



FINAL AIR BALANCE CO., INC



CERTIFICATION OF MINIMUM OUTDOOR AIR

This is to certify that all minimum outdoor air has been tested, adjusted, and balanced per specific mechanical drawings requirements for this project, and has met the minimum design CFM.

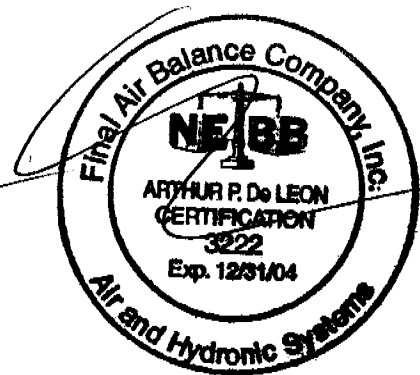
Buildings; Classroom 'A', Admin., & Library

Project: PAT Anderson Education Center

Address: Sac. CA.

These 3 buildings have been Air balanced per plans & specs.

Final Air Balance Report to follow.



Final Air Balance Co., Inc.
CA License #777985
13020 Piper Hill Dr.
Penn Valley, CA 95946
(530) 432-2226



CITY OF SACRAMENTO

**180 DAY TEMPORARY
Certificate of Occupancy**
For Information Contact (916) 264-5716

Building Address: 2751 WILMINGTON AV Permit No.: 0318891
Building Use: MULTIPURPOSE ROOM Occupancy: A3/B/E1
Building Owner: SACTO CHILDREN'S HOME Construction Type: VN
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE EXCEPT KITCHEN Area: 2045 Sq. Ft.

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

4/29/04 Nicholas Buehler DENNIS RICHARDSON
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals:: VF,MJB,SLG,CP]

CBC 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

CALL 264-5191 FOR INSPECTIONS

PERMIT SERVICES: 808-2534 FIELD OFFICE: 264-5716
 HOUSING/DANGEROUS BLDG: 264-5404

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60/E11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH. UNDERFLOOR/SLAB		12-23-3
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
B13 FLOOR JOISTS OR GIRDERS		
B14/15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		12-23-3
M31 TOP MECHANICAL/WALL/CELL		
E63 ROUGH ELECTRICAL/WALL/CELL		
B19 FRAME		
B17 ROOF PLYWOOD NAIL, COMM. & ARTS.		
B18 EXTERIOR LATH/SIDING		
B22 INT. LATH OR WALL BD. NAILING		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
P47 GAS TEST		
E68 TEMP GAS ISSUED		12-23-3
E67 TEMP. POWER #		
SWIMMING POOLS ONLY		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
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ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE: _____ SIGNED: _____		
FINAL APPROVALS		
B29 BUILDING	FINAL INSP. NO.	
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
F94 FIRE		
S92 SITE		

Address: **2751 WILMINGTON AV SAC**
 Permit #: **0318887**

Location: 2751 WILMINGTON AV
 APN: 019-0010-003
 DBA: CLASSROOM BLDG A

Owner: SACTO CHILDREN'S HOME
 2750 SUTTERVILLE RD
 SACRAMENTO CA
 95820
 916-452-3981

Contractor: JR ROBERTS
 7745 GREENBACK LN SUITE 300
 CITRUS HTS CA
 CLASS A, B
 7295600

JOB DESCRIPTION: NEW CLASSROOM BUILDING A

BLDG Y MECH Y PLBG Y ELEC Y SITE N FIRE Y COMBO N

CITY OF SACRAMENTO INSPECTIONS
BUILDING INSPECTION DIVISION 264-5191

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: _____

(This section need not be completed if the permit is for one hundred dollars (\$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: _____ Applicant: _____ (Signature)

WARNING: FAILURE TO SECURE WORKERS' 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

Area: **3C**
 Thomas Bros: 317 E2
 INSPECTIONS: 916-264-5191
 FIELD SERVICES: 916-808-5716

Sq Ft: 2542
 Occupancy: A3/B/E1
 Const Type: VN
 Comp Type: BLD_COM
 Sub-Type: NCOM
 Valuation: \$177,279.08

VALUATION	\$	FIRE	Y	COMBO	N
ISSUED BY:					
DATE ISSUED					
BUILDING PERMIT FEE	\$				
PLAN CHECK/PROC. FEE	\$				
S.M.I. FEE	\$				
CONST. EXCISE TAX	\$				03
CITY BUS LICENSE	\$				
TECH FEE	\$				1
WATER DEV. FEE	\$				
CITY SEWER DEV. FEE	\$				8
REG. SEWER FEE	\$				8
RESIDENTIAL CONST. TAX	\$				7