

CITY OF MERCED
Building and Housing Board of Appeals

MINUTES

Merced City Council Chambers
Tuesday, February 5, 2019

Chairperson ALVAREZ called the meeting to order at 5:00 p.m.

ROLL CALL

Board Members Present: Ashley McComb-Thnadabouth, Curtis Papineau, and
Chairperson Alfred Alvarez

Board Members Absent: None (two vacancies)

Staff Present: Chief Building Official Frazier, Assistant City Clerk
Tresidder, Housing Program Specialist Nutt, and
Recording Secretary Davis

1. **APPROVAL OF THE AGENDA**

[Secretary's Note:

There was a typo indicated on the agenda regarding the address of Phillip Reinero's property. On direction of the Chairperson, the typo will be corrected and the agenda reposted.]

2. **MINUTES**

M/S ALVAREZ-PAPINEAU, and carried by unanimous voice vote (two vacancies), to approve the Minutes of October 4, 24, and November 28, 2018 as submitted.

3. **COMMUNICATIONS**

None

4. **ITEMS**

4.1 Election of Building and Housing Board of Appeals Vice-Chairperson

Board Member PAPINEAU nominated Board Member McCOMB-THANADABOUT as Vice-Chairperson. Board Member McCOMB-THANADABOUT accepted the nomination. There were no other nominations for Vice-Chairperson.

M/S PAPINEAU-ALVAREZ, and duly carried by unanimous voice vote (two vacancies), to elect Board Member McCOMB-THANADABOUT as Vice-Chairperson.

4.2 Appeal Hearing-Phillip Reiner (owner) 636 W. Main Street: Notice and Order to Repair or Abate

CORBETT BROWNING, Attorney for PHILLIP REINERO, gave a brief update on the status of the potential sale of the property and informed the Board that the potential buyer decided against purchasing the property. However, Mr. BROWNING informed the Board that Mr. REINERO and the potential buyer settled on further negotiations with an amendment to the contract which includes an offer of compromise with the State regarding tax liens against the property. Due to the prolonged process, estimated at 180 days, Mr. BROWNING requested another continuance.

Board Member McCOMB-THANADABOUT voiced concern of granting a continuance with the uncertainty in the Appellant's offer and compromise with the State.

Chairperson ALVAREZ summarized to the representative of the Appellant that the Board should either agree to the continuance or hear the appeal at this meeting. He acknowledged that plenty of time has been provided to the Appellant to prepare and asked City staff their thoughts on continuing the appeal further.

Chief Building Official FRAZIER informed the Board that denying the appeal and upholding the Notice and Order to Abate or Repair would include approximately 4 months of processing as far as City obligations. She advised the Board that if they decided to continue the appeal, that approximation would be in addition to the continuance.

Mr. BROWNING requested from the Board an opportunity to present offers of proof as his rebuttal to the appeal.

The Board recessed at 5:38 p.m. to allow Mr. BROWNING to prepare his materials for the Board and allow staff to make copies, they returned to the dais at 5:46 p.m.

Mr. BROWNING presented 5 exhibits to the Board, including two photographs, City of Merced fire report, City of Merced Permit, City of Merced Claim form. He gave a brief overview of all exhibits.

[Secretary's Note: Exhibits are attached to the minutes]

Witnesses Present on behalf of the Appellant:

PHILLIP REINERO, Appellant, Owner of property located at 636 W. Main St.
Mr. THURMAN (identified as such)

Chairperson ALVAREZ summarized the duty of the Board to determine the integrity of the building only. He posited that after reviewing the exhibits presented on behalf of the Appellant, there is insufficient proof that the building does not require repair or abatement.

Chief Building Official FRAZIER gave the Board an overview of the process regarding a Notice and Order to Repair or Abate; she explained that the City would have a structural Engineer inspect the building to assess demolition or repair.

M/S ALVAREZ-McCOMB-THANADABOUTH, and carried by the following vote, to adopt a motion denying the appeal filed by Philip Reinero and therefore upholding the Notice and Order to Repair or Abate for the property located at 636 W. main Street, Merced, CA, 95348.

AYES: Board Members McComb-Thanadabout, Papineau, and Chairperson Alvarez

NOES: None

ABSENT: None

ABSTAIN: None

5. ADJOURNMENT

There being no further business, Chairperson ALVAREZ adjourned the meeting at 6:08 p.m.

Respectfully submitted,

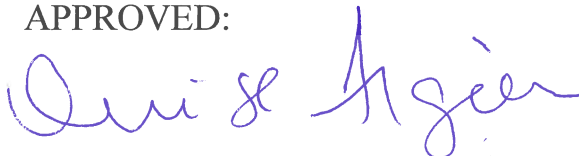


STEPHANI DAVIS, Recording Secretary
City of Merced
Building and Housing Board of Appeals

APPROVED:

ALFRED ALVAREZ, Chairperson
City of Merced
Building and Housing Board of Appeals

APPROVED:



DENISE FRAZIER, Secretary/
Chief Building Official
City of Merced
Building and Housing Board of Appeals



EXHIBIT 1



EXHIBIT 2

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner

Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if applicable)

Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks

Local Option

E51, E52, E53, T51, and B505 were dispatched to 627 W. Main St. for a reported structure fire. B505 arrived on scene at 630 W. Main with a single story commercial structure with heavy smoke showing from the rear. Main St. command was established and a second and third alarm was requested. Dispatched was advised to notify Merced County Fire that we would have all units committed and we would need mutual aid for any additional incidents. They advised that they were working a structure fire and would do what they could. E55 and E54 were dispatched.

The building was unoccupied and locked up upon our arrival. We gained access to the building through the front door on the Main St side. Crews had to force entry through the security door. Smoke conditions on the interior were down to the floor, so visibility for the crews was zero. E54 was assigned to interior division and had E51 working for them. T51 was assigned to ventilation and E52 assigned to RIC. Utilities were assigned to RIC and E54 had established a water supply. Fire conditions deteriorated rapidly. Interior crews were unable to make their way through the building with the smoke conditions. T51 advised that the fire conditions had progressed and an AC unit appeared to be compromised and starting to fall through the roof. Fire had started to burn through the roof at the rear of the structure. At this point all fire units were pulled out of the structure and off the roof.

At this point it was no longer safe to put firefighters inside of the structure. We changed the objective to keep the fire contained to the building of origin and stop any lateral spread of fire to the adjacent structures. Mutual aid resources were requested from Merced County Fire and Turlock City Fire. The incident command structure was broken up in divisions to keep the span of control limits. Division "A" was assigned to Captain on E54

L Authorization

F724	Franklin, Jeremy G	CAPTAIN	F1103	12	24	2016
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if Same as Officer in charge. Member making report ID

F724	Franklin, Jeremy G	CAPTAIN	F1103	12	24	2016
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

24030

FDID *

CA

State *

MM

12

DD

18

YYYY

2016

51

Station

16-0009700

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

E51, E52, E53, T51, and B505 were dispatched to 627 W. Main St. for a reported structure fire. B505 arrived on scene at 630 W. Main with a single story commercial structure with heavy smoke showing from the rear. Main St. command was established and a second and third alarm was requested. Dispatched was advised to notify Merced County Fire that we would have all units committed and we would need mutual aid for any additional incidents. They advised that they were working a structure fire and would do what they could. E55 and E54 were dispatched.

The building was unoccupied and locked up upon our arrival. We gained access to the building through the front door on the Main St side. Crews had to force entry through the security door. Smoke conditions on the interior were down to the floor, so visibility for the crews was zero. E54 was assigned to interior division and had E51 working for them. T51 was assigned to ventilation and E52 assigned to RIC. Utilities were assigned to RIC and E54 had established a water supply. Fire conditions deteriorated rapidly. Interior crews were unable to make their way through the building with the smoke conditions. T51 advised that the fire conditions had progressed and an AC unit appeared to be compromised and starting to fall through the roof. Fire had started to burn through the roof at the rear of the structure. At this point all fire units were pulled out of the structure and off the roof.

At this point it was no longer safe to put firefighters inside of the structure. We changed the objective to keep the fire contained to the building of origin and stop any lateral spread of fire to the adjacent structures. Mutual aid resources were requested from Merced County Fire and Turlock City Fire. The incident command structure was broken up in divisions to keep the span of control limits. Division "A" was assigned to Captain on E54 and Division "C" was assigned to Captain E52. B18 from Merced County Fire was assigned to Safety. Division "A" was on Main St side of the fire and Division "C" was on the alley side of the fire. Multiple supply lines were running across M St. and W. 16th St. Merced PD handled traffic control.

Mutual aid resources that responded to the incident. Merced County units - E61, E80, R91, T42, B18, and B15. Turlock City Fire units - E31, and B4. All mutual aid resources were assigned to divisions and assisted in fire suppression.

Merced Public works was requested to the scene to assist with traffic barriers and water supply issues. M St. between W. 16th and W. 18th and W. 16th St. between M St. and N St. were shut down for the duration of the incident. Public works arrived on scene and set up barricades for traffic control to release Merced PD from traffic control duties. A representative from the water department arrived on scene. We were having low pressure issues. He was able to manual start multiple city water pumps to increase pressure for firefighting.

During firefighting operations, we forced the doors of 608, 610, and 636 W. Main St. to check for any fire extension into those occupancies. The roof was cut of 636 W. Main St. It appeared that we were going to have fire extension into that occupancy and we needed to prep the building to extinguish the fire.

The fire was contained to the building of origin. All units were rotated through medical rehab that was staffed by Riggs ambulance paramedics. The fire was placed under control and units were released.

