

CITY OF SACRAMENTO

Permit No: 0103677

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 7551 FREEPORT BL SAC

Thos Bros:

Sub-Type: NCOM

Parcel No: 048-0250-021

Housing (Y/N): N

CONTRACTOR

HILBERS INC
871 VON GELDERN WY
YUBA CITY CA 959912

OWNER

PENINSULA RETAIL PARTNERS
409 30TH STREET STE A
NEWPORT BEACH CA 92663

ARCHITECT

RAUSCHENBACH, MARVELLI, BECKER
2277 WATT AVE
2ND FLOOR 95818

Nature of Work: NEW STAPLES STORE WITH SITE IMPROVEMENTS(U.G. ON SEP PERMIT)

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 547970 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 10-11-01 Owner Signature Insta Defasquale

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 10-11-01 Applicant/Agent Signature Insta Defasquale

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

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE COMPENSATION INS FUND Policy Number 046-01 UNIT 0009502 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 10-11-01 Applicant Signature Insta Defasquale

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

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 7551 FREEPORT BL Permit No. 0103677

Building Use: RETAIL DBA: STAPLES Occupancy: M

Building Owner: PENINSULA RETAIL PARTNERS Construction Type: VN

Owner Address: NEWPORT BEACH, CA Sprinkled? Yes No

Portion of Building Occupied: ENTIRE Area: 22771 Sq. Ft.

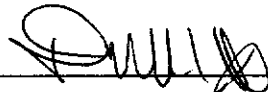
Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

4/25/02

Date

DAVID HAN

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals:RY,LLS,AC,CP, MJG]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 7551 FREEPORT BL Permit No. 0103677

Building Use: RETAIL DBA: STAPLES Occupancy: M

Building Owner: PRP INVESTORS Construction Type: VN

Owner Address: NEWPORT BEACH, CA Sprinkled? Yes No

Portion of Building Occupied: ENTIRE Area: 2277 1 Sq. Ft.

8/1/02 Nicholas Brubaker DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: DPB,LLS,AC,CP,MJG]

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 # 0103677

Insp. Area 2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7551 # MEADOWVIEW RD Suite _____
 PARCEL # 048-0250-021

<p style="text-align: center;">CONTACT</p> <p>Name <u>Sandy Swett Swett Equity Inc</u> Street Address <u>131 Wellfleet Circle</u> City/State/Zip <u>Folsom, CA 95630</u> Phone <u>(916) 983-1033</u> FAX <u>(916) 983-0899</u> E-mail: <u>Swettequity@aol.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>547970</u></p> <p>Name <u>Hilbers Construction Inc</u> Address <u>871 Van Geldern Way</u> City/State/Zip <u>Yuba City, CA 95991</u> Phone <u>(530) 673-2947</u> FAX <u>(916) 674-4141</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Rauschenbach, Marvelli & Becker</u> Address <u>2277 Watt Avenue, 2nd floor</u> City/State/Zip <u>Sacramento, CA</u> Phone <u>(916) 488-8500</u> FAX <u>(916) 488-8566</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Peninsula Retail Partners</u> Address <u>409 30th Street, Suite A</u> City/State/Zip <u>Newport Beach, CA 92663</u> Phone <u>(949) 723-9500</u> FAX <u>(949) 723-9505</u> E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: New construction "Staples" store & SITE IMPROVEMENTS

OCCUPANT/TENANT: Staples VALUATION: \$ 1,443,503.00

FLOOD STATUS: <u>A99 (15.3')</u>				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
<u>1</u>		<u>23942</u>	<u>C2</u>	<u>M</u>	<u>VN</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>18</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTIL	

COMMENTS:
NEED TO ELEVATE 3 feet on flood print 3 feet above highest grade
Elevation / flood print certificate will be required / enc
Blky 11236541-94 site 31984856
22771 + 792 23563

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

011/551 200 545 511/551

Date of Request: 3/27/01
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1411 Meadowview Road

Assessor's Parcel Number: A portion of 048-0250-021

Previous Use: None

Description of Request/Proposed Use: New Construction "Staples" Store / Sprinklered / & site work

