

CITY OF SACRAMENTO

Permit No: 0510453

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Thos Bros: 297F4

Site Address: 2838 J ST SAC

Parcel No: 007-0113-004

Alhambra Corridor SP

PAID  
CITY OF SACRAMENTO  
DEC 23 2005

Type: NCOM

Housing (Y/N): N

CONTRACTOR

TAIT & ASSOCIATES  
11280 TRADE CENTER DR  
RANCHO CORDOVA, CA 95742

OWNER

BP WEST COAST PRODUCTS  
PO BOX 5015  
BUENA PARK, CA 90622

ARCHITECT

NEW CITY HALL

Nature of Work: NEW 2,582 SF AM/PM CONVENIENCE STORE, UNDERGROUND TANK AND SITE DEVELOPMENT

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 BAH42 License Number 177928 Date 4-30-07 Contractor Signature [Signature] 12-23-05

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 12-23-05 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 12-23-05 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.

THIS MUST REMAIN ON SITE

PERMITS DEPARTMENT  
1000 S. SACRAMENTO, CA 95828-3804 - (916) 875-8440  
APPLICATION FOR PERMIT TO OPERATE  
UNDERGROUND TANK? YES  NO  IF YES, COMPLETE HAZMAT APPLICATION.

OFFICIAL USE ONLY  
FACILITY ID# \_\_\_\_\_  
 BILL BY ASU  OTHER \_\_\_\_\_  
BMD RECEIPT # \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_  
DATE PAID \_\_\_\_\_  
PAID SOFT SERVE \_\_\_\_\_

**FACILITY**  
Business Name (DBA) ABC FAL 02123 Phone (716) 442-9250  
Site/Commissary Address 2038 JST. City SACRAMENTO State CA Zip 95816  
Mobile Unit Commissary Name (if applicable) N/A  
Mailing Address N/A City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOES THIS FACILITY HAVE A SEMI-FROZEN (SOFT SERVE) PROCESSING MACHINE?  Yes  No. If yes, complete Soft Serve Application.  
**OWNER**  
Owner Name BP WATERBURY HOLDINGS LLC Phone 310-549-6029  
Address (home or office) 4 CENTRAL BLVD City LA PALMA State CA Zip 90623  
Soc. Sec. No./Fed. Tax I.D.# \_\_\_\_\_ ODL# \_\_\_\_\_

TYPE OF PERMIT	FEE	PE	TYPE OF PERMIT	FEE	PE
<input checked="" type="checkbox"/> RESTAURANT**	1500.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$188.00 ea.	1648
<input type="checkbox"/> BAR	896.00	1620	<input type="checkbox"/> COMMISSARY**	144.00 ea.	1680
<input type="checkbox"/> RESTAURANT W/BAR**	850.00	1621	<input type="checkbox"/> SEASONAL LOW RISK	228.00 ea.	1675
<input type="checkbox"/> FOOD-PREP ESTAB W/O HOOD <8000 SQ FT**	582.00	1623	<input type="checkbox"/> SEASONAL HIGH RISK	259.00 ea.	1676
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	803.00	1625	<input type="checkbox"/> MULTI-EVENT VENDOR - LOW RISK	\$212.00 ea.	1682
<input type="checkbox"/> BAKERY	888.00	1651	<input type="checkbox"/> MEV - LOW RISK (second op./caterer)	212.00 ea.	1682
<input type="checkbox"/> BAKERY - NO PREPARATION*	254.00	1652	<input type="checkbox"/> MULTI EVENT VENDOR - HIGH RISK	425.00 ea.	1683
<input type="checkbox"/> PRODUCE STAND	212.00	1607	<input type="checkbox"/> MEV - HIGH RISK (second op./caterer)	425.00 ea.	1689
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	221.00	1699	<input type="checkbox"/> SWIM POOL	882.00	8611
<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISH.	873.00	1691	<input type="checkbox"/> SPA POOL	169.00	8612
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	514.00	1619	<input type="checkbox"/> WADING POOL	169.00	8615
<input type="checkbox"/> RETAIL MARKET (OVER 16,000 SQ. FT.)	881.00	1614	<input type="checkbox"/> MISCELLANEOUS		
<input type="checkbox"/> RETAIL MARKET (6,000 - 14,999 SQ. FT.)	426.00	1613			
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	289.00	1612	<input checked="" type="checkbox"/> STORMWATER	\$78.00	8720
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	170.00 ea.	1681	**Add one stormwater fee if any of the following permits are applied for: 1621, 1622, 1623, or 1689. Only one stormwater fee per facility.		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	212.00 ea.	1632			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	264.00 ea.	1633			
<input type="checkbox"/> MOBILE FOOD PREP UNIT	234.00 ea.	1635			
<input type="checkbox"/> MOBILE SUPPORT UNIT	170.00 ea.	1634			

