

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014809
Insp Area: 4

Site Address: 1000 ARDEN WY SAC
Parcel No: 277-0144-007

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

CONTRACTOR
DEVAULT CONST
241 BRIGGS RANCH DR
SACRAMENTO CA 95630

OWNER
SHATLUCK FAMILY TRUST
1000 ARDEN WY
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: INTERIOR REMODEL OF SHOWROOM, OFFICE, PARTS DEPT AND WAREHOUSE

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 _____ Date _____ 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 3-15-01 Owner Signature [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 3-15-01 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 STATE COMPENSATION INSURANCE Policy Number 1325552-99 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.

Date 3-15-01 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.

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 # <u>0014809</u>	Insp. Area <u>4C</u>
---------------------------	----------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1000 Arden Way Sacramento CA Suite _____
 PARCEL # 277-0144-607

<p style="text-align: center;">CONTACT</p> <p>Name <u>Chris F. F.</u> Street Address <u>10555 Old Placentia Road</u> City/State/Zip <u>Sacramento CA 95827</u> Phone <u>916 366 5566</u> FAX _____ E-mail: <u>cf.f.f. @ f.f.f.f. - moody.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>Jeff Coyle</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Flemming Moody</u> Address <u>10555 Old Placentia Road</u> City/State/Zip <u>Sacramento CA 95827</u> Phone <u>916 366 5566</u> FAX <u>916 366 5566</u> E-mail: <u>cf.f.f. @ f.f.f.f. - moody.com</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Mr. Steve Buck</u> Address <u>1000 Arden Way</u> City/State/Zip <u>Sacramento CA 95827</u> Phone <u>916</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: showroom remodel

OCCUPANT/TENANT: HARLEY DAVIDSON VALUATION: \$ 350,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	<u>REM (x)</u>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / <u>N</u>		Fed Code	Vio. File	
<u>2</u>	<u>12415</u>	<u>15366</u>		<u>B/S</u>	<u>VN</u>	SPR	ALARM	<u>18</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

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed



COUNTY OF SACRAMENTO
Environmental Management Department
 Mel Knight, Director

Bonnie Coleman, Manager
 Administrative Services

SEP 13 2001

September 10, 2001

ATTN: MAINTENANCE SUPV
 HARLEY DAVIDISON OF SACRAMENTO
 1000 ARDEN WAY
 SACRAMENTO CA 95815

Dear MAINTENANCE SUPV:

**SUBJECT: ANNUAL TEST OF BACKFLOW PREVENTION ASSEMBLY INSTALLED AT
 1000 ARDEN WAY, SACRAMENTO, CA**

Assembly information	Reference No.: <u>CITY-1100</u>	Size: <u>2</u>
	Serial No.: <u>1034172</u>	Make: <u>WIL</u>
	Type: <u>RP</u>	Model: <u>975</u>
	Water Meter No.: <u>08792</u>	Map Coordinates: <u>N/A</u>
	Location: <u>3' E. OF W. METER</u>	

Introduction The above service line backflow prevention assembly is due for its annual test as required per Sacramento City Cross-Connection Control Policy. This test is necessary so as to ascertain that the assembly is functioning properly.

Actions needed Please have this test performed within thirty (30) days from the date of this letter by a Certified backflow prevention assembly tester (list of certified personnel enclosed).
 If the assembly is not testable or does not test properly, this office will advise you if the assembly will be allowed to be repaired or that it be replaced with an appropriate assembly.

Tester's responsibility After the assembly has been tested, the certified tester will forward the test report to this office and will provide a copy for your records.
 All assemblies that have tested successfully require a "Passed" tag that this Office administers at a five-dollar charge per tag.

Questions If you have any questions regarding this notification, please contact Ms. Fannie Thai at (916) 875-8420, or via facsimile at (916) 875-8513.

Thank you for your cooperation.

