

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0006416
Insp Area: 2

Site Address: 7610 AMHERST ST SAC
Parcel No: 052-0010-056 WHISPERING PINES

Sub-Type: NCOM
Housing (Y/N): N

CONTRACTOR
PAUL DAVIS RESTORATION
4059 CHEROKEE RD
STOCKTON, CA 95215

OWNER
SACRAMENTO WHISPERING PINES ASSOCIATES
42 NORTH SUTTER ST SUITE 206
STOCKTON, CA 95202

ARCHITECT

Nature of Work: NEW (2) STORY BUILDING: COMMUNITY CENTER & HEAD START SCHOOL

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

Lender's Name _____ Lender's Address _____

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

License Class _____ License Number _____ Date _____ Contractor Signature _____

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

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

→ PA 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: _____

x Date 9-7-00 Owner Signature [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.

y Date 9-7-00 Applicant/Agent Signature [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 COMPENSATION INS Policy Number 73099/UNIT 163 Exp Date 10/01/2001

→ PA (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.

y Date 9-7-00 Applicant Signature [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.

(209 601 8221)

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # <u>00-06416 C</u>	Insp. Area <u>C</u>
------------------------------	---------------------

Applicant MUST complete ALL Unshaded areas

ADDRESS 7610 AMHERST ST. New BLD Suite _____
PARCEL # 052-0010; 056-0000

CONTACT Name <u>Jeff Lehigh/DAN JOHNSON</u> Street Address <u>2229 J St.</u> City/State/Zip <u>SACRAMENTO CA. 95816</u> Phone <u>916-443-1033</u> FAX <u>916-443-7234</u> E-mail: <u>JLehigh@mognot.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip <u>TBD</u> Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>MAGAVEVO NOKSHINE ASSOC.</u> Address <u>2229 J Street</u> City/State/Zip <u>SACRAMENTO CA. 95816</u> Phone <u>(916) 443-1033</u> FAX <u>(916) 443-7234</u> E-mail: <u>JLehigh@mognot.com</u>		OWNER Name <u>ACL C. INC. (CAROL ORNELAS)</u> Address <u>42 NORTH SUTTER ST. # 200</u> City/State/Zip <u>Stockton, CA. 95202</u> Phone <u>(209) 466-6811</u> FAX <u>(209) 466-3465</u> E-mail: _____	

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

NATURE OF WORK IN DETAIL: NEW 3,400
1ST FL DAY CARE, 2ND community center
(2nd fl. 1,000 sq. ft. wk) additional site wk 225,000

OCCUPANT/TENANT: <u>CMC</u>		VALUATION: \$ _____	
FLOOD STATUS: <u>ARC (15.3) L</u>		S.C.A.T. _____	
JOB DESCRIPTION <u>BLDG</u>		SHELL	APT
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>
# Stories <u>2</u>		<u>PLUMB</u>	<u>ELEC</u>
1st flr Area _____		<u>SITE</u>	<u>FIRE</u>
Total Area <u>3400</u>		Use Zone _____	Fire Req. <u>Y</u> <u>N</u>
Occup. Group <u>E3/R3</u>		Const type <u>V-1HR</u>	Fed Code <u>04</u>
SPR _____		ALARM _____	Vio. File [H] [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>
<u>E</u>	<u>P</u>	<u>S</u>	<u>D</u>
<u>PW</u>	<u>UTIL</u>		

COMMENTS: NEW BLD 3400 sq ft ; SITE 4.14 ACRES ; PERMITS 73,000 \$

LEGAL DOCUMENT FOR NEW OWNER.
cut sheets for plans, pull sta etc. Submit for SPEC PERMIT PLANNING

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-1497	TEST NO: #100-75 ✓ COMPLETE DATE: 8.15.00 ANALYSIS FEE: \$90.00 FIELD TEST FEE: \$360.00	FILE NO: R00-0075 PC# DATE PAID: 8.7.00 DATE PAID: 8.7.01
CONTACT PERSON: ✓ JEFF LEHIGH	PHONE NO: ✓ 443-1033	FAX NO: ✓ 443-7234
COMPANY: ✓ MOCANERO NOTESTINE ASSOC.	CELL PHONE NO: ✓	
COMPANY ADDRESS: ✓ 2224 J. Street	STREET ADDRESS OF TEST: ✓ 5610 AMHERST	
PURPOSE OF TEST: ✓ FIRE INSP NEED FIRE FLOW	ASSESSOR'S PARCEL NUMBER: ✓ 052-0010 ; 056-0000	

