

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0110851

Insp Area: 4

Thos Bros: 277F3

Site Address: 3600 NORTHGATE BL SAC

Parcel No: 250-0360-020

STE 100

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

REF AND SONS INC  
4621 ORANGE GROVE AV  
SAC, CA 95841

OWNER

ULUPALAKUA RANCH INC  
2868 PROSPECT PARK DR #  
RANCHO CORDOVA CA 95670

ARCHITECT

**Nature of Work:** REMODEL INTERIOR ONLY - NEW PARTITIONS, ELECTRICAL, MECHANICAL

**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 468850 Date 11/19/01 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 \_\_\_\_\_ 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 above-mentioned property for inspection purposes.

Date 11/19/01 Applicant/Agent Signature 

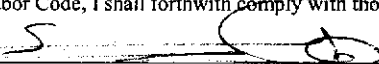
**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_ 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 CLARENDON NATIONAL Policy Number 04KR00002433 Exp Date 06/01/2002

(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 11/19/01 Applicant 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.**

# 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 # 0110851 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3600 Northgate Blvd Suite 100  
 PARCEL # 250.0360.020

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Alan Lant</u>                  Street Address <u>6205 Meadowvista Dr</u>                  City/State/Zip <u>Carmichael, Ca 95608</u>                  Phone <u>962.1030</u> FAX <u>962.1815</u>                  E-mail: <u>ALANT@JPS.NET</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>REF &amp; SONS, Inc</u>                  Address <u>2146 Orange Grove Ave.</u>                  City/State/Zip <u>Sacramento, Ca</u>                  Phone <u>481.2462</u> FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>A L Desigus</u>                  Address <u>6205 Meadowvista Dr.</u>                  City/State/Zip <u>Carmichael, Ca 95608</u>                  Phone <u>962.1030</u> FAX <u>962.1815</u>                  E-mail: <u>A LANT@JPS.NET</u></p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Steel Enterprises</u>                  Address <u>1882 Prospect Park Dr # 250</u>                  City/State/Zip <u>Rancho Cordova, Ca</u>                  Phone <u>635.0146</u> FAX _____                  E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Remodel interior only - new walls, electrical, mechanical.

OCCUPANT/TENANT: UNILAB VALUATION: \$ 62,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	PLUMB	<input checked="" type="checkbox"/> ELEC	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	Via-File		
<u>1</u>		<u>10,872</u>		<u>B</u>	<u>VN</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	<u>[H] [Quad]</u>		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<u>P</u>	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<u>S</u>	<u>D</u>	PW	UTIL	

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

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

**R PLANNING STAFF REVIEW**

to be filled out by Building staff . . . . .

**\*\*\*DUPLICATE\*\*\***  
PD: 08/23/2001 040 JSB  
DATE: 08/23/2001 3:11PM 00016560  
PMT#: 0110851C SHT COM BLDG PT  
0205PLAN CK-COMM'L \$640.00  
\$640.00  
\$0.00

PC  
CHANGE

en Lant
1 Northgate Bl, suite 100
prior remodel

DOES THE PROJECT INCLUDE ANY OF THE FOLLOWING TYPES OF WORK ?

New Buildings OR Exterior Work to Existing Buildings	YES	<input checked="" type="radio"/> NO
Site Work (changes to Parking, outdoor Equipment, etc)	YES	<input checked="" type="radio"/> NO
Change in Use OR Expansion of Existing Use	YES	<input checked="" type="radio"/> NO

If customer answers "YES" to any of the above questions, application requires Planning review. Planning staff to fill out reverse side of this form.

If customer answers "NO" to ALL of the above questions, do not send application to Planning.

Confirmed by Building staff: \_\_\_\_\_ DATE: 8/23/01 BY: AR

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If, in reviewing the project plans for Building Permit application, there are any issues identified by Building staff that appear to require Planning staff review, please indicate those issues below and send the customer to Planning.