24030
FDID *

CA
State *

MM DD
12 18
Incident Date *

YYYY
2016

51
Station

16-0009700
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

A representative from the building department arrived on scene to inspect the structural integrity of the building. He deemed it unsafe to enter and red tagged the building. We transitioned into investigation mode and the fire was turned over to the investigation team. See the investigation narrative for cause and origin.

A FDID 24030 * State CA * Incident Date 12/18/2016 * Station 51 Incident Number 16-0009700 * Exposure 000 * Delete Change No Activity **NFIRS -2 Fire**

B Property Details

B1 Residential **Not Residential**
 Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 Buildings not involved
 Number of buildings involved

B3 None Less than one acre
 Acres burned (outside fires)

C On-Site Materials or Products None Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1) NNN None

On-site material (2) _____

On-site material (3) _____

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 27 Office
 Area of fire origin *

D2 00 Undetermined
 Heat source *

D3 00 Undetermined
 Item first ignited * Check box if fire spread was confined to object of origin

D4 _____
 Type of material first ignited Required only if item first ignited code is D0 or <70

E1 Cause of Ignition Check box if this is an exposure report. Skip to section G

1 Intentional
 2 Unintentional
 3 Failure of equipment or heat source
 4 Act of nature
 5 Cause under investigation
 6 Cause undetermined after investigation

E2 Factors Contributing To Ignition None

NN None
 Factor Contributing To Ignition (1)

_____ None
 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mental disabled
 5 Physically Disabled
 6 Multiple persons involved

7 Age was a factor
 Estimated age of person involved _____

1 Male 2 Female

F1 Equipment Involved In Ignition None if Equipment was not involved, skip to Section G

_____ Equipment Involved

Brand _____
 Model _____
 Serial # _____
 Year _____

F2 Equipment Power _____
 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. None

185 Wood truss
 Fire suppression factor (1)

_____ Fire suppression factor (2)

_____ Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
 2 Involved in ignition, but did not burn
 3 Involved in ignition and burned

_____ Mobile property model _____ Year

_____ State _____ VIN Number

H2 Mobile Property Type & Make

_____ Mobile property type

_____ Mobile property make

Local Use

Pre-Fire Plan Available
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status * <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building * Height Count the ROOF as part of the highest story <p style="text-align: center;"> 001 Total number of stories at or above grade</p> <p style="text-align: center;"> Total number of stories below grade</p>	I4 Main Floor Size* <div style="text-align: right; border: 1px solid black; padding: 2px; font-size: small;">NFIRS-3 Structure Fire</div> <p style="text-align: center;"> , 007 , 500 Total square feet</p> <p style="text-align: center; font-weight: bold;">OR</p> <p style="text-align: center;"> , 150 BY , 050 Length in feet Width in feet</p>
J1 Fire Origin * 001 <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <p> Number of stories w/ minor damage (1 to 24% flame damage)</p> <p> Number of stories w/ significant damage (25 to 49% flame damage)</p> <p> Number of stories w/ heavy damage (50 to 74% flame damage)</p> <p> Number of stories w/ extreme damage (75 to 100% flame damage)</p>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L <p>K1 Item contributing most to flame spread</p> <p>K2 Type of material contributing most of flame spread Required only if item contributing code is 00 or 70</p>	
J2 Fire Spread * <ul style="list-style-type: none"> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 	L1 Presence of Detectors * (In area of the fire) <p>N <input type="checkbox"/> None Present Skip to section M</p> <p>1 <input checked="" type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alarmed Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type <ul style="list-style-type: none"> 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined 	
M1 Presence of Automatic Extinguishment System * <p>N <input checked="" type="checkbox"/> None Present</p> <p>1 <input type="checkbox"/> Present Completes rest of Section M</p>	M3 Automatic Extinguishment System Operation Required if fire was within designed range <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Automatic Extinguishment System Failure Reason Required if system failed <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined 	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating Required if system operated <p style="text-align: center;"> Number of sprinkler heads operating</p>		

A	<input type="text" value="24030"/> FDID *	<input type="text" value="CA"/> State *	MM <input type="text" value="12"/> <input type="text" value="18"/> Incident Date *	YYYY <input type="text" value="2016"/>	<input type="text" value="51"/> Station	<input type="text" value="16-0009700"/> Incident Number *	<input type="text" value="000"/> Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	Vehicle Accident Information
Mobile Property Type		11 Automobile, passenger car,			Accident Type				
Vehicle Found					Position in vehicle				
Ejection/Entrapment									
Vehicle Make Toyota					vehicle license				State
VIN					Drivers' License#				State
Extrication Required?		No	Minutes Required		Extrication Agency				

A FDID: 24030 * State: CA * Incident Date: 12 / 18 / 2016 * Station: 51 Incident Number: 16-0009700 * Exposure: 000 * Delete Change **NFIRS - 9 Apparatus or Resources**

B	Apparatus or * Resource	Date and Times				Sent <input checked="" type="checkbox"/>	Number of * People	Use	Actions Taken	
		Check if same as alarm date								
		Month	Day	Year	Hour	Min				
1	ID <u>E51</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:09</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>19:53</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>20:59</u>				<input type="checkbox"/> <input type="checkbox"/>
2	ID <u>E52</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:09</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:13</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>17:19</u>				<input type="checkbox"/> <input type="checkbox"/>
3	ID <u>E53</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:10</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:15</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>16:50</u>				<input type="checkbox"/> <input type="checkbox"/>
4	ID <u>E54</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:14</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:20</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>21:50</u>				<input type="checkbox"/> <input type="checkbox"/>
5	ID <u>E55</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:14</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:20</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>16:51</u>				<input type="checkbox"/> <input type="checkbox"/>
6	ID <u>F1103</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:12</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>21:50</u>				<input type="checkbox"/> <input type="checkbox"/>
7	ID <u>F1154</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:12</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>21:50</u>				<input type="checkbox"/> <input type="checkbox"/>
8	ID <u>F1423</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:09</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:12</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>21:50</u>				<input type="checkbox"/> <input type="checkbox"/>
9	ID <u>T51</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:09</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>10:12</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>18</u>	<u>2016</u>	<u>17:05</u>				<input type="checkbox"/> <input type="checkbox"/>

Type of Apparatus or Resources

- Ground Fire Suppression
 - 11 Engine
 - 12 Truck or aerial
 - 13 Quint
 - 14 Tanker & pumper combination
 - 16 Brush truck
 - 17 ARF (Aircraft Rescue and Firefighting)
 - 10 Ground fire suppression, other
- Heavy Ground Equipment
 - 21 Dozer or plow
 - 22 Tractor
 - 24 Tanker or tender
 - 20 Heavy equipment, other
- Aircraft
 - 41 Aircraft: fixed wing tanker
 - 42 Helitanker
 - 43 Helicopter
 - 40 Aircraft, other

- Marine Equipment
 - 51 Fire boat with pump
 - 52 Boat, no pump
 - 50 Marine apparatus, other
- Support Equipment
 - 61 Breathing apparatus support
 - 62 Light and air unit
 - 60 Support apparatus, other
- Medical & Rescue
 - 71 Rescue unit
 - 72 Urban Search & rescue unit
 - 73 High angle rescue unit
 - 75 ALS unit
 - 76 ALE unit
 - 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

- Other
 - 91 Mobile command post
 - 92 Chief officer car
 - 93 HazMat unit
 - 94 Type 1 hand crew
 - 95 Type 2 hand crew
 - 99 Privately owned vehicle
 - 00 Other apparatus/resource
 - NN None
 - UU Undetermined

A	FDID * <u>24030</u>	State * <u>CA</u>	MM <u>12</u> DD <u>18</u> YYYY <u>2016</u>	Station <u>51</u>	Incident Number * <u>16-0009700</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>			Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <u>E51</u> Type <u>11</u>		Dispatch <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>10:09</u>	Arrival <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>19:53</u>	Clear <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>20:59</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
F758 F780 F804	Wilson, Casey Verrinder, Joel Beard, Thomas	CAPTAIN FIRE FIGHT	X X X					
2 ID <u>E52</u> Type <u>11</u>		Dispatch <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>10:09</u>	Arrival <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>10:13</u>	Clear <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>17:19</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
F731 F746 F785	Madruga, Morgan Rollins, Robert Kraft, Jamison	CAPTAIN ENGINEER FIRE FIGHT	X X X					
3 ID <u>E53</u> Type <u>11</u>		Dispatch <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>10:10</u>	Arrival <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>10:15</u>	Clear <input checked="" type="checkbox"/> <u>12</u> <u>18</u> <u>2016</u> <u>16:50</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
F736 F741 F765	Pickinpaugh, Adrian Ipock, Brian Perez, Jeremy	ENGINEER CAPTAIN FIRE FIGHT	X X X					

A FDID 24030 * State CA * Incident Date 12 18 2016 * Station 51 Incident Number 16-0009700 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource *
Use codes listed below

Date and Times
Check if same as alarm data
Month Day Year Hours/mins

Dispatch 12 18 2016 10:14
Arrival 12 18 2016 10:20
Clear 12 18 2016 21:50

Sent Number of People 3

Use
Check ONE box for each apparatus to indicate its main use at the incident.
 Suppression
 EMS
 Other

Action Taken
List up to 4 actions for each apparatus and each personnel.

