

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014479
Insp Area: 1

Site Address: 7667 FOLSOM BL SAC
Parcel No: 079-0200-019 STE 102

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

CONTRACTOR
PAUL MENARD ASSOCIATES
PO BOX 1005
CARMICHAEL CA 95609

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

ARCHITECT
MENARD PAUL
PO BOX 1005
CARMICHAEL CA 95609

Nature of Work: INTERIOR OFFICE REMODEL FOR THE STATE OF CA (ALL FIRE RELATED ITEMS ON SEPERATE PERMIT)

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 63800 Date 12-7-00 Contractor Signature Paul M

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 12-7-00 Applicant/Agent Signature Paul M

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 10/01/200

(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 12-7-00 Applicant Signature Paul M

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) 264-5716

Building Address: 7667 FOLSOM BL SUITE 102 Permit No.: 0014479
Building Use: OFFICE Occupancy: B
Building Owner: CALSTRS C/O MSI PROPERTIES Construction Type: 3-1;HR
Owner Address: CITRUS HEIGHTS, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 102 Area: 25978 Sq. Ft.
3/30/01
Date By: (Print) Dennis Richardson Sign DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[Finaled ByJR,MJS,IZB,DD}

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

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 # 0014479	Insp. Area 1
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ADDRESS 7467 FOLSOM BLVD. Suite 102
 PARCEL # 079-0200-019

Applicant MUST complete ALL Unshaded areas

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 ASSOCIATES</u> 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>
ARCHITECT/ENGINEER Name <u>PAUL MENARD ASSOCIATES</u> 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>	OWNER Name <u>CALSTRS c/o MSI PROPERTIES</u> Address <u>5530 BIRCHDALE ST #20</u> City/State/Zip <u>CITRUS HEIGHTS, CA 95621</u> Phone <u>536-1800</u> FAX <u>536-1616</u> E-mail:

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 692-00 802567 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL:
INTERIOR OFFICE REMODEL - 2/LS PLUMB, MECH + ELEC WORK
NO FIRE RELATED ITEMS
607,000⁰⁰

OCCUPANT/TENANT: _____ VALUATION: \$ ALL FEES ON 0013422

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	SITE		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[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	F	S		<input checked="" type="checkbox"/> D	PW	UTIL
<u>SMS</u>										

COMMENTS:

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

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

February 1, 2001

101-7534-B1

AIR BALANCE REPORT

MANAGED HEALTH CARE
DEPARTMENT OF CORPORATIONS
SACRAMENTO, CALIFORNIA

CONTRACTOR: AIRCO

ENGINEER: AIRCO MECHANICAL & ENGINEERS

TEST PERFORMED BY: GARY STEVENSON

REPORT 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
3	EXHAUST BALANCE DATA
4	FAN COIL DATA

A A B C CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

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. BALANCE FACTORS FOR SIDEWALL SUPPLY AND RETURN EXHAUST GRILLES WERE CALCULATED FROM CORE AREA AND MEASURED WITH A 4" ROTATING VANE ANEMOMETER.
4. INLET AND OUTLET AIR QUANTITIES, WITH PERFORATED PLATES, WERE MEASURED BY SPECIAL AIR SCOOP. SEE DATA SHEET THIS SECTION.
5. FOLLOWING THIS SHEET ARE:
 1. SYMBOL SHEET
 2. FLOWHOOD DATA
 3. INSTRUMENT CORRECTION CURVE

CIRCO System Balance, Inc.

SB JOB# 7534
 SECTION 2 PAGE 1
 DATE January 20, 2001

TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 33		1320/835					
102	1	CD	10"RD	1.00		250		200		255		
102	2	CD	10"RD	1.00		260		230		250		
102	3	CD	10"RD	1.00		250		300		260		
102	4	CD	8"RD	1.00		120		120		120		
102	5	CD	10"RD	1.00		250		210		250		
						-		-		-		
						1320		1050		1135		340
						VAV 34		320/80				
102	6	CD	8"RD	1.00		160		100		165		
102	7	CD	8"RD	1.00		160		100		165		
						-		-		-		
						320		200		330		80
						VAV 35		450/120				
102	8	CD	6"RD	1.00		50		25		50		
102	9	CD	8"RD	1.00		200		150		205		
102	10	CD	8"RD	1.00		200		150		200		
						-		-		-		
						450		325		455		125
						VAV 36		500/225				
102	10a	CD	10"RD	1.00		250		200		250		
102	10b	CD	10"RD	1.00		250		125		255		
						-		-		-		
						500		325		505		230