BUILDING STAFF COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

**SUMMIT AIR COMPANY**  
 7521 COOK AVENUE  
 CITRUS HEIGHTS CA., 95610  
 (916) 729-2082

FAN AND OUTLET TEST SHEET    DATE 3-25-02    PAGE # 1

AREA SERVED WEST PERIMETER UNIT 1    JOB 3600 NORTHGATE

FAN UNIT	OPENING			NOTES	DESIGN		TEST 1		TEST 2	
	NO	TYPE	ROOM		FPM	CFM	FPM	CFM	FPM	CFM
1	1	PERF				110		102		102
1	2	PERF				250		200		242
1	3	PERF				250		275		238

REMARKS:

**SUMMIT AIR COMPANY**  
 7521 COOK AVENUE  
 CITRUS HEIGHTS CA., 95610  
 (916) 729-2082

FAN AND OUTLET TEST SHEET DATE 3-25-2002 PAGE # 2

AREA SERVED North Perimeter UNIT No. 2 JOB 3600 Northgate

FAN UNIT	OPENING			NOTES	DESIGN		TEST 1		TEST 2	
	NO	TYPE	ROOM		FPM	CFM	FPM	CFM	FPM	CFM
2	1	Perf				180		150		173
2	2	Perf				120		78		115

REMARKS:

**SUMMIT AIR COMPANY**  
 7521 COOK AVENUE  
 CITRUS HEIGHTS CA., 95610  
 (916) 729-2082

FAN AND OUTLET TEST SHEET    DATE 3-25-2002    PAGE # 3

AREA SERVED Interior    UNIT 3    JOB: 3600 Northgate

<del>VAV</del> Unit	OPENING			NOTES	DESIGN		TEST 1		TEST 2	
	NO	TYPE	ROOM		FPM	CFM	FPM	CFM	FPM	CFM
3	1	Perf				265		131		244
↓	2	↓				265		280		269
	3					110		80		95
	4					200		284		207
	5					275		389		291
↓	6	↓				140		170		152
	7	↓				130		86		119

REMARKS:

**SUMMIT AIR COMPANY**  
**7521 COOK AVENUE**  
**CITRUS HEIGHTS CA., 95610**  
**(916) 729-2082**

FAN AND OUTLET TEST SHEET    DATE 3-25-2002    PAGE # 4

AREA SERVED South East Perim    UNIT 4    JOB 3600 Northgate

VAV Unit	OPENING			NOTES	DESIGN		TEST 1		TEST 2	
	NO	TYPE	ROOM		FPM	CFM	FPM	CFM	FPM	CFM
4	1	Perf								
4	2	Perf				206		198		198
4	3	Perf				350		205		301
						240		113		220

REMARKS:

**SUMMIT AIR COMPANY**  
**7521 COOK AVENUE**  
**CITRUS HEIGHTS CA., 95610**  
**(916) 729-2082**

FAN AND OUTLET TEST SHEET    DATE 3-25-2002    PAGE # 5  
 AREA SERVED Interior    UNIT 5    JOB : 3600 Northgate

VAV Unit	OPENING			NOTES	DESIGN		TEST 1		TEST 2	
	NO	TYPE	ROOM		FPM	CFM	FPM	CFM	FPM	CFM
5	1	Perf				150	95			133
5	2	↓				150	89			244
5	3	↓				120	127			127

REMARKS: \_\_\_\_\_



# 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 # <span style="font-size: 1.5em; font-family: cursive;">0104318</span>	Insp. Area <span style="font-size: 2em; font-family: cursive;">3</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4315 MARTIN LUTHER KING JR. Blvd Suite  
 PARCEL # 020-0220-005

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>STEVE BEAUCHAMP</u> Street Address <u>8745 Folsom Blvd #150</u> City/State/Zip <u>SAC CA 95826</u> Phone <u>340-2400</u> FAX <u>340-0565</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name <u>KANATONI CONSTRUCTION</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>CONRAD JOHNSON</u> Address <u>10304 PLACER LANE STE A</u> City/State/Zip <u>SA CA 95827</u> Phone <u>362-6303</u> FAX <u>362-5841</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>CHRISTIAN BROTHERS H-S.</u> Address _____ City/State/Zip _____ Phone <u>733-573603</u> FAX <u>733-3677</u> 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: 3,000 SF T.I. FOR NEW MATH SCIENCE AND TECHNOLOGY CLASSES