The undersigned agrees to the following items and conditions: *WHISPERING PINE COMPLEX*

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: ✓ JEFFREY LEHIGH Signature: ✓ *Jeffrey Lehigh* Date: ✓ 7 AUG 00

ENGINEERING REQUEST DATE: - 8.9.00 DATE OF TEST: 8.14.00 TIME OF TEST: 9:15 AM

WATER MAIN SIZE: 8" - 6" TEST CONDUCTED BY: Steckline-Cedesma-Martinez, Surin

TEST #	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PISTON PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (O.P.M.)
							C ₁	C ₂		
RESIDUAL	- 61	- 115	- 46	- 39						
FLOWED	- 60	- 115			22	2 1/2	0.90	1	787	
FLOWED	- 12	- 116			12	4 1/2	0.90	0.83	1563	
FLOWED	- 92	- 116			12	4 1/2	0.90	0.83	1563	
FLOWED									TOTAL 3913	7948

• THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
 • (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

	ACTUAL	DESIGN (1)
STATIC PRESSURE	46 PSI	35 PSI
RESIDUAL PRESSURE	39 PSI	28 PSI
TOTAL FLOW @ RESIDUAL	3900 G.P.M.	3900 G.P.M.
TOTAL FLOW @ 20 PSI	7900 G.P.M.	5900 G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 10/12/99

O.M.B. NO. 3067-0077
Expires July 31, 1999

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM FLOODPROOFING CERTIFICATE FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or effect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME ACLC, INC.	FOR INSURANCE COMPANY USE POLICY NUMBER
STREET ADDRESS (including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 7610 Amherst	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) APN 052-0010; 056-0000	
CITY SACRAMENTO, CA	STATE ZIP CODE

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (in AO Zones, use depth)
060266	0030	F	July 6, 1978	A99	15.1 feet

SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

Floodproofing Design Elevation Information:

Building is floodproofed to an elevation of 13.10 feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the lowest adjacent grade is 13.10 feet.

(NOTE: for insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By a Registered Professional Engineer or Architect)

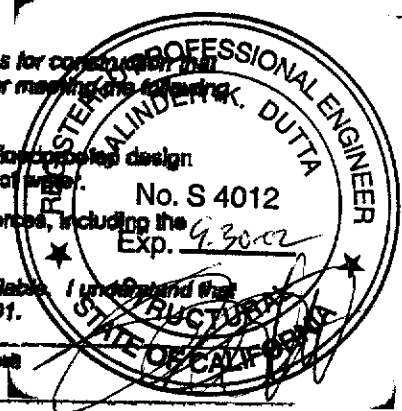
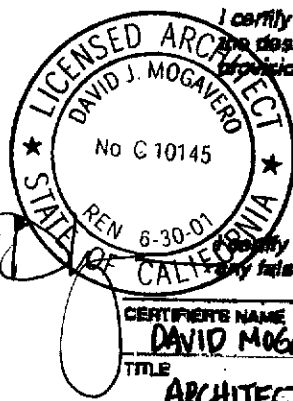
Non-Residential Floodproofed Construction Certification:

I certify that based upon development and/or review of structural design, specifications, and plans for construction, the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.



CERTIFIER'S NAME DAVID MOGAVERO	SAL DUTA	LICENSE NUMBER (or Aff. No.) C10145
TITLE ARCHITECT	STRUCTURAL ENG.	COMPANY NAME MOGAVERO NOTESTINE ASSOC.
ADDRESS 2229 J Street	CITY SACRAMENTO	STATE ZIP CA 95816
SIGNATURE	DATE 11 AUG 00	PHONE (707) 864 2595

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.