Sincerely,

Robert Berger, R.E.H.S.
 Supervising Environmental Health Specialist
 Cross-Connection Control Program
 E-mail: ThaiF@SacCounty.net

RBB:ft

Enclosure: Tester List

2-11
 CWD
 9-20-01

NORTHERN VALLEY BACKFLOW TESTING

A.W.W.A. CERTIFIED BACKFLOW ASSEMBLY TESTING
 QUALITY REPAIRS - REASONABLE RATES



1081 PREGO WAY SACRAMENTO, CA. 95834 BUS./FAX (916) 920-0441

Invoice

DATE	INVOICE #
9/20/01	171

BILL TO
Harley- Davidson of Sacramento 1000 Arden Way Sacramento, CA 95815

SEP 25 2001
Blog
MANT

DUE DATE	P.O. NUMBER
10/20/01	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
RPB	2" Reduced pressure backflow device Serial # 1034172 Location: West side of building	1	52.00	52.00
P	ASSEMBLY PASSED			0.00
Tag	County of Sacramento tag fee	1	5.00	5.00
SWWA	A copy of the test results has been sent to the County of Sacramento Health Division.			0.00

ENT'D OCT 04 2001

Annual testing of backflow device as per Mike Shattuck 929-2527	Subtotal	57.00
	7.75% Tax	<i>788.00 *</i>
	Total	57.00

Air Quality International, Inc.

ThermaTech Mechanical
HVAC Products & Services



3612 Madison Avenue #32
North Highlands, CA 95860
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734686 Class C-20
thermatc@ix.netcom.com

www.cleanairzone.com

DATE: Oct 29, 2001

TO: Jeff DeVault **COMPANY:** DeVault Construction

FROM: Ed Allen

RE: Harley Davidson - A.B. Report & O&M CRT **PAGE 1 of** 11

PHONE: _____ **FAX:** 929-2523

Jeff,

Please find attached the Air Balance Report for
Harley Davidson as per your request. We also include
a copy in the O&M at the end of the job.

Thanks
- Ed

ThermaTech Mechanical

A Division of Air Quality International, Inc.
 7509 Madison Avenue #103 - Citrus Heights, CA 95610
 Telephone (916) 965-9304 - Fax 965-6563
 CA Lic. No. 734666 NV Lic. No. 43338
 Mailing Address - 4880 San Juan Avenue #245 - Fair Oaks, CA 95610
 e-mail address** thermatech@ix.netcom.com
 HVAC Specialty Products and Services - Manufacturers Agent

MINIMUM FRESH INTAKE AIR CERTIFICATION REPORT

(Post in public place)

Title 8 - 121B

Project: Hanley Davidson Test Date: 10-24-01

Address: 1000 Arden Way City: SACRAMENTO, CA

Test by ThermaTech Mechanical - Readings by: _____ (Technician)

Number of occupants at design concept 60 people 900 CFM

Total outside intake air required (people and general exhaust) _____ CFM

Continuous air movement when occupied Yes _____ No

Design Air Totals					Outside Air Test Measurement		Exhaust Measurement	Building Pressure
Symbol	Supply	Return / Exhaust	OSA	Building Pressure	Test 1	Test 2		
AC-1	2530	2400	130	+		130		
AC-2	2976	2375	601	+		601		
AC-3	5640	5340	300	+		300		
REF-1		<15007					500	
CEP-192		<1807					180	
TOTALS	11,146	10,115	1031	+		1031	680	+ 351 CFM

Method used for testing:

Test apparatus - ALNOR #9850
 Test method - one square foot cone placed over air intake and the velocity measured at the opening of the cone. Direct air measurement into CFM.

CFM Airflow Range Formula:

- Supply CFM = S
- Return CFM = R
- Outside Air = O
- Outside Temperature = t.
- Space Temperature = t_s
- Supply Temperature = t_s

Test to be done without heating or cooling.
$$\frac{(R \times t) + (O \times t)}{S} = t_s$$

Air Quality International, Inc.
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3612 Madison Avenue #32
 North Highlands, CA 95860
 Telephone (916) 334-9504
 Fax (916) 334-0333
 CA Lic. No. 734888 Class C-20
 thermatc@ix.netcom.com

www.cleanairzone.com

TESTING, BALANCING AND ADJUSTMENT

Testing Contractor: ThermaTech Mechanical

Testing & Equipment Used:

Air Distribution Air Balance ✓ Alnor #6456 (Tent Type)

Air Movement @5'0" AFF AVE ✓ Alnor #9850

Ventilation NA

Carbon Monoxide
 Carbon Dioxide Solomat - IAQ Surveyor
 Dry Bulb
 Humidity

Building Pressure NA Smoke Gun

Respirable Particulates NA Met-One #227B Laser Counter

See attached report sheets:

Equipment Start-up
 Air Balance Report ✓
 Minimum fresh intake air certification report ✓
 IAQ Report

Air Quality International, Inc.

