

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0112050

Insp Area: 4

Thos Bros: 298A1

Site Address: 1400 RIVER PARK DR SAC

Parcel No: 277-0287-032

2ND FLR

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

CONTRACTOR

REINKE CONSTRUCTION
8240 BELVEDERE #D
SACRAMENTO CA 95826

OWNER

BANK OF THE WEST
1450 TREAT BL
WALNUT CREEK CA

ARCHITECT

Nature of Work: REMODEL OFFICES/ SECOND FLOOR

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 B-1 License Number 616274 Date 10-31-01 Contractor Signature [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 _____ 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 10-31-01 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.

[Signature] 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 COMPENSATION INS FUND Policy Number 1404478-01 Exp Date 07/01/2002

(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 10-31-01 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.



Insp. Area _____

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: REINKE CONST. PC # 0112050
 Address: 8240 BELEVEDUE AVE. BID App. _____
 Job Phone: 826 5380 Office Ph. ⁽⁹¹⁶⁾ 736 2600 Fee 350 (A)

SUBJECT: Project Address: 1400 River Park Dr Suite # 2nd flr

I request permission to start the following work rough framing/plbg/mech/
elect

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. The state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. ^{PAID} ^{CITY OF SACRAMENTO} ^{SEP 18 2001} Keep posted on job site at all times.

NEIGHBORHOODS, PLANNING
CONSTRUCTION LENDING AGENCY AND DEVELOPMENT SERVICES

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: B-1 Lic. Number: 616274 REINKE CONST.
 _____ 9-18-01
 SIGNATURE DATE

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 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 or her own employees, provided that such improvement 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 or 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 & P Code for this reason _____

SIGNATURE DATE

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 the work for which this 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: _____ exp. _____

Policy No.: _____

I certify under penalty of perjury 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.

[Signature]
SIGNATURE DATE 9-14-01

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury 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]
SIGNATURE OF APPLICANT OR AGENT DATE 9-18-01

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 # 0112050	Insp. Area 4C
--	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1400 RIVER PARK DRIVE Suite 2ND FLOOR
 PARCEL # 277-0287-032

<p style="text-align: center;">CONTACT</p> Name <u>JEFF CECIL / ARKTEGRAF, INC.</u> Street Address <u>1800 27th STREET</u> City/State/Zip <u>SACRO CA 95816</u> Phone <u>736-6920</u> FAX <u>736-6920A</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>AS ABOVE</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>BANK OF THE WEST</u> Address <u>1450 TREAT BLVD.</u> City/State/Zip <u>WALNUT CREEK CA 94596</u> Phone <u>(925) 942-8364</u> FAX <u>(925) 944-5251</u> E-mail: <u>CONTACT: JOHN TAYLOR</u>

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

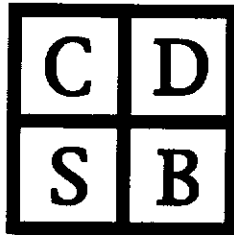
NATURE OF WORK IN DETAIL: TENANT IMPROVEMENT IN EXISTING TWO STORY BLDG. NEW HVAC DUCTWORK, ELEC. & LIGHTING. NEW SUSPENDED CEILING SYSTEM. 2nd floor only
Remodel offices

OCCUPANT/TENANT: B / BANK OF THE WEST VALUATION: \$ 82000

FLOOD STATUS:			S.C.A.T. <u>207</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REMA (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>(BLDG)</u>	<u>(MECH)</u>	<u>(PLUMB)</u>	<u>(ELEC)</u>	SITE		<u>(FIRE)</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>(Y/N)</u>		Fed Code	Vio. File	
<u>(B)</u>	<u>(L)</u>	<u>7703</u>	<u>(M)</u>	<u>(B)</u>	<u>(UN)</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
						S		D	PW	UTIL

COMMENTS: _____

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



C E R T I F I E D • D E S I G N • S Y S T E M • B A L A N C E

COMPLETION REPORT

November 9, 2001

JOB DESCRIPTION: Bank of the West
1400 River Park Drive 2nd Floor
Sacramento, CA 95816

CONTRACTOR: River City Heating & Air Conditioning

ARCHITECT: ARKTEGRAF, INC.

