

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110546

Site Address: 706 56TH ST SAC

Insp Area: 1

Parcel No: 004-0342-004

SUIT #110

Thos Bros:

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

MARK III ENGINEERING
5101 FLORIN PERKINS RD.
SACTO. CA. 95826

OWNER

JD DEVELOPMENT
531 PICO
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: FIRST TIME TI 700 SQ. FT

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 _____

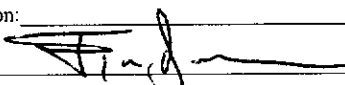
LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number 574134 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.)

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 9/10/01 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 9/10/01 Applicant/Agent Signature 

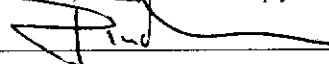
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ 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 692-00 UNIT 0002087 Exp Date 10/01/2001

____ (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 9/10/01 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.

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 # 0110546	Insp. Area IC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 706 56TH STREET STR 110 Suite 110
 PARCEL # 004-0342-009

<p style="text-align: center;">CONTACT</p> Name <u>JIM DONOVAN</u> Street Address <u>706 56TH STR 150</u> City/State/Zip <u>SAC CA 95819</u> Phone <u>454 2419</u> FAX <u>452 3255</u> E-mail: <u>719 0905</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>MARK III</u> Address <u>5105 FLOWN PLAINS</u> City/State/Zip <u>SAC CA 95826</u> Phone <u>381 8080</u> FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>SAC ENGINEERING</u> Address <u>10555 OLD PLYMOUTH</u> City/State/Zip <u>SAC CA 95827</u> Phone <u>368 4468</u> FAX <u>368 4490</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>JD DEVELOPMENT</u> Address <u>531 ACO</u> City/State/Zip <u>SAC CA 95819</u> Phone <u>451 9064</u> FAX <u>455 5921</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: FIRST TIME T.I. TOO BY PLUMBING, ELEC, MECHANICAL FIRE LIS

OCCUPANT/TENANT: RESTAURANT VALUATION: \$ 18000⁰⁰

FLOOD STATUS: <u>N.A.</u>		S.C.A.T.								
JOB DESCRIPTION		<u>BLDG</u>	SHELL	APT	<u>TI</u>	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>		
# Stories	1	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File	
			<u>700</u>		<u>B</u>	<u>V-14</u>	SPR	ALARM	<u>15</u>	[H] [Quad]
	<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	S	D	PW	UTIL

COMMENTS: _____

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
8/17/01	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 99-000546
 ADDRESS: 1000 5th St
 Commercial Residential

ACCEPTED by (S&D):

FUNCTION	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
DIFFERENTIAL	3	JT	8/22/01	13	JT	9/4/01			
STRUCTURAL	13	JT	8/22/01						
MECHANICAL/PLUMBING	13/13	KACW	8/24/01						
ELECTRICAL	13	JM	8/24/01						
TRAC	13	BDF	8/24/01						
PLANNING									

STAFF COMMENTS:

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) _____
2. I (have) have not) _____ 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 MARK HE Address _____
City _____ Telephone 301 8080
Contractors License No. 574134

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

Signed [Signature]

Job Address 706 56TH ST STE 110

Permit No: 0110546



INDEPENDENT TEST & BALANCE ~ SACRAMENTO

GEORGE J. SCHWARTZ
CALIFORNIA LICENSE #667571
8653 TIMBER COURT
ORANGEVALE CA 95662
(916) 987-1028

COMPLETION DATE
OCT. 12 , 2001
ITB JOB NO.
365

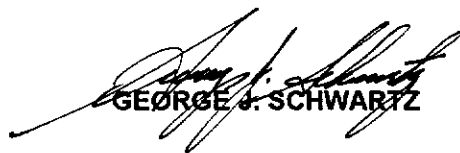
JOB NAME:

LA VITA BELLA SKIN SPA
706 - 56TH STREET
SACRAMENTO , CA .

CONTRACTOR :

MERCER MECHANICAL

TESTED BY:

A handwritten signature in black ink, appearing to read 'George J. Schwartz', is written over the printed name. The signature is fluid and cursive.
GEORGE J. SCHWARTZ

TOTAL SYSTEM BALANCING
AIR ~ HYDRONIC ~ TEMPERATURE ~ SOUND ~ SYSTEM SURVEY

TABLE OF CONTENTS

SECTION	DESCRIPTION
1.	Remarks Concerning Balance Procedures
2.	FC - 1

SECTION ONE

1. The total air delivery of the AC units was calculated from outlet totals .
Duct pitot traverses were not obtainable .

2. Inlet and Outlet air quantities from the HP unit were measured using an
" Alnor " balometer . See data sheet this section .

3. For further notes concerning balance , see test sheets .

4. Following this sheet are :
A) Symbol sheet
B) Calibration curve (Balometer)

State of California Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

INDEPENDENT TEST & BALANCE - SACRAMENTO

to engage in the business or act in the capacity of a contractor
in the following classification(s):
D62 - AIR AND WATER BALANCING

Witness my hand and seal this day,
March 22, 1993



[Signature]
Signature of Licensee

[Signature]
Signature of Licensee Qualifier

[Signature]
Registrar of Contractors

Issued March 19, 1993

667571
License Number

This license is the property of the Registrar of Contractors, is not
transferable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.