Thermatech Mechanical
HVMC Products & Services



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Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734686 Class C-20
thermatc@ix.netcom.com

www.cleanairzone.com

AIR BALANCE REPORT

Project: Harley Davidson
System: AC - 1

By: Rob & Kial

Date: 10-24-01
Page 1 of 9

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST					
	S-1	300	207		300	+	10	71	15
	S-2	300	208		300	+	10	71	15
	S-3	300	330		300	+	10	71	15
	S-4	300	400		310	+	10	71	15
	S-5	300	245		280	+	10	71	15
	S-6	300	400		300	+	10	71	15
	S-7	600	600		600	+	10	71	15
	S-8	130	140		130	+	10	71	15
TOTALS OR AVERAGES		2530	2530		2530				
OUTDOOR CONDITIONS:									
TEMPERATURE: <u>77</u> °F									
HUMIDITY: _____									
WIND: <u>5</u> FPM									
INDOOR:					NOTES:				
THERMOSTAT SETTING: <u>70</u> °F					Δt: <u>20</u> °F				
OCCUPIED: (YES) X (NO)					OSA: <u>130</u> CFM				

Air Quality International, Inc.

Thermatech Mechanical
HVAC Products & Services



3612 Madison Avenue #32
North Highlands, CA 96660
Telephone (916) 334-8504
Fax (916) 334-0333
CA Lic. No. 734886 Class C-20
thermatc@ix.netcom.com
www.cleanairzone.com

AIR BALANCE REPORT

Project: Harley Davidson
System: AC - 2

By: Rob & Kial

Date: 10-24-01
Page 3 of 9

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST					
	S-1	70	100		70	+			2
	S-2	70	110		70	+			1
	S-3	380	410		381	+			0
	S-4	215	205		215	+			2
	S-5	390	300		380	+			0
	S-6	200	185		200	+			0
	S-7	180	200		180	+			4
	S-8	180	200		180	+			1
TOTALS OR CONTINUE		ON	NEXT		PAGE				
AVERAGES									
OUTDOOR CONDITIONS:					INDOOR:				
TEMPERATURE: <u>77°F</u>					THERMOSTAT SETTING: <u>70°F</u>				
HUMIDITY: _____					OCCUPIED: (YES) X (NO)				
WIND: <u>5</u> FPM					NOTES: Δt: <u>20°F</u> OSA: <u>600</u> CFM				

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ThermalTech Mechanical
HVAC Products & Services



3612 Madison Avenue #32
North Highlands, CA 95560
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734688 Class C-20
thermatech@ix.netcom.com

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AIR BALANCE REPORT

Project: Harley Davidson
System: AC - 2

By: Rob & Kial

Date: 10-24-01
Page 5 of 9

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST					
	R-1	200	200		200	-			2
	R-2	185	191		185	-			0
	R-3	150	190		150	-			4
	R-4	470	460		470	-			2
	R-5	1000	964		1000	-			0
	R-6	185	190		185	-			1
	R-7	185	190		185	-			1
TOTALS OR AVERAGES		2375	2375		2375				
OUTDOOR CONDITIONS: TEMPERATURE: <u>77°F</u> HUMIDITY: _____ WIND: <u>5</u> FPM									
INDOOR: THERMOSTAT SETTING: <u>70°F</u> OCCUPIED: (YES) X (NO)									
NOTES: Δt: <u>20°F</u> OSA: <u>600</u> CFM									

Air Quality International, Inc.