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7534
 SECTION 2 PAGE 2
 DATE January 20, 2001

TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 37		470/180					
102	11	CD	12"RD	1.00		470		400		475		180
					VAV 38		290/50					
102	12	CD	8"RD	1.00		160		100		160		
102	13	CD	8"RD	1.00		130		130		135		
						-		-		-		
						290		230		295		50
					VAV 39		500/175					
102	14	CD	10"RD	1.00		250		200		255		
102	15	CD	10"RD	1.00		250		150		250		
						-		-		-		
						500		350		505		180
					VAV 40		280/70					
102	16	CD	10"RD	1.00		280		195		290		70
					VAV 41		1290/195					
102	17	CD	12"RD	1.00		430		320		435		
102	18	CD	12"RD	1.00		430		200		430		
102	19	CD	12"RD	1.00		430		220		440		
						-		-		-		
						1290		740		1305		200

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7534
 SECTION 2 PAGE 3
 DATE February 1, 2001

TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 42	650/165						
102	20	CD	8"RD	1.00		150		100		155		
102	21	CD	6"RD	1.00		100		90		105		
102	22	CD	6"RD	1.00		100		120		100		
102	23	CD	6"RD	1.00		100		110		100		
102	24	CD	6"RD	1.00		100		115		105		
102	25	CD	6"RD	1.00		100		100		100		
						-		-		-		
						650		945		660		170
						VAV 43	550/85					
102	26	CD	12"RD	1.00		550		400		560		85
						VAV 44	460/80					
102	27	CD	6"RD	1.00		120		50		125		
102	28	CD	8"RD	1.00		190		150		195		
102	29	CD	8"RD	1.00		150		200		155		
						-		-		-		
						460		400		475		80
						VAV 45	575/90					
102	30	CD	12"RD	1.00		575		500		580		90

REMARKS:

CIRCO System Balance, Inc.

SB JOB# 7584
 SECTION 2 PAGE 4
 DATE February 1, 2001

TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 46		1000/250					
102	31	CD	10"RD	1.00		250		200		255		
102	32	CD	10"RD	1.00		250		200		250		
102	33	CD	10"RD	1.00		250		180		255		
102	34	CD	10"RD	1.00		250		180		250		
						-		-		-		
						1000		760		1010		260
						VAV 47		975/180				
102	35	CD	10"RD	1.00		325		250		330		
102	36	CD	10"RD	1.00		325		300		325		
102	37	CD	10"RD	1.00		325		275		330		
						-		-		-		
						975		825		985		155
						VAV 48		650/100				
102	38	CD	10"RD	1.00		325		390		330		
102	39	CD	10"RD	1.00		325		325		325		
						-		-		-		
						650		655		655		100
						VAV 49		850/215				
102	40	CD	6"RD	1.00		100		100		105		
102	41	CD	10"RD	1.00		250		210		250		
102	42	CD	10"RD	1.00		250		225		255		
102	43	CD	10"RD	1.00		250		240		250		
						-		-		-		
						850		775		860		220

REMARKS: _____

CIRCO System Balance, Inc.

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 DATE February 1, 2001

TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 51	430/110						
103	1	CD	8"RD	1.00		180		120		185		
103	2	CD	10"RD	1.00		250		225		250		
						430		345		435		110
					VAV 52	1360/205						
103	3	CD	10"RD	1.00		340		320		345		
103	4	CD	10"RD	1.00		340		300		350		
103	5	CD	10"RD	1.00		340		300		340		
103	6	CD	10"RD	1.00		340		280		340		
						1360		1200		1375		210
					VAV 53	740/115						
103	7	CD	10"RD	1.00		370		300		375		
103	8	CD	10"RD	1.00		370		340		370		
						740		640		745		120
					VAV 54	770/115						
103	9	CD	10"RD	1.00		385		350		390		
103	10	CD	10"RD	1.00		385		300		385		
						770		650		775		120

REMARKS: _____

CIRCO System Balance, Inc.

