES NO

Lab Site: SACRAM

Type of Equipment: BRIDGELOAD
Travel Time to Lab to pick-up equip.: .5

Pick-up Time: 11:30 AM/PM
Mileage to Lab to pick-up equip.: 5 MILES

Travel Time to Job-site: 15 MINUTES
 From Home From Lab Other

Mileage to Job-site: 10 MILES
 From Home From Lab Other

Time Start: 8:30 AM/PM Lunch Start: _____ Lunch Stop: _____ Time Stop: 11:00 AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
1200	CC	BRIDGELOAD TESTING	2.5			

Equipment Drop-off: YES NO

Drop-off Time: _____ AM/PM Lab Site: _____

If Yes: Travel time to Lab drop-off equip.: _____

Mileage to Lab to drop-off equip.: _____

Reimbursable Expenses: (Attach Receipts) Parking: \$ _____

Tolls: \$ _____ Subsistence: YES/NO

Is this the last job of the day? YES NO

Notified Dispatch? YES NO

Travel Time to Home: 15 MINUTES

Mileage to Home: 10

Remarks: JEFF BRADFORD LEFT JOB SITE + ASKED ME TO LEAVE THE PAPER WORK

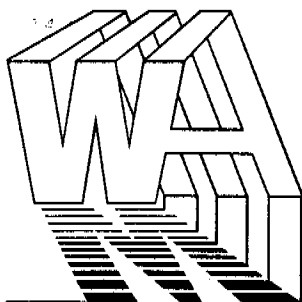
Inspector's Signature: [Signature]

Verification Signature: _____

Print Name/Company: THE BRADFORD COMPANY

ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			



WILLIAM MERKEL ASSOCIATES STRUCTURAL ENGINEERING

2804 Fulton Ave. • Sacramento, CA 95821 • (916) 481-1962 • Fax (916) 481-0161
e-mail: WMASE@pacbell.net

December 4, 2002

N. Sacramento Funeral Home
725 El Camino Ave.
N. Sacramento, CA

RE: Interior furred out shear wall

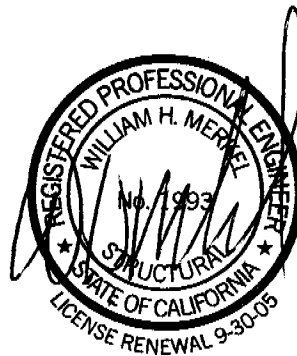
The existing interior 2x4 stud wall to be used as a shear element may be furred out to a total width of 5-1/2" using furring strips applied to double top and sill plates using 16d @ 6" o.c.

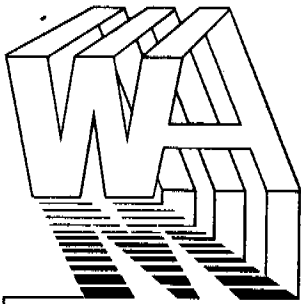
Provide new 2x6 studs @ 16" o.c. to existing 2x4 studs with 10d @ 16" o.c. staggered.

Sheathing to be applied per plans to face of furred out wall.

Shearwall sill plate shall be anchored to slab using 5/8" threaded rods embedded 5" into concrete with simpson "ET" epoxy. Anchor rods shall be spaced at 48" o.c.

No holddowns are required at the ends of the shear panel.





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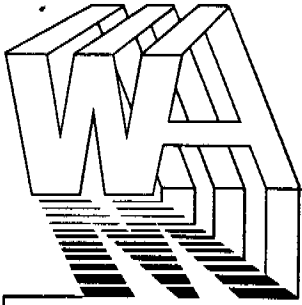
December 4, 2002

N. Sacramento Funeral Home
725 El Camino Ave.
N. Sacramento, CA

RE: Integrity of LVL with 2 holes drilled thru

The 1-3/4" x 11-1/4" LVL placed snug to side of double 2x12 floor joist contains a 1" diameter hole 10" from bearing point and a 2"x1" hole 12" from bearing point. The holes in this LVL will not impact its structural integrity and as such the LVL is o.k.





