

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011384
Insp Area: 1

Site Address: 7667 FOLSOM BL SAC
Parcel No: 079-0200-019 STE 101 INDYMAC

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

CONTRACTOR
PAUL MENARD ASSOCIATES
PO BOX 1005
CARMICHEAL CA 95609

OWNER
STATE OF CALIF STATETEACHERS RET SYSTEM
112 HIGHLEY CT
SACRAMENTO CA 95864

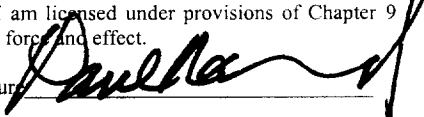
ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL

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 **10-9-00** 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.)

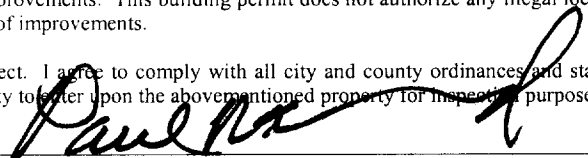
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: **10-9-2000**

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 **10-9-00** 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 STATE FUND Policy Number 692-99 UNIT 0002567 Exp Date 10/01/2000

_____, (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 **10-9-00** 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.



1 Copy for each supervisor inspector Insp. Area 10

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: PAUL MENARD ASSOCIATES PC # _____
Address: P.O. BOX 1005 BID App JT KAW
Job Phone: 600-3181 Office Ph. 489-7116 Fee _____
SUBJECT: Project Address: 7667 FOLSOM BLVD. Suite # 101

I request permission to start the following work UNDERGROUND PLUMBING,
FOR 1 SINK, ROUGH HVAC, METAL
STUD PARTITION WALL FRAMING.

DO NOT COVER ANY WORK PRIOR TO ISSUANCE OF PERMIT.

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 638300 PAUL MENARD ASSOC.
Paul SIGNATURE COMPANY NAME
9-22-00 DATE

COPIES

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 Professions 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 or her own employees, provided that such improvement 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 or 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 & P Code for this reason _____

SIGNATURE

DATE

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 the work for which this 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 exp. 10-1-00

Policy No.: 092-99 UNIT 0002567

I certify under penalty of perjury 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.

[Signature]
SIGNATURE

9-22-00
DATE

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

[Signature]
SIGNATURE OF APPLICANT OR AGENT

9.22.00
DATE

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 # 001384	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7667 FOLSOM BOULEVARD Suite 101
 PARCEL # 079.0200.019

CONTACT Name <u>PAUL MENARD</u> Street Address <u>P.O. BOX 1005</u> City/State/Zip <u>CARMICHAEL CA 95609</u> Phone <u>489-7116</u> FAX <u>489-7075</u> E-mail: <u>prmenard@pacbell.net</u>		LICENSED CONTRACTOR Lic No. # <u>638300</u> Name <u>PAUL MENARD ASSOC.</u> Address <u>SAME</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>PAUL MENARD ASSOC., AIA</u> Address <u>SAME</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		OWNER Name <u>STRS</u> Address <u>7667 FOLSOM BLVD.</u> City/State/Zip <u>SACRAMENTO 95824</u> Phone _____ FAX _____ E-mail: _____	

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

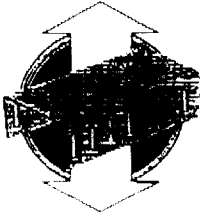
NATURE OF WORK IN DETAIL: T.I. REMODEL, INCLUDING STAIR, HVAC, ELECTRICAL AND FINISHES
INTERIOR OFFICE REMODEL

OCCUPANT/TENANT: INDYMAC VALUATION: \$ 580,000⁰⁰

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	<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 (Y/N)	Fed Code	Vio. File			
<u>3</u>		<u>24394</u>		<u>B</u>	<u>III-IHR</u>	<u>Y</u>	<u>15</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"/> SPR	<input checked="" type="checkbox"/> ALARM	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTIL	

COMMENTS: Take in Bypass cursory - JMB NOTED PLEASE DISTRIBUTE TO ME FOR Plan REVIEW - Customer to bring in New Automatic SPRINKLER Plans to Replace those VOIDED.
JMB 9-25-00

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



SLIPTRACK SYSTEMS, INC.