Is This a Change of Use? No

Prior Applications for Project Site (P#, Z#, DRPB#): P00-127, P99-028 (TM)
Zoning Designation: C2-R

Comments: ~~No per conditions of P00-127~~

See P00-127

Do not issue permits prior to TM MAP being finalized. w/may 3-27-01

Are There Any Planning Issues?: (circle one) YES NO see above

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: Ronda Hay 3-27-01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL



**SPRING
CREEK
PROPERTIES**

PRP Investors LLC
567 San Nicolas Drive, #340
Newport Beach, CA 92660

Wells Fargo Bank
Newport Beach, CA 92660
11-24/1210(8)

1015

PAY TO THE
ORDER OF

**** THIRTY FIVE THOUSAND EIGHT HUNDRED TWENTY AND 00/100 DOLLARS

04/23/01

\$35,820.00**

Sacramento Regional Cnty Sanitation Dist
10545 Armstrong Ave, Suite 100
Mather, CA 95655

Marshall Caston

Security features included. Details on back.

⑈001015⑈ ⑆121000248⑆0378 077572⑈

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
PERMIT AND CALCULATION SHEET



**Sacramento Regional
County Sanitation
District**

10545 Armstrong Avenue
Suite 101
Mather, California
95655

Office: (916) 876-6013
Fax: (916) _____

E-mail: castonm@saccounty.net

Marshall Caston
Senior Engineering
Technician
Customer Service/Sewer
Fees

Technology in balance with nature

APPLICATION NO:		BLDG PERMIT NO: 0103677	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
City of Sacramento		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
SRCSD	\$35,820		
CONSTRUCTION		23,942 sq ft	
IN-LIEU			
TOTAL FEE	\$35,820		
APN: 048-0250-023			
DESCRIPTION/ SUBDIVISION		LOT:	
PROPERTY ADDRESS 1411 Meadowview Road			
OWNER Peninsula Retail Partners			
MAILING ADDRESS 409 30th Street Suite A			
CITY-STATE-ZIP Newport Beach, CA 92663		PHONE 949-723-9500	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE <i>Marshall Caston</i>			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	

PAYED
APR 23 2001
BY: *M. Caston*

OFFICE COPY

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Staples Phone: _____
 Site Address: 7551 Freeport Blvd. Suite: _____
(Street) (Zip)
 Business Owner/Representative: Mark Draper Phone: _____

Nature of Business: _____

Property Owner: PRP Phone: _____

Address: 409 30th Street Suite: A
(Street) (City) Newport Beach (State) CA (Zip) 92663

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No ___

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No X

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No X

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Trista Defasquale
Trista Defasquale (Signature) 10-11-01 (Date)