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F719 F767 F802	Englert, Chad Simmons, Joshua Jones, Jack	CAPTAIN ENGINEER PR	X X X				

2 ID E55 Dispatch 12 18 2016 10:14 Arrival 12 18 2016 10:20 Clear 12 18 2016 16:51

Sent Number of People 3

Use
 Suppression
 EMS
 Other

Action Taken

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F309 F739 F764	McMillen, John Ybarra, Gregory Paskin, Ryan	CAPTAIN FIRE FIGHT FIRE FIGHT	X X X				

3 ID F1103 Dispatch 12 18 2016 10:09 Arrival 12 18 2016 10:12 Clear 12 18 2016 21:50

Sent Number of People 1

Use
 Suppression
 EMS
 Other

Action Taken

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F724	Franklin, Jeremy	CAPTAIN	X				

A FDID * 24030 State * CA Incident Date * MM 12 DD 18 YYYY 2016 Station 51 Incident Number * 16-0009700 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource *
Use codes listed below

Date and Times
Check if same as alarm date
Month Day Year Hours/mins

Dispatch 12 18 2016 10:09
Arrival 12 18 2016 10:12
Clear 12 18 2016 21:50

Sent Number of * People 1

Use
Check ONE box for each apparatus to indicate its main use at the incident.
 Suppression
 EMS
 Other

Actions Taken
List up to 4 actions for each apparatus and each personnel.

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F744	Alcorn, William	DEP. CHIEF	X				

2 ID F1423 Dispatch 12 18 2016 10:09 Sent Number of * People 1

Arrival 12 18 2016 10:12 Suppression
Clear 12 18 2016 21:50 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F795	Wilkinson, Michael	FIRE CHIEF	X				

3 ID T51 Dispatch 12 18 2016 10:09 Sent Number of * People 3

Arrival 12 18 2016 10:12 Suppression
Clear 12 18 2016 17:05 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F710	Ploog, Kevin	CAPTAIN	X				
F768	Tierney, Sean	FIRE	X				
F803	Rametta, Samuel	FIGHT PR	X				

24030

FDID

CA

State

12

18

Incident Date

2016

51

Station

16-0009700

Incident Number

000

Exposure

Responding Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E51 Engine 51	10:09:51	10:11:15	19:53:43	20:59:14

Staff ID\Staff Name	Activity	Rank	Position	Role
F758 Wilson, Casey A	Emergency respon	Captain	Fire Officer	
F780 Verrinder, Joel A	Emergency respon	Firefighter	Engineer	
F804 Beard, Thomas Rockwell	Emergency respon		Probationary	

Unit Narrative

Engine 51 arrived on scene and was assigned to fire attack by the IC. Engine 51 personnel pulled a 1 3/4" crosslay to the front door. We also pulled a 2 1/2" line for a backup. The front door was secured upon our arrival. We forced the swinging glass doors and found a security gate across the front of the business. We used a circular saw to cut an access point to make entry. Upon making entry we found that smoke was thick and all the way to the floor. Heat was minimal and we were unable to locate any fire. We were approximately 60' in and made contact with Truck 51 in an attempt to gather additional information as to where the fire was. Truck 51 reported heavy fire on roof. We were unable to make our way through due to congested isles and heavy smoke conditions inside the building. The IC then advised us that we were going to transition to a defensive attack. Engine 51 personnel returned to the A side.

Engine 51 was then assigned to Division A. We went to the roof of the building on the D side and assisted with fire attack and a defensive trench cut on the neighboring building. After a majority of the fire was out we reported to rehab. We then returned to division A and continued to overhaul the fire from the outside.

Engine 51 at approximately 1700 and returned at 1930 to standby until 2300.

E52 Engine 52	10:09:51	10:12:06	10:13:42	17:19:42
---------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
F731 Madruga, Morgan J	Emergency respon	Captain	Fire Officer	Acting Batta
F746 Rollins, Robert S	Emergency respon	Engineer	Engineer	
F785 Kraft, Jamison C	Emergency respon	Firefighter	Firefighter	

Unit Narrative

Upon our arrival we were given RIC operations. We spotted our apparatus in the back of the building because we knew the front would quickly get congested. Our tactical priorities were to set up a RIC cache, soften the building and do a 360 checking for hazards. Fire crews made an initial attack on the fire from the A side so we forced entry on the rear main door and assisted in forcing entry on the front door. Our RIC cache was set up and hose lines were being pulled as dedicated RIC lines just as we were reassigned due to a change from offensive operation to defensive operations. Once this happened and the building was cleared of all personal, RIC was disbanded.

Once the fire operations changed from offensive to defensive I was given Division C. We layed two supply lines from N street and M street to Engine 52. Eventually due to the lack of water volume we would take a third hydrant on M and 16th. Merced PD was requested for traffic control to redirect traffic away from our water supplies and clear the adjoining building occupants.

On Division C we had multiple operations including an elevated water tower from T51, forcible entry of the C side doors and multiple 2.5 hand lines placed on both the B and D sides for exposure protection. Engine 55, Engine 52, T51, MCFD E80, MCFD Rescue91 and one additional MCFD Engine was assigned to Division C.

24030
FDID

CA
State

12 18
Incident Date

2016

51
Station

16-0009700
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
F1154 2007 Ford Expedition	10:09:51	10:09:51	10:12:25	21:50:30

Staff ID\Staff Name	Activity	Rank	Position	Role
---------------------	----------	------	----------	------

F1423 Ford Explorer	10:09:51	10:09:51	10:12:25	21:50:30
---------------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
F795 Wilkinson, Michael R	Emergency respon	Fire Chief		

T51 Truck 51	10:09:51	10:11:43	10:12:25	17:05:35
--------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
F710 Ploog, Kevin A	Emergency respon	Captain	Fire Officer	
F768 Tierney, Sean D	Emergency respon	Firefighter	Engineer	
F803 Rametta, Samuel Paul	Emergency respon	Probationar		

Unit Narrative

Truck 51 was assigned to vertical ventilation. We accessed the roof using the aerial ladder. I noticed flames under the HVAC unit located on the "C/D" portion of the building. This was a pitched roof. We initially made a heat hole in the middle of the building on the "D" side of the pitch. We were able to achieve two louvers when I noticed the HVAC unit start to sink. Heavy flames erupted around it and the roof then became compromised. We safely evacuated the roof back to the aerial. At that point the IC declared all units to go defensive. Truck 51 was then used as a water tower from that point forward.

24030 FDID *	CA State *	MM 12	DD 18	YYYY 2016	51 Station	16-0009700 Incident Number *	000 Exposure *	Responding Personnel
-----------------	---------------	----------	----------	--------------	---------------	---------------------------------	-------------------	-------------------------

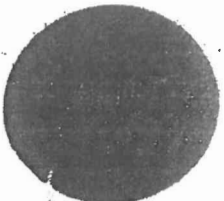
Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F758 Wilson, Casey A	E51	INC Emergency	FC	CAPTAI		11.7	11.7	0.00
F780 Verrinder, Joel A	E51	INC Emergency	EN	FIRE		11.7	11.7	0.00
F804 Beard, Thomas	E51	INC Emergency	PB			11.7	11.7	0.00
F731 Madruga, Morgan J	E52	INC Emergency	FC	CAPTAI		11.7	11.7	0.00
F746 Rollins, Robert S	E52	INC Emergency	EN	ENGINE		11.7	11.7	0.00
F785 Kraft, Jamison C	E52	INC Emergency	FF	FIRE		11.7	11.7	0.00
F736 Pickinpaugh, Adrian	E53	INC Emergency	EN	ENGINE		11.7	11.7	0.00
F741 Ipock, Brian D	E53	INC Emergency	FC	CAPTAI		11.7	11.7	0.00
F765 Perez, Jeremy L	E53	INC Emergency	FF	FIRE		11.7	11.7	0.00
F719 Englert, Chad E	E54	INC Emergency	FC	CAPTAI		11.7	11.7	0.00
F767 Simmons, Joshua S	E54	INC Emergency	EN	ENGINE		11.7	11.7	0.00
F802 Jones, Jack Anthony	E54	INC Emergency	PB	PR		11.7	11.7	0.00
F309 McMillen, John C	E55	INC Emergency	FC	CAPTAI		11.7	11.7	0.00
F739 Ybarra, Gregory C	E55	INC Emergency	FF	FIRE		11.7	11.7	0.00
F764 Paskin, Ryan J	E55	INC Emergency	EN	FIRE		11.7	11.7	0.00
F724 Franklin, Jeremy G	F1103	INC Emergency		CAPTAI		11.7	11.7	0.00
F744 Alcorn, William P	F1154	INC Emergency		DEP.		11.7	11.7	0.00
F795 Wilkinson, Michael R	F1423	INC Emergency		FIRE		11.7	11.7	0.00
F710 Ploog, Kevin A	T51	INC Emergency	FC	CAPTAI		11.7	11.7	0.00
F768 Tierney, Sean D	T51	INC Emergency	EN	FIRE		11.7	11.7	0.00
F803 Rametta, Samuel Paul	T51	INC Emergency		PR		11.7	11.7	0.00

Total Participants: 21

Total Personnel Hours: 245.46

An 'X' next to the unit denotes driver.

17-1217



CITY OF MERCED
INSPECTION SERVICES DIVISION
678 W. 18th Street
Merced, CA 95340
(209) 385-6861

PERMIT

PERMIT NO: 17-00001217
TYPE: OVER THE COUNTER PERMITS/MISC
JOB ADDRESS: 630 W MAIN ST
APN: 031-134-04 CC RC

DATE: 7/21/17

OWNER:
GAESTEL BETTE C TRUSTEE
[REDACTED]
MERCED CA 95340

CONTRACTOR:
COMMERCIAL CONST CO
1425 MOTEL DR
MERCED CA 95340
209-384-3943

CONTRACTOR TYPE:

VALUATION: 25,000

DESCRIPTION OF WORK:
DEMO FIRE DAMAGE BLDG
QTY
BASE PERMIT FEE
198.00

FEE
.00
198.00

FEES:
PERMIT FEES 198.00
STATE BP FEE 1.00
TOTAL 199.00

SPECIAL NOTES AND COMMENTS:
DEMO FIRE DAMAGED BLDG, LEAVING
CONCRETE SLAB, FOOTINGS, SHORE ADJACENT
WALL. SJVAPCD APPROVED. CALL 723-2489
FOR INSPECTION.
INSPECTIONS 8-12- 1-4 M-F

Final 7/21/17

I hereby affirm 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.