OCCUPANT/TENANT: CHRISTIAN BROTHERS HIGH SCHOOL VALUATION: \$ 2,000,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>100; 200; 207</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI <input checked="" type="checkbox"/>	REM <input type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Ret. Y N	Fed Code	Vio. File	
		<u>33,884</u>		<u>E1</u>	<u>V-1HR</u>	SPR ALARM	<u>17</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	<u>D</u>	PW	UTIL
						<u>SMB</u>			

COMMENTS: Blk/perm/insp/d 1/3/01 1/3/02 2/13/02 12/20  
NO NEED TO CHARGE CBLIC FEE  
BECAUSE PAID UP 5010 FOR YR. 0014952 BX

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER LOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

126 S. Franklin  
Chicago IL 60606  
PH. (800) 874-4968



# Fax

To: John Varadayan	From: Jose N.
Fax: (918) 458-2952	Pages: 1
Phone: (918) 216-1159	Date: 11/30/01
Re: Compatibility of Firecode Compound with Blaze Shield	OK

- Urgent    For Review    Please Comment    Please Reply    Please Recycle

John,

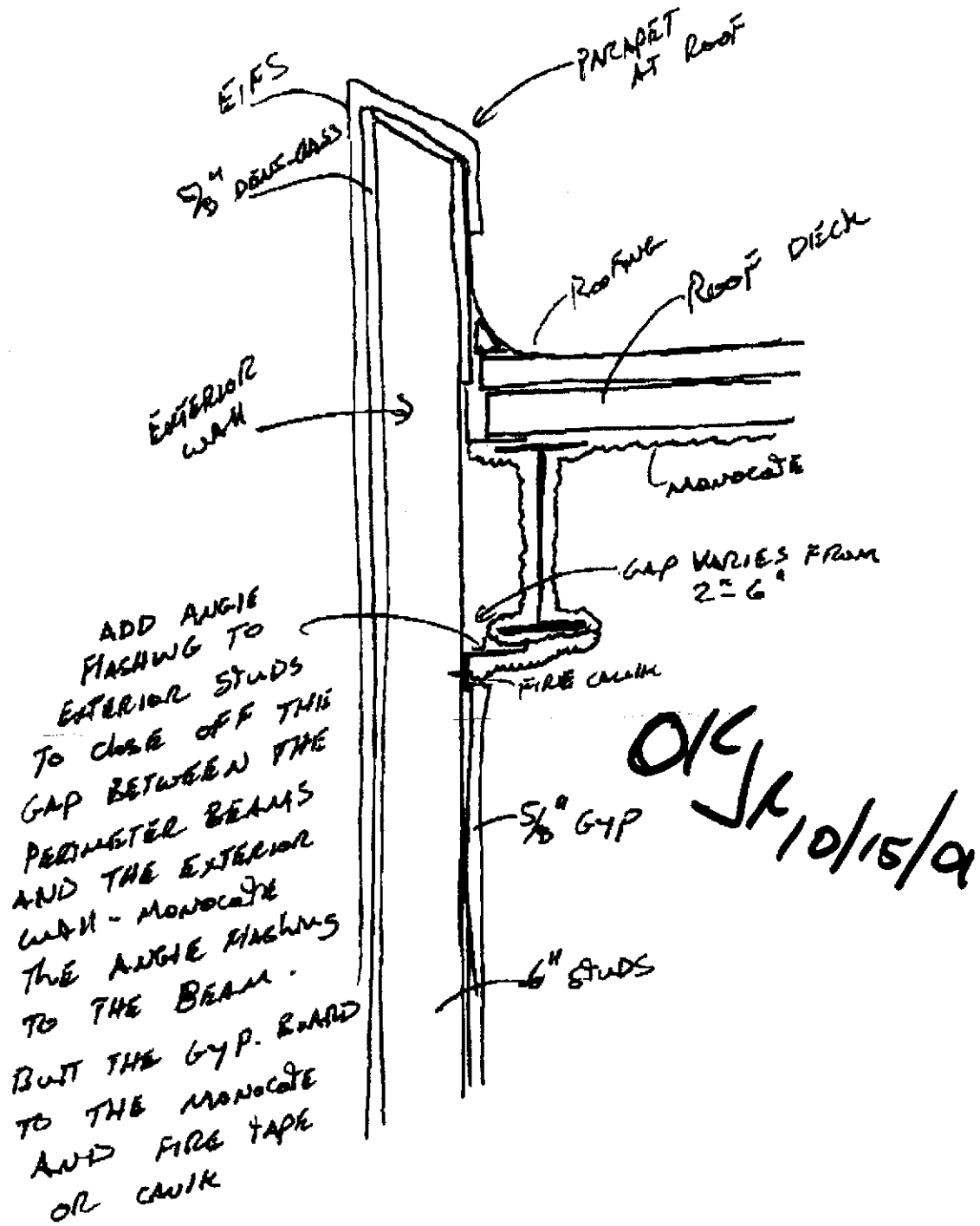
Thank you for your interest in USG products and services.

