

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0611420
Insp Area: 4
Thos Bros: 276H1

Site Address: 4460 DUCKHORN DR SAC St: #B
Parcel No: 225-2100-010

PAID
CITY OF SACRAMENTO
JUL 31 2006

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

CONTRACTOR
PAUL MENARD ASSOCIATES
PO BOX 1005
CARMICHAEL CA 95609

OWNER
O'BRIEN MARK
5101 FLORIN PERKINS RD
SACRAMENTO, CA 95826

ARCHITECT
PAUL ROBERT MENARD
P O BOX 1005
CARMICHAEL CA 95609

Nature of Work: FIRST TIME TI FOR MEDIFAST MEDICAL GROUP - WALLS & CABINETS FOR RECEPTION & STORAGE

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 License Number 638300 Date 7-31-06 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 7-31-06 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 STATE FUND Policy Number 692-0002567 Exp Date 10/01/2006

(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 comply with those provisions.

Date 7-31-06 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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 4460 DUCKHORN DR #B Permit No.: 0611420
Building Use: OFFICE DBA: MEDIFAST MEDICAL GROUP Occupancy: B
Building Owner: WESTERN PLANT HEALTH ASSOC. Construction Type: VN
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE B Area: 1408 Sq. Ft.
9/22/06
Date By: (Print) Carolyn Cooper Sign ROBERT LEE CHASE, AIA
CHIEF BUILDING OFFICIAL

[Finaled By: MJJ,JET,GDS,MCM,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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE



Heating & Air Conditioning

Microfilm
4760 Duckhorn
Permit #
0611420

(916) 995-1706

AIR BALANCE REPORT

Page 1 of 2

Project: _____

System: 3

Date: _____

By: _____

Note: Use these symbols - (S) Supply; (R) Return; (E) Exhaust; (OSA) Outside Air

Room No.	Outlet	CFM			Pressure (+) or (-)	Air Movement FPM @ 5' AFF	Temperature °F	Humidity	Occupants
		Design	Test #1	Adjust					
1	Exam Room	S	100	182		N/A		N/A	0
2	Exam Room	S	100	113					
3	Work Area	S	225	225					
4	Work Area	S	225	218					
5	Office	S	400	283					
6	Storage	S	100	165					
7	Work Area	S	100	165					
Totals or Averages									

Outdoor Conditions: Temperature: 81 °F Humidity: N/A Wind: N/A

Indoor: Thermostat Setting: 60 °F Occupied?: [] Yes [X] No

Notes: At: 20 °F OSA: 150 CFM



Heating & Air Conditioning

(916) 995-1706

AIR BALANCE REPORT

Project: MediFast Medical Group

System: 3

Date: 9-21-06

By: _____

Note: Use these symbols - (S) Supply; (R) Return; (E) Exhaust; (OSA) Outside Air

Room No.	Outlet	CFM			Pressure (+) or (-)	Air Movement FPM @ 5' AFF	Temperature °F	Humidity	Occupants
		Design	Test #1	Adjust					
1 Exam 1	R	100	75		99	-	NA		NA
2 Exam 2	R	100	100		101	-			
3 office 2	R	350	376		349	-			
4 Storage	R	100	75		100	-			
5 Hall	R	350	374		351	-			
Totals or Averages									

Outdoor Conditions:
 Temperature: 51 °F
 Humidity: NA
 Wind: NA FPM

Indoor:
 Thermostat Setting: 60 °F
 Occupied?: [] Yes [X] No

Notes:
 AT: 20 °F
 OSA: 150 CFM



Heating & Air Conditioning

(916) 995-1706

Page 1 of 1

AIR BALANCE REPORT

Project: medifast medical group System: 4 Date: 9-21-06

By: _____

Note: Use these symbols -- (S) Supply; (R) Return; (E) Exhaust; (OSA) Outside Air

Room No.	Outlet	CFM			Pressure (+) or (-)	Air Movement FPM @ 5' AFF	Temperature °F	Humidity	Occupants
		Design	Test #1	Adjust					
Receptionist	S	150	170		150	N/A			
Receptionist	S	400	390		401				
Waiting	S	400	380		400				
Office	S	400	400		400				
Office	R	350	340		350				
Receptionist	R	850	861		851				
Totals or Averages									

Outdoor Conditions:
 Temperature: 81 °F
 Humidity: N/A
 Wind: N/A FPM

Indoor:
 Thermostat Setting: 61 °F
 Occupied?: Yes No

Notes:
 At: 2 °F
 OSA: 150 CFM

IR WALLS 1/2"C.W/3-#12

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document		LTG-2-A
		Form of
PROJECT NAME MDI EAST	DATE 7-15-06	
PROJECT ADDRESS 4460 Duckhorn #B Bldg. #4		
TESTING AUTHORITY Andrade Electric, Inc.	TELEPHONE 635-4082	
LIGHTING CONTROL SYSTEM NAME / DESIGNATION		Checked By/Date Enforcement Agency Use

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

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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 affect 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 daylight 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: FRANK ANDRADE
 Company: ANDRADE ELECTRIC INC
 Signature: [Signature] Date: 9-20-06