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.  
Signed \_\_\_\_\_ Title/Position Asst. Mgr. Business Date 12/27/05

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 70% of each remaining fee. Additions to a facility between annual billings will be prepared on a monthly basis. Temporary Food Facility, Swap Meet/Prepackaged Food Stand, Satellite Distribution Facility, Mobile Food Facility, Mobile Food Prep Unit are not included as multiples and shall pay the standard fees.  
\*Bakery wherein no products are prepared or processed from the beginning state.

OFFICIAL USE ONLY  
 NEW FACILITY  CHANGE OF OWNERSHIP (provide owner's name) \_\_\_\_\_  
PREVIOUS NAME OF FACILITY/BUSINESS \_\_\_\_\_  
ANNIVERSARY DATE (date of ownership change / opening date) 8-23-06  
RESTRICTIONS \_\_\_\_\_  
COMMENTS \_\_\_\_\_  
VEHICLE LIC. # \_\_\_\_\_ DECAL # \_\_\_\_\_ PERMIT # \_\_\_\_\_  
PROGRAM RECORD # \_\_\_\_\_  
 APPROVED  DISAPPROVED  
BY Russell M... DATE 8-16-06  
W:\Data\FORMS\ARCHIVE\HDC\APPLICATION FOR PERMIT TO OPERATE (7-1-05).doc DOC TYPE: APPLICATION FOR PERMIT  
WHITE - FILE YELLOW - ASU PINK - OWNER

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 2838 J ST Permit No.: 0510453  
Building Use: CONVENIENCE STORE DBA: ARCO FACILITY Occupancy: M  
#02183  
Building Owner: BP WEST COAST PRODUCTS Construction Type: VN  
Owner Address: BUENA PARK, CA Sprinkled?  Yes  No  
Portion of Building Occupied: ENTIRE Area: 2582 Sq. Ft.  
8/22/06 Carolyn Cooper **ROBERT LEE CHASE, AIA**  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: PWC,MJB,RH,MH,KFW]

*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**

*Microfilm*

# CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY  
4100 FLORIN-PERKINS RD. SACRAMENTO, CA. 95826 (916) 387-5100 FAX (916) 387-5101

AUGUST 8, 2006

AIR BALANCE REPORT  
CIRCO # 606-9820-B1

PROJECT: NEW BUILD 2900 SERIES AM/PM  
LOCATION: 2838 J STREET 0510453  
SACRAMENTO, CALIFORNIA  
ARCHITECT: WD PARTNERS  
CONTRACTOR: PMC CONSTRUCTION  
DESCRIPTION: AIR BALANCE RTU-1, RTU-2 AND EF-1 THRU EF-3

## REMARKS

SUPPLY, RETURN & EXHAUST AIRFLOWS WERE MEASURED USING AN ALNOR FLOWHOOD, EXCEPT THE 24" X 48" CEILING MOUNTED RETURN INLETS. THESE WERE MEASURED USING A DAVIS INSTRUMENTS 6000 SERIES DIGITAL ROTATING VANE ANEMOMETER.

ALL AC UNITS WERE BALANCED WITH OUTSIDE AIR DAMPERS POSITIONED TO PROVIDE THE REQUIRED MINIMUM VALUE.

