|                                    |                                       |             |                   | RECOR          | RD CARD - BU                       | ILDING INSPECTIO                        | NS DIVISIO                             | 4 - CITY ( | OF SACRAMEI      | NTO, CAL                 | IFORNIA                               |               |                          |  |
|------------------------------------|---------------------------------------|-------------|-------------------|----------------|------------------------------------|---|--|------------|------------------|--------------------------|---------------------------------------|---------------|--------------------------|--|
| PROPERTY PARCEL NO.                |                                       |             |                   |                | JOB ADDRESS                        |   |  |            |                  |                          |                                       | FINAL INSPI   | CTIONS                   |  |
|                                    | 2700-Freeport Blvd.                   |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             | LEGAL             | DESCRIPTION    |                                    |   |  | OCCUP. GR. | CONST TYPE       | VAR. N                   | IO. FIRE ZON                          | BUILDING BY   | DATE                     |  |
| TITLE AND NAME                     |                                       |             |                   | 1/C            | /C ADDRESS                         |   |  | ZIP        | CITY L           | IC. NO.                  | TEL. NO.                              | ELECTRICAL BY | DATE                     |  |
| GEN. CONTR. OWN                    | er                                    | ·····       |                   |                |                                    |   |  |            |                  |                          | ,                                     |               |                          |  |
| ELEC. CONTR.                       |                                       | -           |                   |                |                                    |   |  |            |                  |                          |                                       | PLUMBING BY   | DATE                     |  |
| PLBG. CONTR.                       |                                       | -           |                   |                |                                    | *************************************** |  |            |                  |                          |                                       |               |                          |  |
| MECH. CONTR.                       |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       | MECHANICAL BY | DATE                     |  |
| ARCH. ENGR.                        |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
| OWNER W. D. McKay                  |                                       |             |                   | 2              | 2700-Freeport Blvd.                |   |  |            |                  |                          |                                       |               | CERTIFICATE OF OCCUPANCY |  |
| CONST. LOAN LENDE                  | ER                                    |             |                   |                |                                    |   |  |            |                  |                          |                                       | ISSUED BY     | DATE                     |  |
| BLDG. WIDTH                        | BLDG. WIDTH BLDG. LENGTH              |             | AL HEIGHT         | NO. OF STORIES | ROOMS                              | TR. AREA 1st FLOOR                      | тот                                    | AL AREA    | C.S.D. C.I. CASE |                          | C.I. CASE                             |               |                          |  |
|                                    |                                       |             |                   | 1              | 7                                  |   |  |            | CENSUS TRCT. NO. |                          |                                       |               |                          |  |
| SIDE YARDS                         | REAR YARDS                            | SETE        | BACK REQ.         | USE Z ONE      | PARK'G RE                          | Q. SPACES                               | TREES RM                               | /D.        | EXISTING BLDG    | EXISTING BLDG'S SAME LOT |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
| NATURE OF WO                       | ORK:- I Sto                           | ry 7        | Rooms             | Frame ho       | use                                |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          | · 14. 18                              | ·             |                          |  |
| PERMIT NO. S.P4                    | 508                                   |             |                   |                |                                    | MICROFII                                | -M RECORD                              |            |                  |                          |                                       |               |                          |  |
| ISSUED BY                          |                                       |             | <u> </u>          |                |                                    | ,                                       |  |            |                  |                          | · · · · · · · · · · · · · · · · · · · |               |                          |  |
| ISSUANCE DATE 4/15/13 PLANS AND AP |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
| VALUATION                          | uation \$ 2,500.00                    |             | INSPECTION RECORD |                |                                    | REEL NO. FRAME NO:- TO                  |  |            |                  |                          |                                       |               |                          |  |
| R.b.F. FEE                         | · · · · · · · · · · · · · · · · · · · |             | JOB FILE          |                |                                    | REEL NO. FRAME NO:- TO                  |  |            |                  |                          |                                       |               |                          |  |
| S.M.I. FEE                         | \$                                    |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
| PLAN CK. FEE                       | \$                                    |             | - 10 to           |                | - 10-13                            |   |  |            |                  |                          |                                       |               |                          |  |
| SEWER INCL. FEE                    | \$ 2.00                               |             | _ 11 9            | 05841          | <u></u>                            |   | .5                                     |            |                  |                          |                                       |               |                          |  |
| PERMIT FEE \$ 2.00                 |                                       |             |                   |                | REMARKS AND/OR VARIANCES  DWELLING |   |  |            |                  |                          |                                       |               |                          |  |
|                                    | \$                                    |             | <u> </u>          |                |                                    | יוידים את                               | TMG                                    |            |                  |                          |                                       |               |                          |  |
|                                    | \$                                    |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
| TOTAL FEES                         | \$                                    |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          | <del></del>                           |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    | ·                                     | ·           |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       | <del></del> |                   | <del></del>    |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               | <del></del>              |  |
|                                    |                                       |             |                   |                |                                    | 78 111111111111111111111111111111       | ······································ |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    | ·····                                   | <del>- 1128</del>                      |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   | · · · · · · · · · · · · · · · · · · ·  |            |                  | <del> </del>             |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               | <del></del>              |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
|                                    |                                       |             |                   |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |
| I-FI-R                             |                                       |             | <del></del>       |                |                                    |   |  |            |                  |                          |                                       |               |                          |  |

S700-Freeport Blvd.

|                                | ואושן בס   | 222444 4 4012441102 · | PRESENT OWNER AND ADDRESS             | ORD OF SUBSEQUENT PERMIT  NATURE OF WORK   | PERMIT NO.    | TYPE OF PERMIT HOLTAULAY GHA |   |  |
|--------------------------------|------------|-----------------------|---------------------------------------|--|---------------|------------------------------|---|--|
| 3TAQ                           | FINALED BY | CONTRACTOR & ADDRESS  |                                       |  |               |                              | TA W. M. T.C.                                     |  |
|                                |            | Owner                 | Harrison Todd                         | t garage   | B-23126 Erec  | 00°0001\$ •3p                | TR 84/75/   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              | <del>                                      </del> |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              | <del>-  </del>                                    |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               | ,                            |   |  |
|                                |            |                       |                                       |  | -             |                              |   |  |
| * *                            |            |                       | · · · · · · · · · · · · · · · · · · · | s to see a second of the secon |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
| PERMIT NO. REEL AND FRAME NOS. |            |                       |                                       | MICROFILM F  | AME NOS. PERM | T NO. REEL AND FRAME NOS.    |   |  |
|                                |            |                       |                                       |  | 'n            | 71745058                     |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
| <del></del>                    |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       |  |               |                              |   |  |
|                                |            |                       |                                       | , , , , , , , , , , , , , , , , , , ,  |               |                              |   |  |
|                                |            |                       |                                       | l l  |               |                              |   |  |