I, as the owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not untraded or offered for sale (Sec 7044 Business and Professions Code: The Contractor's License Law does not apply to the owner of a property who builds or improves thereon and who does such work himself or through his 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 did not build or improve for purpose of the sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.

I am exempt under Section _____ B & PC for the reason _____

Under penalty of perjury, I affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation or a certified copy thereof for the performance of work for which this permit is issued. (Sec 3700, Labor Code)

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 Worker's Compensation Laws of California.

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

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 city to enter upon the abovementioned property for inspection purposes.

SIGNATURE OF APPLICANT

APPLICATION APPROVAL
THIS PERMIT DOES NOT BECOME VALID UNTILL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN THE SPACE PROVIDED.

SIGNATURE OF DEPUTY

Issued by Issued 7/21/17
Applicant's Signature
Owner () Agent () Contractor ()
For Inspection Call (209) 723-CITY

0721

17-1217

City Of Merced
878 W. 18th St.
Merced CA 95340
(209) 385-6861

FOR STAFF USE ONLY	
DEV _____	Date: _____ / _____ / _____
PRJ _____	App expires: _____ / _____ / _____
E: _____	Accepted by: _____
Type: _____	Payment method: _____

DEMOLITION PERMIT APPLICATION

TYPE OF WORK

Commercial Commercial Garage Other Commercial Multi-Family Residential Other Residential Accessory Structure

Building Square Feet: 10,000 SF Number of units: _____ Existing use: FIRE DAMAGED Public Owned: Yes No

SITE LOCATION

Site Address: 630 W. MAIN ST. Tax Parcel Number: _____
 Project Name/Owner: CAYANNA TRUST *Value of Construction: \$ 25,000
 Location/Plot name/Lot number: _____
 Property Owner: CAYANNA TRUST Phone: _____
 Mailing Address: _____ City: MERCED Zip: 95340
 Lender Name: N/A Phone: () _____
 Mailing Address: _____ City: _____ Zip: _____

DETAILED DESCRIPTION OF WORK

DEM FIRE DAMAGED BLDG. LEAVING
CONC. SLABS + FOOTINGS, SHORE ADJACENT WALL

APPLICANT CONTACT PERSON

Name: WILLIAM GEORGE COMMERCIAL CONSTR. Phone: (209) 384-3943
 Mailing Address: 1425 HOTEL DR. City: MERCED Zip: 95341
 E-Mail Address: CG@CCEOFMERCED.COM Fax: (209) 384-8002

CONTRACTOR INFORMATION

Company Name: COMMERCIAL CONSTRUCTION CO.
 Mailing Address: 1425 HOTEL DR. City: MERCED Zip: 95341
 Phone: (209) 384-3943 Fax: (209) 384-8002
 State Contractor's License #: 443282 Expiration Date: 7/31/2019
 Redmond Business License #: RED

BUILDING OWNER OR AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: WILLIAM GEORGE
 Signature: Will

*Value of Construction: The value of construction shall include the prevailing fair market value of all labor, materials, and equipment needed to complete the work, whether actually paid or not.

DEMOLITION CHECK LIST

YES/NO
~~YES/NO~~
YES/NO

Water Supply

- A. Meter to be removed.
- B. Meter to remain and be protected.
- C. Private well* or Monitoring Well
 - _____ To be filled and capped
 - _____ To be used for other purposes

DATE

YES/NO
~~YES/NO~~

Sanitary Sewer

- A. Sewer to be capped
 - B. Existing line to remain and be used by new structure.
- Note: Contact Public Works for other required permits

YES/NO
YES/NO

Septic System

- A. Tank to be removed*
- B. Tank to be drained and filled* *N/A*

YES/NO

Electrical Supply

- Electricity to be shut-off and meter removed*. *DONE @ TIME OF FIRE*

YES/NO
YES/NO

Gas/Oil

- A. Gas to be shut-off and meter removed*. *DONE @ TIME OF FIRE*
- B. Remove fuel or oil tanks. Complete underground/above ground storage tank closure checklist *N/A*

YES/NO
~~YES/NO~~
~~YES/NO~~

Existing Foundation

- A. Foundations destroyed and removed
- B. Basement - Destroyed or filled *N/A*
- C. All debris removed from site - lot to be restored to original condition.

YES/NO
YES/NO
YES/NO
YES/NO
YES/NO

Fire Information

- Fire alarm system removal?
 - Fire alarm system partial removal?
 - Fire Sprinkler system removal?
 - Fire Sprinkler system partial removal?
 - Knox Box to be removed?
- N/A*

REQUIRED DOCUMENTATION

1. Anticipated demolition date
2. Tree Removal Proposed
3. Ensure all Demolition Check List items are clearly shown and noted on two (2) copies of the site plan.
4. Asbestos Abatement: Obtain approval from San Joaquin Valley Air Pollution District prior to proceeding with this demolition.

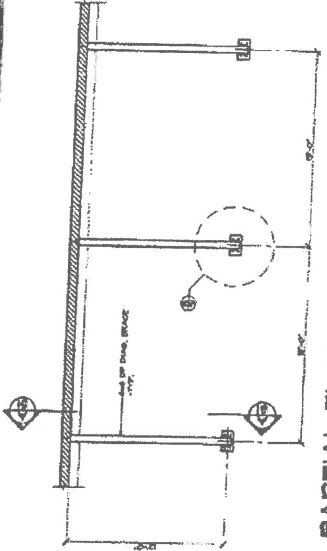
7/24/17
 Yes No

City Of Merced Building Department (209) 385-6861

City of Merced Public Works Department (209) 385-6800

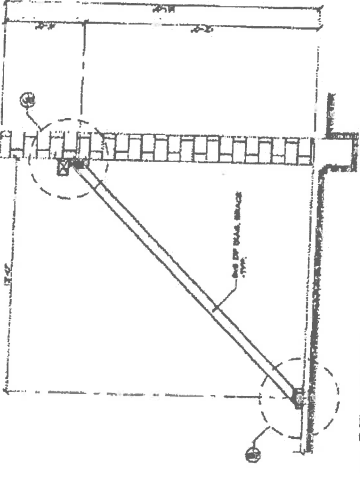
GENERAL NOTES

1. GENERAL
 - a. This plan shall be read in conjunction with the Building Code of the City of Merced, California, and the Building Code of the State of California.
 - b. The contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities.
 - c. The contractor shall be responsible for obtaining all necessary materials and labor for the completion of the project.
 - d. The contractor shall be responsible for the safety of all workers and the public during the construction process.
 - e. The contractor shall be responsible for the protection of all existing utilities and structures on the site.
 - f. The contractor shall be responsible for the removal and disposal of all debris and waste materials.
 - g. The contractor shall be responsible for the maintenance of all access roads and parking areas during the construction process.
 - h. The contractor shall be responsible for the protection of all trees and landscaping on the site.
 - i. The contractor shall be responsible for the installation of all fire safety equipment and systems.
 - j. The contractor shall be responsible for the installation of all electrical and plumbing systems.
 - k. The contractor shall be responsible for the installation of all mechanical and HVAC systems.
 - l. The contractor shall be responsible for the installation of all exterior finishes and cladding.
 - m. The contractor shall be responsible for the installation of all interior finishes and fixtures.
 - n. The contractor shall be responsible for the installation of all site furnishings and landscaping.
 - o. The contractor shall be responsible for the completion of all work within the specified time frame.
 - p. The contractor shall be responsible for the maintenance of all records and documents related to the project.
 - q. The contractor shall be responsible for the payment of all taxes and fees associated with the project.
 - r. The contractor shall be responsible for the compliance with all applicable laws and regulations.
 - s. The contractor shall be responsible for the coordination with all other trades and subcontractors.
 - t. The contractor shall be responsible for the communication with the project manager and all stakeholders.
 - u. The contractor shall be responsible for the safety and security of the project site.
 - v. The contractor shall be responsible for the protection of the environment during the construction process.
 - w. The contractor shall be responsible for the use of sustainable and eco-friendly materials and practices.
 - x. The contractor shall be responsible for the implementation of a quality management system.
 - y. The contractor shall be responsible for the implementation of a risk management system.
 - z. The contractor shall be responsible for the implementation of a communication plan.
2. MATERIALS
 - a. All materials shall be of the highest quality and shall be approved by the project manager.
 - b. All materials shall be delivered to the project site in a timely manner.
 - c. All materials shall be stored in a secure and protected area.
 - d. All materials shall be used in accordance with the manufacturer's instructions.
 - e. All materials shall be inspected and approved by the project manager before installation.
 - f. All materials shall be replaced if they are found to be defective or damaged.
 - g. All materials shall be disposed of properly if they are not used.
 - h. All materials shall be accounted for throughout the project.
 - i. All materials shall be labeled and identified.
 - j. All materials shall be stored in a clean and organized manner.
 - k. All materials shall be protected from weather and theft.
 - l. All materials shall be used in a safe and sound manner.
 - m. All materials shall be handled in accordance with safety protocols.
 - n. All materials shall be used in a cost-effective manner.
 - o. All materials shall be used in a sustainable manner.
 - p. All materials shall be used in a responsible manner.
 - q. All materials shall be used in a professional manner.
 - r. All materials shall be used in a respectful manner.
 - s. All materials shall be used in a courteous manner.
 - t. All materials shall be used in a helpful manner.
 - u. All materials shall be used in a cooperative manner.
 - v. All materials shall be used in a team-oriented manner.
 - w. All materials shall be used in a customer-focused manner.
 - x. All materials shall be used in a results-driven manner.
 - y. All materials shall be used in a data-driven manner.
 - z. All materials shall be used in a continuous improvement manner.