THE SCHEMATIC LOCATED BEHIND THE TEST DATA IS KEYED TO CORRESPOND WITH DESIGNATIONS USED THROUGHOUT THIS REPORT

CD	=	CEILING DIFFUSER
CR	=	CEILING RETURN
CE	=	CEILING EXHAUST

ADDITIONAL NOTES MAY BE FOUND ON INDIVIDUAL TEST SHEETS.

TESTS PERFORMED BY: *Matt Murphy*

MATT MURPHY

MATT

THE ABOVE TEST DATA WAS ESTABLISHED ON OUR IN-HOUSE FLOW CALIBRATOR. THE CALIBRATOR OF THIS FLOWHOOD, AS RECOMMENDED BY AABC, NEBB & ASHRAE STANDARDS.

TESTED BY:

NGM

SERIAL NO

10378

DATED TESTED:

6-26-06

CFM RANGE	CFM STANDARD FLOW	CFM TEST READING
0/500	120	120
	180	175
	230	230
	340	335
	390	390
400/1000	440	440
	440	435
	610	610
	750	750
	830	825
800/2000	900	890
	900	900
	1230	1230
	1450	1450
	1690	1690

**FLOWHOOD CALIBRATION CERTIFICATE**

4100 FLOREN PERKINS RD

SACRAMENTO, CA 95828

(916) 387-5100

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

**CIRCO** System Balance, Inc.

SDE MANAGEMENT SERVICES  
CERTIFICATE OF CALIBRATION

Instrument ID Number : 3310

1.Equipment Code : C161      Description: VANE ANEMOMETER W/O READOUT  
2.Location Code : B008      Description: CIRCO SYSTEM BALANCE INC.  
9.Work Code #1 : A032      Description: REPLACED BAD BATTERY  
10.Work Code #2 : A002      Description: CALIB.TO MEET MFG.ACCURACY

3.Misc Info :  
4.Model Number : LCA 6000VT      Standard 1: 203  
5.Manufacturer : DAWIS      Standard 2:  
6.Serial Number : A18934      Standard 3:  
7.Hours Work Req :      Standard 4:  
8.Status (A or I): A      Standard 5:

15.Last Calibration Date: 11/10/05      Next Calibration Date: 11/09/06  
16.Initials of Calibrator      KMB