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e-mail: WMASE@pacbell.net

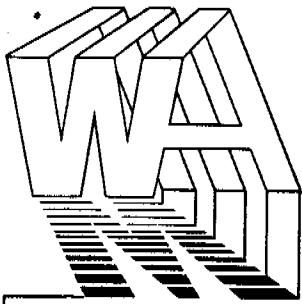
December 4, 2002

N. Sacramento Funeral Home
725 El Camino Ave.
N. Sacramento, CA

RE: Dbl. Joist at stair landing

The double 2x12 joist framing support for the stair stringers shall have its connection points reinforced by using a Simpson L90 angle to 2x12 floor joist at embalming room side and L90 angle to 2x12 stud blk. at garage side.





WILLIAM MERKEL ASSOCIATES STRUCTURAL ENGINEERING

2804 Fulton Ave. • Sacramento, CA 95821 • (916) 481-1962 • Fax (916) 481-0161
e-mail: WMASE@pacbell.net

December 4, 2002

N. Sacramento Funeral Home
725 El Camino Ave.
N. Sacramento, CA

RE: Roof hip member

The roof hip framing located at the North-East corner of the building, (above embalming room) consists of a 2x8 & 2x10 vs. a double 2x8 as called for in the structural plans. As-built hip is stronger than dbl. 2x8. The support at the high end of the hip is o.k. as it is toenailed to dbl 2x8 rafter as well as supported by 2x4 kickers to ceiling joist strongback.



FOR:

DAVE BROCK



3184 Industrial Blvd. ■ West Sacramento, California 95691 ■ (916) 373-3801 ■ Fax (916) 373-1068 ■ sagee@agee-engr.com

FAXED MEMO

October 15, 2003

TO: Jeff Bradford, Bradford Construction

FAX NUMBER: 916-922-2905

JOB NAME: North Sacramento Funeral Home

JOB NO.: 03-02

FROM: Scott R. Agee

**TOTAL # OF PAGES: 1
(incl. this cover sheet)**

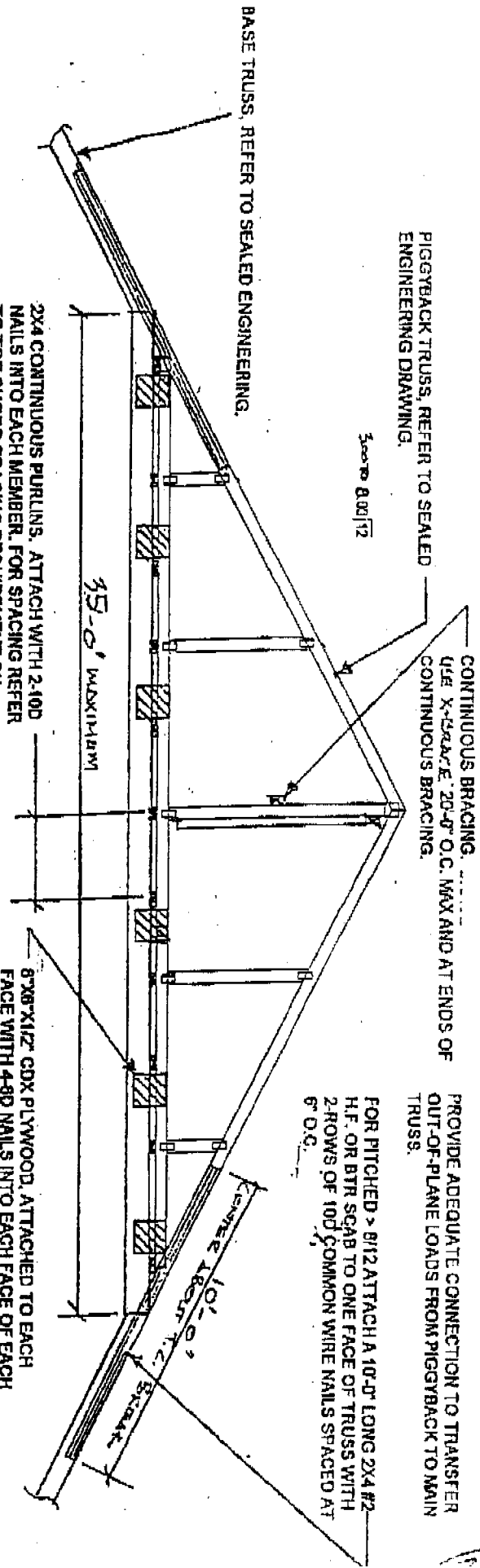
SUBJECT: Shear Wall

1. The **stud spllices** performed in the south corner of the Chapel **are acceptable as is.**
2. To avoid remodeling the exterior at the same south corner, it **is acceptable** to install the plywood sheathing (17/32" thk min.) **on the interior face** of the studs and nail per the schedule (8d @4" oc edge nailing) to the vertical boundary members connected to the holdowns.

It is **not acceptable** to use let-in bracing nor is it acceptable to omit this shear wall and try to let the remaining shear walls take the additional load.



Job	Truss	Truss Type
DEMO	CAF REW	PIGGYBACK



BASE TRUSS, REFER TO SEALED ENGINEERING.

CONTINUOUS BRACING (USE X-SECTION 20" O.C. MAX AND AT ENDS OF CONTINUOUS BRACING).

PROVIDE ADEQUATE CONNECTION TO TRANSFER OUT-OF-PLANE LOADS FROM PIGGYBACK TO MAIN TRUSS.
 FOR PITCHED > 8/12 ATTACH A 10'-0" LONG 2X4 #2 H.F. OR BTR SCAB TO ONE FACE OF TRUSS WITH 2 ROWS OF 100 COMMON WIRE NAILS SPACED AT 6" O.C.

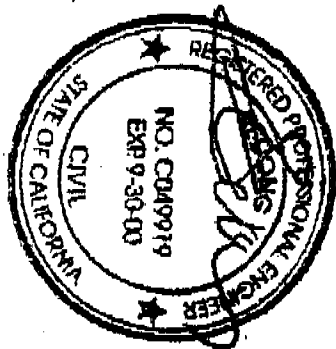
2X4 CONTINUOUS PURLINS, ATTACH WITH 2-10D NAILS INTO EACH MEMBER, FOR SPACING REFER TO TOP CHORD BRACING REQUIREMENT ON BASE TRUSS ENGINEERING (48" O.C. MAX)

THIS TRUSS IS DESIGNED TO SUPPORT VERTICAL LOADS AS DETERMINED BY OTHERS. VERIFICATION OF LOADING, DEFLECTION LIMITATIONS, FRAMING METHODS, WIND BRACING OR OTHER LATERAL BRACING THAT IS ALWAYS REQUIRED, IS THE RESPONSIBILITY OF THE PROJECT ARCHITECT OR ENGINEER.

6"X8"X1/2" CDX PLYWOOD, ATTACHED TO EACH FACE WITH 48D NAILS INTO EACH FACE OF EACH MEMBER
 -OR-
 6"X4" 20GA NAIL ON PLATE ATTACHED TO EACH FACE WITH THREE 1-1/2" LONG 11GA NAILS INTO EACH FACE OF EACH MEMBER
 -OR-
 1-PAIR OF SIMPSON H25 (OR EQUAL), ONE CONNECTING PURLIN TO PIGGYBACK TRUSS AND ONE CONNECTING THE PURLIN TO THE BASE TRUSS (48" O.C. MAXIMUM)

STANDARD PIGGYBACK CONNECTION DETAIL

SEP 10 1999





AC HOUSTON LUMBER COMPANY

"Lumbermen Since 1884"

8481 Carbide CT, Sacramento, CA 95828

Telephone: (916) 681-2901

Fax: (916) 681-2967

FAX TRANSMISSION

The A.C. Houston Lumber Co.