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TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 55		1000/250					
103	11	CD	10"RD	1.00		250		200		255		
103	12	CD	10"RD	1.00		250		190		250		
103	13	CD	10"RD	1.00		250		220		250		
103	14	CD	10"RD	1.00		250		185		260		
						-		-		-		
						1000		795		1015		255
						VAV 56		1425/215				
108	15	CD	12"RD	1.00		475		400		480		
108	16	CD	12"RD	1.00		475		300		480		
108	17	CD	12"RD	1.00		475		400		475		
						-		-		-		
						1425		1100		1435		220
						VAV 57		750/190				
103	18	CD	10"RD	1.00		250		220		255		
103	19	CD	10"RD	1.00		250		200		250		
103	20	CD	10"RD	1.00		250		200		250		
						-		-		-		
						750		620		755		200
						VAV 58		840/130				
103	21	CD	12"RD	1.00		420		400		425		
103	22	CD	12"RD	1.00		420		350		430		
						-		-		-		
						840		750		855		135

REMARKS:

CIRCO System Balance, Inc.

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TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					VAV 59		1425/215					
103	23	CD	12"RD	1.00		475		400		475		
103	24	CD	12"RD	1.00		475		380		480		
103	25	CD	12"RD	1.00		475		360		480		
						-		-		-		
						1425		1140		1435		320
					VAV 60		1000/315					
103	26	CD	10"RD	1.00		250		220		255		
103	27	CD	10"RD	1.00		250		200		255		
103	28	CD	10"RD	1.00		250		195		250		
103	29	CD	10"RD	1.00		250		210		250		
						-		-		-		
						1000		825		1010		320
					VAV 61		1545/235					
103	30	CD	12"RD	1.00		515		480		520		
103	31	CD	12"RD	1.00		515		400		530		
103	32	CD	12"RD	1.00		515		450		520		
						-		-		-		
						1545		1330		1570		240
					VAV 62		225/35					
103	33	CD	8"RD	1.00		225		200		230		35

REMARKS: _____

CIRCO System Balance, Inc.

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TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT EXISTING

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX COOLING		MIN COOLING	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
						VAV 63		300/45				
103	34	CD	10"RD	1.00			300	200		310		45
						VAV 64		1450/430				
103	35	CD	8"RD	1.00			160	160		160		
103	36	CD	8"RD	1.00			160	155		165		
103	37	CD	8"RD	1.00			170	155		170		
103	38	CD	8"RD	1.00			200	185		205		
103	39	CD	8"RD	1.00			200	190		200		
103	40	CD	8"RD	1.00			200	180		205		
103	41	CD	8"RD	1.00			160	180		165		
103	41a	CD	6"RD	1.00			100	80		100		
103	41b	CD	6"RD	1.00			100	80		100		
							1450	1365		1570		440
						VAV 65		1200/300				
103	42	CD	16"RD	1.00			1200	1000		1200		305
						VAV 66		280/70				
103	43	CD	6"RD	1.00			80	70		80		
103	44	CD	8"RD	1.00			200	100		205		
							280	170		285		70

REMARKS: _____

CIRCO System Balance, Inc.

SB JOB# 7534
 SECTION 4 PAGE 1
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FAN & OUTLET TEST SHEET

AREA SERVED MANAGED HEALTH CARE UNIT FC 2

MOTOR NAMEPLATE DATA

MFG	<u>NA</u>	FR	<u>NA</u>
HP	<u>.16</u>	V	<u>208</u>
FLA	<u>1.6</u>		
PH	<u>1</u>	SF	<u>NA</u>
RPM	<u>NA</u>		

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG	<u>CARRIER</u>
MODEL #	<u>40QD060310</u>
TYPE	<u>FAN COIL</u>
SIZE	_____

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS _____

DATA	TEST 1	TEST 2	TEST 3
VOLTS	<u>210</u>		
AMPS	<u>1.5</u>		
B.H.P.	<u>0.15</u>		
R.P.M.	<u>NA</u>		
S.P. -	<u>NA</u>		
S.P. +	<u>NA</u>		
T.S.P.	<u>NA</u>		
FILTER S.P.			
CFM TOTAL	<u>1245</u>		
CFM R.A.			
CFM O.A.			

FAN DESIGN DATA

CFM 1220 SP .5 RPM _____ BHP _____
 MIN. O.A. _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>SERVER</u>			<u>5'X85"</u>	<u>2.95</u>	<u>413</u>	<u>1220</u>	<u>422</u>	<u>1245</u>				

REMARKS: _____