ENGINEER: Sacramento Engineering Consultants, Inc.

TEST PERFORMED BY: Gary Oulrey

CHECKED BY: *Gary Oulrey*
GARY OULREY

GENERAL NOTES SHEET

All outside air dampers were set and marked.

A Shortridge Electronic Flowhood was used to measure all supply return/exhaust terminal units unless noted otherwise.

A Fluke multi meter was used to measure all voltages and amperages.

A Zernickow tachometer was used to measure rotational speed.

BALANCE REPORT ABBREVIATIONS

CD	CEILING DIFFUSER
CEG	CEILING EXHAUST GRILLE
CER	CEILING EXHAUST REGISTER
CRG	CEILING RETURN GRILLE
CSR	CEILING SUPPLY REGISTER
DNA	DATA NOT AVAILABLE
DNL	DATA NOT LISTED
FEG	FLOOR EXHAUST GRILLE
FRR	FLOOR RETURN REGISTER
FSR	FLOOR SUPPLY REGISTER
NA	NON ACCESSIBLE
NI	NOT INSTALLED
NT	NOT TAKEN, DUE TO IRREGULAR READINGS
NVL	NO VALID LOCATION FOR TESTING
OPEN	NO TERMINAL, DUCT OPEN
WEG	WALL EXHAUST GRILLE
WRG	WALL RETURN GRILLE
WSR	WALL SUPPLY REGISTER
LSD	LINEAR SUPPLY DIFFUSER
LRR	LINEAR RETURN REGISTER
LER	LINEAR EXHAUST REGISTER



TECHNICAL SERVICES GROUP

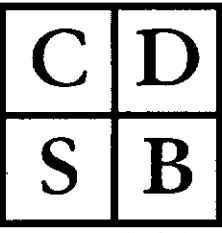
2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

Certificate of Calibration

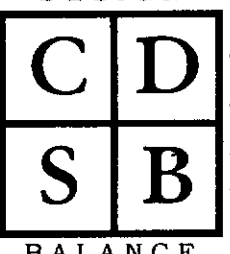
CDSB
6908 WINLOCK AVE.
CITRUS HEIGHTS
CALIFORNIA 95621

Customer ID #	3714	Rated Accuracy	SEE DATA SHEET
File #	1270	Pass/Fail as Found	PASS
Instrument Type	FLOW HOOD	Pass/Fail as Left	PASS
		1st (Mfg) S/N	M89620
Range	2,000		
Units	CFM	2nd S/N	N/A
Resolution	SEE DATA SHEET		
Mfg.	SHORTRIDGE		
Model	8400	Cal Date	9/10/2001
Cal By	MIKE MCCONNELL 90765	Cal Due	9/10/2002
		Notes	
Current Cal Cycle (Months)	12		
Previous Cal Cycle	N/A		
Standards Used	DO-ALL 54-R 379 DUE6/26/02 NIST 4369-003		

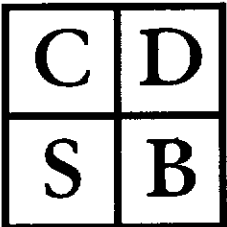
**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT
HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE
OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012
AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED
MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE
OR 1 MINOR DIVISION.**

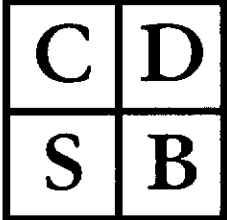
DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION		PAGE		5			
	FAN AND OUTLET TEST SHEET				DATE 11/9/2001							
AREA SERVED CONFERENCE				UNIT AC 2								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG AO SMITH				VOLTS			212					
HP 3/4 V 208 FLA 5.0				AMPS			3.30					
PH 1 SF THERM RPM 3speed				BHP			0.50					
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH		HIGH					
MODEL D7CG048N06025A				SP -	-		0.24					
TYPE PACKAGE				SP +	-		0.27					
SIZE 4 TON				ESP	-		0.51					
SHEAVE DATA				FILTER SP	-		0.07					
DIA SHAFT				CFM TOTAL	1725		1737					
BELTS				CFM RA	1351		1318					
				CFM OA MIN.	374		419					
FAN SUBMITTAL DATA				CFM 1600	SP -			RPM -	BHP -			
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	15X15		800		852		860			
	2	CD	15X15		800		873		877			
AC 2 SUPPLY AIR TOTAL					1600		1725		1737			
	3	CRR	15X15		600		705		696			
	4	CRR	15X15		600		646		622			
AC 2 RETURN AIR TOTAL					1200		1351		1318			
		OSA			400		374		419			
REMARKS DESIGN MIN OSA DNL												