A HEAD OF WALL SLOTTED TOP TRACK

SLP-TRK™

To: Paul Menard & Associates

Date: October 2, 2000

RE: Indymac Project

I reviewed the head of wall detail provided by your office.

Splitting the Sliptrack channel into two separate angles will not adversely effect the structural integrity nor diminish the functional aspects of the track.

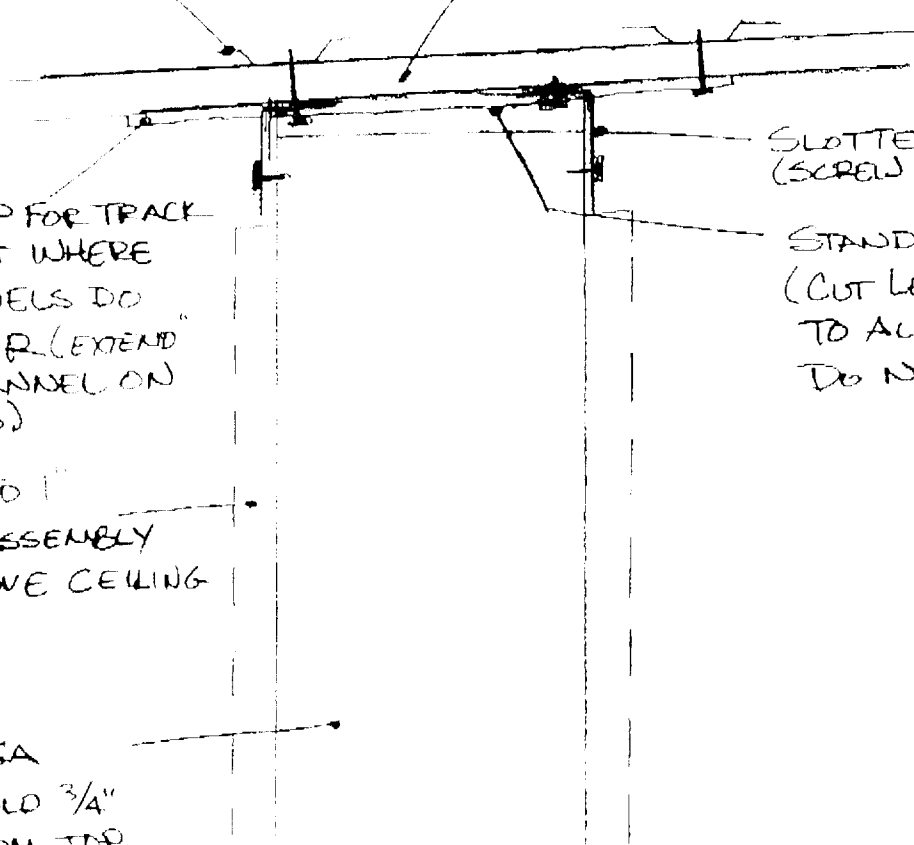
Feel free to contact me if further assistance is required.

Regards,

A handwritten signature in black ink, appearing to read "Robert D. Grant".

Robert D. Grant

(E) HAT CHANNELS (E) DRYWALL ASSEMBLY



SLOTTED ANGLE (SCREW TO TOP TRACK)

STANDARD TOP TRACK (CUT LEGS AT SCREWS TO ALLOW DEFLECTION) DO NOT SCREW TO STUD

FLAT STRAP FOR TRACK ATTACHMENT WHERE HAT CHANNELS DO NOT OCCUR (EXTEND TO HAT CHANNEL ON BOTH SIDES)

5/8" GYP TO 1" BELOW (E) ASSEMBLY OR 6" ABOVE CEILING S' REQ'D

3/8" X 2.5 GA STUD (HOLD 3/4" DOWN FROM TOP TRACK FOR DEFLECTION)

