

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9900435

Insp Area: 1

Site Address: 1707 J ST SAC

Parcel No: 006-0066-010

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

VALLEY COMMERCIAL CONTRACTORS
3017 DOUGLAS BL #220
ROSEVILLE 95661

OWNER

77 CADILLAC DR
SACRAMENTO CA 95825

ARCHITECT

17TH & J PROPERTY

Nature of Work: T.I. ENTIRE BLDG.RETAIL/PARKING

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date 1/27/09 Contractor Signature Paul Thomas

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date _____ Applicant/Agent Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND Policy Number 046-99 UNIT 0004854 Exp Date 01/01/2000

____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____ Applicant Signature _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Gate at J St stairwell to be removed until panic hardware installed. VF Panic hardware installed on 30 9/8/99

CITY OF SACRAMENTO DAY TEMPORARY CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-7619

Building Address 1707 J Street Permit No. 99-00435

Building Use Retail DBA: Office Max Occupancy M

Building Owner 17th & J Properties LLC Construction Type NEI N

Owner Address 77 Gadiillac Dr. Ste. 210m Sprinkled Yes () No

Portion of Building Occupied Entire 100% exclude parking deck Area 22,574 Sq. Ft.

Remaining Items all exterior - Building approved to operate for business.

Date Issued 09/08/99 Expiration Date 10/08/99 Sign [Signature] City Building Official

Dumford/Hagen/Buckberger/Weltman/Sanchez/Krantz
CBC109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR ~~RENOVATION~~ BUILDING PERMIT

99-00435c

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ Insp. Area 10

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS ~~1000 1st Street~~ Suite _____
PARCEL # 006-0066-011

| | | | |
|--|--|---|--|
| <p>CONTACT</p> <p>Name <u>John Suen</u></p> <p>Address <u>77 Kadathie Dr. #210</u> <u>Sacramento CA</u> Zip <u>95825</u></p> <p>Phone <u>920-0400</u> FAX <u>641-0400</u></p> | | <p>LICENSED CONTRACTOR Lic No. # <u>739378</u></p> <p>Name <u>Valley Commercial</u></p> <p>Address <u>30170 Douglas Blvd #220</u> <u>Roseville, CA</u> Zip <u>95661</u></p> <p>Phone <u>781-8116</u> FAX _____</p> | |
| <p>ARCHITECT/ENGINEER</p> <p>Name <u>MGA</u></p> <p>Address <u>4330 Arroyo Avenue #1500</u> <u>Sacramento CA</u> Zip _____</p> <p>Phone <u>916-4472</u> FAX _____</p> | | <p>OWNER</p> <p>Name John Suen <u>17th J Property</u></p> <p>Address <u>77 Kadathie Dr. #210</u> <u>LLC</u></p> <p><u>Sacramento CA</u> Zip <u>95825</u></p> <p>Phone <u>920-0400</u> FAX <u>641-0400</u></p> | |

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: TI (Tenant Improvement)

INT. KEYTAIL ONLY 3rd floor parking garage separate permit

M) 24772 SE
10,000 SQ FT PARKING GARAGE

DBA: Office Max VALUATION: _____

| | | | | | | | | | | |
|-------------------|--------------|------------|----------|------------|---------------|---------------|-------|----------|-----------|-----|
| FLOOD STATUS: | | S.C.A.T. | | | | | | | | |
| JOB DESCRIPTION | | BLDG | SHEL | APT | TI (X) | REM () | SW | FIRE | ADD | OTH |
| INSP. DISCIPLINES | | BLDG | MECH | PLUMB | ELEC | SITE | | FIRE | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y/N | | Fed Code | Vio. File | |
| | | | | M/3 | TI | Spr Y | Alarm | 10 | | |
| B | L | P | M | E | F | S | | D | R | |
| | | | No * | | No * | | | | | |

COMMENTS:

* T-24 ENERGY ATTACHMENTS

* FIRE SPINKLER PLAN signed by fire contractor

- DEFERRED SUBMITTAL

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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

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

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) YES

2. I (have/have not) have signed an application for a building permit for the proposed work.

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

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

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

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

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

| Name | Address | Phone | Type of Work |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

X Signed [Signature]

X Job Address 100 5th Street

X Date 8/19/99

Permit No.: _____



CITY OF SACRAMENTO

DIVISION OF BUILDING INSPECTION
1231 I STREET, SACRAMENTO, CA
ROOM 200

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified.