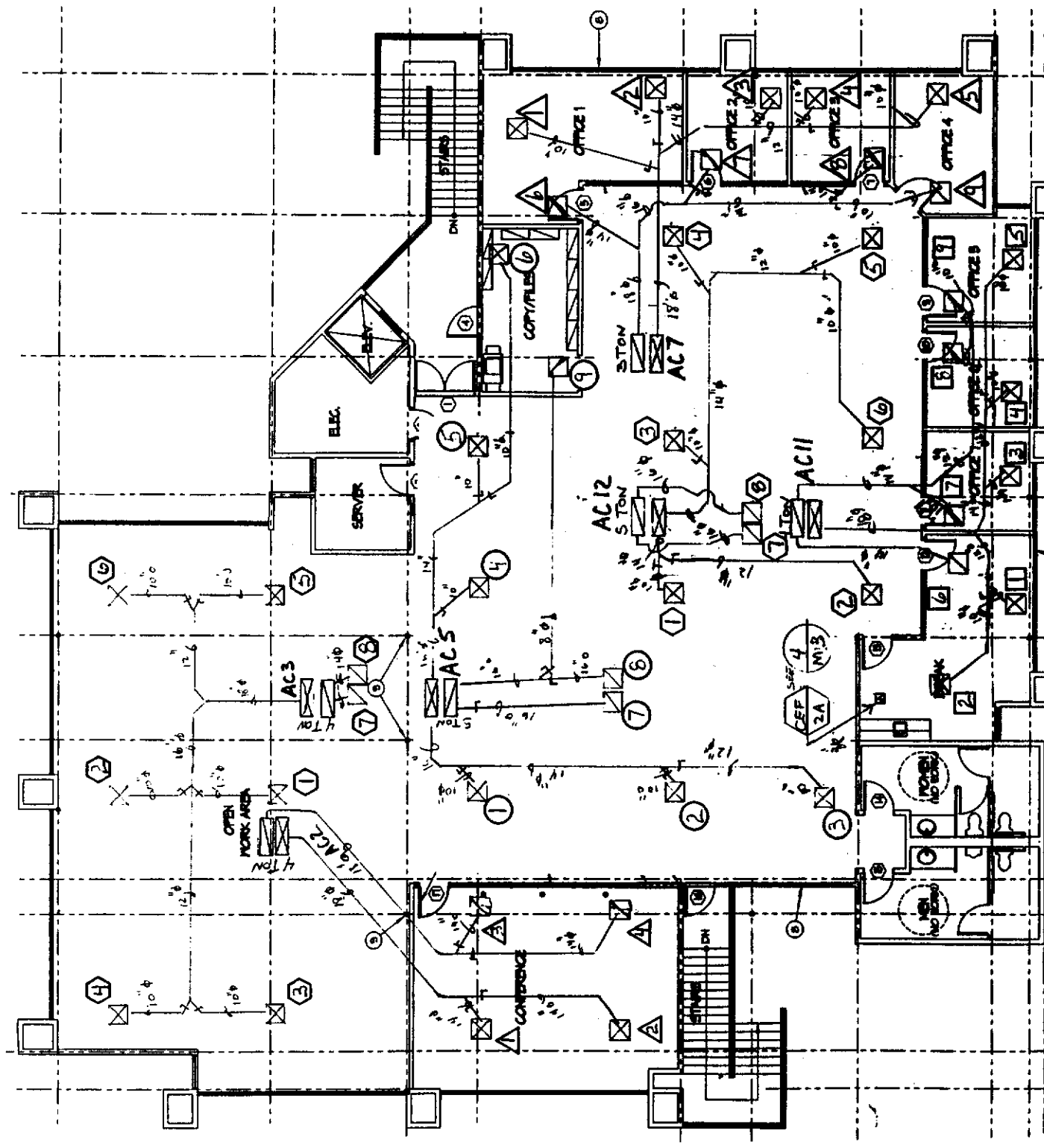
CERTIFIED DESIGN SYSTEM BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION		PAGE 6					
	FAN AND OUTLET TEST SHEET				DATE 11/9/2001							
AREA SERVED SOUTHEAST OPEN OFFICE SPACE				UNIT AC 3								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1	TEST 2	TEST 3					
MFG AO SMITH				VOLTS		212						
HP 3/4 V 208 FLA 5.0				AMPS		3.21						
PH 1 SF THERM RPM 3speed				BHP		0.48						
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH	HIGH						
MODEL D7CG048N06025A				SP -	-	0.23						
TYPE PACKAGE				SP +	-	0.33						
SIZE 4 TON				ESP	-	0.56						
SHEAVE DATA				FILTER SP	-	0.08						
DIA SHAFT				CFM TOTAL	1626	1636						
BELTS				CFM RA	1353	1222						
				CFM OA MIN.	273	414						
FAN SUBMITTAL DATA				CFM 1600	SP -	RPM -	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	9X9		200		190		205			
	2	CD	12X12		280		330		269			
	3	CD	12X12		280		261		283			
	4	CD	12X12		280		286		299			
	5	CD	12X12		280		261		273			
	6	CD	12X12		280		298		307			
AC 3 SUPPLY AIR TOTAL					1600		1626		1636			
	7	CRR	22X22		600		634		589			
	8	CRR	22X22		600		719		633			
AC 3 RETURN AIR TOTAL					1200		1353		1222			
		OSA			400		273		414			
REMARKS DESIGN MIN OSA DNL												