DATE: August 31, 2000

TO: ACLC (Carol Ornelas)
42 Sutter Street, Suite 206
Stockton, CA. 95202

PHONE: (209)466-6811
FAX 466-3465

FROM: City of Sacramento Building Department

TRANSMITTED VIA:

U.S. Mail Hand Fed'l Exp Fax

PLAN CHECK #: 0006416

PROJECT : Whispering Pines Apts.
Sacramento, CA

COMMENTS:

Building permits are ready to be issued upon payment of school fees and sewer facility impact fees.

<u><i>Kemp Jan</i></u>	Name	Date: September 1, 2000
<u><i>Supervising ENGR</i></u>	Title	

Certification of Compliance School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address _____
 Project Address 7610 Amherst
 Parcel Number _____ Lot No. _____
 Subdivision Name _____ No. of Units _____
 Applicant's Signature _____ Title _____
 Phone No. (209) 410-1511 Date 9/5/00

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 000 6416
 Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 3859
 Signature/Title _____ Date 8-31-00

Part III - To be completed by the SCHOOL DISTRICT

School District _____ Certificate No. _____
 Exempt Comments _____
 Residential/Apartment/etc. _____ Square ft. x \$ _____ = \$ _____
 Commercial/Industrial 3859 Square ft. x \$.28 = \$ _____
 Total fees collected..... = \$ 1082.52

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature _____ Date 9/5/00

A.C.L.C., INC.
 UNRESTRICTED
 42 N. SUTTER ST., SUITE 406
 STOCKTON, CA 95202
 209-466-6811

PACIFIC STATE BANK
 8 SOUTH EL DORADO ST.
 STOCKTON, CA 95202

90-4148
 1211

DATE
 09/05/00

03364
 CHECK NO.
 3364

AMOUNT

\$ 2,789.000

*****Two Thousand Seven Hundred Eighty Nine & 00/100 Dollars

Pay To Sacramento County Regional Sanitation District.
 Order
 Of

Suzanne Stone
Carol [Signature]

⑈003364⑈ ⑆12114482⑆ 01 608052⑈

COUNTY SANITATION DISTRICT NO. 1 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT SEWER IMPACT FEE PERMIT AND CALCULATION SHEET																													
APPLICATION NO:	BLDG PERMIT NO: CITY																												
GENERAL INFORMATION	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE																												
IPATED SEP 05 2000 BY: <i>OK</i> <i>952000</i>																													
<table border="1"> <tr> <th colspan="2">FEE CALCULATION</th> <th colspan="2">BUILDING USE</th> </tr> <tr> <td>INSPECTION</td> <td>6</td> <td>RESIDENTIAL</td> <td>SF <input type="checkbox"/> MF <input type="checkbox"/></td> </tr> <tr> <td>CSD-1</td> <td>8</td> <td>COMMERCIAL USE</td> <td>UNITS</td> </tr> <tr> <td>SRCSD</td> <td>2789</td> <td colspan="2">3059 Clubhouse</td> </tr> <tr> <td>CONSTRUCTION</td> <td></td> <td colspan="2">(Head Start)</td> </tr> <tr> <td>IN-LIEU</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL FEE</td> <td>\$ 2789</td> <td></td> <td></td> </tr> </table>		FEE CALCULATION		BUILDING USE		INSPECTION	6	RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>	CSD-1	8	COMMERCIAL USE	UNITS	SRCSD	2789	3059 Clubhouse		CONSTRUCTION		(Head Start)		IN-LIEU				TOTAL FEE	\$ 2789		
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APN:	052-0010-056																												
DESCRIPTION/ SUBDIVISION	LOT:																												
PROPERTY ADDRESS	7610 AMHERST ST																												
OWNER	WHISPERING PINES APTS.																												
MAILING ADDRESS	C/O ACLC, INC																												
CITY-STATE-ZIP	PHONE																												
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.																													
APPLICANT SIGNATURE																													
CONSOLIDATED UTILITY BILLING USE ONLY																													
ACCT _____	INPUT _____ START _____																												

OFFICE COPY

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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

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

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) (no)
2. I (have) 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 Paul Davis Restoration Address 4059 Ctheronee Rd
City Stockton, CA 95215 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 N/A 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
<u>N/A</u>			

Signed [Signature] 9/5/00

Job Address 7610 AMHERST St, Sacramento, CA

Permit No: _____

air balance inc.