"Lumbermen Since 1884"

Mike Farley
Truss Technician/Outside Sales

8481 Carbide Court
Sacramento, CA 95828-5609
(916) 681-2901
Cellular: (916) 826-8278
Fax: (916) 681-2967
www.achoustonlumber.com

To: Bob

From: Mike

Date: 10-14-03

Number of pages including this one: 2

If there is a problem with this transmission call (916)-681-2901

MESSAGE:

Bob, here is a detail for
cap trusses on the funeral home.

Mike F

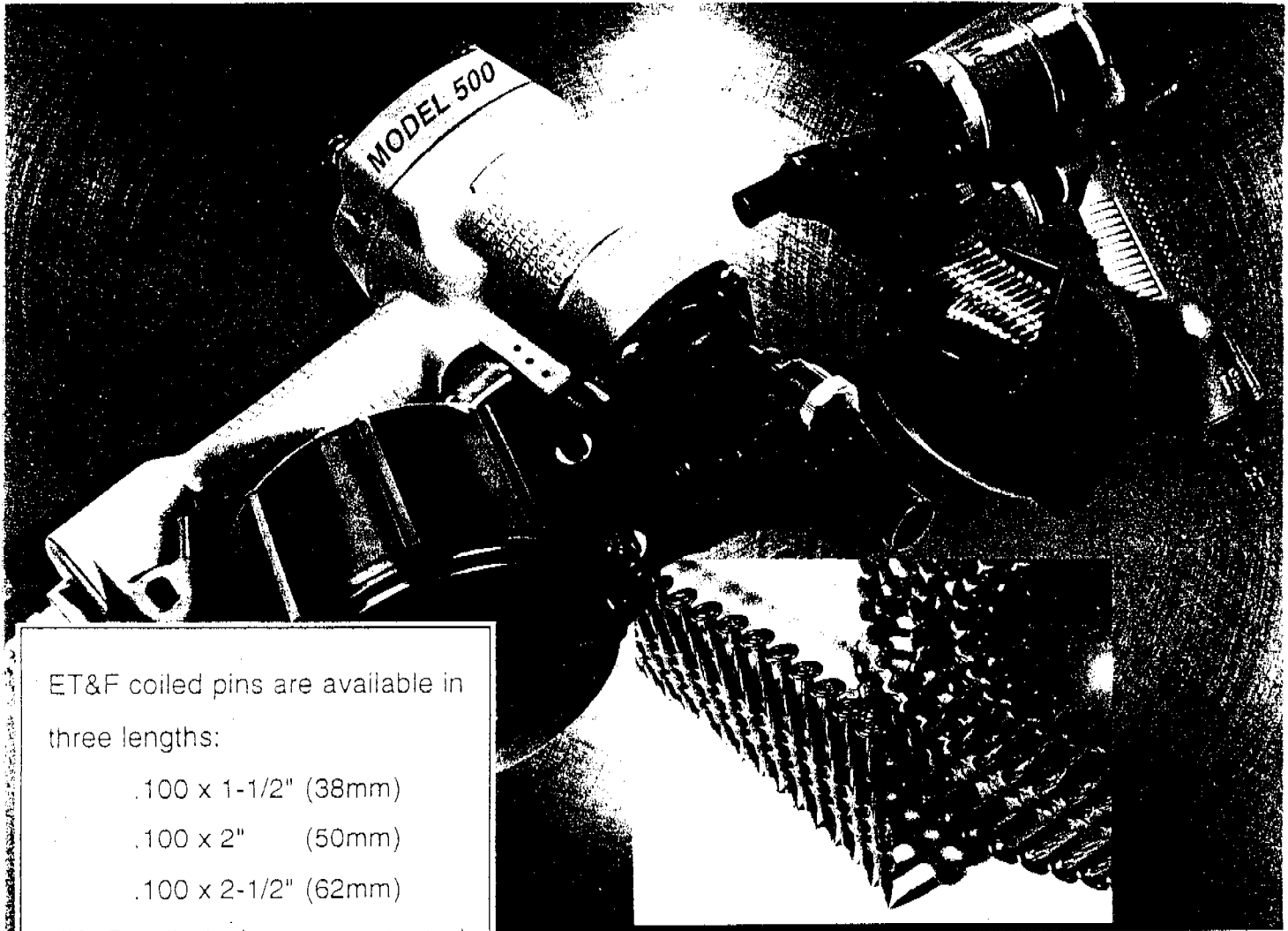
Visit our Web Site at www.achoustonlumber.com.