UL design number HW-S-0001 was tested with out any spray fire proofing at the deck. The system passed the test to maintain ratings of 1 and 2 hours. The use of a spray fire proofing product of the deck should make this system even better. We do not foresee any problem of compatibility in using USG Firecode Compound with Blaze Shield fire proofing.

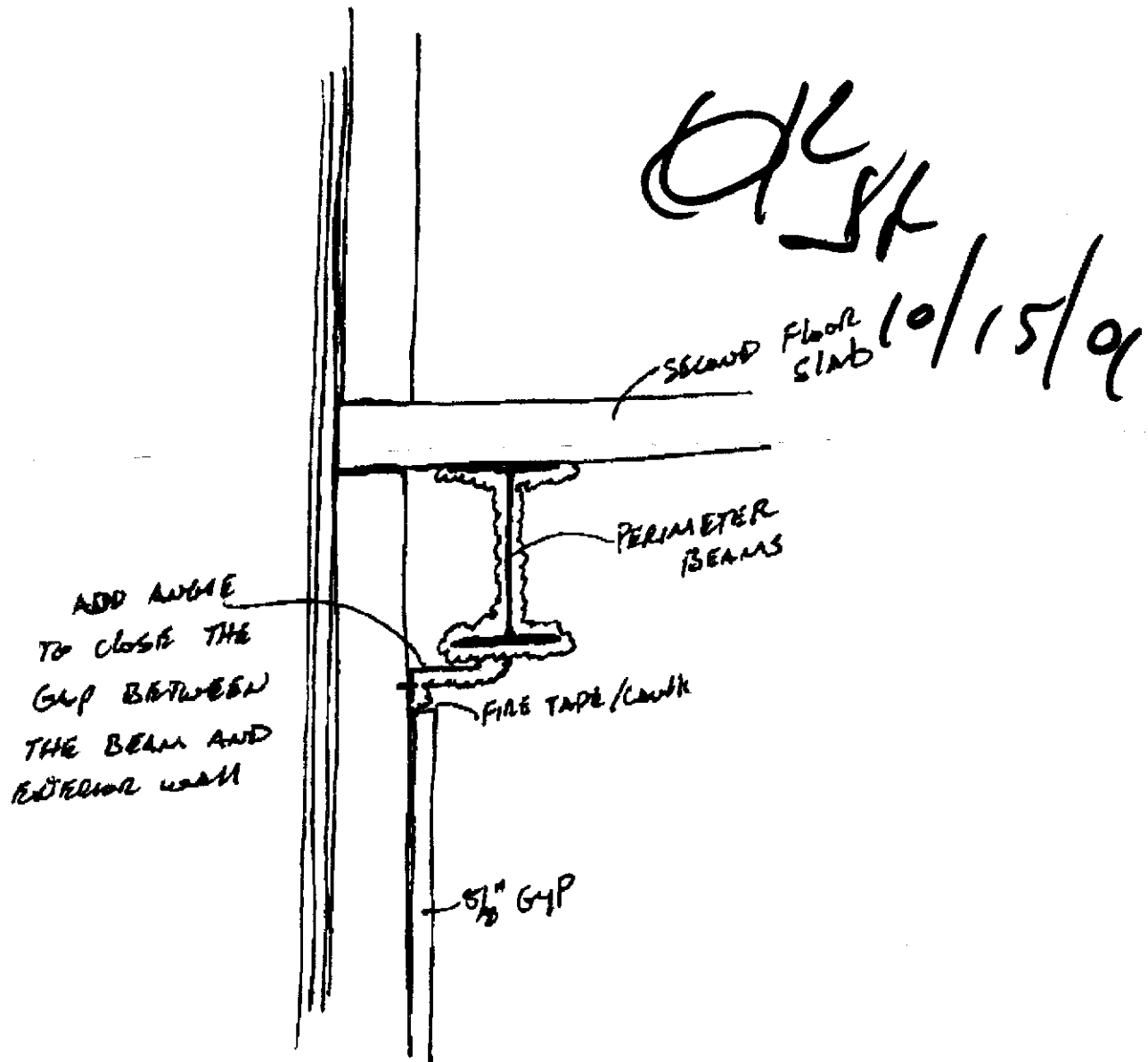
Feel free to write or call back if you have any further questions.