ThermaTech Mechanical
HVAC Products & Services



3612 Madison Avenue #312
North Highlands, CA 95660
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734586 Class C-20
thermatb@lux.netcom.com
www.cleanairzone.com

AIR BALANCE REPORT

Project: Harley Davidson
System: AC-3

By: Rob & Kial

Date: 10-24-01
Page 7 of 9

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS		
		DESIGN	TEST #1	ADJUST						FINAL	
	S-1	300	310		300	+			71		15
	S-2	400	450		400	+			71		15
	S-3	400	500		400	+			71		15
	S-4	400	310		400	+			71		15
	S-5	300	230		300	+			71		15
	S-6	300	300		300	+			71		15
	S-7	300	300		300	+			71		15
	S-8	300	210		300	+			71		15
TOTALS OR AVERAGES		CONTINUE	DN	NEXT	PAGE						
OUTDOOR CONDITIONS:		INDOOR:									
TEMPERATURE: <u>77</u> °F		THERMOSTAT SETTING: <u>70</u> °F									
HUMIDITY: _____		OCCUPIED: (YES) X (NO)									
WIND: <u>5</u> FPM		NOTES: Δt: <u>20</u> °F OSA: <u>300</u> CFM									

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HVAC Products & Services



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North Highlands, CA 95660
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734666 Class C-20
thermatec@ix.netcom.com

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AIR BALANCE REPORT

Project: Harley Davidson
System: AC - 3

By: Rob & Kial

Date: 10-24-01
Page 8 of 10

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST					
	S-9	300	300		300	+			15
	S-10	300	260		300	+			15
	S-11	300	425		300	+			15
	S-12	300	400		300	+			15
	S-13	300	325		300	+			15
	S-14	250	200		250	+			15
	S-15	200	280		200	+			15
	S-16	200	250		200	+			15
TOTALS OR AVERAGES		CONTINUE	ON	NEXT	PAGE				
OUTDOOR CONDITIONS:					INDOOR:				
TEMPERATURE: <u>77</u> °F					THERMOSTAT SETTING: <u>70</u> °F				
HUMIDITY: _____					OCCUPIED: (YES) X (NO)				
WIND: <u>5</u> FPM					NOTES:				
					Δt: <u>20</u> °F				
					OSA: <u>300</u> CFM				

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Page 8 of 9

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ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5 AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST					
	S-17	200	110		200	+	71		15
	S-18	200	180		200	+	71		15
	S-19	380	300		380	+	71		15
TOTALS OR AVERAGES		5640	5640		5840				
OUTDOOR CONDITIONS:									
TEMPERATURE: <u>77</u> °F									
HUMIDITY: _____									
WIND: <u>5</u> FPM									
INDOOR:									
THERMOSTAT SETTING: <u>70</u> °F									
OCCUPIED: (YES) X (NO)									
NOTES:									
ΔT: <u>20</u> °F									
OSA: <u>300</u> CFM									

ISSUED

JUN 08 2001

Sacramento Building Division

LOUNGE

14

NOTE:
MINIMUM CLEAR HEIGHT
FOR ALL CEILINGS IS 7'-0"

EXIST. CORRIDOR
SPACE FOR MECH.

SPACE FOR MECH.
PLENUM AND DROPS

SERVICE / MECH.

12

ENTIRE CORRIDOR TO
BE 1-HR CONST.

C.L. OF (E) ROOF
BEAM ABOVE

B

A
SK-6

9'-11 1/2"

3'-1 1/2"

1'-8 1/2"

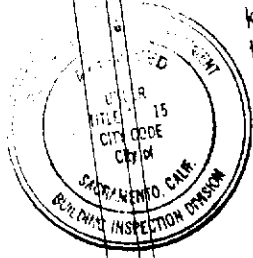
(RE-ALIGNED CORRIDOR)

(EXISTING CORRIDOR)

3'-1" EXIST.

3'-1" EXIST.

VERIFY and specifications must be kept on the job at all times and to make any changes or alterations same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



13

NOTE:
ALL OTHER DETAILS, CONDITIONS &
CONSTRUCTION TO COMPLY WITH
THE ORIGINAL DOCUMENTS AS
APPROVED FOR THIS PROJECT.

