

**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: REIWKE CONST. PC # 0112050  
 Address: 8240 BELEVEDUE AVE. BID App. \_\_\_\_\_  
 Job Phone: 826 5380 Office Ph. <sup>(916)</sup> 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. <sup>PAID</sup> <sup>CITY OF SACRAMENTO</sup> <sup>SEP 18 2001</sup> 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 REIWKE CONST.  
 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 # <span style="font-size: 1.5em; font-family: cursive;">0112050</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">4C</span>
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Applicant **MUST** complete ALL Unshaded areas

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

<p style="text-align: center;"><b>CONTACT</b></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;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>AS ABOVE</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></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

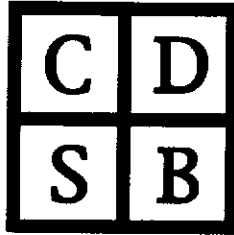
OCCUPANT/TENANT: B / BANK OF THE WEST VALUATION: \$ 82000

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 2<sup>nd</sup> 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

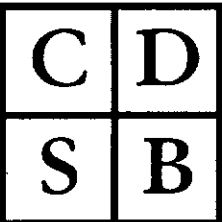
## Certificate of Calibration

**CDSB**  
**6908 WINLOCK AVE.**  
**CITRUS HEIGHTS**  
**CALIFORNIA 95621**

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

**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.**



<b>CERTIFIED</b>  <b>SYSTEM</b> <b>BALANCE</b>	<b>DESIGN</b> <b>CERTIFIED * DESIGN * SYSTEM * BALANCE</b> <b>P.O. BOX 1249</b> <b>CITRUS HEIGHTS, CA 95611-1249</b> <b>PHONE/FAX (916) 725-6317</b>		<b>SB JOB NO.</b> CD01-0445	
			<b>SECTION</b>	<b>PAGE</b> 5
	<b>FAN AND OUTLET TEST SHEET</b>		<b>DATE</b> 11/9/2001	

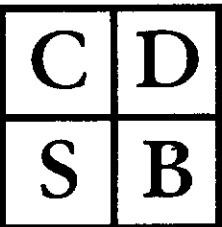
<b>AREA SERVED</b>	<b>CONFERENCE</b>	<b>UNIT</b>	<b>AC 2</b>
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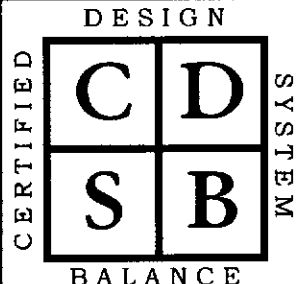
MOTOR NAMEPLATE DATA		DATA ITEM	TEST 1	TEST 2	TEST 3
MFG	AO SMITH	VOLTS		212	
HP	3/4 V 208 FLA 5.0	AMPS		3.30	
PH	1 SF THERM RPM 3speed	BHP		0.50	
<b>SHEAVE DATA</b>					
DIA	SHAFT				
ADJ	% FIXED				
<b>FAN NAMEPLATE DATA</b>					
MFG	YORK	RPM	HIGH	HIGH	
MODEL	D7CG048N06025A	SP -	-	0.24	
TYPE	PACKAGE	SP +	-	0.27	
SIZE	4 TON	ESP	-	0.51	
<b>SHEAVE DATA</b>					
DIA	SHAFT	FILTER SP	-	0.07	
BELTS		CFM TOTAL	1725	1737	
		CFM RA	1351	1318	
		CFM OA MIN.	374	419	
<b>FAN SUBMITTAL DATA</b>					
		CFM 1600	SP -	RPM -	BHP -

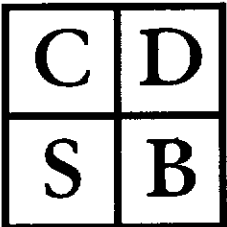
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	15X15			800		852		860		
	2	CD	15X15			800		873		877		
<b>AC 2 SUPPLY AIR TOTAL</b>						1600		1725		1737		
	3	CRR	15X15			600		705		696		
	4	CRR	15X15			600		646		622		
<b>AC 2 RETURN AIR TOTAL</b>						1200		1351		1318		
<b>OSA</b>						400		374		419		

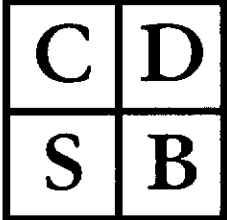
REMARKS DESIGN MIN OSA DNL

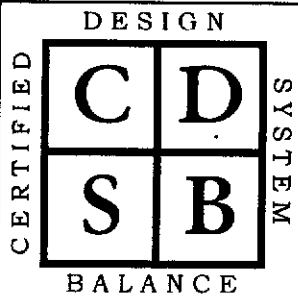
<b>CERTIFIED</b>  <b>BALANCE</b>	<b>CERTIFIED * DESIGN * SYSTEM * BALANCE</b> P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION	PAGE 6						
	<b>FAN AND OUTLET TEST SHEET</b>				DATE 11/9/2001							
AREA SERVED SOUTHEAST OPEN OFFICE SPACE				UNIT AC 3								
<b>MOTOR NAMEPLATE DATA</b>				<b>DATA ITEM</b>	<b>TEST 1</b>	<b>TEST 2</b>	<b>TEST 3</b>					
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						
<b>SHEAVE DATA</b>												
DIA SHAFT												
ADJ % FIXED												
<b>FAN NAMEPLATE DATA</b>												
MFG YORK				RPM	HIGH	HIGH						
MODEL D7CG048N06025A				SP -	-	0.23						
TYPE PACKAGE				SP +	-	0.33						
SIZE 4 TON				ESP	-	0.56						
<b>SHEAVE DATA</b>				FILTER SP	-	0.08						
DIA SHAFT				CFM TOTAL	1626	1636						
BELTS				CFM RA	1353	1222						
				CFM OA MIN.	273	414						
<b>FAN SUBMITTAL DATA</b>				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			
<b>AC 3 SUPPLY AIR TOTAL</b>					1600		1626		1636			
	7	CRR	22X22		600		634		589			
	8	CRR	22X22		600		719		633			
<b>AC 3 RETURN AIR TOTAL</b>					1200		1353		1222			
		OSA			400		273		414			
REMARKS DESIGN MIN OSA DNL												

<b>CERTIFIED</b>  <b>BALANCE</b>	<b>CERTIFIED * DESIGN * SYSTEM * BALANCE</b> P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
					SECTION	PAGE 7						
	<b>FAN AND OUTLET TEST SHEET</b>				DATE 11/9/2001							
AREA SERVED INTERIOR OPEN OFFICE SPACE					UNIT AC 5							
<b>MOTOR NAMEPLATE DATA</b>				<b>DATA ITEM</b>	<b>TEST 1</b>	<b>TEST 2</b>	<b>TEST 3</b>					
MFG AO SMITH				VOLTS		212						
HP 1 V 208 FLA 6.60				AMPS		5.31						
PH 1 SF THERM RPM 3speed				BHP		0.80						
<b>SHEAVE DATA</b>												
DIA SHAFT												
ADJ % FIXED												
<b>FAN NAMEPLATE DATA</b>												
MFG YORK				RPM	HIGH	HIGH						
MODEL D7CG060N07925A				SP -	-	0.31						
TYPE PACKAGE				SP +	-	0.39						
SIZE 5 TON				ESP	-	0.70						
<b>SHEAVE DATA</b>				FILTER SP	-	0.05						
DIA SHAFT				CFM TOTAL	1833	1852						
BELTS				CFM RA	1684	1530						
				CFM OA MIN.	149	322						
<b>FAN SUBMITTAL DATA</b>				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												

	<b>CERTIFIED * DESIGN * SYSTEM * BALANCE</b> P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
	<b>FAN AND OUTLET TEST SHEET</b>				SECTION	PAGE			8			
					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												

	<b>CERTIFIED * DESIGN * SYSTEM * BALANCE</b> P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD01-0445							
	<b>FAN AND OUTLET TEST SHEET</b>				SECTION	PAGE			9			
					DATE				11/9/2001			
AREA SERVED				OFFICE'S 6, 7, & 8, BREAKROOM				UNIT		AC 11		
<b>MOTOR NAMEPLATE DATA</b>				<b>DATA ITEM</b>	<b>TEST 1</b>		<b>TEST 2</b>		<b>TEST 3</b>			
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					
<b>SHEAVE DATA</b>												
DIA SHAFT												
ADJ % FIXED												
<b>FAN NAMEPLATE DATA</b>												
MFG YORK				RPM	HIGH		HIGH					
MODEL D7CG048N06025A				SP -	-		0.15					
TYPE PACKAGE				SP +	-		0.29					
SIZE 4 TON				ESP	-		0.44					
<b>SHEAVE DATA</b>				FILTER SP		-		0.06				
DIA SHAFT				CFM TOTAL	1661		1447					
BELTS				CFM RA	1283		958					
				CFM OA MIN.	378		489					
<b>FAN SUBMITTAL DATA</b>				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			
<b>AC 11 SUPPLY AIR TOTAL</b>					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			
<b>AC 11 RETURN AIR TOTAL</b>					980		1283		958			
		OSA			460		378		489			
REMARKS DESIGN MIN OSA DNL												

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



CERTIFIED \* DESIGN \* SYSTEM \* BALANCE  
 P.O. BOX 1249  
 CITRUS HEIGHTS, CA 95611-1249  
 PHONE/FAX (916) 725-6317

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**FAN AND OUTLET TEST SHEET**

DATE  
 11/9/2001

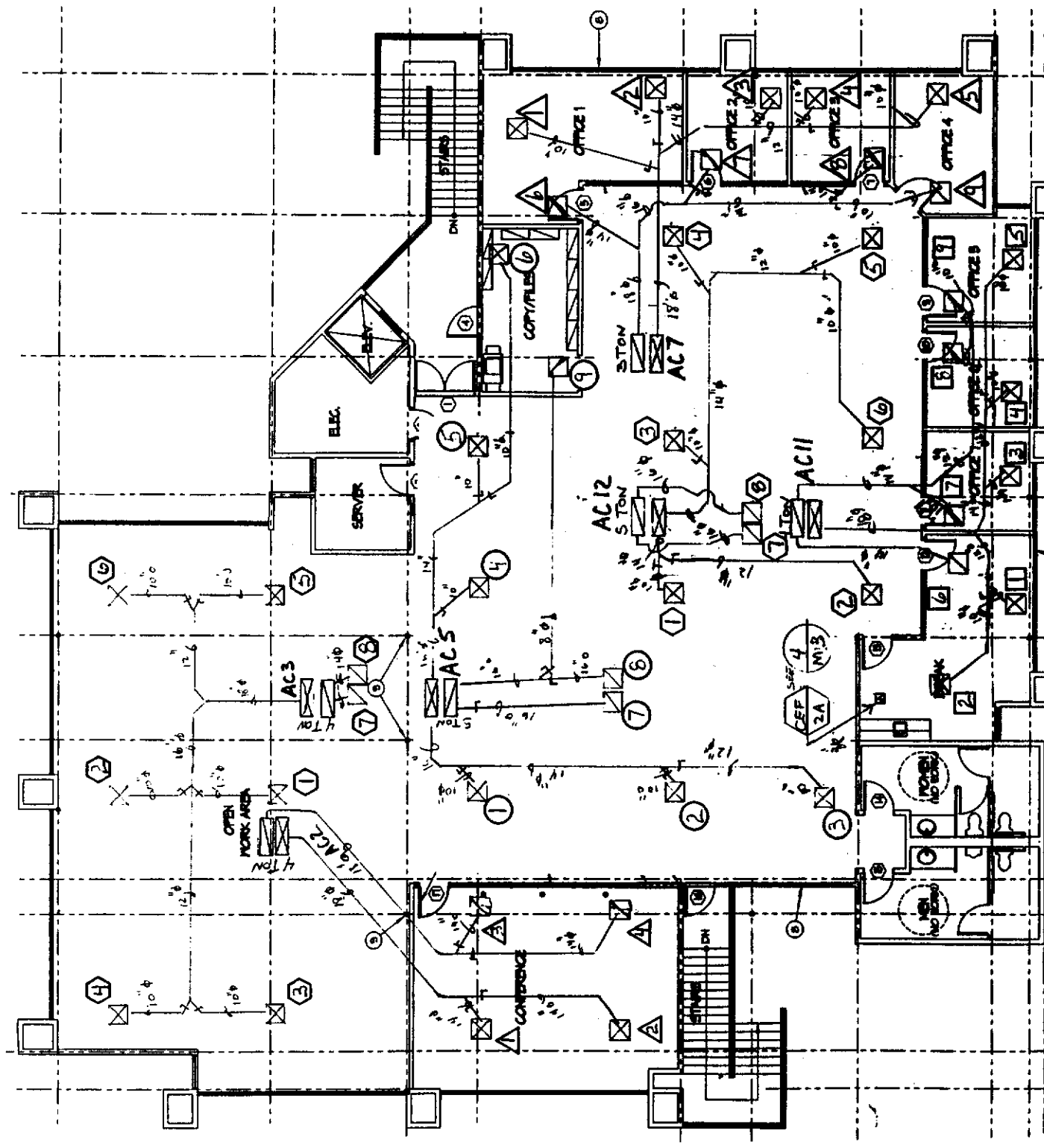
AREA SERVED BREAKROOM UNIT CEF 2A

MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1	TEST 2	TEST 3
MFG	BROAN			VOLTS	123		
HP	DNL	V	120 FLA	0.58	AMPS	0.49	
PH	1	SF	THERM	RPM	DNL	BHP	-
SHEAVE DATA							
DIA	SHAFT						
ADJ	% FIXED						
FAN NAMEPLATE DATA							
MFG	GREENHECK			RPM	DNL		
MODEL	SP-6-B			SP -	-		
TYPE	CEILING			SP +	0.08		
SIZE	-			ESP	-		
SHEAVE DATA							
DIA	SHAFT			CFM TOTAL	64		
BELTS				CFM RA	-		
				CFM OA MIN.	-		

FAN SUBMITTAL DATA CFM 60 SP 0.12 RPM - BHP -

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CEG	10X10			60		64				
	CEF 2A EXHAUST AIR TOTAL					60		64				

REMARKS





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**