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

# CIRCO System Balance, Inc.

SB JOB# 9820  
 SECTION 1 PAGE 1  
 DATE 8-8-06

## FAN & OUTLET TEST SHEET

AREA SERVED ARCO Am/pm UNIT RTU-1

### MOTOR NAMEPLATE DATA

MFG Emerson PR 195  
 HP 2 V 208 FLA 7.6  
 PH 3 SF 1.0 RPM 1225

SHEAVE DATA:  
 DIA VP40 SHAFT 7/8"  
 ADJ % 1/4 W FIXED

### FAN NAMEPLATE DATA

MFG Lennox  
 MODEL # 16A0911  
 TYPE Packaged AC  
 SIZE \_\_\_\_\_

SHEAVE DATA:  
 DIA AK71 SHAFT 1"  
 BELTS AX-46

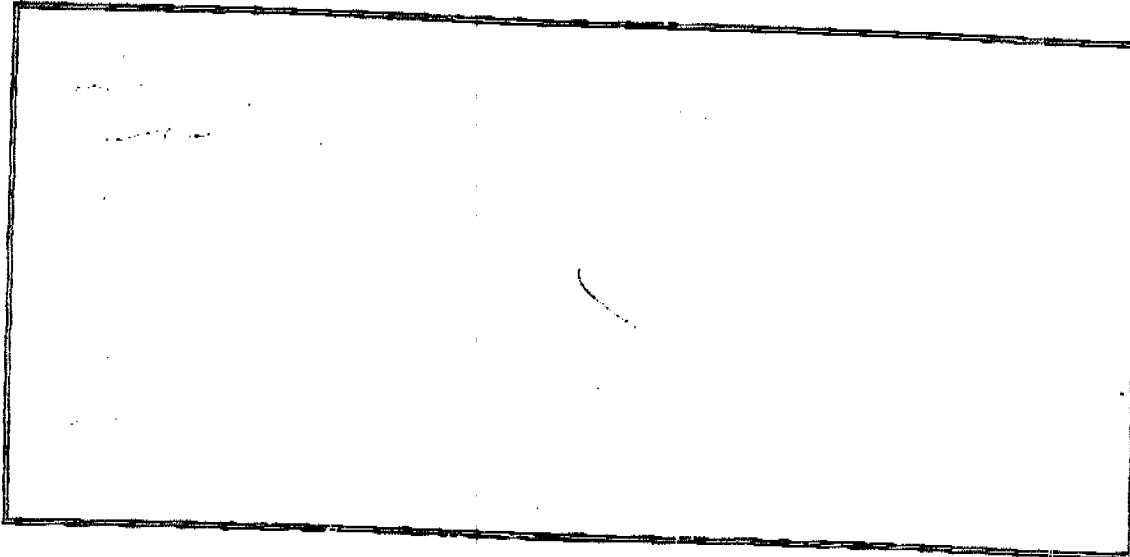
### FAN DESIGN DATA

DATA	TEST 1	TEST 2	TEST 3
VOLTS	<u>216</u>	<u>210</u>	
AMPS	<u>6.6/6.7/6.6</u>	<u>4.5/4.7/4.8</u>	
B.H.P.	<u>1.74</u>	<u>1.25</u>	
R.P.M.	<u>912</u>	<u>780</u>	
S.P. -	<u>0.49</u>	<u>0.42</u>	
S.P. +	<u>0.66</u>	<u>0.60</u>	
T.S.P.	<u>1.05</u>	<u>1.07</u>	
FILTER S.P.	<u>0.22</u>	<u>0.16</u>	
CFM TOTAL	<u>3693</u>	<u>3090</u>	
CFM RA	<u>2513</u>	<u>2424</u>	
CFM OA	<u>1182</u>	<u>666</u>	

CFM 3000 SP 1.0 RPM \_\_\_\_\_ BHP \_\_\_\_\_  
 MIN. O.A. 600

### REMARKS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# CIRCO System Balance, Inc.

SB JOB# 9820  
 SECTION 1 PAGE 2  
 DATE 9-8-00

## TEST SHEET

AREA SERVED Arco AM/PM UNIT R7M-1

ROOM	OPENING			FACTOR	DESIGN		TEST #1		TEST #2		TEST #3			
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM		
						<u>SUPPLY</u>								
	1	GD	10"	1.0		310	380	320						
	2	}	}	}			400	340						
	3								470	320				
	4								320	320				
	5								400	315				
	6								300	310	310			
	7								350	350	365			
	8								300	300	310			
	9					6"			50	150	60			
	10					8"			150	250	160			
	11L								150	120	150			
	11R								150	175	150			
						3000	3675	3090						
						<u>Return</u>								
	R1	GR	22x12	1.0		360	330	345						
	R2	CR	24x48	5.76	354	2040	379	2183	361	2079				
						2400	2513	2424						