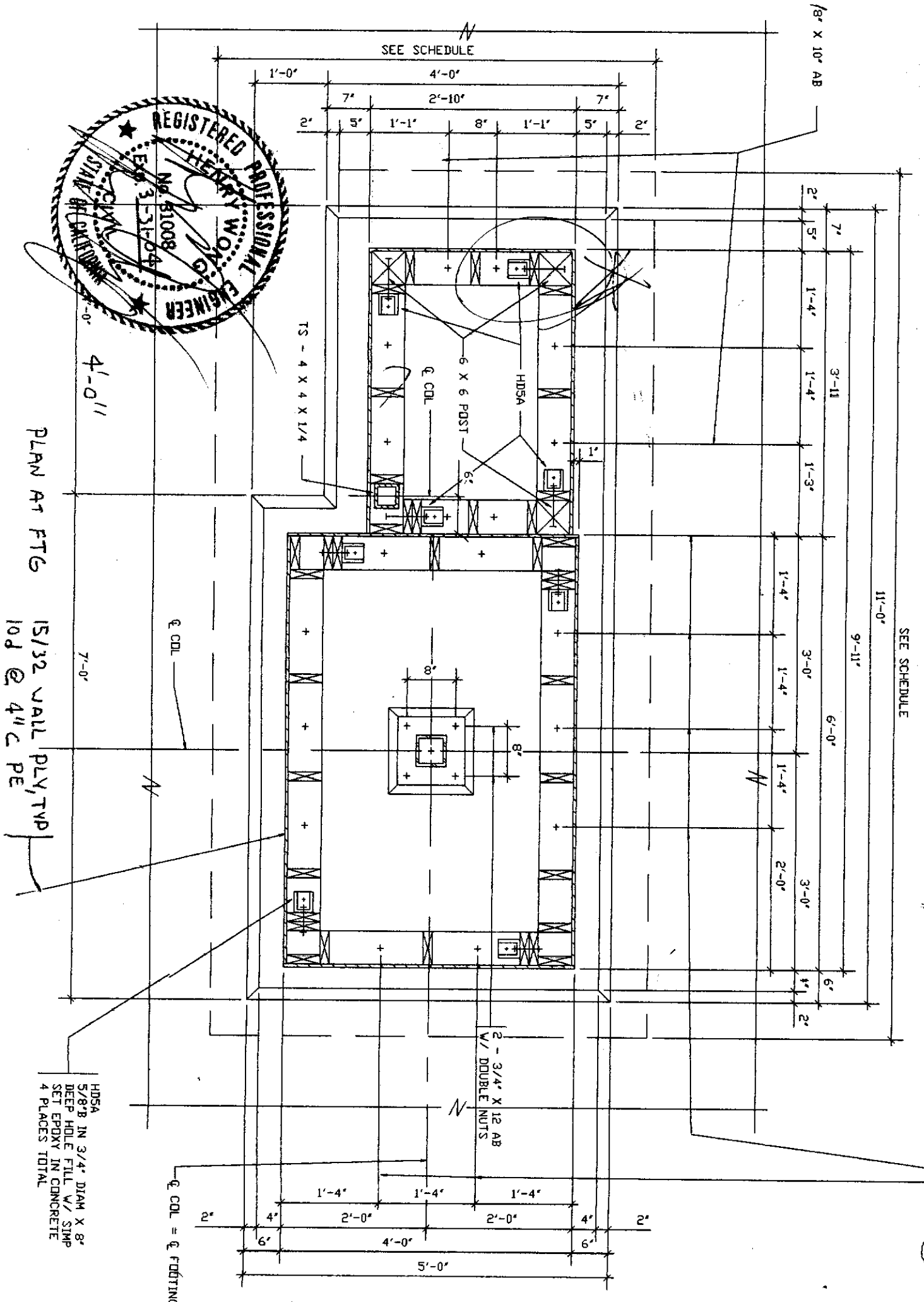
BID Use Only: Plan Ck# <u>0103677</u> Permit # <u>0103677</u> OK to issue prmt? <u>Y</u> <small>init</small> <u>10/11/01</u> <small>date</small> F.D. Appr Req'd? Yes No	
Hold on Certificate of Occupancy? <u>(Yes)</u> No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