For your protection you should be aware that as owner-builder you are the responsible party of record on such a permit. Building permits are not required to be signed by property owners unless they are personally performing their own work. If your work is being performed by someone other than yourself, you may protect yourself from possible liability if that person applies for the proper permit in his or her name.

Contractors are required by law to be licensed and bonded by the State of California and to have a business license from the city or county. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, with the exception of various trades that you plan to subcontract, you should be aware of the following information for your benefit and protection.

If you employ or otherwise engage any persons other than your immediate family, and the work (including materials and other costs) is \$200 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer.

If you are an employer, you must register with the state and federal government as an employer and you are subject to several obligations including state and federal income tax withholding, federal social security taxes, workers' compensation insurance, disability insurance costs, and unemployment compensation contributions.

There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to workers' compensation insurance.

For more specific information about your obligations under federal law, contact the Internal Revenue Service (and, if you wish, the U.S. Small Business Administration). For more specific information about your obligations under state law, contact the Department of Benefit Payments and the Division of Industrial Accidents.

If the structure is intended for sale, property owners who are not licensed contractors are allowed to perform their work personally or through their own employees, without a licensed contractor or subcontractor, only under limited conditions.

A frequent practice of unlicensed persons professing to be contractors is to secure an owner-builder building permit, erroneously implying that the property owner is providing his or her own labor and material personally. Building permits are not required to be signed by property owners unless they are performing their own work personally.

Information about licensed contractors may be obtained by contacting the Contractors' State License Board in your community or at 1020 N Street, Sacramento, California 95814.

Please complete and return the owner-builder verification form on the reverse side of this notice so that we can confirm that you are aware of these matters. The building permit will not be issued until the verification is returned.

Very truly yours,

CARTER AIR BALANCE COMPANY

1130 FIRST STREET, SUITE 210

NAPA, CA 94559

Phone (707)252-4859 Fax (707)252-8351

TEST AND BALANCE ANALYSIS REPORT

JOB: Office Max - Sacramento Store #1023

CONTRACTOR: Ace Heating and Cooling

ENGINEER: DNA

ARCHITECT: G. Herschman

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



DATE: 9/20/99

TECHNICIAN: Gavin Fly

APPROVED BY: Jeff Carter

CARTER AIR BALANCE COMPANY

1130 First Street, Suite 210

Napa, California 94559

Phone: 707 252-4859 Fax: 707 252-8351

ABBREVIATIONS

| | |
|-----|--------------------------|
| BHP | BRAKE HORSEPOWER |
| CER | CEILING EXHAUST REGISTER |
| CRR | CEILING RETURN REGISTER |
| CSD | CEILING SUPPLY DIFFUSER |
| DD | DIRECT DRIVE |
| DNA | DATA NOT AVAILABLE |
| DNL | DATA NOT LISTED |
| DNT | DATA NOT TAKEN |
| ESP | EXTERNAL STATIC PRESSURE |
| FH | FLOW HOOD |
| FLA | FULL LOAD AMPERAGE |
| HP | HORSEPOWER |
| NA | NOT APPLICABLE |
| NI | NOT INSTALLED |
| NT | NOT TAKEN |
| NVL | NO VALID LOCATION |
| OSA | OUTSIDE AIR |
| RA | RETURN AIR |
| RPM | REVOLUTIONS PER MINUTE |
| SP | STATIC PRESSURE |
| TSP | TOTAL STATIC PRESSURE |
| WE | WALL EXHAUST REGISTER |
| WRR | WALL RETURN REGISTER |
| WSR | WALL SUPPLY REGISTER |



AABC

Associated Air Balance Council

Annual Certificate

Awarded to

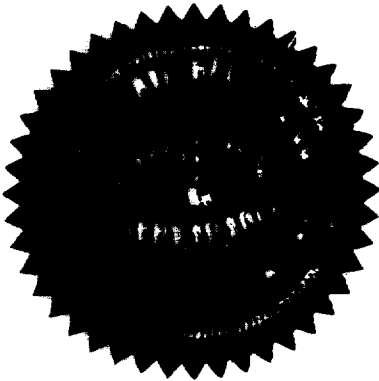
Jeff A. Carter

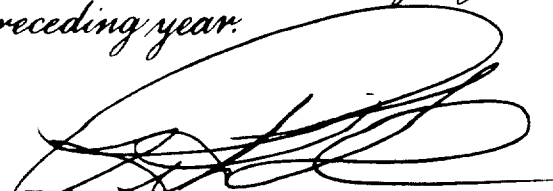
Carter Air Balance Company

*In recognition of his qualifications as a
Certified Test and Balance Engineer
under the rules, regulations, and requirements of the
Associated Air Balance Council. The above named is fully
authorized to perform total system balance in accordance
with the standards as established by the AABC and as a
member of the Associated Air Balance Council for the year*

