

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013543
Insp Area: 1

Site Address: 1629 S ST SAC
Parcel No: 009-0093-004

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

CONTRACTOR
CW CONSTRUCTION
5655 VERNER OAK COURT
SACRAMENTO, CA 95841

OWNER
PACSAT CTNS
1629 S ST
SAC CA.

ARCHITECT

Nature of Work: REMODEL EXTERIOR & INTERIOR

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.

X License Class B License Number SA4350 Date 1.8.01 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.)

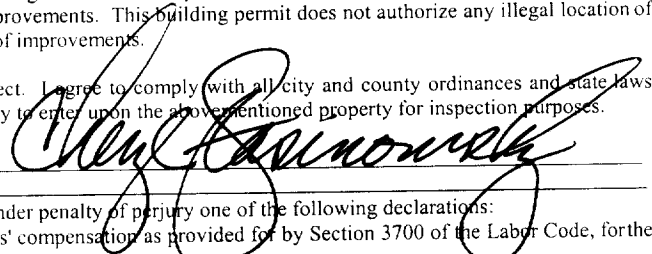
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

X Date 1.8.01 Applicant/Agent Signature 

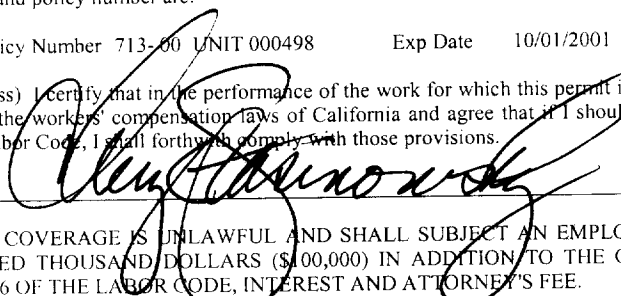
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ 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.

X 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 713-00 UNIT 000498 Exp Date 10/01/2001

(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.

X Date 1.8.01 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1629 S ST Permit No. 0013543

Building Use: OFFICE Occupancy: B/S

Building Owner: PACSAT CTNS Construction Type: _____

Owner Address: 1629 S ST SAC Sprinkled? [] Yes [X] No

Portion of Building Occupied: _____ Area: _____ Sq. Ft.

3/16/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DP,DV,JZB,RR]

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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE



Insp. Area 16
ISSUED

AUTHORIZATION TO START WORK

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

Company: CW CONSTRUCTION MGMT
Address: 5155 VERNER OAK CT.
Job Phone: 997 5131 Office Ph. 339 1203

PC # 00-13543
CITY OF SACRAMENTO DEVELOPMENT SERVICES
BID App. BZ
Fee 350⁰⁰

SUBJECT: Project Address: 1629 S STREET Suite # _____

I request permission to start the following work ROUGH INTERIOR NON STRUCTURAL FRAMING, PLUMBING, MECHANICAL & ELECTRICAL.
DO NOT COVER ANYTHING UP - NO SHEETROCK

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 EX14250
[Signature]
SIGNATURE

CW CONSTRUCTION MGMT
COMPANY NAME
11.9.00
DATE

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:

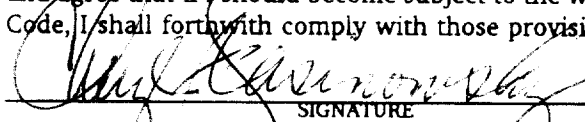
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

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: _____ exp. _____

Policy No.: _____

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.

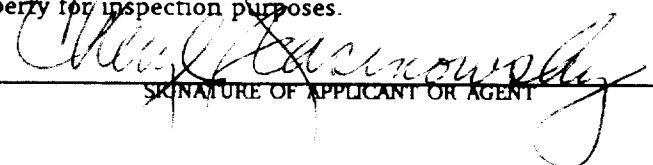


SIGNATURE DATE 11.9.00

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 OF APPLICANT OR AGENT DATE 11.9.00

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #

0013543 C

Insp. Area 10

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1629 S STREET Suite _____
 PARCEL # 009-0093-004