A

8

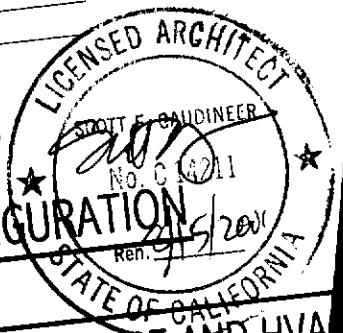
- (E) WALL TO REMAIN
- (E) WALL TO BE REMOVED
- (N) WALL

7

John Tang

CORRIDOR / STAIR RECONFIGURATION

1/4" = 1'-0"



SKETCH PURPOSE: RE-ALIGN EXIT COMPONENTS TO MISS STRUCTURE AND HVA

SK-5A

SERVICE CENTER MODIFICATIONS
for
HARLEY DAVIDSON OF SACRAMENTO

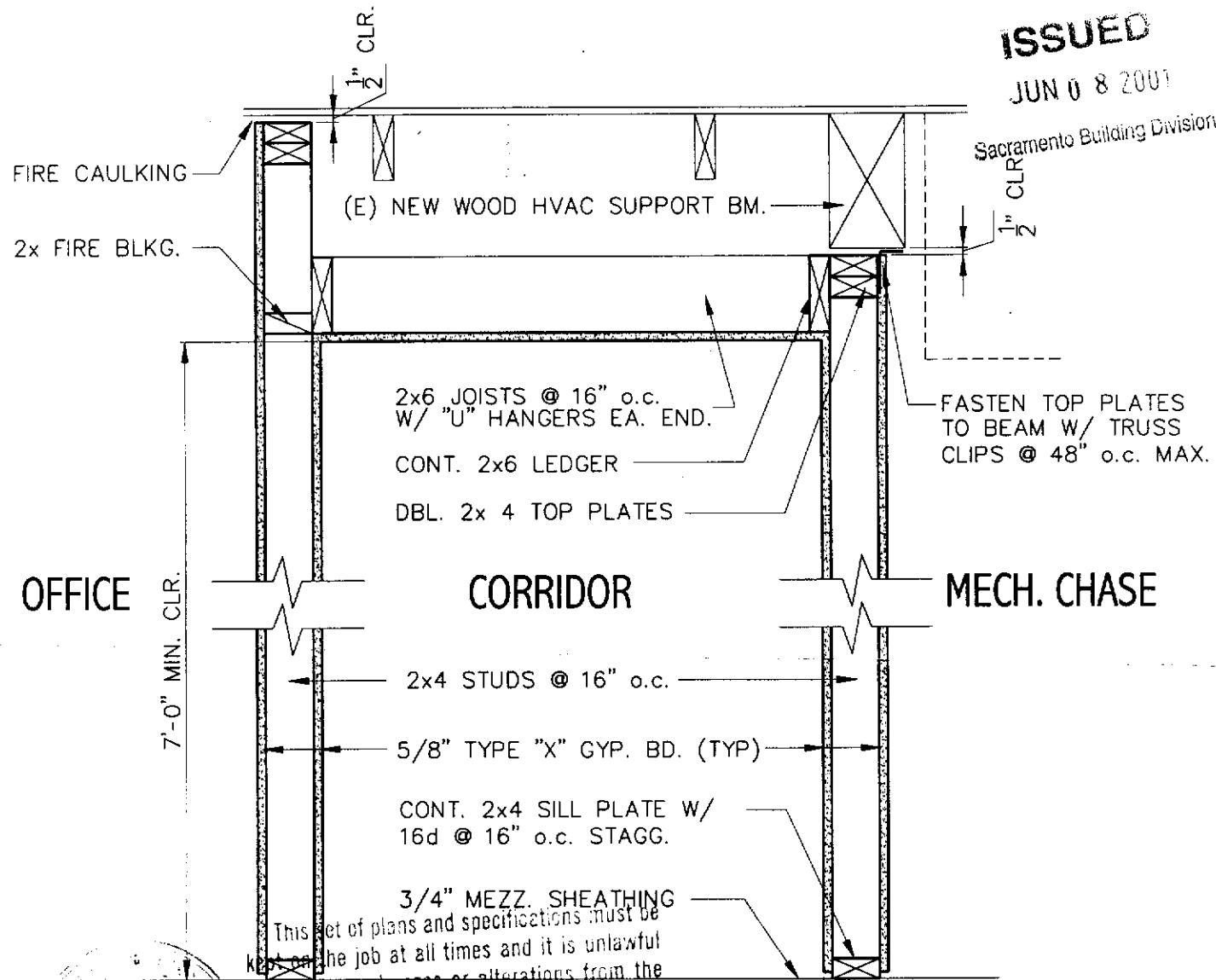
PROJ. 01766

FLEWELLING AND MOODY

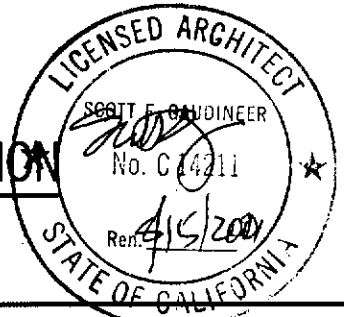
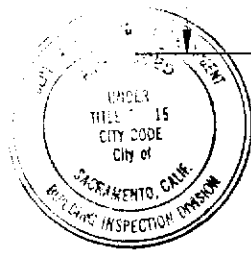
141 South Lake Ave.
Pasadena, California 91101
(626) 449-6787 FAX (626) 449-6477

ISSUED
 JUN 08 2001

Sacramento Building Division



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



(A) ONE HOUR FIRE RATED CORRIDOR SECTION
 1" = 1'-0"

SKETCH PURPOSE: REALIGNMENT OF 1 HR. CORRIDOR @ MEZZ. TO AVOID HVAC DUCT

<p>SK - 6 PROJ. 01766</p>	<p>SERVICE CENTER MODIFICATIONS for HARLEY DAVIDSON OF SACRAMENTO</p>	<p>FLEWELLING AND MOODY 141 South Lake Ave. Pasadena, California 91101 (626) 449-6787 FAX (626) 449-6477</p>	<p>ARCHITECTURE ENGINEERING PLANNING</p>
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HARLEY DAVIDSON