1999

*This registration number 94-01-33, being issued this day
January 1, 1999 is fully recognized by the bylaws and
charter of this professional association. This certificate is
renewable on an annual basis after examination of the agency's
record for the preceding year.*




President


Executive Director

CARTER AIR BALANCE COMPANY

FAN TEST SHEET

DATE: 9/20/99

SHEET NO: 1

AREA SERVED:

Office Max

UNIT NO. AC-1

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

| | | | |
|-----|----------|----|---------------|
| MFG | MAGNETEK | | |
| HP | 15 | V | 460 FLA 19.3 |
| PH | 3 | SF | 1.15 RPM 1750 |

SHEAVE DATA

| | | | |
|-----------|-----|-------|------|
| DIA | 5.8 | SHAFT | 1.58 |
| ADJ. P.D. | --- | FIXED | YES |

FAN NAMEPLATE DATA

| | | | |
|-------|--------------------|--|--|
| MFG | TRANE | | |
| MODEL | YCD420A4LE2B38E10B | | |
| TYPE | DNL | | |
| SIZE | " | | |

SHEAVE DATA

| | | | |
|--------------|---------|-------|--------|
| DIA | 16.0 | SHAFT | 1.7.16 |
| BELTS | 1-BP100 | | |
| DIRECT DRIVE | --- | | |

FAN

SUBMITTED DESIGN DATA

| | |
|----------|--------|
| FAN CFM | 14,000 |
| TOTAL SP | --- |
| EXT SP | 1.5 |
| RPM | 697 |
| BHP | DNL |
| R.A. | 11000 |
| O.S.A. | 3000 |

DESIGN

| | |
|-----------|--------|
| TOTAL CFM | 14,000 |
|-----------|--------|

TESTED

| | |
|-----------|---|
| TOTAL CFM | * |
|-----------|---|

TRAVERSE TOTAL

| | |
|-----------|-------|
| TOTAL CFM | 13631 |
|-----------|-------|

MOTOR

DATA ITEM TESTED

| | |
|-------|----------------|
| VOLTS | 486 |
| AMPS | 14.0 13.6 13.2 |
| BHP | 10.5 |
| | |
| | |
| | |
| | |

FAN

| | |
|-------------|-------|
| RPM | 670 |
| SP - | 0.30 |
| SP + | 0.72 |
| ESP | 1.02 |
| FILTER SP | 0.10 |
| CFM TOTAL | 13631 |
| CFM RA | 10570 |
| CFM OA MIN. | 3061 |

DIFFUSERS & GRILLES

| ROOM NO | OUTLET NO | CODE | SIZE | EFFECTIVE AREA | REQUIRED | | TEST RESULTS | | | |
|----------|-----------|------|-------|----------------|----------|--------|--------------|--------|--|--|
| | | | | | F.P.M. | C.F.M. | F.P.M. | C.F.M. | | |
| Sales A | 1 | WSR | 36X14 | 2.53 | 585 | 1480 | * | * | | |
| " | 2 | " | " | " | 475 | 1200 | " | " | | |
| " | 3 | " | " | " | 585 | 1480 | " | " | | |
| " | 4 | " | " | " | 585 | 1480 | " | " | | |
| " | 5 | " | " | " | 475 | 1200 | " | " | | |
| " | 6 | " | " | " | 585 | 1480 | " | " | | |
| " | 7 | " | " | " | 475 | 1200 | " | " | | |
| " | 8 | " | " | " | 585 | 1480 | " | " | | |
| Breakrm | 9 | CSD | 24X24 | FH | FH | 400 | FH | 430 | | |
| Women | 10 | " | " | " | " | 175 | " | 180 | | |
| Men Rm | 11 | " | " | " | " | 125 | " | 135 | | |
| Corr. | 12 | " | " | " | " | 100 | " | 110 | | |
| Sales fl | 13 | WSR | 22X6 | 0.60 | 660 | 400 | " | OMIT | | |
| " | 14 | " | 30X8 | 1.15 | 695 | 800 | * | * | | |
| " | 15 | " | 22X6 | 0.60 | 660 | 400 | " | " | | |
| " | 16 | " | " | " | 660 | 400 | " | " | | |
| " | 17 | " | " | " | 600 | 400 | " | " | | |
| " | 18 | " | 8X8 | 0.28 | 710 | 200 | " | " | | |
| | | | | Supply total | | 14,000 | | 13631 | | |