Shop online for over 70,000 products!

ET&F'S MODEL-500 PNEUMATIC FASTENING SYSTEM . . .

CODE APPROVED FASTENERS FOR

LIGHT GAUGE STEEL FRAMING



ET&F coiled pins are available in three lengths:

.100 x 1-1/2" (38mm)

.100 x 2" (50mm)

.100 x 2-1/2" (62mm)

ET&F coiled pins are protected with AERICOTE™ 1000, a proprietary 1000 hour salt spay coating. AERICOTE™ 1000 provides up to 10 times the corrosion resistance of electro or mechanical zinc plating at competitive prices.

With the ETF Model 500 code approved coil nailing system, ET&F Fastening Systems, Inc. has introduced a revolutionary new method for fastening plywood and other sheathing and decking material to steel framed structures 16 gauge and lighter.

TYPICAL ON-SITE OR IN-PLANT APPLICATIONS

- ✓ Rated sheathing to steel wall studs
- ✓ Plywood to steel floor joists
- ✓ Plywood to steel roof trusses
- ✓ Drywall to steel wall studs
- ✓ Wood nailers to steel track or studs
- ✓ Rigid insulation to structural studs
- ✓ Exterior Gypsum board to structural studs
- ✓ Stucco lath & insulation to structural studs

*See U.C.B.C. Evaluation Service Inc., Evaluation Report No. 4144 for allowable loads and conditions of use concerning material or services presented in this document.

ET&F FASTENING
SYSTEMS, Inc.

19019 COLON RD. COLON, OHIO 44139

Telephone: (440) 248-4655 • 1-800-248-2879 • Fax: (440) 248-4623

SUGGESTED DESIGN LOADS

TABLE NO. 1—ALLOWABLE SHEAR VALUES IN POUNDS PER FOOT FOR HORIZONTAL PLYWOOD DIAPHRAGMS WITH NO. 16 GAUGE OR NO. 18 GAUGE STEEL FRAMING AND ET&F 0.100-INCH-DIAMETER FASTENERS^{1,2,3}

PANEL	MINIMUM PANEL THICKNESS (Inch)	FRAMING WIDTH (Inches)	BLOCKED DIAPHRAGMS FASTENER SPACING ^{4,5}				UNBLOCKED DIAPHRAGMS ^{4,5}	
			6	4	2 1/2	2	Case 1	Case 2-6
			6	6	4	3		
STRUCTURAL I	3/8	1 1/2	220	290	440	585	195	145
		2 1/2	245	330	490	655	220	165
	7/16	1 1/2	255	340	515	685	230	170
		2 1/2	290	385	575	770	255	190
	15/32	1 1/2	265	355	535	710	235	180
2 1/2		300	400	600	800	265	200	
15/32 ⁶	1 1/2	270	365	545	725	240	180	
	2 1/2	305	410	610	815	270	205	
19/32 ⁶	1 1/2	335	445	670	890	295	225	
	2 1/2	375	500	750	1000	335	250	
RATED SHEATHING	3/8	1 1/2	195	265	395	525	175	130
		2 1/2	220	295	445	590	195	150
	7/16	1 1/2	230	310	460	615	205	155
		2 1/2	260	345	520	690	230	175
	15/32	1 1/2	240	320	480	640	215	160
2 1/2		270	360	540	720	240	180	
15/32 ⁶	1 1/2	245	325	490	655	220	165	
	2 1/2	275	365	550	735	245	185	
19/32 ⁶	1 1/2	300	400	600	800	265	200	
	2 1/2	340	450	675	900	300	225	

¹Values are for loads imposed by wind or earthquake and must be reduced 25 percent for normal loading.