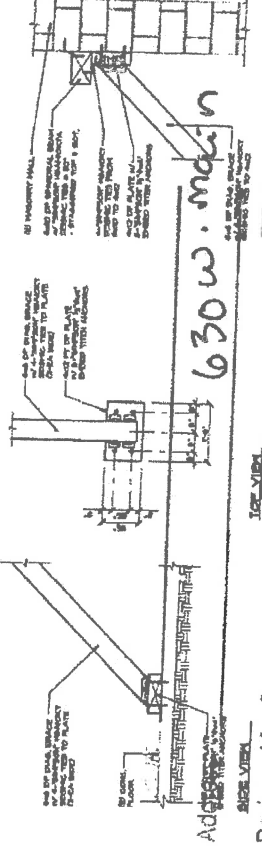


PARTIAL FLOOR PLAN

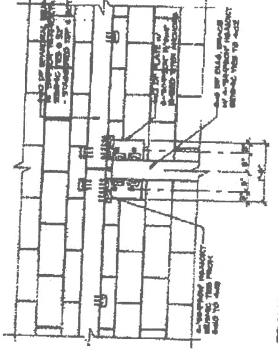
17-1217



SECTION



ELEVATION



FRONT VIEW

630 W. MAIN

Reviewed for Code Compliance
 CITY OF MERCED INSPECTION SERVICES California Building Code Section 105
 validity of permit. The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction. Permits presuming to give authority to violate or cancel the provisions of this code or other ordinances of the jurisdiction shall not be valid. The issuance of a permit based on construction documents and other data shall not prevent the building official from requiring the correction of errors in the construction documents and other data. The building official is also authorized to prevent occupancy or use of a structure where in violation of this code or of any other ordinances of this jurisdiction. APPROVED

Any violation from this plan must be approved by the designer and submitted to the City of Merced for additional plan review PRIOR to installation. Additional plan review subject to additional fees.

7/21/17

By: [Signature]

MIRK SMITH ENGINEERING, INC.
 1000 CALIFORNIA STREET
 SUITE 200
 SACRAMENTO, CA 95811
 (916) 441-2338

TITLE: PARTIAL FLOOR PLAN
 SECTIONS
 GENERAL NOTES
 DETAILS

PROJECT: PROPOSED FIRE DAMAGE REPAIR FOR CAYANNA TRUST
 1500 N. MAIN ST.
 MERCED, CA



ISI
 INSPECTION SERVICES, INC.
 1000 CALIFORNIA STREET
 SUITE 200
 SACRAMENTO, CA 95811
 (916) 441-2338

MIKE SMITH ENGINEERING
4 NORTH MAIN STREET, LODI, CA 95240 (209) 334-2332

JOB #: 17030
SHEET #: 1 of 8

Design by: Mike Date: 6-12-17 Checked by: _____ Date: _____

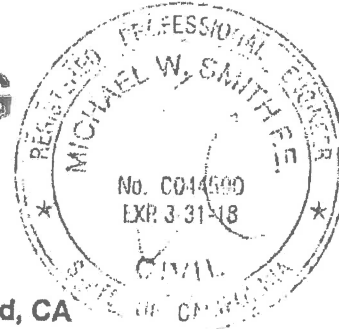
Revised: _____ Date: _____ 2nd Revision: _____ Date: _____

MIKE SMITH ENGINEERING

TEMPORARY SHORING FOR:

Cavanna Trust

Proj. Location: 630 W. Main St., Merced, CA



A. Codes: CBC 2016 ED. Seismic Category D - Wind Exposure C
Wind Speed 110 mph ASCE/SEI 7-10 AISC - 13th ED.
AITC - 3rd ED. ACI 318-11

B. Wood: 6x Members Use DF#1 4x Members Use DF#1
2x Members Use DF#2 Studs Use Construction Grade
Glu-Lam Beams Use (24F-V4)

C. Steel: Structural Steel, ASTM A992, $F_y = 50$ ksi
Structural Tubing, ASTM A500, $F_y = 46$ ksi
Pipes, ASTM A501, $F_y = 36$ ksi
Cold Formed, ASTM A-924/A-792 or A-570, $F_y = 50$ ksi
Nuts and Bolts, use ASTM-A307

D. Concrete: Foundations, $f_c = 2500$ psi Columns, $f_c = 3000$ psi
Walls, $f_c = 3000$ psi

E. CMU Block: ASTM C-90 Grade N., $f_m = 1500$ psi, Mortar Type S
Grout @28 Days $f_c = 2000$ psi

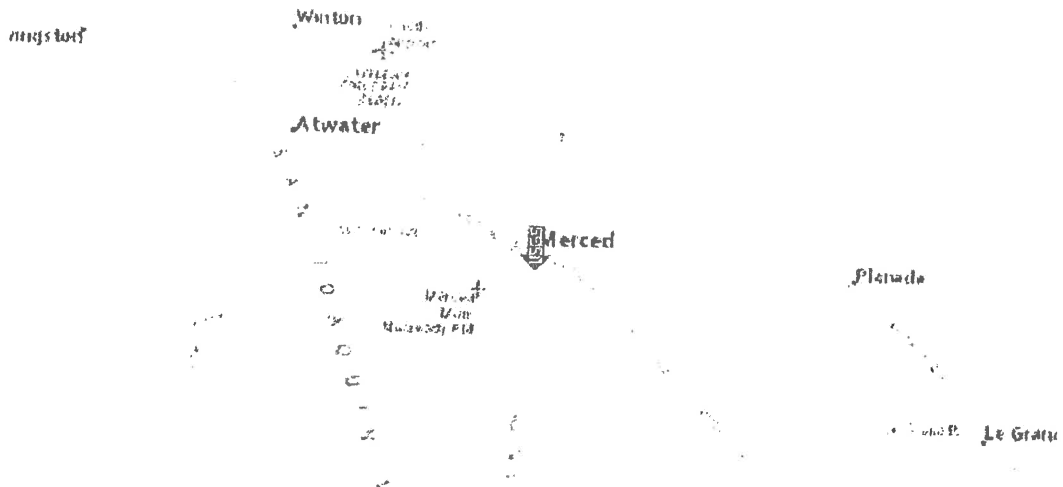
F. Reinforcing: ASTM - 615: #4 and Smaller Grade 40, #5 and Larger Grade 60

G. Soils Data: Report by CBC Table 1806.2
Allowable Soil Bearing Pressure = 1.5 ksf

USGS Design Maps Summary Report

User-Specified Input

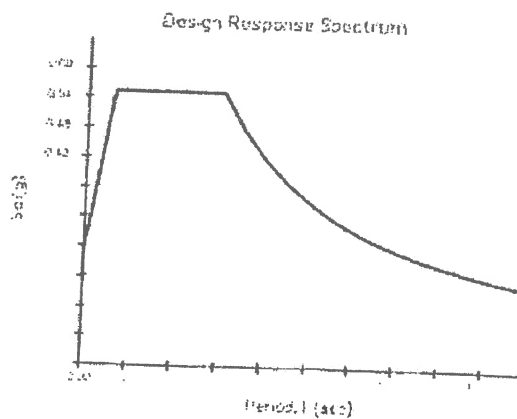
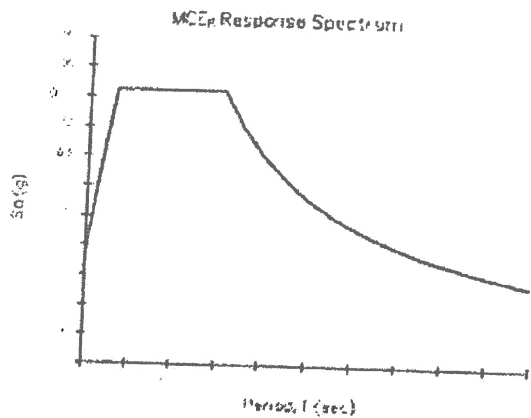
Report Title Nationwide
 Sat June 10, 2017 17:26:46 UTC
Building Code Reference Document ASCE 7-10 Standard
 (which utilizes USGS hazard data available in 2008)
Site Coordinates 37.3019°N, 120.4857°W
Site Soil Classification Site Class D - "Stiff Soil"
Risk Category I/II/III



USGS-Provided Output

$S_a = 0.649 \text{ g}$ $S_{MS} = 0.831 \text{ g}$ $S_{bs} = 0.554 \text{ g}$
 $S_l = 0.272 \text{ g}$ $S_{M1} = 0.505 \text{ g}$ $S_{o1} = 0.337 \text{ g}$

For information on how the S_a and S_l values above have been calculated from probabilistic (risk-targeted) and deterministic ground motions in the direction of maximum horizontal response, please return to the application and select the "2009 NEHRP" building code reference document.



For PGA_M , T_L , C_{RSI} and C_{RI} values, please view the detailed report.

Although this information is a product of the U.S. Geological Survey, we provide no warranty, expressed or implied, as to the accuracy of the data contained therein. This tool is not a substitute for technical subject-matter knowledge.