REMARKS: * Pitoted for total. set deflection on grills and read all ceiling supply register.

CARTER AIR BALANCE COMPANY

FAN TEST SHEET

DATE: 9/20/99

SHEET NO: 3

AREA SERVED:

Office Max

UNIT NO. AC-2

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

| | | | |
|-----|----------|----|--------------|
| MFG | MAGNETEK | | |
| HP | 15 | V | 460 FLA 19.3 |
| PH | 3 | SF | 15 RPM 1750 |

SHEAVE DATA

| | | | |
|----------|-----|-------|------|
| DIA | 5.4 | SHAFT | 1.58 |
| ADJ P.D. | --- | FIXED | YES |

FAN NAMEPLATE DATA

| | | | |
|-------|--------------------|--|--|
| MFG | TRANE | | |
| MODEL | YCD420A4LE2B3GE10B | | |
| TYPE | DNL | | |
| SIZE | * | | |

SHEAVE DATA

| | | | |
|--------------|--------|-------|-------|
| DIA | 16.0 | SHAFT | 1.716 |
| BELTS | 1-BP98 | | |
| DIRECT DRIVE | --- | | |

FAN

SUBMITTED DESIGN DATA

| | |
|----------|--------|
| FAN CFM | 14000 |
| TOTAL SP | ---- |
| EXT. SP | 1.5 |
| RPM | 697 |
| BHP | DNL |
| R.A. | 11,000 |
| O.S.A. | 3,000 |

DESIGN

| | |
|-----------|-------|
| TOTAL CFM | 14000 |
|-----------|-------|

TESTED

| | |
|-----------|---|
| TOTAL CFM | * |
|-----------|---|

TRAVERSE TOTAL

| | |
|-----------|-------|
| TOTAL CFM | 14945 |
|-----------|-------|

MOTOR

DATA ITEM TESTED

| | |
|-------|----------------|
| VOLTS | 486 |
| AMPS | 14.9 14.6 14.3 |
| BHP | 11.35 |
| | |
| | |
| | |
| | |

FAN

| | |
|-------------|--------|
| RPM | 646 |
| SP - | 0.34 |
| SP + | 0.55 |
| ESP | 0.89 |
| FILTER SP | 0.10 |
| CFM TOTAL | 14945 |
| CFM RA | 11,825 |
| CFM OA MIN. | 3120 |

DIFFUSERS & GRILLES

| ROOM NO | OUTLET NO | CODE | SIZE | EFFECTIVE AREA | REQUIRED | | TEST RESULTS | | | |
|----------|-----------|-------|-------|----------------|----------|--------|--------------|--------|-----|--|
| | | | | | F.P.M. | C.F.M. | F.P.M. | C.F.M. | | |
| Sales Fl | 1 | WSR | 36X14 | 2.53 | 395 | 1000 | * | * | | |
| " | 2 | " | 48X14 | 3.39 | 590 | 2000 | " | " | | |
| " | 3 | " | 24X8 | 0.91 | 550 | 500 | " | " | | |
| LOBBY | 4 | CSD | 24X24 | FH | FH | 400 | FH | 820 | (1) | |
| Sales fl | 5 | " | " | " | " | 400 | " | 610 | | |
| " | 6 | WSR | 36X14 | 2.53 | 590 | 1500 | * | * | | |
| " | 7 | " | " | " | 590 | 1500 | " | " | | |
| " | 8 | " | 48X14 | 3.39 | 590 | 2000 | " | " | | |
| " | 9 | " | " | " | 590 | 2000 | " | " | | |
| " | 10 | " | " | " | 590 | 2000 | " | " | | |
| " | 11 | " | 12X6 | 0.31 | 645 | 200 | " | " | | |
| " | 12 | PITOT | 12X6 | 0.5 | 600 | 300 | " | " | | |
| " | 13 | WSR | 16X4 | 0.34 | 295 | 100 | " | " | | |
| CORR | 14 | CSD | 24X24 | FH | FH | 100 | FH | 100 | | |
| | | | | Supply | Total | 14000 | | | | |
| Sales Fl | 1 | WRR | 94X20 | 13.05 | 842 | 11000 | 905 | 11825 | | |
| | | | | Return | Total | 11000 | | 11825 | | |

