

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0102567**  
**Insp Area: 1**

**Site Address: 6100 FOLSOM BL SAC**  
Parcel No: 008-0010-024

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

CONTRACTOR  
STAR CONSTRUCTION  
2524 TELSA WY  
SACRAMENTO CA 95825

OWNER  
SACRAMENTO MUNICIPAL UTILITY DISTRICT  
SACRAMENTO, CA  
95813

ARCHITECT

**Nature of Work: FINISH 2ND PHASE( 2ND STORY) OF THEREMODEL/ADDITION BEING BUILT UNDER PERMIT #0012962**

**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 369647 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 6-26-01  Owner Signature Glen M. Stecker

**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 6-26-01  Applicant/Agent Signature Glen M. Stecker

**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 LEGION Policy Number WC31201004 Exp Date 01/01/2002

(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 6-26-01  Applicant Signature Glen M. Stecker

**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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 6100 FOLSOM BL Permit No. 0102567

Building Use: WAREHOUSE/OFFICE REMODEL Occupancy: S1/B/A3

Building Owner: SAC. MUNICIPAL UTILITY DIST. Construction Type: V-NH

Owner Address: 6201 S ST SAC Sprinkled?  Yes  No

Portion of Building Occupied: 2<sup>ND</sup> PHASE Area: \_\_\_\_\_ Sq. Ft.

12/21/01  **DENNIS RICHARDSON**  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:JR,MJB,RH,SB]

*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**

**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>0102567</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 10100 FOLSOM BLVD, SAC. Suite \_\_\_\_\_  
 PARCEL # 008-0010-024

<b>CONTACT</b> Name <u>GLENN M. SHUBER</u> Street Address <u>1621 S STREET</u> City/State/Zip <u>SAC, CA. 95817</u> Phone <u>916-732-5565</u> FAX <u>916-732-5236</u> E-mail: <u>GSHUBER@SMUD.ORG.</u>		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>STAR CONSTR.</u> Address <u>2524 TESLA WAY</u> City/State/Zip <u>SAC, CA. 95825</u> Phone <u>916-461-2772</u> FAX <u>916-461-4824</u> E-mail: _____	
<b>ARCHITECT/ENGINEER</b> Name <u>G.H.M.D.</u> Address <u>2150 CAPITOL AVE SUITE 200</u> City/State/Zip <u>SAC, CA. 95816</u> Phone <u>916-444-7741</u> FAX <u>916-440-0457</u> E-mail: _____		<b>OWNER</b> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ 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: FINISH SECOND FLOOR OF BLDG. BEING BUILT UNDER PERMIT #0012962 - FINISH WALLS, CEILING, MECHANICAL, ELEC.  
INTERIOR 4329 SF 2ND FL ADDITION FND ON SEP PERMIT

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$1200,000

FLOOD STATUS:		S.C.A.T. <u>200; 207; 701; 808</u>									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>PIPE</u>	<u>IRE</u>				
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req	Fed Code	Auto	Life		
<u>2</u>				<u>S-1/B-BV N</u>		<u>N</u>		<u>[H]</u>	<u>[Quad]</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>		

COMMENTS: SCHOOL FEES OFFICE ETC.  
REG. SAN

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

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 STAR CONST Address 2524 TEUSA WY  
City SAC Telephone 916.481.3772  
Contractors License No. 369647

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 James M. Sleason

Job Address 6100 FOLSOM BLVD

Permit No: 0102567

# 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 # <b>0114485</b>	Insp. Area <b>9C</b>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1610 Arden Way Suite 175  
 PARCEL # 277-0272-016

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Brit Hoge</u> Street Address <u>11390 Sunrise Gold Cir.</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>635 4440</u> FAX <u>635 7084</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>525 704</u></p> Name <u>Cimovelli Construction</u> Address <u>11390 Sunrise Gold Cir.</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>635 4440</u> FAX <u>635 7084</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Nielsen and Associates</u> Address <u>550 Howe Ave.</u> City/State/Zip <u>Sacramento, CA 95826</u> Phone <u>925 0333</u> FAX <u>925 8608</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Equity Office Properties</u> Address <u>1610 Arden Way # 278</u> City/State/Zip <u>Sacramento 95815</u> Phone <u>921 5600</u> FAX <u>921 5655</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Villanova Ins. Co.  
 → WORKER'S COMPENSATION POLICY # WC11925039 EXPIRATION DATE: 07/01/02