²The pin must be long enough to penetrate through the metal framing a minimum of 1/4 inch.

³The minimum panel edge distance is 3/8 inch.

⁴For fastener spacing and case description see U.B.C. Table No. 25-J-2.

⁵Spacing of fasteners along intermediate framing members is 12 inches on center.

⁶To obtain the allowable shear values for these thicknesses requires a minimum No. 16 gauge framing member.

TABLE NO. 2—ALLOWABLE SHEAR VALUES IN POUNDS PER FOOT FOR HORIZONTAL PLYWOOD DIAPHRAGMS WITH MINIMUM NO. 20 GAUGE STEEL FRAMING AND ET&F 0.100-INCH-DIAMETER PINS FASTENERS^{1,2,3,6}

PANEL	MINIMUM PANEL THICKNESS (Inch)	FRAMING WIDTH (Inches)	BLOCKED DIAPHRAGMS FASTENER SPACING ^{4,5}				UNBLOCKED DIAPHRAGMS ^{4,5}	
			6	4	2 1/2	2	Case 1	Case 2-6
			6	6	4	3		
STRUCTURAL I	3/8	1 1/2	170	225	335	450	150	110
		2 1/2	190	250	380	505	170	125
RATED SHEATHING	3/8	1 1/2	150	200	305	405	135	100
		2 1/2	170	225	340	455	150	115
	7/16	1 1/2	170	225	335	450	150	110
		2 1/2	190	250	380	505	170	125

¹Values are for loads imposed by wind or earthquake and must be reduced 25 percent for normal loading.

²The pin must be long enough to penetrate through the metal framing a minimum of 1/4 inch.

³The minimum panel edge distance is 3/8 inch.

⁴For fastener spacing and case descriptions see U.B.C. Table No. 25-J-1.

⁵Spacing of fasteners along intermediate framing members is 12 inches on center.

⁶Shear capacities in this table are limited by steel thickness. Use of thicker panels does not increase the allowable shear values.

TABLE NO. 3—ALLOWABLE LATERAL VALUES IN POUNDS PER FASTENER FOR STRUCTURAL I PANELS ATTACHED TO STEEL FRAMING^{1,2,3}

FASTENER			MINIMUM STEEL FRAMING THICKNESS	MINIMUM THICKNESS OF STRUCTURAL PANELS (Inch)				
Catalogue Number	Type	Shank Diameter (Inches)		3/8	7/16	15/32	1/2	19/32
AKN	Knurled	0.100	16 ga	110	130	135	145	165
			18 ga	110	130	135	135	135
			20 ga	100	100	100	100	100
			22 ga	85	85	85	85	85

¹Values must be reduced 10 percent for rated sheathing.

²Values are for loads imposed by wind or earthquake and must be reduced by 25 percent for normal loading.

³The minimum panel edge distance is 3/8 inch.

TABLE NO. 4—ALLOWABLE WITHDRAWAL VALUES FOR STRUCTURAL I PANELS ATTACHED TO STEEL FRAMING IN POUNDS PER FASTENER DUE TO WIND OR SEISMIC LOADS^{1,2,3}

FASTENER			MINIMUM STEEL FRAMING THICKNESS	MINIMUM THICKNESS OF STRUCTURAL PANEL (Inches)		
Catalogue Number	Shank Type	Shank Diameter (Inches)		3/8	7/16	15/32
AKN	Knurled	0.100	16 ga	70	90	95
			18 ga	65	65	65
			20 ga	35	35	35
			22 ga	20	20	20

¹Values are for loads imposed by wind or earthquake and must be reduced by 25 percent for normal loading.

²For rated sheathing panels, loads must be reduced by 10 percent.

³The minimum panel edge distance is 3/8 inch.

FOR SHEAR WALL DESIGN LOADS SEE ICBO EVALUATION REPORT NO. 4144



ICBO Evaluation Service, Inc.