	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION	PAGE			7			
	FAN AND OUTLET TEST SHEET				DATE 11/9/2001							
AREA SERVED INTERIOR OPEN OFFICE SPACE				UNIT AC 5								
MOTOR NAMEPLATE DATA			DATA ITEM	TEST 1	TEST 2	TEST 3						
MFG	AO SMITH		VOLTS		212							
HP	1	V 208 FLA 6.60	AMPS		5.31							
PH	1	SF THERM RPM 3speed	BHP		0.80							
SHEAVE DATA												
DIA	SHAFT											
ADJ	% FIXED											
FAN NAMEPLATE DATA												
MFG	YORK		RPM	HIGH	HIGH							
MODEL	D7CG060N07925A		SP -	-	0.31							
TYPE	PACKAGE		SP +	-	0.39							
SIZE	5 TON		ESP	-	0.70							
SHEAVE DATA			FILTER SP	-	0.05							
DIA	SHAFT		CFM TOTAL	1833	1852							
BELTS			CFM RA	1684	1530							
			CFM OA MIN.	149	322							
FAN SUBMITTAL DATA			CFM 2000	SP -	RPM -	BHP -						
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	12X12		350		301		325			
	2	CD	12X12		350		263		303			
	3	CD	12X12		350		292		315			
	4	CD	12X12		350		312		339			
	5	CD	12X12		350		352		334			
	6	CD	9X9		250		313		236			
AC 5 SUPPLY AIR TOTAL					2000		1833		1852			
	7	CRR	22X22		750		799		627			
	8	CRR	22X22		750		745		719			
	9	CRR	9X9		200		140		184			
AC 5 RETURN AIR TOTAL					1700		1684		1530			
		OSA			300		149		322			
REMARKS DESIGN MIN OSA DNL												