NATURE OF WORK IN DETAIL: Interior Alteration

OCCUPANT/TENANT: FDI Colateral Mgmt. VALUATION: \$ 6,000

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>	PLUMB	<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>2</u>	<u>675</u>	<u>675</u>		<u>B</u>	<u>V-N</u>	<u>SPR</u>	<u>ALARM</u>		[H]	[Quad]
<u>B</u>	<u>I</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	
<u>LAD 13</u>	<u>LAD 13</u>		<u>13 JNT</u>	<u>13 LHM</u>	<u>13 EHC</u>		<u>LV</u>			

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

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

CAL. LIC. #434901

1121 UNIVERSITY TERRACE  
RENO, NEVADA 89503  
(775) 747-0100

**RAGLEN**  
**SYSTEM**  
**BALANCE, INC.**



*AIR AND HYDRONIC SYSTEM  
TESTING AND BALANCING*

## **TEST AND BALANCE REPORT**

JOB: SMUD - F.R.F. EXPANSION

MECHANICAL CONTRACTOR: SMIT HEATING

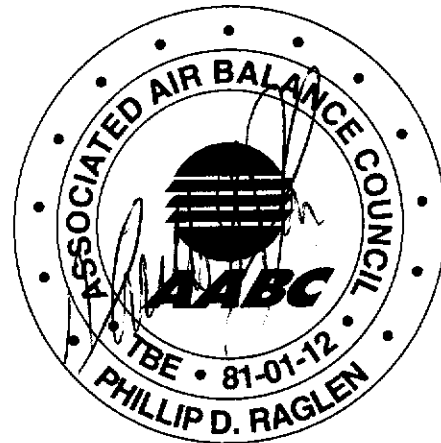
CONSULTING ENGINEER: INTERFACE MECHANICAL

JOB NO: 10369

DATE: OCTOBER 31, 2001

TECHNICIAN: CLAUDE BISHOP,  
CHUCK SCHWEBACH,  
JIM WHALEN &  
JOHN WOODWARD

TBE: PHILLIP D. RAGLEN



## GENERAL NOTES

1. CORRECTIONS FOR TEMPERATURE AND ALTITUDE HAVE BEEN MADE ON ALL TEST RESULTS SHOWN IN THIS REPORT.
2. CEILING DIFFUSERS WERE MEASURED WITH A DIRECT CFM READ-OUT METER. (SEE DATA SHEET AND CORRECTION CURVE.)
3. BALANCE FACTORS FOR EXHAUST SIDEWALL AND SUPPLY GRILLES WERE CALCULATED FROM THE CORE AREA AND MEASURED WITH A CALIBRATED BACHARACH FLORITE, MODEL M.F.G. (SEE INSTRUMENT CORRECTION CURVE.)
4. STATIC PRESSURES TESTED FOR ROOF MOUNTED EXHAUST FANS, SHOW ONLY SUCTION SIDE AND IS NOT TOTAL STATIC PRESSURE AS LISTED IN CATALOGS.
5. OUTLETS FOR THE FANS WERE NUMBERED WITH CLOSEST TO THE FAN AS #1.
6. THE V.A.V. BOXES WERE TESTED ON MAXIMUM CFM DEMAND.
7. SCP: STATIC CONTROL PRESSURE IS THE MINIMUM AMOUNT OF STATIC REQUIRED TO OPERATE THE FARTHEST BOX WHEN SYSTEM IS SET UP FO DESIGN CFM AT THE FAN.
8. ALL CORRECTIONS FOR INSTRUMENTS USED FOR TESTING AND BALANCING ARE TRACEABLE BACK TO THE NATIONAL BUREAU OF STANDARDS AND ARE TESTED IN OUR OWN LAB.
9. FOLLOWING THIS SHEET ARE:
  - A. SYMBOL SHEET
  - B. INSTRUMENT CORRECTION CURVES