HEAD OF WALL
NTS

PROJECT: INDYMAC
DATE: 9/29/00

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 11-21-00

A final inspection of the newly installed fire system at:

7667 Folsom Blvd #101

Has been conducted by Inspector

A. BIRNIS

On

15 NOV 2000

00-11784-200
Permit Number

Square Footage

TI - OH Spr.
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-374
F.D. Reference Number

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

October 29, 2000

900-7375-B1

AIR BALANCE REPORT

INDY MAC
7667 FOLSOM BLVD. SUITE 101
SACRAMENTO, CALIFORNIA

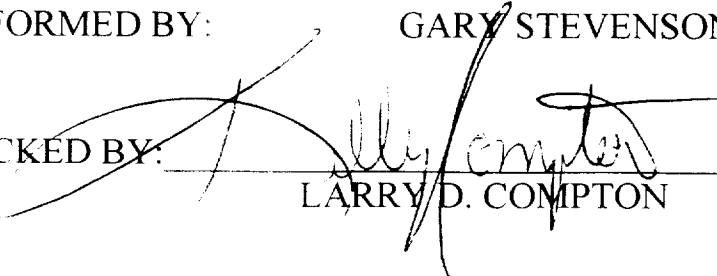
CONTRACTOR:

AIRCO MECHANICAL

TEST PERFORMED BY:

GARY STEVENSON

TEST CHECKED BY:


LARRY D. COMPTON

A A B C CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

TABLE OF CONTENTS

SECTION	DESCRIPTION
1	REMARKS CONCERNING BALANCING PROCEDURES
2	AIR BALANCE DATA

SECTION ONE

1. THE TOTAL AIR DELIVERY OF EACH FAN WAS ESTABLISHED BY OUTLET TOTAL AND DOES NOT INCLUDE POSSIBLE DUCT LEAKAGE.
2. THE SCHEMATIC LOCATED IN THE FRONT OF EACH SECTION IS KEYED TO THE CORRESPONDING FAN AND OUTLET TEST SHEETS.
3. INLET AND OUTLET AIR QUANTITIES, WITH PERFORATED PLATES, WERE MEASURED BY SPECIAL AIR SCOOP. SEE DATA SHEET THIS SECTION.. SEE DATA SHEET THIS SECTION.
4. FOLLOWING THIS SHEET ARE:
 1. SYMBOL SHEET
 2. FLOWHOOD DATA

CIRCO System Balance, Inc.

SYMBOL SHEET

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
CFM	CUBIC FEET PER MINUTE	ΔT	DIFFERENTIAL TEMPERATURE
FPM	FEET PER MINUTE	ΔP	DIFFERENTIAL PRESSURE
FACTOR	BALANCE FACTOR-SQUARE FEET	P.D.	PRESSURE DROP
CSD	CEILING SUPPLY DIFFUSER	H.D.	HEAD-FEET OF WATER
RG	RETURN GRILLE	W.G.	WATER GAUGE
CRR	CEILING RETURN REGISTER	W.C.	WATER COLUMN
WR	WALL REGISTER	CHW	CHILLED WATER
LT	LIGHT TROFFER	C.W.	CONDENSER WATER
LSD	LINEAR SLOT DIFFUSER	H.W.	HEATING WATER
VAV	VARIABLE AIR VOLUME BOX	E.W.T.	ENTERING WATER TEMPERATURE
T-STAT	THERMOSTAT	L.W.T.	LEAVING WATER TEMPERATURE
D.A.	DIRECT ACTING	CC	COOLING COIL
R.A.	REVERSE ACTING	SC	STEAM COIL
D.D.C.	DIRECT DIGITAL CONTROL	P.HC	PREHEAT COIL
N/I	NOT INSTALLED	H.C.	HEATING COIL
N/L	NOT LISTED	R.H.C.	REHEAT COIL
N/A	NOT ACCESSIBLE	E.D.H.	ELECTRIC DUCT HEATER
F.L.A.	FULL LOAD AMPS @ NAMEPLATE	P.P.	PETES PLUG
V	VOLTS	O.A.T.	OUTSIDE AIR TEMPERATURE
PH	PHASE	R.A.T.	RETURN AIR TEMPERATURE
HP	HORSEPOWER	M.A.T.	MIXED AIR TEMPERATURES
BHP	BRAKE HORSEPOWER	O.A.T.-DB	D.B. OUTSIDE AIR TEMP-DRY BULB
SP-	NEGATIVE STATIC PRESSURE	E.A.T.-DB	ENTERING AIR TEMP-DRY BULB
SP+	POSITIVE STATIC PRESSURE	L.A.T.-DB	LEAVING AIR TEMP-DRY BLUB
T.S.P	TOTAL STATIC PRESSURE	E.A.T.-WB	ENTERING AIR TEMP-WET BLUB
E.T.S.P	EXTERNAL TOTAL STATIC PRESSURE	L.A.T.-WB	LEAVING AIR TEMP-WET BULB
V.P.	VELOCITY PRESSURE	N.A.	NOT AVAILABLE
OSA	OUTSIDE AIR		
RA	RETURN AIR		
T.G.	TRANSFER GRILLE		