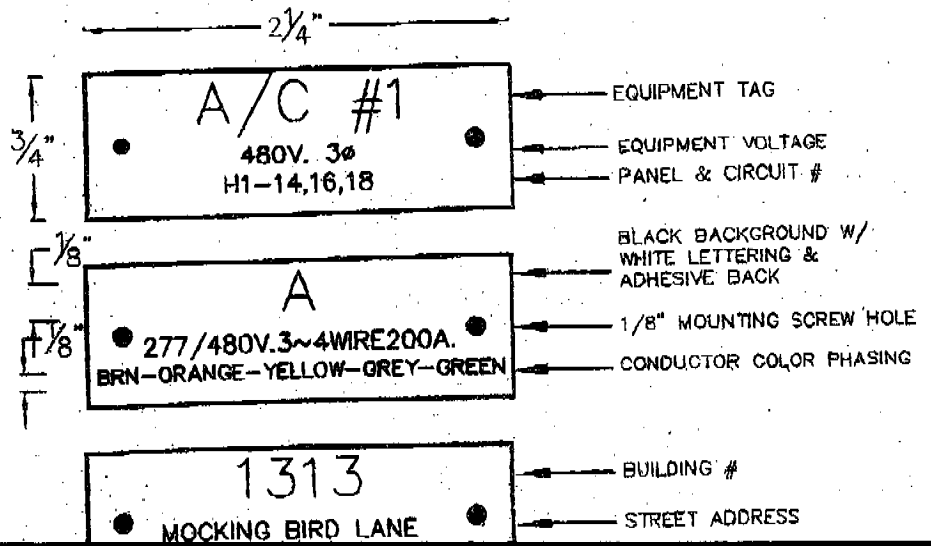
Licence # 660566

LABEL DETAILS

NT

ALLED BY
 REFERENCE ONLY
 AL CONTRACTOR
 L CONTRACTOR
 YP. ROOF MOUNTED
 BY
 BUTTONS AS NOTED
 I.C. - U.N.O.

OR

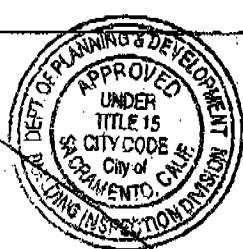


Lighting Control Acceptance Document		LTG-2-A		
		Form of		
PROJECT NAME MEDIFAST	DATE 7-15-06			
A. Select Acceptance Test (Indicate lighting control systems Names/Designations by the applicable tests below)				
<input type="checkbox"/> 1 Occupancy Sensor				
<input checked="" type="checkbox"/> 2 Manual Daylighting Controls				
<input checked="" type="checkbox"/> 3 Automatic Time Switch Controls				
B. Equipment Testing Requirements		Applicable Lighting Control Systems		
Check and verify those items applicable to selected system:		1	2	3
Occupancy Sensor - Step 1: Simulate an unoccupied condition				
a.	Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 118(d).	Y/N		
b.	The occupant sensor does not trigger a false "on" from movement in an area adjacent to the controlled space or from HVAC operation	Y/N		
c.	Signal sensitivity is adequate to achieve desired control	Y/N		
Step 2: Simulate an occupied condition				
a.	Status indicator or annunciator operates correctly	Y/N		
b.	Lights controlled by occupancy sensors turn on when immediately upon an occupied condition OR (this requirement is mutually exclusive with Step 2.c.)	Y/N		
c.	Sensor indicates space is "occupied" and lights turn on manually	Y/N		
Step 3: System returned to initial operating conditions				
Manual Daylighting Controls - Step 1: Manual switching control				
a.	At least 50% of lighting power in daylight areas is separately controlled from other lights		Y/N	
b.	The amount of light delivered to the space is uniformly reduced		Y/N	
Step 2: System returned to initial operating conditions				
Automatic Time Switch Controls - Step 1: Simulate occupied condition				
a.	All lights can be turned on and off by their respective area control switch			Y/N
b.	Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located			Y/N
Step 2: Simulate unoccupied condition				
a.	All non-exempt lighting turn off per Section 131(d)1			Y/N
b.	Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs			Y/N
c.	All non-exempt lighting turns off			Y/N
Step 3: System returned to initial operating conditions				
Note: Shaded areas do not apply for particular test procedure				
C. PASS / FAIL Evaluation (check one):				
<input checked="" type="checkbox"/> PASS: All applicable Construction Inspection responses are complete and all applicable Equipment Testing Requirements responses are positive (Y - yes)				
<input type="checkbox"/> FAIL: Any applicable Construction Inspection responses are incomplete OR there is one or more negative (N - no) responses in any applicable Equipment Testing Requirements section. Provide explanation below. Use and attach additional pages if necessary.				

NOTE

THESE PLANS AND SPECIFICATIONS ARE THE PROPERTY OF AN SOLE USE OF ANDRADE ELECTRIC INC., ELECTRICAL CONTRAC ARE NOT TO BE USED FOR BIDDING OR ANY OTHER PURPOSE WITHOUT WRITTEN CONTRACT OR CONSENT OF ANDRADE DESIGN THIS IS A DESIGN BUILD PROJECT. ALL ELECTRICAL DESIGN SE THESE PLANS HAVE BEEN DESIGNED BY ANDRADE DESIGN AND INSTALLED BY ANDRADE ELECTRIC INC. ALL ELECTRICAL WORK INSTALLED IN A PROFESSIONAL MANNER AND IN COMPLIANCE WITH N.E.C., 2005 CALIFORNIA TITLE 24 ENERGY STANDARDS, AND ALL CODES AND OR LOCAL ORDINANCES.

ANDRADE DESIGN
COMMERCIAL / RESIDENTIAL INDUSTRIAL
 C.A.D.
 ELECTRICAL POWER & LIGHTING DESIGN
 RALPH J. ANDRADE
 6149 TREMAIN DRIVE
 CITRUS HEIGHTS, CA 95621
 OFFICE: 417-4480
 FAX: 538-7296
 E-MAIL: ralph@andradedesign.com



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

ISSUED
 CITY OF SACRAMENTO
 JUL 31 2006
 DOWNTOWN PERMIT CENTER

MEDIFAST
 IMPROVEMENT
 XXXXXXXXXXXX
 N DRIVE SUITE "B" BLDG.#3
 ENT, CALIFORNIA