Jose L. Narayjo  
United States Gypsum Corp.  
Architectural Services Associate  
Ph. (800) 874-4968  
Fx. (312) 214-1600  
e-mail: jnarayjo@usg.com

All of the conditions, remedies, and specifications described above (or attached) must be reviewed and completely evaluated by the owner's design professional to verify the suitability of the design for a given structure or an attempt to shift responsibility. Review and approval by a qualified design professional is necessary because there are so many aspects of the installation of our products in a building system that fall outside the scope of responsibility of the architect and construction manager. These include structural issues, fire protection and aesthetics, among many others. We shall not be liable for incidental and consequential damages, directly or indirectly, nor for any loss caused by application of these goods not in accordance with current printed instructions or for other than the intended use. Our liability is expressly limited to replacement of defective goods.



Christian Brothers H.S.  
 4315 Martin Luther King Jr.





## **Air Conditioning Company, Inc.**

1700 Industrial Road  
San Carlos, CA 94070  
Tel: (650) 631-3900  
Fax: (650) 654-0425  
Contractors Lic#120896

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### **TEST AND BALANCE ANALYSIS REPORT**

Job Name: **CHRISTIAN BROTHERS**

ACCO Job #: **631603**

Contractor: **ACCO**

Engineer: **TURLEY AND ASSOCIATES**

**AIR DISTRIBUTION SYSTEM HAS BEEN COMPLETELY BALANCED  
AS PER REQUIREMENTS OF SPECIFICATIONS AND RESULTS OF  
TESTS HEREIN LISTED.**

Date: 03/  
Technician: **KEVIN KILEY**  
Approved By: **KEVIN KILEY**



# AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070  
 (415) 594-0182 • (415) 594-4915 • License # 120696

## AIR OUTLET TEST REPORT

DATE: 9/5/02

PAGE: 2

PROJECT	CHRISTIAN BROTHERS T.I. 1st FLOOR
SYSTEM NO.	AC 1-1, 1-2, 1-3
TEST APPARATUS	SHORTRIDGE-FLOWHOOD
AREA SERVED	
OUTLET MANUFACTURER	TITUS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	AK	SUPPLY	SUPPLY	SUPPLY
AC 1-1	1	CD	8x8		225		235
	2	CD	10x10		305		320
	3	CD	10x10		305		325
	4	CD	10x10		250		290
	5	CD	10x10		305		320
	6	CD	10x10		305		320
	7	CD	10x10		250		270
<b>Total</b>	-	-	-	-	<b>1945</b>	<b>0</b>	<b>2080</b>
AC 1-2	1	CD	8x8		200		190
	2	CD	8x8		75		80
	3	CD	6x6		50		50
	4	CD	6		50		50
	5	CD	6		50		50
	6	CD	10x10		300		290
	7	CD	8		285		285
	8	CD	6x6		50		50
	9	CD	10x10		350		330
	10	CD	6		50		50
	11	CD	10		310		310
	12	CD	10		310		315
	13	CD	10		310		310
<b>Total</b>	-	-	-	-	<b>2390</b>	<b>0</b>	<b>2360</b>
AC 1-3	1	CD	10X10		325		335
	2	CD	10X10		325		345
<b>Total</b>	-	-	-	-	<b>650</b>	<b>0</b>	<b>680</b>