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



# CIRCO System Balance, Inc.

SB JOB#  
SECTION 1 PAGE 3  
DATE 8-8-00

## FAN & OUTLET TEST SHEET

AREA SERVED ARLO AM/PM UNIT RTU-2

### MOTOR NAMEPLATE DATA

MFG Emerson FR 145  
HP 2 V 208 FLA 7.6  
PH 3 SF 1.0 RPM 1725

### SHEAVE DATA:

DIA 1P40 SHAFT 7/8"  
ADJ % MIN FIXED

### FAN NAMEPLATE DATA

MFG Lennox  
MODEL # LGA090  
TYPE Packaged AC  
SIZE

### SHEAVE DATA:

DIA A671 SHAFT 1"  
BELTS AX-46

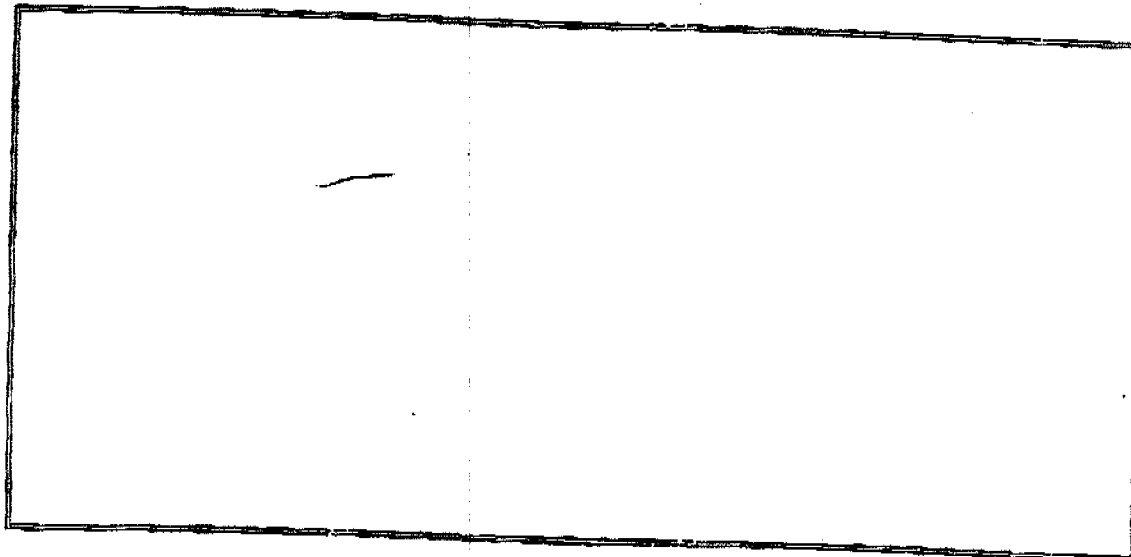
### FAN DESIGN DATA

DATA	TEST 1	TEST 2	TEST 3
VOLTS	<u>210</u>	<u>210</u>	
AMPS	<u>6.8/6.9/7.0</u>	<u>4.9/5.0/5.3</u>	
B.H.P.	<u>1.21</u>	<u>1.31</u>	
R.P.M.	<u>897</u>	<u>745</u>	
S.P. -	<u>0.49</u>	<u>0.47</u>	
S.P. +	<u>0.66</u>	<u>0.60</u>	
T.S.P.	<u>1.15</u>	<u>1.04</u>	
FILTER S.P.	<u>0.26</u>	<u>0.19</u>	
CFM TOTAL	<u>3910</u>	<u>3195</u>	
CFM RA	<u>3489</u>	<u>2511</u>	
CFM O.A.	<u>421</u>	<u>684</u>	