Lateral Design Loads	Project: Nationwide
	Job #: 17030 Date: 6-10-17

Wind Loads

Wind Exposure = C Wind Speed, V_{ult} = 110 (mph) Mean Roof Height = 16 (ft) Roof Slope, (deg) = 0° (7.12) Occupancy Category = II	Wind loads calculated per 2016 CBC, Section 1609 and ASCE/SEI 7-10, Chapters 26 - 31. Basic wind speed per Figures 1609A, 1609B, 1609C. Exposure based on surface roughness, that is determined from natural topography, vegetation, and constructed facilities. Height and exposure adjustment factor per ASCE 7-10, Figure 28.6-1.
---	--

Design Wind Pressure Formula: $P_s = \lambda K_{zt} P_{s30}$ (ASCE 7, 28.6.3)

Adjustment factor, $\lambda = 1.23$ (ASCE 7, Fig. 28.6-1)
 Topographic effects, $K_{zt} = 1.00$ (ASCE 7, Fig. 26.8-1)

Horizontal Pressure Zones, P_{s30}

Wall End Zone =	19.2	$P_s = 0.024$ (ksf)
Roof End Zone =	-10.0	$P_s = -0.012$ (ksf)
Wall Interior Zone =	12.7	$P_s = 0.016$ (ksf)
Roof Interior Zone =	-5.9	$P_s = -0.007$ (ksf)

Vertical Pressure Zones, P_{s30}

Wall End Zone =	23.1	$P_s = -0.028$ (ksf)
Roof End Zone =	-13.1	$P_s = -0.016$ (ksf)
Wall Interior Zone =	-16.0	$P_s = -0.020$ (ksf)
Roof Interior Zone =	-10.1	$P_s = -0.012$ (ksf)

Seismic Loads

Seismic loads calculated per 2016 CBC, Section 1613 and ASCE/SEI 7-10, Chapters 11 & 12. Site class per 2016 CBC, Section 1613.3.2. Mapped acceleration parameters per the 2008 US Geological Survey Hazard Data. Seismic design category per 2016 CBC, Tables 1613.3.5(1) & 1613.3.5(2).

Site Class: **D**

Seismic Base Shear: $V = C_s W$ $R = 1.5$ (Table 12.2-1)

Seismic Response Coefficient: $C_s = S_{DS} I_e / R$ $I_e = 1.00$ (ASCE 7, Table 1.5-2)

$S_s = 0.648$	$S_{MS} = F_a S_s = 0.831$	$C_s = 0.37$
$S_1 = 0.272$	$S_{M1} = F_v S_1 = 0.505$	
$F_a = 1.281$	$S_{DS} = (2/3) S_{MS} = 0.554$	$V = 0.37 W$
$F_v = 1.855$	$S_{D1} = (2/3) S_{M1} = 0.336$	

Seismic Design Category: **D** ($SDS > 0.50$)

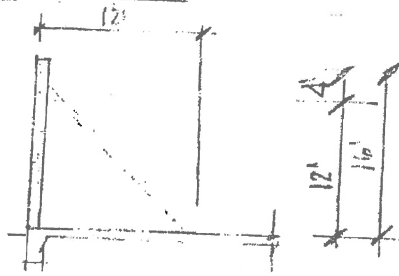
17030

PLATE GIRDER

6x12-47

4/8

SPACING



LOADS

$$WIND = .016 \text{ ksf}$$

$$EQ = .37(.10) = .037 \text{ ksf}$$

DIAG BRACE

FOR 15'-0" SPACING

$$V_{BRACE} = .037 \left(\frac{12}{2} + 4 \right) (15) = 5.6 \text{ k}$$

$$P_{BRACE} = 5.6 / \sqrt{2} = 7.85 \text{ k}$$

SPANDREL BEAM

$$SPAN = 15'-0"$$

$$W = .037 \left(\frac{12}{2} + 4 \right) = .37 \text{ k/ft}$$

EQ CONTROLS

Wood Beam-Column Design		Project: Nationwide	Date: 6-12-17
		Job No.: 17030	
Member Data		Member Section Properties	
Member length, L =	16.97 (ft)	Member name:	Diag. Brace
Strong axis unbraced length, l_{ex} =	16.97 (ft)	Member location:	Typical
Weak axis unbraced length, l_{ey} =	16.97 (ft)	Member size:	6 x 6
		Grade:	DF #2
		Width, b =	5.50 (in)
		Depth, d =	5.50 (in)
		Area, A =	30.25 (in ²)
		Strong axis section modulus, S_x =	27.73 (in ³)
		Weak axis section modulus, S_y =	27.73 (in ³)
Lumber Properties		Maximum Member Internal Forces	
Allowable compressive stress, F_c =	0.700 (ksi)	Controlling loading case:	Seismic
Allowable bending stress, F_b =	0.750 (ksi)	Maximum axial force, P_a =	7.85 (k)
Allowable shear stress, F_v =	0.170 (ksi)	Strong axis bending moment, M_x =	0.00 (kft)
Modulus of elasticity, E =	1300 (ksi)	Weak axis bending moment, M_y =	0.00 (kft)
		Weak axis maximum shear, V_y =	0.00 (k)
		Strong axis maximum shear, V_x =	5.60 (k)
Adjustment Factors		Compression, Bending, and Combined	
Load duration factor, C_d =	1.33	Axial compressive stress, f_c =	0.26 (ksi)
Size factor, C_r =	1.00	$f_c < F_{cE1} \text{ \& \ } F_{cE2}$?	Yes N/A
Service condition:	Dry	$f_c/F_c \leq 1.0$ =	0.98 OK
		Strong axis bending stress, f_{bx} =	0.00 (ksi)
		Weak axis bending stress, f_{by} =	0.00 (ksi)
		Slend. factor, $R_a = (l_{ed}/b)^{1/2}$ =	6.08
		K_{bE} (for visually graded) =	0.438
		$F_{bE} = K_{bE}E'/(R_a)^2$ =	15.38 (ksi)
		$f_{bx}/F_{bE} \leq 1.0$ =	0.00 OK
Factored Allowable Stresses		Combined axial and bending stress:	
$F'_c = F_c(C_d)(C_m)(C_r)$ =	0.93 (ksi)	$(f_c/F_c)^2 + f_{bx}/\{F'_b[1 - (f_c/F_{cE1})]\}$ +	
$F'_b = F_b(C_d)(C_m)(C_r)$ =	1.00 (ksi)	$f_{by}/\{F'_b[1 - f_c/F_{cE2} - (f_{bx}/F_{bE})^2]\} \leq 1.0$ =	0.97 OK
$F'_v = F_v(C_d)(C_m)$ =	0.23 (ksi)		
$E' = E(C_m)$ =	1300 (ksi)		
Allowable Compressive Stress		USE:	
Strong axis slenderness ratio = l_{ex}/d =	37.03		
Weak axis slenderness ratio = l_{ey}/b =	37.03		
Maximum slenderness ratio, sr =	37.03		
K_{cE} (for sawn lumber) =	0.30		
$F_{cE1} = K_{cE}(E')/(l_{ex}/d)^2$ =	0.28 (ksi)		
$F_{cE2} = K_{cE}(E')/(l_{ey}/b)^2$ =	0.28 (ksi)		
Minimum $F_{cE} = K_{cE}(E')/sr^2$ =	0.28 (ksi)		
c' (for sawn lumber) =	0.80		
$X = [1 + (F_{cE}/F'_c)]/(2c')$ =	0.82		
$F''_c = F'_c[X - \{X^2 - (F_{cE}/F'_c)/c'\}^{1/2}]$ =	0.26 (ksi)		
Allowable Shear Stress		Member name: Diag. Brace	
Max. shear stress, $f_v = 3V/(2A)$ =	0.28 (ksi)	Member size/grade: 6 x 6 DF #2	
		Member location: Typical	
		> F'_v , NG	