GARY

CIRCO System Balance, Inc.

AIR • HYDRONIC • TEMPERATURE • SOUND • SYSTEM SURVEY

167 BELVEDERE AVENUE, SUITE E

SACRAMENTO, CALIFORNIA 95826

(916) 454-9104

CALIBRATION DATA SHEET

FLOWHOOD

CUBIC FEET PER MINUTE

SERIAL NO. 12575

DATE TESTED 7-4-00

TESTED BY [Signature]

RANGE	STANDARD FLOW	TEST READING
800/2000	2000	2025
	1600	1600
	1200	1225
400/1000	1000	1020
	800	820
	600	600
100/500	500	490
	400	400
	300	300
	200	210
0/250	250	260
	200	210
	150	155
	100	105
	50	50

THE ABOVE TEST DATA WAS ESTABLISHED ON OUR IN-HOUSE FLOW CALIBRATOR. THE CALIBRATION OF THIS FLOWHOOD, AS RECOMMENDED BY AABC STANDARDS, WILL BE RECHECKED ON THE JOBSITE BY DUCT PITOT TRAVERSE,

CIRCO System Balance, Inc.

SB JOB# 7375
 SECTION 2 PAGE 1
 DATE October 30, 2000

TEST SHEET

AREA SERVED INDY MAC UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOL		MIN COOL	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV 1-12 2000/600												
1	CD	12RD	1.00		500		380		500			
2	CD	12RD	1.00		500		200		500			
3	CD	12RD	1.00		500		200		510			
4	CD	12RD	1.00		500		200		510			
					---		---		---			---
					2000		980		2010			610
VAV 1-13 370/165												
5	CD	8RD	1.00		130		210		140			
6	CD	8RD	1.00		240		230		250			
					---		---		--			
					370		440		390			170
VAV 1-4 1575/400												
7	CD	10RD	1.00		315		260		320			
8	CD	10RD	1.00		315		180		320			
9	CD	10RD	1.00		315		200		315			
10	CD	10RD	1.00		315		190		320			
10a	CD	10RD	1.00		315		200		320			
					---		---		---			---
					1575		1030		1595			400
VAV 1-15 1530/460												
11	CD	12RD	1.00		510		470		510			
12	CD	12RD	1.00		510		450		520			
13	CD	12RD	1.00		510		470		510			
					---		--		---			---
					1530		1390		1540			460

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7375
 SECTION 2 PAGE 2
 DATE October 20, 2000