CFM 3000 SP 1.0 RPM  
MIN. O.A. 600 BHP

### REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CIRCO System Balance, Inc.

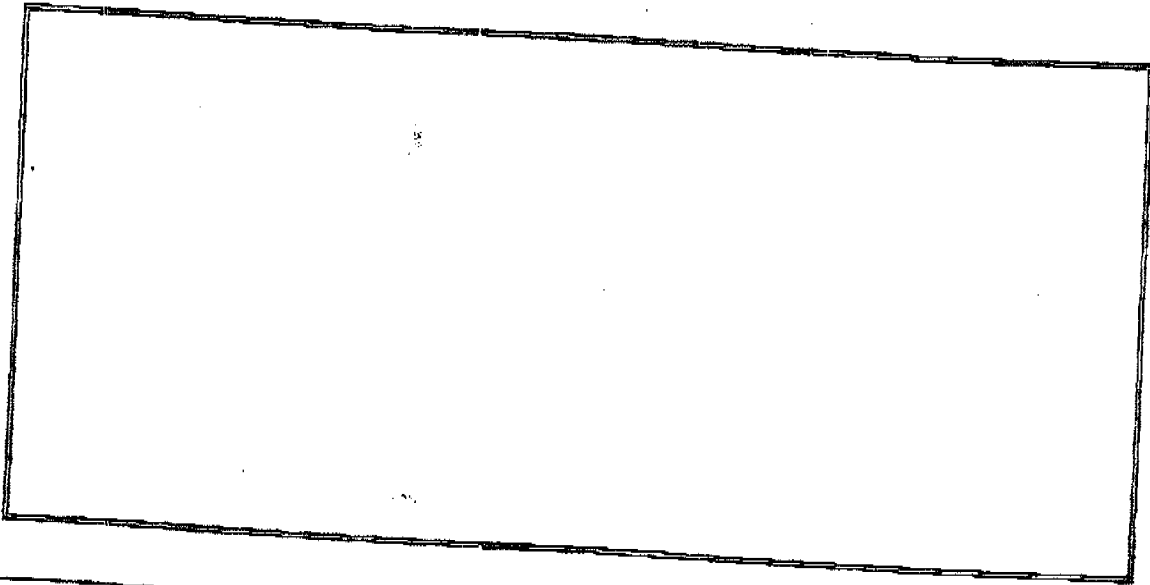
SB JOB# 9820  
 SECTION 1 PAGE 4  
 DATE 8-8-00

## TEST SHEET

AREA SERVED ARC0 AM/PM UNIT RT4-2

ROOM	OPENING			FACTOR	DESIGN		TEST #1		TEST #2		TEST #3		
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
					Supply								
	12	LD	10"	LS		395	300		320			(2)	
	13					300	610		430			(1)	
	14					395	580		420				
	15					395	460		415				
	16					395	370		420				
	17					400	530		425				
	18					400	460		420				
	19		6"			60	100		65				
	20		6"			60	160		60				
	21		8"			150	260		160				
	22		6"			50	140		60				
						300	3910		3195				
					Return								
	R3	GR	10"	LS		240	310		230				
	R4	GR	24x48	5.76	375	2160	552	3179	396	2281			
						240	3489		2511				

REMARKS: (1) No MVD. Airflow throttled at OBD. Outlet generates noise. OBD is full closed.  
 (2) MVD full open. Airflow at maximum.



REMARKS:  
 8" x 8" Exhaust duct = 0.4450 FT  
 Test #2 = 1552 RPM x 0.44 = 683 CFM  
 Test #2 Speed control at max/min.

DATA	TEST 1	TEST 2	TEST 3
VOLTS	117	117	117
AMPS	3.0	3.0	3.0
B.H.P.	0.19	0.19	0.22
R.P.M.	1552	1552	1552
S.P.	High	High	High
S.R. +			
T.S.R.			
FILTERS P.			
CFM TOTAL	537	537	683
DEM RA			
CFM RA			

MOTOR NAMEPLATE DATA  
 FR 45  
 HP 0.25 V 115  
 PH 1 SF 1.0 RPM 1725  
 SHAVE DATA: DIA 8" SHAFT 8"  
 ADJ % 0 FIXED 0  
 FAN NAMEPLATE DATA  
 MFG Caplin Air  
 MODEL # DA 30 HFA  
 TYPE SWST, 0.2  
 SIZE 8"  
 SHAVE DATA: DIA 8" SHAFT 8"  
 FAN DESIGN DATA  
 BELTS \*  
 DIA 8" SHAFT 8"

SB JOB# 9820  
 SECTION 7  
 DATE 8-8-06  
 AREA SERVED ARCO AM/PM  
 UNIT 8F-3  
 FAN & OUTLET TEST SHEET

# CIRCO System Balance, Inc.

# CIRCO System Balance, Inc.

SB JOB# 9820  
 SECTION 1 PAGE 6  
 DATE 8-2-06

## TEST SHEET

AREA SERVED Toilets UNIT Ceiling Exhaust

ROOM	OPENING			FACTOR	DESIGN		TEST #1		TEST #2		TEST #3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<del>EXHAUST</del>							
WOMEN	CR		12x12	1.0	85		150					EF-1
MEN	CE		12x12	1.0	85		105					EF-2

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