CERTIFIED DESIGN SYSTEM BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION		PAGE 8					
	FAN AND OUTLET TEST SHEET				DATE 11/9/2001							
AREA SERVED OFFICE'S 1, 2, 3, & 4				UNIT AC 7								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1	TEST 2	TEST 3					
MFG AO SMITH				VOLTS		212						
HP .5 V 208 FLA 4.40				AMPS		2.63						
PH 1 SF THERM RPM 3speed				BHP		-						
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH	MED						
MODEL D7CG036N04025A				SP -	-	0.13						
TYPE PACKAGE				SP +	-	0.17						
SIZE 3 TON				ESP	-	0.30						
SHEAVE DATA				FILTER SP	-	0.04						
DIA SHAFT				CFM TOTAL	1549	1337						
BELTS				CFM RA	1145	904						
				CFM OA MIN.	404	433						
FAN SUBMITTAL DATA				CFM 1200	SP -	RPM -	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	12X12		275		316		288			
	2	CD	12X12		275		349		296			
	3	CD	12X12		225		364		248			
	4	CD	12X12		225		216		253			
	5	CD	12X12		225		304		252			
AC 7 SUPPLY AIR TOTAL					1225		1549		1337			
	6	CRR	15X15		375		564		423			
	7	CRR	12X12		150		211		161			
	8	CRR	12X12		150		189		164			
	9	CRR	12X12		150		181		156			
AC 7 RETURN AIR TOTAL					825		1145		904			
		OSA			400		404		433			
REMARKS DESIGN MIN OSA DNL												

	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
	FAN AND OUTLET TEST SHEET				SECTION	PAGE			9			
					DATE				11/9/2001			
AREA SERVED				OFFICE'S 6, 7, & 8, BREAKROOM				UNIT		AC 11		
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG AO SMITH				VOLTS			212					
HP 3/4 V 208 FLA 5.0				AMPS			3.0					
PH 1 SF THERM RPM 3speed				BHP			0.45					
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH		HIGH					
MODEL D7CG048N06025A				SP -	-		0.15					
TYPE PACKAGE				SP +	-		0.29					
SIZE 4 TON				ESP	-		0.44					
SHEAVE DATA				FILTER SP		-		0.06				
DIA SHAFT				CFM TOTAL	1661		1447					
BELTS				CFM RA	1283		958					
				CFM OA MIN.	378		489					
FAN SUBMITTAL DATA				CFM 1600	SP -	RPM -	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	12X12		320		347		332			
	2	CD	12X12		320		332		322			
	3	CD	12X12		250		283		245			
	4	CD	12X12		250		287		245			
	5	CD	12X12		300		412		303			
AC 11 SUPPLY AIR TOTAL					1440		1661		1447			
	6	CRR	12X12		400		635		390			
	7	CRR	12X12		180		263		177			
	8	CRR	12X12		180		200		179			
	9	CRR	12X12		220		185		212			
AC 11 RETURN AIR TOTAL					980		1283		958			
		OSA			460		378		489			
REMARKS DESIGN MIN OSA DNL												

DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION	PAGE 10						
	FAN AND OUTLET TEST SHEET				DATE 11/9/2001							
AREA SERVED INTERIOR OPEN OFFICE SPACE				UNIT AC 12								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG AO SMITH				VOLTS			212					
HP	1	V	208 FLA 6.60	AMPS			5.17					
PH	1	SF	THERM RPM 3speed	BHP			0.78					
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH		HIGH					
MODEL D7CG0607925A				SP -	-		0.26					
TYPE PACKAGE				SP +	-		0.53					
SIZE 5 TON				ESP	-		0.79					
SHEAVE DATA				FILTER SP		-		0.05				
DIA SHAFT				CFM TOTAL	2027		1987					
BELTS				CFM RA	1555		1478					
				CFM OA MIN.	472		509					
FAN SUBMITTAL DATA				CFM 2000	SP -	RPM -	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	12X12		350		356		339			
	2	CD	12X12		330		607		341			
	3	CD	12X12		330		287		339			
	4	CD	12X12		330		218		314			
	5	CD	12X12		330		294		319			
	6	CD	12X12		330		265		335			
AC 12 SUPPLY AIR TOTAL					2000		2027		1987			
	7	CRR	22X22		750		730		704			
	8	CRR	22X22		750		825		774			
AC 12 RETURN AIR TOTAL					1500		1555		1478			
OSA					500		472		509			
REMARKS DESIGN MIN OSA DNL												



CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1400 RIVER PARK DR #200 Permit No. 0112050

Building Use: OFFICE DBA: BANK OF THE WEST Occupancy: B

Building Owner: BANK OF THE WEST Construction Type: VN

Owner Address: 1450 TREAT BL WALNUT CREEK, CA Sprinkled? Yes No

Portion of Building Occupied: SUITE 200 Area: 7703 Sq. Ft.

12/7/01 W. Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DB,RLB,KR,AW]

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