REMARKS: (1) No damper, there is a damper on Reg. 5, but without damper on reg. 4, setting 5 will just increase Reg 4, where it will be very noisy.

* Pitoted for total, set defelction on grills and read all ceiling supply register.

CARTER AIR BALANCE COMPANY

FAN TEST SHEET

DATE: 10/11/99

SHEET NO: 4

AREA SERVED:

Office Max

UNIT NO. FC-1

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

| | | | |
|-----|-----|----|--------------|
| MFG | DNA | | |
| HP | 1/8 | V | 208 FLA 1.0 |
| PH | 1 | SF | THER RPM DNA |

SHEAVE DATA

| | | | |
|----------|------|-------|-----|
| DIA | ---- | SHAFT | --- |
| ADJ P.D. | ---- | FIXED | --- |

FAN NAMEPLATE DATA

| | | | |
|-------|---------|--|--|
| MFG | TRANE | | |
| MODEL | TWE-018 | | |
| TYPE | DNL | | |
| SIZE | " | | |

SHEAVE DATA

| | | | |
|--------------|------|-------|-----|
| DIA | ---- | SHAFT | --- |
| BELTS | --- | | |
| DIRECT DRIVE | YES | | |

FAN

SUBMITTED DESIGN DATA

| | |
|----------|------|
| FAN CFM | 550 |
| TOTAL SP | --- |
| EXT SP | 0.50 |
| RPM | DNA |
| BHP | * |
| R.A | * |
| O.S.A | * |

DESIGN

| | |
|-----------|-----|
| TOTAL CFM | 500 |
|-----------|-----|

TESTED

| | |
|-----------|-----|
| TOTAL CFM | NVL |
|-----------|-----|

TRAVERSE TOTAL

| | |
|-----------|--|
| TOTAL CFM | |
|-----------|--|

MOTOR

DATA ITEM TESTED

| | |
|-------|--|
| VOLTS | |
| AMPS | |
| BHP | |
| | |
| | |
| | |

FAN

| | |
|-------------|--|
| RPM | |
| SP - | |
| SP + | |
| TSP | |
| FILTER SP | |
| CFM TOTAL | |
| CFM RA | |
| CFM OA MIN. | |

DIFFUSERS & GRILLES

| ROOM NO. | OUTLET NO. | CODE | SIZE | EFFECTIVE AREA | REQUIRED | | TEST RESULTS | | | |
|----------|------------|------|-------|----------------|----------|--------|--------------|--------|--|--|
| | | | | | F.P.M. | C.F.M. | F.P.M. | C.F.M. | | |
| | 1 | CSD | 24X24 | FH | FH | 300 | FH | | | |
| | 2 | * | " | " | * | 200 | * | | | |
| | | | | Supply | Total | 500 | | | | |
| | | | | | | | | | | |
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REMARKS : * Fan not able to run as of 10-11-99.

CARTER AIR BALANCE COMPANY

FAN TEST SHEET

DATE: 9/20/99

SHEET NO: 5

AREA SERVED: Office Max

UNIT NO. EF-1

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

| | |
|-----|--------------|
| MFG | * |
| HP | * V * FLA * |
| PH | * SF * RPM * |

SHEAVE DATA

| | | | |
|----------|-----|-------|-----|
| DIA | --- | SHAFT | --- |
| ADJ P.D. | --- | FIXED | --- |

FAN NAMEPLATE DATA

| | |
|-------|-----------|
| MFG | GREENHECK |
| MODEL | CSP-255 |
| TYPE | DNL |
| SIZE | " |

SHEAVE DATA

| | | | |
|--------------|-----|-------|-----|
| DIA | --- | SHAFT | --- |
| BELTS | --- | | |
| DIRECT DRIVE | YES | | |