 1000 ARDEN WAY
 RESPONSE TO FRAMING INSPECTION

DESIGNED BY BFB DATE 6/04/01

CHECKED BY _____ DATE _____

ITEM #5

CHECK (E) 2x4 STUD. #2 CAPACITY

$$P_{max.} = 17.5' * 1.33' * (125.0L + 10.0D) = 3,142^*$$

$$L/d = (7.5 * 12) / 3.5 = 25.7$$

$$E = 1.6 * 10^6 \text{ psi} \quad \& \quad F_c = 1,300 \text{ psi}$$

$$c = 0.8$$

$$K_{CE} = 0.3$$

$$F_{CE} = (0.3 * 1.6 * 10^6) / (25.7)^2 = 726.7$$

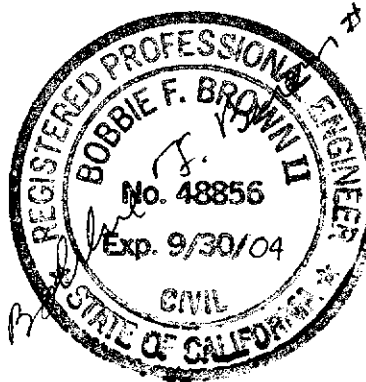
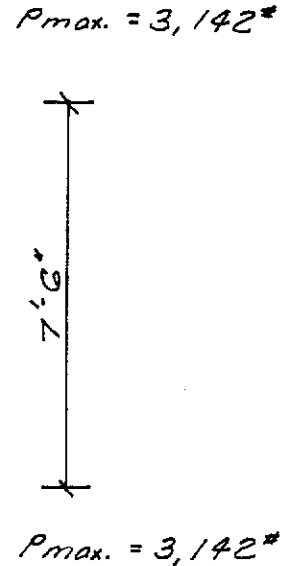
$$C_p = \frac{1 + (726.7/1,300)}{2 * 0.8} - \left(\frac{1 + (726.7/1,300)}{2 * 0.8} \right)^2 - \frac{726.7/1,300}{0.8} \Bigg)^{1/2}$$

$$= .474$$

$$\therefore F'_c = 0.474 * 1,300 = 616 \text{ psi}$$

$$\therefore P_{allowable} = 1.5 * 3.5 * 616 \text{ psi} = 3,234 \text{ psi}$$

\therefore 2x4 STUDS @ 16" o.c. OK



HARLEY DAVIDSON
 1000 ARDEN WAY
 RESPONSE TO FRAMING INSPECTION
 ITEM #5

DESIGNED BY BFB DATE 6/04/01

CHECKED BY _____ DATE _____

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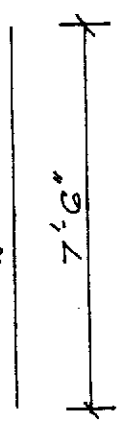
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