<p style="text-align: center;">CONTACT</p> <p>Name <u>CHERYL STASINOWSKY</u> Street Address <u>5655 VERNER OAK CT</u> City/State/Zip <u>SAC, CA 95821</u> Phone <u>339.1203</u> FAX <u>339.1203*11</u> E-mail: <u>CWSTAS@softcom.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>544350</u></p> <p>Name <u>CW CONSTRUCTION MGMT.</u> Address <u>5655 VERNER OAK CT</u> City/State/Zip <u>SAC, CA 95821</u> Phone <u>339.1203</u> FAX <u>339.1203*11</u> E-mail: <u>CWSTAS@softcom.net</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>PACSAT CTNS</u> Address <u>1629 S ST.</u> City/State/Zip <u>SAC, CA 95814</u> Phone <u>446-7890</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: SOME NEW WALLS, T-BAR, ELECTRICAL, RE PLACE LIGHTS, EXISTING HVAC units, and adjust ductwork, drywall, paint, carpet INT. OFF Rem + EXP CASCADE RESTORATION PARKING.
Interior & Exterior Remodel 332567

OCCUPANT/TENANT: DBA: PACSAT CTNS VALUATION: \$ 400,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N <input checked="" type="checkbox"/>		Fed Code	Vio. File	
<u>1</u>		<u>~ 14,000</u>		<u>B</u>	<u>II/III</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>(B)</u>	<u>(L)</u>	<u>(R)</u>	<u>(M)</u>	<u>(E)</u>	<u>(P)</u>	<u>(S)</u>		<u>D</u>	PW	UTIL

COMMENTS: CANT OLFED TO SHARE PLANS FOR SITE
Truss cels. + PARKING for site 400,000
67433 party city

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

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1679 G STREET

Assessor's Parcel Number: 009 - 0093 - 004

Previous Use: OFFICE

Description of Request/Proposed Use: OFFICE ; exterior modifications (minor)

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): none Zoning Designation: OB

Comments: staff level design review required;
design review will encompass plan review
according to Don Smith)

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: Paul Reed 11/9/00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

Mercer Mechanical

3280 Lariat Dr

Cameron Park, CA 95682

Phone: (530) 676-5567 / (916) 351-9180

Contractor's License #: 603842

FAN & OUTLET TEST SHEET

SB JOB NO _____

SECTION _____

DATE _____

AREA SERVED PACSHI

UNIT # 1

MOTOR NAMEPLATE DATA

MFG _____ FR _____
 HP _____ V _____ FLA _____
 PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
 MODEL _____
 TYPE _____
 SIZE _____

SHEAVE DATA

DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	2780	2850	
CFM RA	2390	2300	
CFM OA	390	550	190

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	FAN	10		350		460		330			
	2	FAN	10		350		200		320			
	3	FAN	8		250		370		240			
	4	FAN	8		250		220		235			
	5	FAN	8		250		240		255			
	6	FAN	8		250		120		230			
	7	FAN	8		250		470		335			
	8	FAN	10		350		180		225			
	9	FAN	8		250		170		225			
	10	FAN	8		250		230		230			
	11	FAN	8		250		50		225			
					3050		2780		2850			

REMARKS _____

Mercer Mechanical

3280 Lariat Dr

Cameron Park, CA 95682

Phone: (530) 676-5567 / (916) 351-9180

Contractor's License #: 603842

FAN & OUTLET TEST SHEET

SB JOB NO _____
SECTION _____
DATE _____

AREA SERVED Plaza

UNIT #2

MOTOR NAMEPLATE DATA

MFG _____ FR _____
HP _____ V _____ FLA _____
PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____
ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
MODEL _____
TYPE _____
SIZE _____
SHEAVE DATA
DIA _____ SHAFT _____
BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	3290	3780	
CFM RA	2530	3060	
CFM OA	460	720	19%

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	TRAP	8									
	2	TRAP	8			250		170		240		
	3	TRAP	8			250		270		230		
	4	TRAP	8			250		200		225		
	5	TRAP	10			250		120		240		
	6	TRAP	6			350		450		320		
	7	TRAP	8			150		50		145		
	8	TRAP	5			250		230		235		
	9	TRAP	8			250		170		225		
	10	TRAP	5			250		1240		250		
	11	TRAP	5			250		200		230		
	12	TRAP	6			350		260		245		
	13	TRAP	5			250		140		235		
	14	TRAP	8			250		130		265		
	15	TRAP	5			350		100		230		
	16	TRAP	8			350		220		240		
						350		170		225		
						4000		3290		3780		

REMARKS _____



Mercer Mechanical
 3280 Lariat Dr
 Cameron Park, CA 95682
 Phone: (530) 676-5567 / (916) 351-9180

SB JOB NO _____
 SECTION _____
 DATE _____

Contractor's License #: 603842 **FAN & OUTLET TEST SHEET**

AREA SERVED PACSIAT UNIT # 3

MOTOR NAMEPLATE DATA

MFG _____ FR _____
 HP _____ V _____ FLA _____
 PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
 MODEL _____
 TYPE _____
 SIZE _____