REMARKS:

BALANCE TECH: Kevin Kiley



# AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070  
 (415) 594-0182 • (415) 594-4915 • License # 120696

## AIR OUTLET TEST REPORT

DATE: 3/5/02

PAGE: 3

PROJECT	CHRISTIAN BROTHERS T.I. 1st FLOOR		
SYSTEM NO.	AC 1-4, 1-5, 1-6	TEST APPARATUS	SHORTRIDGE-FLOWHOOD
AREA SERVED		OUTLET MANUFACTURER	TITUS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	AK	SUPPLY	SUPPLY	SUPPLY
AC 1-4	1	CD	12x12		440		400
	2	CD	12x12		440		420
	3	CD	12x12		440		420
	4	CD	12x12		440		400
	5	CD	12x12		440		400
Total	-	-	-	-	2200	0	2040
AC 1-5	1	CD	12x12		440		430
	2	CD	12x12		440		440
	3	CD	12x12		440		440
	4	CD	12x12		440		420
	5	CD	12x12		440		430
Total	-	-	-	-	2200	0	2160
AC 1-6	1	CD	10x10		300		300
	2	CD	10x10		300		290
	3	CD	10x10		300		300
	4	CD	12x12		440		430
	5	CD	12x12		440		440
	6	CD	12x12		440		430
Total	-	-	-	-	2220	0	2190

REMARKS:

BALANCE TECH: Kevin Kiley



# AIR CONDITIONING COMPANY INC.

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 (415) 594-0182 • (415) 594-4915 • License # 120696

## AIR OUTLET TEST REPORT

DATE: 3/5/02

PAGE: 4

<b>PROJECT</b> CHRISTIAN BROTHERS T.I. 1st FLOOR	
<b>SYSTEM NO.</b> AC 1-7, 1-8, 1-9	<b>TEST APPARATUS</b> SHORTRIDGE-FLOWHOOD
<b>AREA SERVED</b>	<b>OUTLET MANUFACTURER</b> TITUS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	AK	SUPPLY	SUPPLY	SUPPLY
AC 1-7	1	CD	12x12		440		410
	2	CD	12x12		440		410
	3	CD	12x12		440		410
	4	CD	10	10	300		290
	5	CD	10	10	300		290
	6	CD	10	10	300		290
<b>Total</b>	-	-	-	-	<b>2220</b>	<b>0</b>	<b>2100</b>
AC 1-8	1	CD	12x12		420		420
	2	CD	12x12		420		430
	3	CD	12x12		420		430
	4	CD	12x12		420		400
	5	CD	12x12		420		420
<b>Total</b>	-	-	-	-	<b>2100</b>	<b>0</b>	<b>2100</b>
AC 1-9	1	CD	12x12		420		390
	2	CD	12x12		420		390
	3	CD	12x12		420		390
	4	CD	12x12		420		410
	5	CD	12x12		420		410
<b>Total</b>	-	-	-	-	<b>2100</b>	<b>0</b>	<b>1990</b>

REMARKS:

BALANCE TECH: Kevin Kiley





# AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070  
 (415) 594-0182 • (415) 594-4915 • License # 120896

## AIR OUTLET TEST REPORT

DATE: 3/5/02

PAGE: 5

PROJECT	CHRISTIAN BROTHERS T.I. 2nd. FLOOR		
SYSTEM NO.	AC 2-1, 2-2, 2-3	TEST APPARATUS	SHORTRIDGE-FLOWHOOD
AREA SERVED		OUTLET MANUFACTURER	TITUS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	Ak	SUPPLY	SUPPLY	SUPPLY
AC 2-1	1	CD	12		535		550
	2	CD	12		535		550
	3	CD	12		535		550
	4	GD	22x22		510		560
	5	CD	12		535		550
	6	CD	8x8		150		170
<b>Total</b>	-	-	-	-	<b>2800</b>	<b>0</b>	<b>2930</b>
AC 2-2	1	CD	14x14		550		510
	2	CD	14x14		550		500
	3	CD	14x14		550		510
	4	CD	14x14		550		500
<b>Total</b>	-	-	-	-	<b>2200</b>	<b>0</b>	<b>2020</b>
AC 2-3	1	CD	8x8		100		100
	2	CD	10		430		410
	3	CD	10		430		400
	4	CD	8x8		150		150
	5	CD	12		430		410
	6	CD	12		430		415
<b>Total</b>	-	-	-	-	<b>1970</b>	<b>0</b>	<b>1885</b>

REMARKS:

BALANCE TECH: Kevin Kiley



# AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070  
 (415) 594-0182 • (415) 594-4915 • License # 120696

## AIR OUTLET TEST REPORT

DATE: 3/5/02

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PROJECT	CHRISTIAN BROTHERS T.I. 2nd. FLOOR		
SYSTEM NO.	AC 2-4, 2-5, 2-6, 2-7	TEST APPARATUS	SHORTRIDGE-FLOWHOOD
AREA SERVED		OUTLET MANUFACTURER	TITUS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	Ak	SUPPLY	SUPPLY	SUPPLY
AC 2-4	1	CD	12x12		500		485
	2	CD	12x12		500		475
	3	CD	12x12		500		475
	4	CD	12x12		500		495
<b>Total</b>	-	-	-	-	<b>2000</b>	<b>0</b>	<b>1930</b>
AC 2-5	1	CD	10x10		350		340
	2	CD	10x10		350		340
	3	CD	10x10		350		335
	4	CD	10x10		350		340
	5	CD	10x10		350		330
	6	CD	10x10		350		340
<b>Total</b>	-	-	-	-	<b>2100</b>	<b>0</b>	<b>2025</b>
AC 2-6	1	CD	12x12		475		430
	2	CD	12x12		475		450
	3	CD	12x12		475		450
	4	CD	12x12		475		450
<b>Total</b>	-	-	-	-	<b>1900</b>	<b>0</b>	<b>1780</b>
AC 2-7	1	CD	12x12		425		410
	2	CD	12x12		425		410
	3	CD	12x12		425		410
	4	CD	12x12		425		400
<b>Total</b>	-	-	-	-	<b>1700</b>	<b>0</b>	<b>1630</b>

REMARKS:

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## AIR OUTLET TEST REPORT

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<b>PROJECT</b> <u>CHRISTIAN BROTHERS T.I. 2nd. FLOOR</u>	<b>TEST APPARATUS</b> <u>SHORTRIDGE-FLOWHOOD</u>
<b>SYSTEM NO.</b> <u>AC 2-8, 2-9, 2-10, 2-11</u>	<b>OUTLET MANUFACTURER</b> <u>TITUS</u>
<b>AREA SERVED</b> _____	

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	Ak	SUPPLY	SUPPLY	SUPPLY
AC 2-8	1	CD	12x12		475		450
	2	CD	12x12		475		460
	3	CD	12x12		475		450
	4	CD	12x12		475		440
<b>Total</b>	-	-	-	-	<b>1900</b>	<b>0</b>	<b>1800</b>
AC 2-9	1	CD	12x12		425		390
	2	CD	12x12		425		390
	3	CD	12x12		425		370
	4	CD	12x12		425		370
<b>Total</b>	-	-	-	-	<b>1700</b>	<b>0</b>	<b>1520</b>
AC 2-10	1	CD	12x12		475		450
	2	CD	12x12		475		460
	3	CD	12x12		475		460
	4	CD	12x12		475		450
<b>Total</b>	-	-	-	-	<b>1900</b>	<b>0</b>	<b>1820</b>
AC 2-11	1	CD	12x12		425		390
	2	CD	12x12		425		395
	3	CD	12x12		425		390
	4	CD	12x12		425		390
<b>Total</b>	-	-	-	-	<b>1700</b>	<b>0</b>	<b>1565</b>

REMARKS:

BALANCE TECH: Kevin Kiley