STAPLES MEADOW VIEW PLAZA
DET #1/54.1

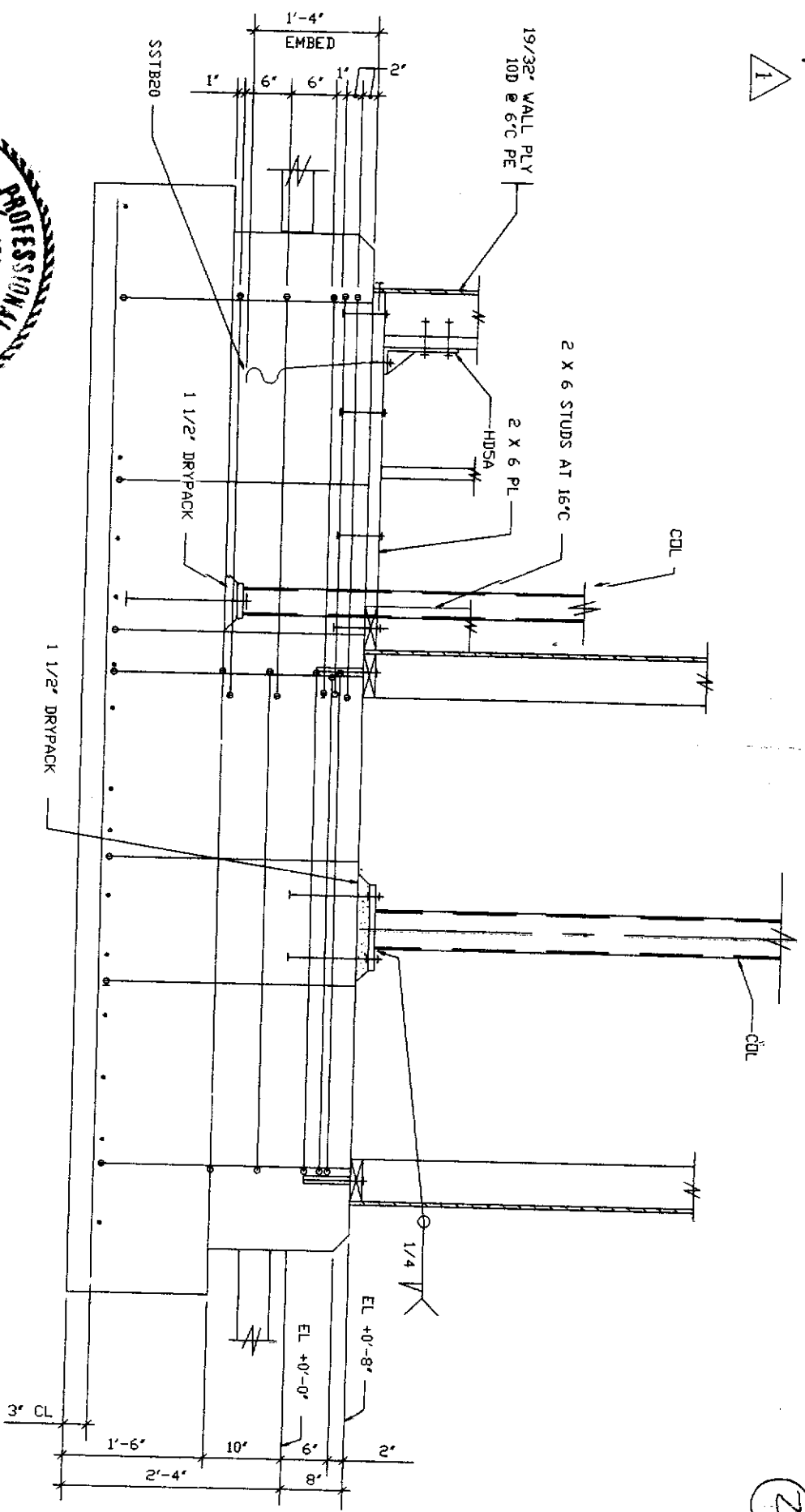
2-5/8" B. IN 3/4" DIAM X 6"
DEEP HOLE FILL W/ SIMP SET EPOXY

1-9-02

①



STADLES MEADOWVIEW PLAZA
DET 1/54.1



ELEV



2

1-9-02

Sierra Mechanical Corporation
 3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone: (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples #1343
 Street 7551 Freeport Blvd.
 City Sacramento State CA Zip _____
 Person Performing Test Jet Traylor

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS										
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
1	MAIN SALES	4 1/2 x 4 3/4 1.3	850		1105	} 4 SIDES OF concentric DIFF.				
		4 1/2 x 4 3/4 1.3	875		1137					
		4 1/2 x 3 1/2 1.	850		850					
		4 1/2 x 3 1/2 1.	825		825					
						40 x 28 7.7	350		2695	
S/A TOTAL				4000	3917	R/A TOTAL			2695	OIA TOT. 1232
Supply Fan CFM from Page 2										
TOTAL										

Plan Req 117

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation
 3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone: (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples #1343
 Street 7551 Freeport Blvd.
 City Sacramento State CA Zip _____
 Person Performing Test Jet Truile

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS										
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
1	MAIN SALES	4 1/2 x 4 3/4 1.3	850		1105	} 4 SIDES OF concentric DIFF.				
		4 1/2 x 4 3/4 1.3	875		1137					
		4 1/2 x 3 1/2 1.	850		850					
		4 1/2 x 3 1/2 1.	825		825					
						40 x 28 ÷ 144 7.7	350		2695	
S/A TOTAL				4000	3917	R/A TOTAL			2695	O/A TOT. 1232
Supply Fan CFM from Page 2										
TOTAL										