SDE MANAGEMENT SERVICES  
CERTIFICATE OF CALIBRATION

Instrument ID Number : 784

1. Equipment Code : C013  
2. Location Code : B009  
9. Work Code #1 : A081  
10. Work Code #2 : A051  
11. Work Code #3 : A009

Description: FLOWHOOD ALNOR BALOMETER 6461  
Description: RAGLEN SYSTEM BALANCE RENO, NV.  
Description: REPLACED RANGE SELECTOR SWITCH  
Description: RECALIBRATE INSTRUMENT  
Description: INST-MEETS +OR- 3% ACCURACY

3. Misc Info :  
4. Model Number : 6461  
5. Manufacturer : ALNOR  
6. Serial Number : BR2621  
7. Hours Work Req :  
8. Status (A or I): A

14.  
Standard 1: 102  
Standard 2: 103  
Standard 3: 104  
Standard 4:  
Standard 5:

Calibrator

Signature  Date 8/22/01

Primary standards used for calibration are traceable to National Institute of Standards and Technology. SDE Management Services meets the requirements of MIL-STD-45662-A.

Rex Nachlan, General Manager  
SDE CALIBRATION SERVICES  
4171 Business Center Drive, FREMONT, CA. 94538  
(510) 623-1490 FAX (510) 623-7151



CAL. LIC. #434901

1121 UNIVERSITY TERRACE  
RENO, NEVADA 89503  
(775) 747-0100  
(888) 421-7925  
FAX (775) 747-0273

**RAGLEN  
SYSTEM  
BALANCE, INC.**

*Air and Hydronic System  
Testing and Balancing*



DATED 08/22/01

**CALIBRATION SHEET  
INCH OF WATER GAUGE**

MAGNEHELIC  
SERIAL # R6111808M47  
0-2" W.C.

LAB STANDARD  
DWYER MODEL #400-10  
0-10" W.C.

0.14	0.13
0.23	0.27
0.35	0.39
0.48	0.52
0.64	1.65
0.86	0.84
1.16	1.11
1.31	1.36
1.47	1.42
1.63	1.66
1.78	1.81
1.90	1.94