TEST SHEET

AREA SERVED INDY MAC UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	14	CD	10RD	1.00		355		360		355		
	15	CD	10RD	1.00		355		310		360		
	16	CD	10RD	1.00		355		300		360		
						---		---		---		---
						1065		970		1075		760
						VAV 1-17 520/130						
	17	CD	8RD	1.00		160		160		165		
	18	CD	8RD	1.00		160		125		160		
	19	CD	8RD	1.00		100		100		100		
	20	CD	8RD	1.00		100		100		105		
						---		---		---		---
						520		485		530		135
						VAV 1-18 1960/590						
	21	CD	12RD	1.00		490		510		510		
	22	CD	12RD	1.00		490		500		500		
	23	CD	12RD	1.00		490		510		510		
	24	CD	12RD	1.00		490		500		500		
						---		---		---		---
						1960		2020		2020		600
						VAV 1-19 1575/395						
	25	CD	10RD	1.00		315		420		320		
	26	CD	10RD	1.00		315		340		320		
	27	CD	10RD	1.00		315		440		330		
	27A	CD	10RD	1.00		315		360		315		
	27B	CD	10RD	1.00		315		270		315		
						---		---		---		---
						1575		1830		1600		400

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7375
 SECTION 2 PAGE 4
 DATE October 21, 2000

TEST SHEET

AREA SERVED UNDY MAC UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		max cooling		min cooling	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV 1-23 1240/375												
41	CD	12RD	1.00		490		270		490			
42	CD	12RD	1.00		490		360		495			
43	CD	10RD	1.00		260		220		260			
					---		---		---			---
					1240		850		1240			375
VAV 1-24 870/265												
44	CD	12RD	1.00		435		440		460			
45	CD	12RD	1.00		435		540		450			
					---		---		---			---
					870		980		910			270
VAV 1-25 1120/340												
46	CD	12RD	1.00		560		400		570			
47	CD	12RD	1.00		560		410		560			
					---		---		---			---
					1120		810		1030			350
VAV 1-26 945/255												
48	CD	10RD	1.00		315		280		320			
49	CD	10RD	1.00		315		290		315			
50	CD	10RD	1.00		315		260		320			
					---		---		---			---
					945		830		955			260

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7375
 SECTION 2 PAGE 5
 DATE October 20, 2000

TEST SHEET

AREA SERVED INDY MAC UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLNG		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV 1-27 1160/380												
51	CD	10RD	1.00		330		240		335			
52	CD	10RD	1.00		415		360		420			
53	CD	10RD	1.00		415		240		415			
					---		---		--			--
					1160		840		1170			390
VAV 1-28 945/330												
54	CD	10RD	1.00		315		400		315			
55	CD	10RD	1.00		315		400		315			
56	CD	10RD	1.00		315		460		320			
					---		---		---			---
					945		1260		950			330
VAV 1-29 500/125												
57	CD	6RD	1.00		100		140		100			
58	CD	6RD	1.00		100		160		105			
59	CD	6RD	1.00		100		170		100			
60	CD	6RD	1.00		100		140		105			
61	CD	6RD	1.00		100		140		100			
					---		---		---			---
					500		750		510			130
VAV 1-30 210/55												
62	CD	8RD	1.00		210		250		212			55

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7375
 SECTION 2 PAGE 6
 DATE October 30, 2000

TEST SHEET

AREA SERVED INDY MAC UNIT EXISTING


ROOM	OPENING			FACTOR	DESIGN		TEST #1		max cooling		min cooling	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 1-31 1890/565							
	63	CD	10RD	1.00		315		290		315		
	64	CD	10RD	1.00		315		290		315		
	65	CD	10RD	1.00		315		310		325		
	66	CD	10RD	1.00		315		300		320		
	67	CD	10RD	1.00		315		270		315		
	67A	CD	10RD	1.00		315		320		340		
						---		---		---		---
						1890		1780		1930		570
						VAV 1-32 840/195						
	68	CD	6RD	1.00		100		130		100		
	69	CD	6RD	1.00		100		110		105		
	70	CD	6RD	1.00		100		100		105		
	71	CD	8RD	1.00		270		100		270		
	72	CD	6RD	1.00		270		250		270		
						---		---		---		---
						840		690		850		200

REMARKS: _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 7667 FOLSOM BL SUITE 101 Permit No.: 0011384
Building Use: OFFICE Occupancy: B
Building Owner: STATE OF CA STATE TEACHERS RETIREMENT SYSTEM Construction Type: 3-1HR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 101 Area: 24394 Sq. Ft.
12/06/2000
Date By: (Print)  Sign DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[Finaled By: JR,JZB,MJS,AB]

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