SHEAVE DATA

DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	1120	1485	
CFM RA	955	1205	
CFM OA	165	280	19%

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	T BAR	8			250		260		260		
	2	T BAR	8			250		280		270		
	3	Reg	8			250		250		230		
	4	Reg	8			250		270		250		
	5	Reg	8			250		260		235		
	6	Reg	8			250		200		240		
						1500		1120		1485		

REMARKS _____

Mercer Mechanical

3280 Lariat Dr

Cameron Park, CA 95682

Phone: (530) 676-5567 / (916) 351-9180

Contractor's License #: 603842

FAN & OUTLET TEST SHEET

SB JOB NO _____

SECTION _____

DATE _____

AREA SERVED PAC SAT

UNIT # 4

MOTOR NAMEPLATE DATA

MFG _____ FR _____
 HP _____ V _____ FLA _____
 PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
 MODEL _____
 TYPE _____
 SIZE _____

SHEAVE DATA

DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	660	930	
CFM RA	565	745	
CFM OA	95	185	20%

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

ROOM	OPENING		FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE		SIZE	FPM	CFM	FPM	CFM	FPM	CFM	FPM
	1	T BAR	10		250		280		240		
	2	T BAR	10		250		170		235		
	3	T BAR	4		250		140		225		
	4	T BAR	4		250		70		230		
					1000		660		930		

REMARKS [Signature]

Mercer Mechanical

3280 Lariat Dr

Cameron Park, CA 95682

Phone: (530) 676-5567 / (916) 351-9180

Contractor's License #: 603842

FAN & OUTLET TEST SHEET

SB JOB NO _____

SECTION _____

DATE _____

AREA SERVED PACSAT UNIT # 6

MOTOR NAMEPLATE DATA

MFG _____ FR _____

HP _____ V _____ FLA _____

PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____

ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____

MODEL _____

TYPE _____

SIZE _____

SHEAVE DATA

DIA _____ SHAFT _____

BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	1190	1465	
CFM RA	950	1170	
CFM OA	190	295	2070

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	TBAR	10									
	2	TBAR	10			350		240		320		
	3	TBAR	10			350		140		330		
	4	TBAR	8			350		340		320		
	5	TBAR	8			250		280		265		
						350		100		230		
						1350		1190		1465		

REMARKS *[Signature]*

Mercer Mechanical

3280 Lariat Dr

Cameron Park, CA 95682

Phone: (530) 676-5567 / (916) 351-9180

SB JOB NO _____
SECTION _____
DATE _____

Contractor's License #: 603842 FAN & OUTLET TEST SHEET

AREA SERVED Palisat UNIT #7

MOTOR NAMEPLATE DATA

MFG _____ FR _____
HP _____ V _____ FLA _____
PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____
ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
MODEL _____
TYPE _____
SIZE _____

SHEAVE DATA

DIA _____ SHAFT _____
BELTS _____

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	1960	2770	
CFM RA	1605	2245	
CFM OA	355	525	1970

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	T BAW	8		250							
	2	T BAW	8		250		170		225			
	3	T BAW	10		350		100		230			
	4	T BAW	10		350		380		390			
	5	T BAW	10		350		230		320			
	6	T BAW	10		350		240		320			
	7	T BAW	10		350		130		315			
	8	T BAW	8		250		300		350			
	9	T BAW	8		250		100		225			
	10	T BAW	8		250		130		230			
					250		140		225			
					3000		1960		2770			

REMARKS [Signature]

Mercer Mechanical

3280 Lariat Dr

Cameron Park, CA 95682

Phone: (530) 676-5567 / (916) 351-9180

Contractor's License #: 603842

FAN & OUTLET TEST SHEET

SB JOB NO _____

SECTION _____

DATE _____

AREA SERVED PACSAT UNIT #8

MOTOR NAMEPLATE DATA

MFG _____ FR _____
 HP _____ V _____ FLA _____
 PH _____ SF _____ RPM _____

SHEAVE DATA

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
 MODEL _____
 TYPE _____
 SIZE _____

SHEAVL DATA

DIA _____ SHAFT _____
 BELTS _____

FAN DESIGN DATA

CFM _____ SP _____ RPM _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL	1320	1815	
CFM RA	1030	1455	
CFM OA	240	360	20%

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	T BAR	10		250		150		320			
	2	T BAR	8		250		180		270			
	3	T BAR	8		250		170		230			
	4	T BAR	8		250		180		240			
	5	T BAR	8		250		150		230			
	6	T BAR	8		250		210		250			
	7	T BAR	8		250		280		275			
					1850		1320		1815			

REMARKS AS