FAN

SUBMITTED DESIGN DATA

| | |
|----------|------|
| FAN CFM | 400 |
| TOTAL SP | --- |
| EXT. SP | 0.6 |
| RPM | 1080 |
| BHP | DNL |
| R.A | --- |
| O.S.A. | --- |

DESIGN

| | |
|-----------|-----|
| TOTAL CFM | 400 |
|-----------|-----|

TESTED

| | |
|-----------|-----|
| TOTAL CFM | 365 |
|-----------|-----|

TRAVERSE TOTAL

| | |
|-----------|-----|
| TOTAL CFM | 405 |
|-----------|-----|

MOTOR

DATA ITEM TESTED

| | |
|-------|-----|
| VOLTS | 119 |
| AMPS | 3.9 |
| BHP | DNA |
| | |
| | |
| | |
| | |
| | |
| | |

FAN

| | |
|-------------|----------|
| RPM | High Spd |
| SP - | 0.30 |
| SP + | 0.20 |
| ESP | 0.50 |
| FILTER SP | --- |
| CFM TOTAL | 405 |
| CFM RA | --- |
| CFM OA MIN. | --- |

DIFFUSERS & GRILLES

| ROOM NO | OUTLET NO | CODE | SIZE | EFFECTIVE AREA | REQUIRED | | TEST RESULTS | |
|---------|-----------|------|------|----------------|----------|--------|--------------|--------|
| | | | | | F.P.M. | C.F.M. | F.P.M. | C.F.M. |
| Women | 1 | CER | 12X6 | FH | FH | 200 | FH | 180 |
| Mens | 2 | * | " | " | " | 200 | " | 185 |
| | | | | Fan | Total | 400 | | 365 |
| | | | | | | | | |
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REMARKS : * DNA

CARTER AIR BALANCE COMPANY

FAN TEST SHEET

DATE: 9/20/99

SHEET NO: 6

AREA SERVED:

Office Max

UNIT NO. EF-3

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

| | | |
|------|------|-------|
| MFG | * | |
| HP * | V * | FLA * |
| PH * | SF * | RPM * |

SHEAVE DATA

| | | | |
|----------|------|-------|------|
| DIA | ---- | SHAFT | ---- |
| ADJ P.D. | --- | FIXED | ---- |

FAN NAMEPLATE DATA

| | |
|-------|-----------|
| MFG | GREENHECK |
| MODEL | CSP-262 |
| TYPE | DNL |
| SIZE | * |

SHEAVE DATA

| | | | |
|--------------|------|-------|-----|
| DIA | --- | SHAFT | --- |
| BELTS | ---- | | |
| DIRECT DRIVE | YES | | |

FAN

SUBMITTED DESIGN DATA

| | |
|----------|-------|
| FAN CFM | 800 |
| TOTAL SP | --- |
| EXT. SP | 0.325 |
| RPM | 1095 |
| BHP | DNL |
| R.A. | ---- |
| O.S.A. | --- |

DESIGN

| | |
|-----------|-----|
| TOTAL CFM | 800 |
|-----------|-----|

TESTED

| | |
|-----------|-----|
| TOTAL CFM | 880 |
|-----------|-----|

TRAVERSE TOTAL

| | |
|-----------|-----|
| TOTAL CFM | NVL |
|-----------|-----|

MOTOR

DATA ITEM TESTED

| | |
|-------|-----|
| VOLTS | 119 |
| AMPS | 5.8 |
| BHP | DNA |
| | |
| | |
| | |

FAN

| | |
|-------------|------|
| RPM | D.D. |
| SP - | 0.05 |
| SP + | 0.25 |
| ESP | 0.30 |
| FILTER SP | --- |
| CFM TOTAL | 880 |
| CFM RA | ---- |
| CFM OA MIN. | ---- |

DIFFUSERS & GRILLES

| ROOM NO. | OUTLET NO. | CODE | SIZE | EFFECTIVE AREA | REQUIRED | | TEST RESULTS | | | |
|----------|------------|------|-------|----------------|----------|--------|--------------|--------|--|--|
| | | | | | F.P.M. | C.F.M. | F.P.M. | C.F.M. | | |
| Elevator | 1 | WER | 12X22 | 1.83 | 440 | 800 | 480 | 880 | | |
| | | | | Fan | Total | 800 | | 880 | | |
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REMARKS : * DNA