Plan Req 117

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation
 3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone: (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples # 1393
 Street 7551 Freepoint Blvd.
 City SAC. State CA Zip _____
 Person Performing Test Jet Trailer

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS											
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM	
				REQ.	ACT.			REQ.	ACT.		
2	MAIN SALES	4 1/2 x 4 3/4 1.3	900		1170	}					
		4 1/2 x 4 3/4 1.3	880		1144						
		4 1/2 x 3 1/2 1.4	825		825						
		4 1/2 x 3 1/2 1.	850		850						
						40 x 28 7.7 Factor	360		2772		
S/A TOTAL				4000	3989	R/A TOTAL		2772	O/A TOT.	1217	
								Supply Fan CFM from Page 2			
								TOTAL			

F/A
REQ
1170

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation
 3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone: (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples # 1393
 Street 7551 Freeway Blvd.
 City SAC. State CA Zip _____
 Person Performing Test Jet D. Truher

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS

Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
3	MAIN SALES	4 1/2 x 4 3/4 Factor 1.3	900		1170	} 4 sides of concentric DIFF.				
		4 1/2 x 4 3/4 1.3	875		1137					
		4 1/2 x 3 1/2 1.	800		800					
		4 1/2 x 3 1/2 1.	720		720		40 x 28 -144 77 Factor	340		2618

S/A TOTAL			3827	R/A TOTAL			2618	O/A TOT.	1209
Supply Fan CFM from Page 2									
TOTAL									

P/A
R/A
1170

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation
 3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone: (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples
 Street 7551 Freeport Blvd
 City Sac. State CA Zip _____
 Person Performing Test Set Truster

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS											
Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM	
				REQ.	ACT.			REQ.	ACT.		
4	MAIN SALES	4 1/2 x 4 3/4 1.3	800		1040	}					
		4 1/2 x 4 3/4 1.3	850		1105						
		4 1/2 x 3 1/2 1.	875		875		4 5	DOES	CF	CONCENTRIC	DIFF.
		4 1/2 x 3 1/2 1.	900		900						
						40 X 28 7.7	360		2772		
S/A TOTAL				4000	3720	R/A TOTAL			2772	O/A TOT	1148
										Supply Fan CFM from Page 2	
										TOTAL	

R/A
 Key
 117

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation

3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone: (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples # 1343
 Street 7551 Freeport Blvd
 City SAC State CA Zip _____
 Person Performing Test Jet Truitt

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS

Unit No.	Space Served	Supply Air Open Size	FPM	CFM		RIA Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
5	copy center	18 X 3 1/2 .44	900	400	396	22 X 22			1580	
		18 X 3 1/2 .44	860	400	378	22 X 22			1560	
	SALES AREA	18 X 3 1/2 .44	700	300	308					
		18 X 3 1/2 .44	680	680	299					
		18 X 3 1/2 .44	650	650	286					
		18 X 3 1/2 .44	675	675	297					
	CHECK OUT	6 X 20 .83	560	500	465					
	SERVICE AREA	6 X 20 .83	620	500	514					
	WAITING	6 X 20 .83	650	500	539					
		6 X 20 .83	580	500	481					
S/A TOTAL			4000	3963		RIA TOTAL		3140	OIA TOT.	823
								Supply Fan CFM from Page 2		
								TOTAL		

PLAN
 206
 872

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation

3253 Fitzgerald Road
Rancho Cordova, CA 95742
Phone: (916) 638-8605
Fax: (916) 638-0416

Customer Name Staples
Street 7551 Freeport Blvd
City Sac. State CA Zip _____
Person Performing Test Jet Truster

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS

Unit No.	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM	
				REQ.	ACT.			REQ.	ACT.		
6	MANAGERS	12x12		210	200	22x22		210	180		
	LOCK UP	12x12		290	280	12x12		290	240		
	TECK LOCK UP	9x9		80	100	10x10		80	80		
	CASH	9x9		140	120	22x22		140	100		
	HALLWAY	6x6		80	100	22x22		80	100		
S/A TOTAL				800	R/A TOTAL				650	O/A TOT	120
Supply Fan CFM from Page 2											
TOTAL											