5360 WORKMAN MILL ROAD • WHITTIER, CALIFORNIA 90601-2299

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EVALUATION REPORT

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Report No. 4144

Reissued December 1, 1995

Filing Category: ROOF, WALL AND FLOOR PANELS—Wood (216)

PLYWOOD DECK DIAPHRAGMS AND SHEAR WALLS ATTACHED WITH ET&F PNEUMATIC FASTENERS

ET&F FASTENING SYSTEMS, INC.
29019 SOLON ROAD
SOLON, OHIO 44139

I. **Subject:** Plywood Deck Diaphragms and Shear Walls Attached with ET&F Pneumatic Fasteners.

II. **Description:** A. **General:** Plywood deck diaphragms and plywood shear walls are attached to steel framing with ET&F pneumatic fasteners. The fasteners are manufactured from AISI 1060 or AISI 1566 steel and are heat treated to a hardness of R_c 52 to 54. The fasteners are electrozinc plated with a chromate finish. They are produced in 0.190-inch, 0.144-inch and 0.100-inch diameters which have $3/8$ -inch-, $9/16$ -inch- and $1/4$ -inch-diameter heads, respectively. Steel framing members noted as gages in this report refer to the following thicknesses:

No. 14 gage: 0.0710 inch;

No. 16 gage: 0.0553 inch;

No. 18 gage: 0.0428 inch;

No. 20 gage: 0.0333 inch;

No. 22 gage: 0.0275 inch.

B. **Plywood Deck Diaphragms:** ET&F pneumatic fasteners may be used to fasten code-complying plywood decks to steel framing members. Allowable shear for plywood diaphragms attached with the 0.144-inch-diameter fasteners is shown in Table 1.

Allowable shear for plywood diaphragms attached with the 0.100-inch-diameter fasteners is indicated in Tables 12 and 13. Panels noted in Tables 1, 12 and 13 must be capable of supporting vertical loads based on the panel span ratings indicated in Table 23-I-S-1 of the code. If diaphragm blocking is required, it must be provided as indicated in the code. The maximum diaphragm span-width ratio is 4:1.

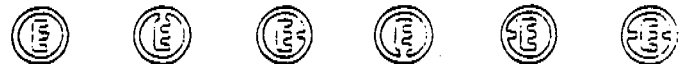
Diaphragm deflections may be computed using equation in Section 23.222 of U.B.C. Standard 23-2. For determination of e_n in that equation, see Table 14.

C. **Plywood Shear Walls:** ET&F fasteners may be used to fasten structural use panels to steel framing members. The allowable shear and perti-

nent construction requirements are indicated in Table 2 and Tables 8 through 11. The maximum shear wall height-width ratio is $3\frac{1}{2}$:1. Shear wall deflections may be computed using the equation in Section 23.223 of U.B.C. Standard 23-2. For determination of e_n in that equation, see Table 14.

D. **Wood and Plywood Attached to Steel:** ET&F fasteners may be used to fasten wood and plywood to steel framing members. Fastener information, attachment dimensions, required penetrations, and allowable loads are set forth in Tables 3 through 7.

E. **Identification:** The ET&F pneumatic fasteners are identified by the manufacturer's name and catalog number on the cartons and one of the following logos or symbols on the head of each fastener:



III. **Evidence Submitted:** Full-scale horizontal diaphragm and shear wall load tests, small-scale fastener tests, descriptive details and structural calculations have been submitted.

Findings

IV. **Findings:** That the Plywood Deck Diaphragms and Shear Walls attached with ET&F Pneumatic Fasteners comply with the 1994 *Uniform Building Code*TM, subject to the following conditions:

1. The allowable shear values for the plywood horizontal diaphragms and plywood shear walls can not exceed values noted in Tables 1, 2, and 8 through 13.
2. Individual fastener attachment allowable values can not exceed those set forth in Tables 3 through 7.
3. Limitations based on deflections of horizontal diaphragms and shear walls must be considered in design.

This report is subject to re-examination in two years.

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