CAL. LIC. #434901

1121 UNIVERSITY TERRACE  
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(888) 421-7925  
FAX (775) 747-0273

**RAGLEN  
SYSTEM  
BALANCE, INC.**

*Air and Hydronic System  
Testing and Balancing*



DATED 08/22/01

**CALIBRATION SHEET  
TACHOMETER**

ZERNICKOW  
MODEL 252  
SER.# 72462  
0-2000 RPM

LAB STANDARD  
ZERNICKOW  
TYPE B  
SER# 367329  
0-2000 RPM

96

97

141

142

290

288

390

392

716

716

910

912

1070

1077

1160

1169

1290

1298

1840

1041

1960

1961

**RAGLEN  
SYSTEM  
BALANCE, INC.**



**DATE 6/12/01  
PAGE 1  
UNIT AH-1  
SUPPLY FAN**

**FAN TEST SHEET**



**FAN TEST SHEET**

AREA SERVED \_\_\_\_\_

**INSTALLED EQUIPMENT**

**MOTOR NAMEPLATE DATA**

MFG	BALDOR		
HP	1.5	V	230/460
PH	3	SF	1.15
FLA	4.2/2.1	RPM	1740
MOTOR FRAME #	145T		

**SHEAVE DATA: MOTOR**

DIA	4	SHAFT	7/8
ADJ P.D.	----	FIXED	----
BELT CENTER LINE	----		

**FAN NAMEPLATE DATA**

MFG	TEMTROL
MODEL	WF-DH12
TYPE	----
SIZE	----
SERIAL #	81800

**SHEAVE DATA: FAN**

DIA	5	SHAFT	1 5/8
BELTS	1-AX55		
DIRECT DRIVE	<input type="checkbox"/>		

**SCHEDULED/SUBMITTED DATA**

FAN CFM	----
TSP	----
RPM	----
BHP	----
R.A.	----
O.A. CFM	----

**DESIGN OUTLET/INLET**

TOTAL CFM	5920
-----------	------

**TESTED OUTLET/INLET**

TOTAL CFM	5860
-----------	------

**TRAVERSE TOTAL**

TOTAL CFM	NT
-----------	----

**MOTOR TEST DATA**

VOLTS	480 480 480
AMPS	1.9 2.0 1.9
RPM	1752
BHP	1.4
SPEED SET	----

**FAN TEST DATA**

RPM	1207
SP-	0.85
SP+	0.12
TSP/ESP	0.97
FILTER SP	----
CFM TOTAL	5860
CFM RA	----
CFM OA MIN.	----

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED			
					FPM VEL	CFM	FPM VEL	CFM		
	23	CR	8X8			120		110		
	24	"	16X16			770		750		
	25	"	8X8			160		160		
	26	"	14X14			450		440		
	27	"	12X12			400		410		
	28	"	16X16			620		640		
	29	"	8X8			100		100		
	30	"	16X16			660		650		
	31	"	"			660		650		
	32	"	"			660		640		
	33	"	"			660		650		
	34	"	"			660		660		
						----		----		
						TOTAL		5860		

Remarks: \_\_\_\_\_







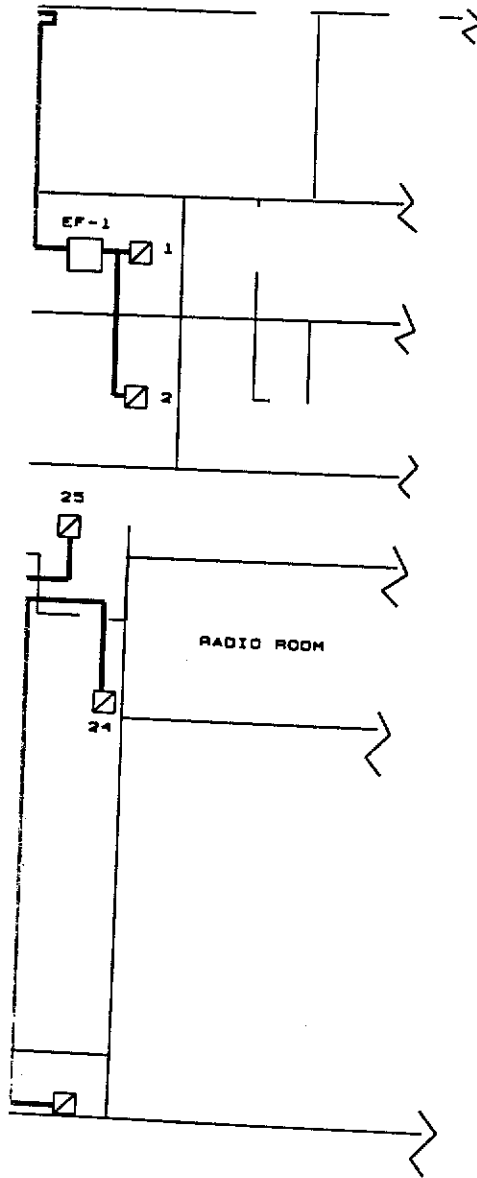


**HYDRONIC COOLING COIL SHEET**

LOCATION	DESIGN								TESTED											
	C.F.M.	DB	WB	DB	L.A.	WB	EWT	LWT	MB.H	G.P.M.	C.F.M.	DB	WB	DB	L.A.	WB	EWT	LWT	MB.H	G.P.M.
FC-1	1500	83	54.8	62	51.5	42.0	42.0	72.0	45.9	3.0	1575	74	60	57	51	43	63	39.7	3.1	
FC-2	1200	83	54.3	62	51.3	42.0	42.0	72.0	37.3	2.5	1260	74	60	57	53	43	62	25.2	2.6	
FC-3	1200	83	54.3	62	51.3	42.0	42.0	72.0	37.3	2.5	1280	74	59	56	54	43	64	28.3	2.65	
AH-1	6000	81	65	54.2	53.9	42.0	42.0	72.0	203	14.0	6535	80	64	54.5	54.5	43	69	111.6	14.1	

Remarks:





N



RSB 10369  
 SHUD - F.R.F.  
 EXPANSION

DRAWN
M.I.O
PAGE 1