A MESTEK COMPANY
7301 INTERNATIONAL DRIVE
HOLLAND, OH 43528

abi

Tel: 419-865-5000
Fax: 419-865-1375

TO: Kevin McPeters

DATE: December 17, 2001

FIRM: Tempco

FAX: 916-451-1226

SUBJECT: Corridor FSD

NO. OF PAGES

INCL. THIS COVER PAGE: 1

FROM: John Penka

jpenka@awy.com

Kevin,

I have researched your customer's request to mount the FS2C damper with the actuator mounted below the damper. This is an acceptable installation, provided that the dimension from the top of the damper to the top of the ceiling construction does not exceed 4".

If that dimension exceeds 4", then either the dampers need to be reversed or the ceiling construction depth needs to be extended in some fashion around the damper, per your local authorities.

Should you have any questions, please feel free to contact us.

Best regards,



Post-It® Fax Note	7671	Date	12/17/01	# of pages	1
To	JOHN	From	KEVIN		
Co./Dept	BEUTLER	Co.	TEMPCO		
Phone #		Phone #			
Fax #		Fax #			

air balance inc.

**A MESTEK COMPANY
7301 INTERNATIONAL DRIVE
HOLLAND, OH 43629**

abi

**Tel: 419-865-5000
Fax: 419-865-1378**

TO: Kevin McPeters

DATE: December 13, 2001

FIRM: Tempco Equipment

FAX: 415-458-4159

SUBJECT: FS2C Dampers

NO. OF PAGES

INCL. THIS COVER PAGE: 1

**FROM: John Panke
jpanke@abv.com**

Kevin,

Per your request, I have reviewed your customer's application of using a model FS2C Corridor Fire/Smoke damper without an access door. This damper model is acceptable for use without a door. Access to the motor is "provided" by the mechanical fasteners holding the blades to the axles. The fasteners are removed, and the blades can be removed for easy access, therefore eliminating the need for a door.

Should you have any questions, please feel free to contact me.

Best regards,





TEMPCO

EQUIPMENT COMPANY, INC.

Manufacturer's Representative of Quality Technical Products • Established 1984

FAX TRANSMISSION

COMPANY: Beutler Heating & A/C

DATE: November 26, 2001

ATTENTION: Mark C.

FROM: Kevin P. McPeters

SUBJECT: FSD Sleeve Extension

TOTAL PAGES: 2

Hello Mark:

As requested, here is a letter from Air Balance addressing the sleeve extension for the Fire/Smoke dampers furnished on the Whispering Pines project. If you need anything further, please advise.

Kevin P. McPeters

Fax Cover Page

air balance inc.

A MESTEK COMPANY
7301 INTERNATIONAL DRIVE
HOLLAND, OH 43528

Tel: 419-865-5000
Fax: 419-865-1374

TO: Janet Georgie DATE: November 26, 2001

FIRM: Tempco Equipment Co., Inc. CITY, STATE: Sacramento, CA

SUBJECT: Fire/Smoke Damper Sleeves - Whispering Pines

NO. OF PAGES

INCL THIS COVER PAGE: 1 FROM: Jon Frey

Confirming our conversation earlier today, it is perfectly acceptable to extend a sleeve on the subject product as long as it is done in a professional manner utilizing permanent fasteners (rivets, bolts, screws, etc.) on 6 in. centers and no further than 2" from the corners. Per UL, the sleeve must not extend beyond the barrier more than 6" on the non-actuator side and no more that 16" on the actuator side.

The matter of leakage at the joint should be addressed with the use of the appropriate caulking or UL approved metallic tape.

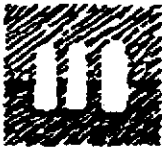
It is also acceptable to shorten the length of a sleeve in the field providing that it is done in a professional fashion.

It is not acceptable to alter the mechanical components (actuator, linkage, etc.) of the damper to the extent that original design or intent of the product has been modified.

We hope this information answers your question. If we can be of any further assistance, please don't hesitate to let us know.

Sincerely,

Jon Frey



ATTENTION :

A.C.L.C.