6/8

Beam Design		Project: Nationwide	
Spandral		Job No.: 17030	
		Date: 6-12-17	
Beam Data		Lumber Properties	Factored Properties
Beam span = 15.00 (ft) Tributary width = 1.00 (ft) Tributary area = special (ft ²) Beam type: Sawn Lumber species: DF Grade: #1		Allowable Unit Stress: Bending, $F_b = 1.350$ (ksi) Horiz. shear, $F_v = 0.170$ (ksi) Comp. perp., $F_{cp} = 0.625$ (ksi) Stress/Strain Ratio Mod. of elast., $E = 1600$ (ksi)	$F'_b = C_d C_f (C_i \text{ or } C_v) C_r C_t C_m F_b = 1.796$ (ksi) $F'_v = C_d C_t C_m F_v = 0.226$ (ksi) $F'_{cp} = C_i C_m F_{cp} = 0.625$ (ksi) $E' = C_i C_m E = 1600$ (ksi)
Distributed Load Data		Point Load Data	
Total load, $TL = 0.370$ (ksf) Dead load, $DL = 0.370$ (ksf) Uniform Load Total load, $w = 0.370$ (k/ft) Dead load, $w_d = 0.370$ (k/ft)		Point Load #1 (load closer to left support) Total load, $P_1 =$ (k) Dead load, $P_{1d} =$ (k) Dist. to left sup. = (ft)	Point Load #2 (load closer to right support) Total load, $P_2 =$ (k) Dead load, $P_{2d} =$ (k) Dist. to left sup. = (ft)
Adjustment Factors		Section Analysis	Section Properties
Load duration = 1.33 (C_d) Size = 1.00 (C_F) Lateral stability = 1.00 (C_i) Volume factor = 1.00 (C_v) Repetitive mem. = 1.00 (C_r) Temp. factor = 1.00 (C_t) Service condition: Dry (C_m)		For Given Lumber Type - Required Section Properties: Area required = 18.4 (in ²) Sec. mod. req'd = 69.5 (in ³) M. of inert. req'd = 351.2 (in ⁴) Given b&d, Deflection Controls	Beam Size: 6 x 10 Width, $b = 5.50$ (in) Depth, $d = 9.50$ (in) Area, $A = 52.3$ (in ²) Section mod., $S = 82.7$ (in ³) Mom. of inert., $I = 393.0$ (in ⁴) Given Section is: OK
Volume Factor		Load Analysis	Stress Analysis
$C_v = (A)^{0.1} (B)^{0.1} (12/d)^{0.1} \leq 1.0$ $A = K_1 (21/L) =$ $B = (5.125/b) =$		Reactions Left, $R_1 = 2.78$ (k) Right, $R_2 = 2.78$ (k) Use shear reduction? No Maximum Shear = <u>2.78</u> (k) Max. Moment = <u>10.41</u> (kft)	Maximum $f_b = 1.51$ (ksi) $f_b/F'_b \leq 1.0 = 0.84$ OK Maximum $f_v = 0.080$ (ksi) $f_v/F'_v \leq 1.0 = 0.35$ OK Minimum Support Length @ Left sup., $S_1 = 0.81$ (in) @ Right sup., $S_2 = 0.81$ (in)
Lateral Stability		Deflection Analysis	
d/b ratio = 1.73 No lateral support required Beam req'd to conform? Yes Effective length = 30.90 (ft) Slend. ratio, $R_e = 10.79$ $K_{be} = 0.438$ $F_{be} = K_{be} E' / R_e^2 = 6.02$ (ksi) $x = [1 + (F_{be}/F_b^*)] / 1.9$ $C_i = x - [x^2 - (F_{be}/F_b) / 0.95]^{1/2} \leq 1.0$		Actual TL def. = 0.67 (in) Allowable TL def. = 0.75 (in) Actual LL def. = 0.00 (in) Allowable LL def. = 0.50 (in) Actual DL def. = 0.67 (in) Camber req'd = N/A (in)	Use: Beam Number: Spandral Beam Size: 6 x 10 Type: Sawn Lumber Species: DF Grade: #1 Beam Location: Masonry Wall Shoring

7/8

SIMPSON Anchor Designer™
 Software
 Version 2.4.5673.0

Company:	Mike Smith Engineering, Inc.	Date:	6/10/2017
Engineer:	Michael W. Smith	Page:	1/4
Project:	630 W. Main St., Merced - Fire Repair		
Address:	4 North Main St., Lodi, CA		
Phone:	(209) 334-2332		
E-mail:	mike@mseng.comcastbiz.net		

1. Project information

Customer company: Nationwide Mutual Insurance Co.
 Customer contact name: Andrew Aspegren
 Customer e-mail:
 Comment:

Project description: Temporary Shoring for Un-Reinforced Masonry

Location: Common Wall
 Fastening description: Titen Anchors

2. Input Data & Anchor Parameters

General

Design method: ACI 318-11
 Units: Imperial units

Anchor Information:

Anchor type: Concrete screw
 Material: Carbon Steel
 Diameter (inch): 0.500
 Nominal Embedment depth (inch): 4.000
 Effective Embedment depth, h_{ef} (inch): 2.980
 Code report: ICC-ES ESR-2713
 Anchor category: 1
 Anchor ductility: No
 h_{min} (inch): 6.25
 c_{pa} (inch): 4.50
 c_{min} (inch): 1.75
 S_{min} (inch): 3.00

Base Material

Concrete: Normal-weight
 Concrete thickness, h (inch): 12.00
 State: Cracked
 Compressive strength, f'_c (psi): 2500
 Ψ_{cv} : 1.4
 Reinforcement condition: B tension, B shear
 Supplemental reinforcement: Not applicable
 Reinforcement provided at corners: No
 Do not evaluate concrete breakout in tension: No
 Do not evaluate concrete breakout in shear: No
 Ignore ϕ do requirement: Not applicable
 Build-up grout pad: No

Base Plate

Length x Width x Thickness (Inch): 11.25 x 16.00 x 3.50

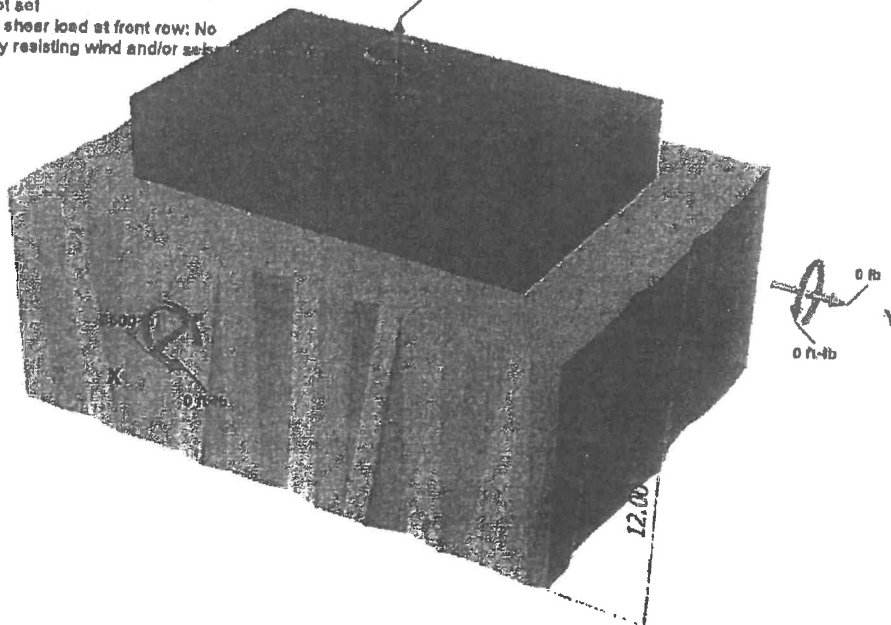
Load and Geometry

Load factor source: ACI 318 Section 9.2
 Load combination: $U = 0.9D + 1.0E$
 Seismic design: Yes
 Anchors subjected to sustained tension: Not applicable
 Ductility section for tension: D.3.3.4.3 (b) is satisfied
 Ductility section for shear: D.3.3.5.3 (a) is satisfied
 Ω_n factor: not set
 Apply entire shear load at front row: No
 Anchors only resisting wind and/or seismic loads: No

Z

5680 lb

<Figure 1>



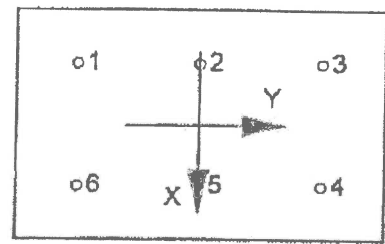
Company:	Mike Smith Engineering, Inc.	Date:	6/10/2017
Engineer:	Michael W. Smith	Page:	3/4
Project:	630 W. Main St., Merced - Fire Repair		
Address:	4 North Main St., Lodi, CA		
Phone:	(209) 334-2332		
E-mail:	mike@mseng.comcastbiz.net		

3. Resulting Anchor Forces

Anchor	Tension load, N _{ua} (lb)	Shear load x, V _{ux} (lb)	Shear load y, V _{uy} (lb)	Shear load combined, √(V _{ux}) ² + (V _{uy}) ² (lb)
1	933.3	933.3	0.0	933.3
2	933.3	933.3	0.0	933.3
3	933.3	933.3	0.0	933.3
4	933.3	933.3	0.0	933.3
5	933.3	933.3	0.0	933.3
6	933.3	933.3	0.0	933.3
Sum	5600.0	5600.0	0.0	5600.0

Maximum concrete compression strain (‰): 0.00
 Maximum concrete compression stress (psi): 0
 Resultant tension force (lb): 5600
 Resultant compression force (lb): 0
 Eccentricity of resultant tension forces in x-axis, e'_{Nx} (inch): 0.00
 Eccentricity of resultant tension forces in y-axis, e'_{Ny} (inch): 0.00
 Eccentricity of resultant shear forces in x-axis, e'_{Vx} (inch): 0.00
 Eccentricity of resultant shear forces in y-axis, e'_{Vy} (inch): 0.00

<Figure 3>



4. Steel Strength of Anchor in Tension (Sec. D.6.1)

N _{ua} (lb)	φ	φN _{ua} (lb)
20130	0.65	13085

5. Concrete Breakout Strength of Anchor in Tension (Sec. D.6.2)

$N_b = k_c \lambda_a \sqrt{f_c} a_n^2$ (Eq. D-6)

k _c	λ _a	f _c (psi)	a _n (in)	N _b (lb)
17.0	1.00	2500	2.990	4395

$0.75 \phi N_{cbg} = 0.75 \phi (A_{Nc} / A_{Nco}) \psi_{ac,N} \psi_{ed,N} \psi_{c,N} \psi_{cp,N} N_b$ (Sec. D.4.1 & Eq. D-4)

A _{Nc} (in ²)	A _{Nco} (in ²)	ψ _{ac,N}	ψ _{ed,N}	ψ _{c,N}	ψ _{cp,N}	N _b (lb)	φ	0.75 φN _{cbg} (lb)
313.92	80.46	1.000	1.000	1.00	1.000	4395	0.65	8359

8. Steel Strength of Anchor in Shear (Sec. D.6.1)

V _{ux} (lb)	φ _{gross}	φ	φ _{gross} φ V _{ux} (lb)
4790	1.0	0.60	2874

10. Concrete Pryout Strength of Anchor in Shear (Sec. D.6.3)

$\phi V_{cp} = \phi k_{cp} N_{cbg} = \phi k_{cp} (A_{Nc} / A_{Nco}) \psi_{ac,N} \psi_{ed,N} \psi_{c,N} \psi_{cp,N} N_b$ (Eq. D-41)

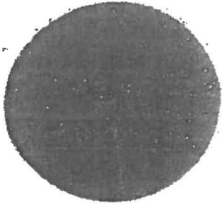
k _{cp}	A _{Nc} (in ²)	A _{Nco} (in ²)	ψ _{ac,N}	ψ _{ed,N}	ψ _{c,N}	ψ _{cp,N}	N _b (lb)	φ	φ V _{cp} (lb)
2.0	313.92	80.46	1.000	1.000	1.000	1.000	4395	0.70	24004

11. Results

Interaction of Tensile and Shear Forces (Sec. D.7)

Tension	Factored Load, N _{ua} (lb)	Design Strength, φN _u (lb)	Ratio	Status
Steel	933	13085	0.07	Pass
Concrete breakout	5600	8359	0.67	Pass (Governs)

17282



CITY OF MERCED
INSPECTION SERVICES DIVISION
678 W. 18th Street
Merced, CA 95340
(209) 385-6861

PERMIT

PERMIT NO: 17-00000282
TYPE: MISC. ENCROACHMENT PERMIT
JOB ADDRESS: 630 W MAIN ST
APN: 031-134-04 CC RC

DATE: 2/21/17

OWNER:
GAESTEL BETTE C TRUSTEE
[REDACTED]
MERCED CA 95340

CONTRACTOR:
COMMERCIAL CONST CO
1425 MOTEL DR
MERCED CA 95340
209-384-3943

CONTRACTOR TYPE:

VALUATION: 500

DESCRIPTION OF WORK:

CLEAN UP DEBRIS - NO CONSTRUCT
QTY

BASE PERMIT FEE	156.00	FEE	
			156.00

FEES:

PERMIT FEES	156.00
STATE BP FEE	1.00

TOTAL 157.00

SPECIAL NOTES AND COMMENTS:

PER RG - OK FOR CLEAN UP DEBRIS IN
ALLEY - NO CONSTRUCTION OR DEMO ALLOWED
UNDER THIS PERMIT INSPECTION 723-2489

Final 3/17/17

I hereby affirm 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.

I, as the 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 Contractor's License Law does not apply to the owner of a property who builds or improves thereon and who does such work himself or through his 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 did not build or improve for purpose of the sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.

I am exempt under Section _____ B & PC for the reason _____

Under penalty of perjury, I affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation or a certified copy thereof for the performance of work for which this permit is issued. (Sec 3700, Labor Code)

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 Worker's Compensation Laws of California.

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

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 city to enter upon the above-mentioned property for inspection purposes.

SIGNATURE OF APPLICANT

APPLICATION APPROVAL
THIS PERMIT DOES NOT BECOME VALID UNTILL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID, AND RECEIPT IS ACKNOWLEDGED IN THE SPACE PROVIDED.

SIGNATURE OF DEPUTY

Issued by _____ Issued 2/21/17

Applicant's Signature _____

Owner () Agent () Contractor ()

For Inspection Call (209) 723-CITY

17-077
CITY OF MERCED

REGISTRATION

CITY OF MERCED
AMENDMENT TO CLAIM FORM
(Please Type or Print)

CLAIM AGAINST City of Merced
(Name of Entity)

Claimant's Name Philip Reinero S.S. #: N/A.

Claimant's Date of Birth: N/A Telephone # (209) 355-6489

Claimant's Address 1535 Pettinotti Rd., Merced 95340 Gender: Male Female

Address where Notices about Claim are to be sent, if different from above:
Attn: Corbett Browning P.O. Box 2067 Merced, CA 95344-0067

Date of Incident/Accident/Arrest: 12/(18-19)/2016

Date Injuries, Damages or Losses were discovered: 12/20/2016 and 9/8/2017

Location of Incident/Accident/Arrest: 636 W. Main St. Merced CA

What did Entity Do to cause this Loss, Damage or Injury?

damage was caused by fire fighters supressing fire and later by ecavation equipment; including but not limited to roof trenching and ceiling removal; intentional and negligent excavation equipment operation resulting in destruction of 10-12 feet of building walls.
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?
Unknown

What specific Injuries, Damages or Losses did Claimant receive? Irreparable structural damage caused by fire fighters and excavation equipment. Claimant has been cited by City Code Enforcement for having a destroyed building.
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if an amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: if Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]
Amount sought exceeds limits for Superior court and is currently estimated to between \$750,000 and \$1,000,000
(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? Estimates
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 12/6/2017 Signature: [Signature]

Date Amendment Signed: 12/4/17 Signature: [Signature]
If signed by Representative:

Representative's Name Corbett Browning

Address P.O. Box 2067 Merced, CA 95344-0067

Telephone # (209) 383-9334

Relationship to Claimant Attorney

Notice of Insufficiency-Attached
Claim-Attached

CITY OF MERCED
SUPPORT SERVICES DEPARTMENT
INSURANCE DIVISION

Phone: (209) 388-7100 FAX: (209) 388-7109

NOTICE OF INSUFFICIENCY OF CLAIM AND RETURN WITHOUT ACTION

December 13, 2017

Date Filed: December 12, 2017

Corbett Browning
P.O. Box 2067
Merced, CA 95344

This is to advise you that the Claim you filed on behalf of Philip Reiner has been reviewed, evaluated, and found to be deficient for the reason(s) circled below:

1. The Claim fails to state the name and mailing address of the claimant.
2. The Claim is not signed.
3. The Claim fails to state the mailing address to which the person desires notices to be sent.
4. The Claim does not provide enough information to determine when, where, and/or how the incident/accident occurred.
5. The Claim does not provide enough information to determine what the loss, damage, or injury is.
6. The Claim does not provide enough specific information to determine what, if anything, the public entity did or failed to do to create liability exposure.
7. The Claim does not comply with Government Code 910(f) as to the amount sought or the court of appropriate jurisdiction.
8. The Claim does not provide the name(s) of any of our employees who may be responsible for the incident/accident.
9. The Claim does not comply with government Code 910.4(a) in that all claims against a public entity shall be submitted on a claim form supplied by the public entity.

The Claim will not be acted upon for fifteen (15) days from the date of this Notice to allow for your amendment of this Claim.

WARNING: A claim that is deficient or does not contain sufficient information, as required by law, may not be considered to have been filed in a timely manner and may prevent the prosecution of a lawsuit based on the incident/accident which is the subject of this Claim.

PROOF OF SERVICE

On December 13, 2017, I served the within NOTICE OF INSUFFICIENCY OF CLAIM on the claimant by placing a true copy thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant.

I declare under penalty of perjury that the foregoing is true and correct. Executed in Merced, California on December 13, 2017.



Maggie Fuentes
Insurance Personnel Technician

RECEIVED
DEC 18 2017

Robbins, Browning, Godwin & Marchini
Attorneys at Law

17-077
CITY OF MERCED
DEC 12 11 40 AM '17

**CITY OF MERCED
CLAIM FORM
(Please Type or Print)**

CLAIM AGAINST City of Merced
(Name of Entity)

Claimant's Name Philip Reinero S.S. #: N/A

Claimant's Date of Birth : N/A Telephone # (209) 355-6489

Claimant's Address 1535 Pettinotti Rd., Merced 95340 Gender: Male Female

Address where Notices about Claim are to be sent, if different from above:
Attn: Corbett Browning P.O. Box 2067 Merced, CA 95344-0067

Date of Incident/Accident/Arrest: 12/(18-19)/2016

Date Injuries, Damages or Losses were discovered: 12/20/2016 and 9/8/2017

Location of Incident/Accident/Arrest: 636 W. Main St. Merced CA

What did Entity Do to cause this Loss, Damage or Injury?
damage was caused by fire fighters supressing fire and later by ecavation equipment.
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?
Unknown

What specific Injuries, Damages or Losses did Claimant receive? Irreparable structural damage caused by fire fighters and excavation equipment. Claimant has been cited by City Code Enforcement for having a destroyed building
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if an amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: if Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]
Amount sought exceeds limits for Superior court and is currently estimated to between \$750,000 and \$1,000,000
(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? Estimates
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 12/6/2017 Signature: [Signature]

If signed by Representative:
Representative's Name Corbett Bronwing
Address P.O. Box 2067 Merced, CA 95344-0067
Telephone # (209) 383-9334
Relationship to Claimant Attorney

PROOF OF SERVICE

**STATE OF CALIFORNIA,
COUNTY OF MERCED**

I am employed in the County of Merced, State of California. I am over the age of eighteen years and not a party to the within entitled action; my business address is 700 Loughborough Dr., Suite D, Merced, California 95348.

December 19, 2017, I served the following document(s) described as:

CITY OF MERCED CLAIM

By placing the original a true and accurate copy thereof enclosed in a sealed envelope addressed as follows:

**City of Merced
Support Service Department
678 W. 18th Street
Merced, CA 95348**

(BY MAIL) I deposited such envelope in the mail at Merced, California. The envelope was mailed with postage thereon fully prepaid. I am readily familiar with the firm's practice of collection and processing correspondence for mailing. It is deposited with the United States Postal Service on that same day in the ordinary course of business.

(BY ELECTRONIC TRANSMISSION) I transmitted a PDF version of this document by electronic mail to the party(s) identified on the attached service list using the e-mail address (es) indicated.

(STATE) I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed on December 19, 2017 at Merced, California.


ANA WILLOUGHBY