O/A
Req
110

TOTAL MUA _____ CFM
TOTAL EXHAUST _____ CFM
BUILDING PRESSURE _____ CFM

Sierra Mechanical Corporation

3253 Fitzgerald Road
 Rancho Cordova, CA 95742
 Phone (916) 638-8605
 Fax: (916) 638-0416

Customer Name Staples #1373
 Street 7551 Freeway Blvd
 City SAC State CA Zip _____
 Person Performing Test Jet Tester

VENTILATION TEST REPORT

SUPPLY AND RETURN REGISTERS

Unit No	Space Served	Supply Air Open Size	FPM	CFM		R/A Open Size	FPM	CFM		Outside Air CFM
				REQ.	ACT.			REQ.	ACT.	
7	20000	12x12		310	320					
				310	300	22x22		620	620	
	Mailroom	12x12		200	200					
	Copy	12x12		200	220	22x22		400	440	
	TR4 wing	9x9		130	140	21x22		130	140	
	COMM.	12x12		200	200	22x22		200	200	
	MEMBERS	12x12		250	270					
	COMM.	12x12		250	270					
	SANITORS	9x9		150	150					
S/A TOTAL				1990		R/A TOTAL		1100	O/A TOT	590
								Supply Fan CFM from Page 2		
								TOTAL		

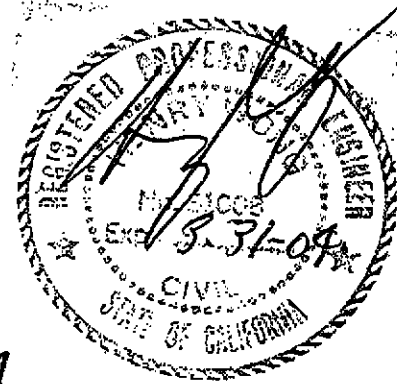
P/AN
 800
 600

TOTAL MUA _____ CFM
 TOTAL EXHAUST _____ CFM
 BUILDING PRESSURE _____ CFM

SKW & Associates
6130 Freeport Blvd., Ste. 101A
Sacramento, CA 95822

JANUARY 3, 2002

CITY OF SACRAMENTO
BUILDING INSPECTION DEPT
SACRAMENTO, CA.

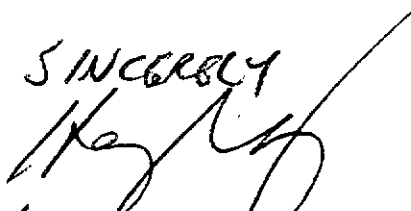


SUBJECT: MEADOWVIEW PLAZA
STAPLES
MEADOWVIEW ROAD & FREEPORT BLVD

TO WHOM IT MAY CONCERN

THERE ARE THREE AREAS ON THE ROOF
WHERE THE ROOF PLYWOOD WAS NOT
STAGGERED OVER THE ROOF BEAM. THE
ROOF PLYWOOD NAILING IS STILL ADEQUATE TO
SAFELY SUPPORT THE DESIGN LOADS

SINCERELY


HENRY WONG
RCE

NEW PLAN CHECK NO#: 0202820
 OLD PLAN CHECK NO#: 0103677

DATE: _____

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES _____ NO _____

JOB ADDRESS 7551 FREEPORT SUITE PERMIT NO _____

AREA: _____ DBA: _____

DESCRIPTION OF REVISIONS FIRE - SPRINKLER MONITORING
SYSTEM - DEFERRED

DISCIPLINE	B	<u>(L)</u>	P	M	<u>(E)</u>	<u>(F)</u>	S	R	D
CHECKED BY									
ROUTE TO									
CODE									
HOURS SPENT <u>2.5</u>									

CONTACT: RANDY CLEMENS

ADDRESS: _____

PAID
 CITY OF SACRAMENTO

MAR 11 2002

PHONE#: 565-2081 OFF

NEIGHBORHOODS PLANNING
 AND DEVELOPMENT SERVICES

OF PLANS SUBMITTED _____ SUBMITTED TO _____

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN
<u>3/8</u> <u>AR</u>	

APP FEE	PAID

Applicant signature _____ Date _____

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		