DATE: August 31, 2000

TO: Jerry Lau
City of Sacramento
Building Department
1231 I Street
Sacramento, CA 95814

PHONE: (916)264-7619

FROM: David Mogavero

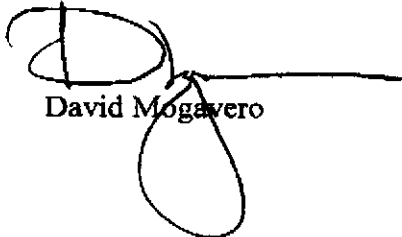
TRANSMITTED VIA:
 U.S. Mail Hand Fed'l Exp Fax

PROJECT #: MNA 99123
PROJECT: Whispering Pines Apts.
Sacramento, CA

COMMENTS:

Jerry,

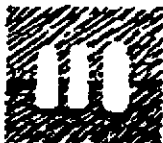
It is our understanding that the building permit for Whispering Pines Apartments is issuable. Permit fees will be \$ 38,156.72 We would like to thank you for your extraordinary efforts in getting us to this point. (Plan check #0006416)


David Mogavero

I concur _____ Jerry Lau Date:

ON BEHALF OF Jerry Lau Willie Harris WILLIE HARRIS DATE: 8/31/00

(Plan check #0006416) 0006417, 0006418, 0006419, 0006420, 0006421, 0006422



DATE: August 31, 2000

TO: Jerry Lau
City of Sacramento
Building Department
1231 I Street
Sacramento, CA 95814

PHONE: (916)264-7619

FROM: David Mogavero

TRANSMITTED VIA:
 U.S. Mail Hand Fed'l Exp Fax

PROJECT #: MNA 99123
PROJECT: Whispering Pines Apts.
Sacramento, CA

COMMENTS:

Jerry,

It is our understanding that in order for the plans to be ready for construction that additional corrections are needed.. We appreciate your help in getting the permit number and fee schedules.

David Mogavero

(Plan check #0006416)

**City of Sacramento
Water and Sewer Service Quotation**

FY 99/00

Date: 08/30/00	Time:	Planning No.: None	Plan Check No.: 0006416
Address: 7610 Amherst Street		Parcel No.: 062-0010-056	
Description: Remodel, Re-roof of various buildings and construction of a Daycare/community center			
Subdivision Map: Portion of City (35-C)		Water Page No.: 116	
Estimate By: Dilley			
Engineering Firm: Cunningham Engineering		Project Engineer: Daniel Fenocchio	
		Phone No.: 630 758-2026	
		Fax No.: 630 758-2066	
Sewer Jurisdiction: <input type="checkbox"/> County <input checked="" type="checkbox"/> City			
Comment No.1 City to provide 1-8" meter to applicant to be used on an existing service.			
Comment No.2 1-8" fire service (easement tap).			
Comment No.3			
Comment No.4			
Comment No.5			
Comment No.6			
TOTAL WATER DEV. FEES: \$0		18 hrs x \$75 per hour = \$1,350	
TOTAL SEWER DEV. FEES: \$0		or \$300.00 (whichever is greater)	
		Total on-site grading and drainage review fee: \$1,350	

Water Service Quotations

ENTERED IN COMP

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
8"	8"					Meter only		1		\$3,960	\$3,960	
8"			8"		x		1		\$1,685		\$1,685	
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
	Abandon			in.								
	Abandon			in.								
CREDIT												
	Credit for			in.				1				
	Credit for			in.				1				
								0		Fire Hydrant		
Total for Water											\$5,645	\$0

Sewer Service Quotations

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Sewer Tap Construction Charge: **\$0**
 Water Main Construction Charge: **\$5,645**
Total For Address: \$5,645

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 7610 AMHERST ST Permit No. 0006416

Building Use: COMMUNITY CENTER & HEADSTART Occupancy: E3/A3

Building Owner: WHISPERING PINES ASSOC. Construction Type: V-1HR

Owner Address: 42 N. SUTTER ST - STE 206 Sprinkled? [] Yes [X] No

Portion of Building Occupied: ENTIRE Area: 3,859 Sq. Ft.

04/02/02 Nicholas Buehler DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: GTD,LLS,RVL,MG,EC]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE