

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0603395

Insp Area: 4  
Thos Bros: 277H2

Site Address: 598 DISPLAY WY SAC  
Parcel No: 250-0040-057

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

CONTRACTOR

OWNER  
FPSIE PROPERTIES LLC (MICHAEL ORR)  
PMB 328 7405 GREEN  
CITRUS HEIGHTS, CA 95610

ARCHITECT  
CARRILLO ARCH GROUP INC.  
11231 GOLD EXPRESS DR STE 103  
GOLD RIVER CA 95670

Nature of Work: 2512 sqft interior remodel with site work

**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.)

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: 4-25-06 Owner Signature *[Signature]*

PAID  
CITY OF SACRAMENTO  
APR 25 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant that the applicant has 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: 4-25-06 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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: 4-25-06 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.**



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - [ ] all the work authorized by this permit.
B - [X] a portion of the work.
C - [ ] none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (\*) will be hired to do:

- [X] all of the authorized work. [ ] a portion of the authorized work.

Name Michael W. Orr #488555 Phone (916) 922-8895

Address 598 Display Way

Type of Work Construction, Plumbing, Electrical, Disturb

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

3. [ ] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Michael W. Orr (Printed name) [Signature] (Signature)

Date 4-25-06 Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Job Address 598 Display Way Sacramento 95838

Note: \* Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO  
 PLANNING & BUILDING DIVISION  
 PERMIT SERVICES SECTION  
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <u>06-03395</u>	Insp. Area <u>4</u>
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 598 DISPLAY WAY Suite: \_\_\_\_\_

PARCEL #: 250-0090-057

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>STEVE CARRILLO/PATRICK LANGRISH</u>                  Street Address: <u>11231 GOLD EXPRESS DR. 10J</u>                  City/State/Zip: <u>GOLD RIVER, CA. 95670</u>                  Phone: <u>(916) 266-6000</u>                  E-Mail: <u>STEVE.CARRILLO@CARRILLOAG.COM</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name: <u>TBD</u>                  Street Address: _____                  City/State/Zip: _____                  Phone: _____                  E-Mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>SAME AS ABOVE</u>                  Street Address: _____                  City/State/Zip: _____                  Phone: _____                  E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>MICHAEL ORR</u>                  Street Address: <u>598 DISPLAY WAY</u>                  City/State/Zip: <u>SAC. CA. 95818</u>                  Phone: <u>916-922-8895</u>                  E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: \_\_\_\_\_

⇒ WORKER'S COMPANSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: T.I. DEMO EXISTING PARKING, NEW INTERIOR WALLS, 2 NEW RESTROOMS, MINOR INTER DEMO.

OCCUPANT/TENANT: FOUNDATION POOL & SPA. VALUATION: 100,000<sup>00</sup>

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>ELIMB</u>	<u>ELIB</u>	<u>ELIB</u>	<u>ELIB</u>	<u>ELIB</u>	<u>ELIB</u>	<u>ELIB</u>	
# Stories	1 <sup>st</sup> Fir Area	Total Area	Use Zone	Occp Group	Coast type	Fire Reg. Y N	Fed Code	Vio. [H]	File [Quad]	
<u>1</u>		<u>3006</u>	<u>2512</u>	<u>B</u>	<u>V-N</u>	<u>SPR</u> <u>ALARM</u>	<u>15</u>			
<u>B</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>B</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

**2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE**

**Lighting Control Acceptance Document** **LTG-2-A**

0603395 Form 1 of 1

<b>PROJECT NAME</b> FPSIE Tenant Improvement	<b>DATE</b> 10-12-06
<b>PROJECT ADDRESS</b> 598 Display Way	<small>Checked by/Date Enforcement Agency Use</small>
<b>TESTING AUTHORITY</b> Michael Orr	
<b>TELEPHONE</b> (209) 613-0702	
<b>LIGHTING CONTROL SYSTEM NAME/ DESIGNATION</b> Leviton Watt WS-200-W 120/277V Auto wal SW	

**Intent:** Lights are turned off when not needed per 119(d) & 131(d).

**Construction Inspection**

- 1 Instrumentation to perform test includes, but not limited to:
  - a. Light meter
  - b. Hand-held amperage and voltage meter
  - c. Power meter
- 2 Occupancy Sensor Construction Inspection
  - Occupancy sensor has been located to minimize false signals
  - Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
  - Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source
- 3 Manual Daylighting Controls Construction Inspection
  - If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems
- 4 Automatic Time Switch Controls Construction Inspection
  - a. Automatic time switch control is programmed for (check all):
    - Weekdays
    - Weekend
    - Holidays
  - b. Document for the owner automatic time switch programming (check all):
    - Weekdays settings
    - Weekend settings
    - Holidays settings
    - Set-up settings
    - Preference program setting
  - Verify the correct time and date is properly set in the time switch
  - Verify the battery is installed and energized
  - Override time limit is no more than 2 hours

**Certification Statement:** I certify that all statements are true on this LTG-2-A form including the PASS/FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: Michael Orr

Company: Michael Orr Salar

Signature: *Michael Orr*

Date: 10-12-06

# CARTER AIR BALANCE COMPANY

2127 Main Street

Napa, CA 94559

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

## Fax

Date: Jan 3, 2007 From: Jennifer  
 Attn: Michael Orr Company: FPSIE  
 Fax Number: 916 922-8895 Pages including cover: 6  
 Regarding: FPSIE Revisions

Urgent     For Review     As Requested     Please Reply     Please Recycle

**Comments:**

598 Display  
 Permit # 0603395

If you have any questions, or if you do not receive all pages of this transmission, please contact us as soon as possible.

*Please Mike file*

# CARTER AIR BALANCE COMPANY

2127 Main Street

NAPA, CA 94559

License No. 725518

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

## TEST AND BALANCE ANALYSIS REPORT

Project Name:	Foundation for Pool & Spa Industry Education - T.I.
Mechanical Contractor:	Forster Heating & Air
Mechanical Engineer:	Meline Engineering
Architect:	Carrillo Architecture Group, Inc.
General Contractor:	FPSIE, Inc.

### CERTIFICATION:

This is to certify that *Carter Air Balance Company* has balanced the systems described herein to their optimum performance capabilities. The testing and balancing has been performed in accordance with the standard requirements and procedures of the *National Environmental Balancing Bureau (NEBB)* and the results of these tests are herein recorded.

TECHNICIAN: BRENT BELL

Date: Revised January 3, 2007

Approved: \_\_\_\_\_  
VIC CONGI \*

\* NEBB CERTIFIED SUPERVISOR

# CARTER AIR BALANCE COMPANY

## FAN TEST SHEET

UNIT: HP-2  
 AREA SERVED: Room #118

DATE: 1-3-07  
 PAGE: 1

**INSTALLED EQUIPMENT****MOTOR NAMEPLATE DATA**

MFG	G.E.		
HP	½	V	208
FLA	4.3		
PH	1	SF	Ther
RPM	DNL		

**SHEAVE DATA**

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

**FAN NAMEPLATE DATA**

MFG	Westinghouse		
MODEL	Q45D-X24K		
TYPE	SER #QAF060900383		
SIZE	DNL		

**SHEAVE DATA**

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

**FAN****SUBMITTED DESIGN DATA**

FAN CFM	800
TOTAL SP	---
EXT. SP	0.50
RPM	1050
BHP	0.33
R.A.	637
O.S.A.	163

**DESIGN**

TOTAL CFM	800
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**TESTED**

TOTAL CFM	875 (1)
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**TRAVERSE TOTAL**

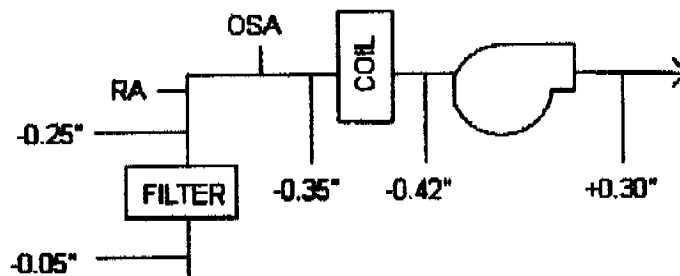
TOTAL CFM	NVL
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**MOTOR****DATA ITEM TESTED**

VOLTS	214
AMPS	3.6
BHP	0.42
HTG TEMP	102°

**FAN**

RPM	D.D.
SP -	0.35
SP +	0.30
ESP	0.65
FILTER SP	0.20
CFM TOTAL	875
CFM RA	680
CFM OA MIN.	195



REMARKS: (1) Unable to achieve design airflow. One setting is at 670cfm. The setting that unit is set to is 1080cfm. The unit has a number of different settings on dipswitches; however, they appear not to be working at time of balance.

# CARTER AIR BALANCE COMPANY

## REGISTER TEST SHEET

UNIT: HP-2

DATE: 1-3-07

AREA SERVED: Rooms as Noted

PAGE: 2

ROOM	REGISTER			FACTOR	DESIGN		TEST 1		TEST 2		FINAL	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
118	1	CD	1010	FH	FH	400	FH	285	FH	335	FH	440
118	2	"	1010	"	"	400	"	250	"	335	"	435
						—		---		---		—
				Supply	Total	800		535		670		875
118	3	CR	1422	FH	FH	637	FH	320	---	---	FH	680
						—		---				—
				Return	Total	637		320				680
<b>REMARKS:</b>												



# CARTER AIR BALANCE COMPANY

## FAN TEST SHEET

UNIT:	HP-3	DATE:	1-3-07
AREA SERVED:	Room #116 and #117	PAGE:	3

**INSTALLED EQUIPMENT**

**MOTOR NAMEPLATE DATA**

MFG	G.E.				
HP	¾	V	208	FLA	6.8
PH	1	SF	Ther	RPM	DNL

**SHEAVE DATA**

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

**FAN NAMEPLATE DATA**

MFG	Westinghouse		
MODEL	Q45D-X60K		
TYPE	SER #Q4F060804204		
SIZE	DNL		

**SHEAVE DATA**

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

**FAN**

**SUBMITTED DESIGN DATA**

FAN CFM	1992
TOTAL SP	---
EXT. SP	0.60
RPM	1154
BHP	1.16
R.A.	1470
O.S.A.	522

**DESIGN**

TOTAL CFM	1992
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**TESTED**

TOTAL CFM	1935
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**TRAVERSE TOTAL**

TOTAL CFM	NVL
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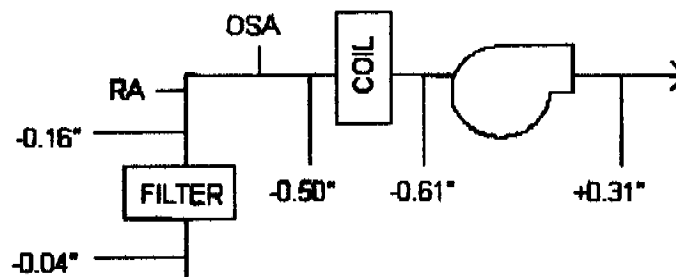
**MOTOR**

**DATA ITEM TESTED**

VOLTS	214
AMPS	5.3
BHP	0.58
HTG TEMP	102°

**FAN**

RPM	D.D.
SP -	0.50
SP +	0.31
ESP	0.81
FILTER SP	0.12
CFM TOTAL	1935
CFM RA	1400
CFM OA MIN.	535



REMARKS:

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# CARTER AIR BALANCE COMPANY

## REGISTER TEST SHEET

UNIT: HP-3

DATE: 1-3-07

AREA SERVED: Rooms as Noted

PAGE: 4

ROOM	REGISTER			FACTOR	DESIGN		TEST 1		TEST 2		FINAL	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
116	1	CD	1010	FH	FH	249	FH	150	FH	275	FH	240
"	2	"	"	"	"	249	"	130	"	230	"	235
"	3	"	"	"	"	249	"	130	"	230	"	245
"	4	"	"	"	"	249	"	110	"	210	"	245
117	5	"	"	"	"	249	"	120	"	220	"	250
"	6	"	"	"	"	249	"	90	"	170	"	240
"	7	"	"	"	"	249	"	95	"	180	"	245
"	8	"	"	"	"	249	"	80	"	150	"	235
						---		---		---		---
				Supply	Total	1992		905		1665	(1)	1935
116	9	CR	1422	FH	FH	735	FH	335	FH	670	FH	700
117	10	"	"	"	"	735	"	385	"	670	"	700
						---		---		---		---
				Return	Total	1470		700		1340		1400
<b>REMARKS:</b> (1) Unable to speed up unit to design cfm. Proportioned outlets to available airflow.												