SYMBOL LIST

AC	ACCESS DOOR
BV	BALANCE VALVE
CLG	CEILING
CD	CEILING DIFFUSER
CR	CEILING RETURN
CH.W.	CHILLED WATER
C.W.	CONDENSED WATER
CFM	CUBIC FEET PER MINUTE
DB	DRY BULB
EA	EXHAUST AIR
EAT	ENTERING AIR TEMPERATURE
EWT	ENTERING WATER TEMPERATURE
FPM	FEET PER MINUTE
G.V.	GATE VALVE
GL.V.	GLOBE VALVE
H.W.	HOT WATER
LAT	LEAVING AIR TEMPERATURE
LWT	LEAVING WATER TEMPERATURE
MVD	MANUAL VOLUME DAMPER
N.A.	NOT ACCESSIBLE
N.I.	NOT INSTALLED
O.B.D.	OPPOSED BLADE DAMPER
OSA	OUTSIDE AIR
RA	RETURN AIR
SWR	SIDEWALL REGISTER
SP	STATIC PRESSURE
SA	SUPPLY AIR
SAR	SUPPLY AIR REGISTER
T.P.	THERMALLY PROTECTED
W.B.	WET BULB

ALNOR

Certificate of Traceability

EQUIPMENT LIST

PART NUMBER	MODEL NUMBER	TYPE	SERIAL NUMBER
634-593-100	6461	BALOMETER	BR 2330

The Alnor Instrument Company hereby Certifies that the above designated equipment was found to meet or exceed manufacturing specifications. This equipment has been calibrated using standards whose accuracies are traceable to the National Institute of Standards and Technology (NIST, formerly NBS) within the limits of the bureau's calibration service. Our calibration system requirements meet or exceed the requirements of the following: MIL STD 45662A
MIL-1-45208A

ALNOR INSTRUMENT COMPANY
7644 N. LINDER AVENUE
SKOKIE ILLINOIS 60077
(708) 677-3400
TELEFAX (708) 677-3630

2-6/167716 A & B
NBS Test No. 232-09/209375-B
Transfer Std. No. QA 396

Date Tested: 5-23-01
Tested By: S. Eudullha
Performed By: *[Signature]*
Date: 5-23-01
SO: C666370
PO:

ALNOR

CERTIFICATION DATA SHEET

SALOMETER

CUBIC FEET PER MINUTE

SERIAL NO. CETER BR 2330

TEST CONDITIONS

SERIAL NO. BASE BR 2330

TEMP. 70.79 BAROMETER 29.52

CLIENT Independent Test & Balance

R.H. 46%

TEST NO. _____

CUBIC FEET PER MINUTE				
RANGE	STANDARD FLOW	SUPPLY (+) READING	EXHAUST (-) READING	LIMITS
800/2000	2000	2025	2000	(+)2060/1940 (-)2080/1920
	1600	1600	1600	(+)1660/1540 (-)1680/1520
	1200	1200	1200	1260/1140
400/1000	1000	1000	1000	1030/970
	800	800	800	830/770
	600	620	615	630/570
100/500	500	500	500	515/485
	400	400	400	415/385
	300	300	300	315/285
	200	200	200	215/185
0/250	250	250	250	257.5/242.5
	200	200	190	(+)207.5/192.5 (-)203.5/188.5
	150	150	150	157.5/142.5
	100	105	102	107.5/92.5
	50	50	50	57.5/42.5

DATE TESTED: 9-23-01

TESTED BY S.E.

ALNOR INSTRUMENT COMPANY
7356 N. LINCOLN AVENUE
SKOKIE, ILLINOIS 60077

$\frac{22 \times 22 \text{ RD}}{900 \text{ f}}$
R-1

GSA

FC-1

$\frac{15 \times 15 \text{ SD}}{2000 \text{ f}}$
3

$\frac{12 \times 9 \times 9 \text{ SD}}{225 \text{ f EA.}}$
2

SCHEMATIC DUCT LAYOUT
NO SCALE



GEORGE J. SCHWARTZ
CALIFORNIA LICENSE #667571
8853 TIMBER COURT
ORANGEVALE CA 95662

FAN AND OUTLET TEST DATA

LOCATION: OFFICES

SYSTEM: FC-1

MOTOR NAMEPLATE DATA

MFG: FR:
HP: 1/2 V: 208 FLA: 2.4
PH: 1 SF: T.P. RPM: *

SHEAVE DATA:

DIA: * SHAFT: *
ADJ: * FIXED:

FAN NAMEPLATE DATA

MFG: BRYANT
MODEL: FB 4 ANF 030
TYPE:
SIZE:

SHEAVE DATA:

DIA: * SHAFT: * HUB:
BELTS: *
WARTER:
LEATERS:

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	210		
AMPS	2.0		
BHP			
FAN RPM	*		
SP-	.28		
SP+	.10		
TSP ESP	.38		
FILTER SP	.05		
CFM TOTAL	970		
CFM RA	820		
CFM OA	150		

CFM _____ TSP _____
ESP _____ RPM _____ BHP _____

FAN DESIGN DATA

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	9X9	1.0	225	225	210	210				
	2	CD	9X9	1.0	225	225	210	210				
	3	CD	15X15	1.0	600	600	550	550				
						===		===				
						1050		970				
	R-1	CR	22X22	1.0	900	900	820	820				

REMARKS: * DIRECT DRIVE