

**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 INS FUND 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 # 0014809 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1000 Arden Way Sacramento CA Suite \_\_\_\_\_  
 PARCEL # 277.0144.607

<p style="text-align: center;"><b>CONTACT</b></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@flawell-moody.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>Jeff Colver</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Flawell 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 5245</u>                  E-mail: <u>cf.f@flawell-moody.com</u></p>	<p style="text-align: center;"><b>OWNER</b></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**

<b>Assembly information</b>	<b>Reference No.:</b> <u>CITY-1100</u>	<b>Size:</b> <u>2</u>
	<b>Serial No.:</b> <u>1034172</u>	<b>Make:</b> <u>WIL</u>
	<b>Type:</b> <u>RP</u>	<b>Model:</b> <u>975</u>
	<b>Water Meter No.:</b> <u>08792</u>	<b>Map Coordinates:</b> <u>N/A</u>
	<b>Location:</b> <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](mailto: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>78800 *</i>
	<b>Total</b>	<b>57.00</b>

**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's 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@airnet.com](mailto:thermatech@airnet.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		<5007					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<sub>s</sub>
- Supply Temperature = t<sub>s</sub>

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

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## 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  
 Dry Bulb  
 Humidity

Solomat - IAQ Surveyor

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

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**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>6</u> FPM									
INDOOR:									
THERMOSTAT SETTING: <u>70</u> °F									
OCCUPIED: (YES) X (NO)									
NOTES:									
Δt: <u>20</u> °F									
OSA: <u>130</u> CFM									



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 HVAC Products & Services



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### AIR BALANCE REPORT

Project: Harley Davidson Date: 10-24-01  
 System: AC - 1 By: Rob & Kial Page 2 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
	RETURN	2400	2400		2400	-		10	70	15
TOTAL\$ OR AVERAGES		2400	2400		2400					
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>130</u> CFM										

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**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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**AIR BALANCE REPORT**

Project: Harley Davidson By: Rob & Kial Date: 10-24-01  
 System: AC - 2 Page 4 of 9

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

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS	
		DESIGN	TEST #1	ADJUST	FINAL						
	S-9	400	310		400	+		71		2	
	S-10	920	985		920	+		71		0	
TOTALS OR AVERAGES		2975	2975		2976						
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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**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:					INDOOR:				
TEMPERATURE: <u>77°F</u>					THERMOSTAT SETTING: <u>70°F</u>				
HUMIDITY: _____					OCCUPIED: (YES) X (NO)				
WIND: <u>5</u> FPM					NOTES: $\Delta$ : <u>20°F</u> OSA: <u>600</u> CFM				

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**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					
	S-1	300	310		300	+			15
	S-2	400	450		400	+			15
	S-3	400	500		400	+			15
	S-4	400	310		400	+			15
	S-5	300	230		300	+			15
	S-6	300	300		300	+			15
	S-7	300	300		300	+			15
	S-8	300	210		300	+			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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**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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**AIR BALANCE REPORT**

Project: Harley Davidson  
 System: AC-3

By: Rob & Kial

Date: 10-24-01  
 Page 8 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-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		5640				
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									

**Air Quality International, Inc.**  
Thermatech Mechanical  
HVAC Products & Services



3612 Madison Avenue #32  
North Highlands, CA 95660  
Telephone (916) 334-9604  
Fax (916) 334-0333  
CA Lic. No. 734668 Class C-20  
thermatc@ix.netcom.com  
www.cleanairzone.com

### AIR BALANCE REPORT

Project: Harley Davidson  
System: AC-3

By: Rob & Kia

Date: 10-24-01  
Page 9 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					
	RETURN	5340	5340		5340	-			15
									15
									15
TOTALS OR AVERAGES		5340	5340		5340				
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"

( RE-ALIGNED CORRIDOR )

8'-5 1/2"

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

3'-1" EXIST.

3'-1" EXIST.

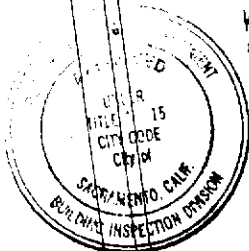
9'-11 1/2"

3'-1 1/2" MIN

1'-8 1/2"

13

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



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.

A

8

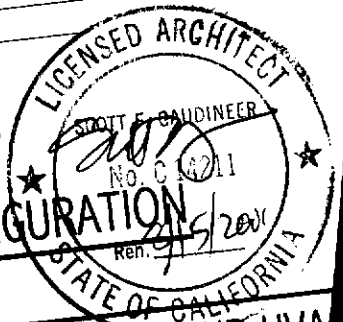
7

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

*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

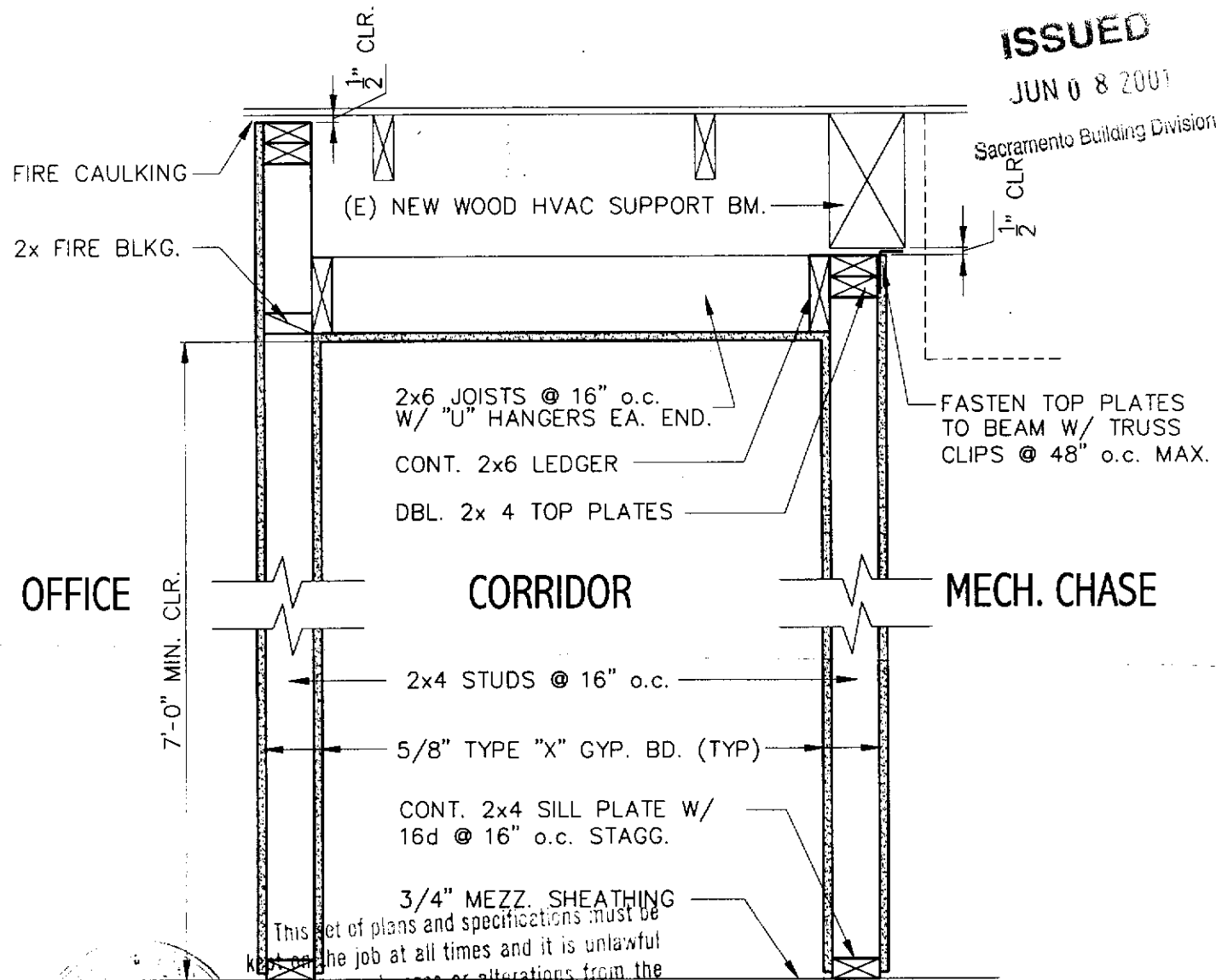
FLEWELLING AND MOODY

141 South Lake Ave.  
Pasadena, California 91101

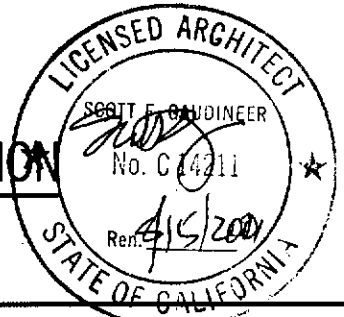
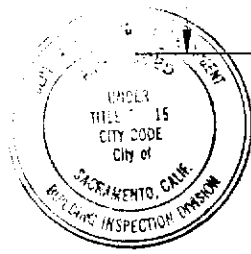
(626) 449-6787 FAX (626) 449-6477

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><b>SK - 6</b> 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 OF #2 CAPACITY

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

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

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

$$c = 0.8$$

$$K_{CE} = 0.3$$

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

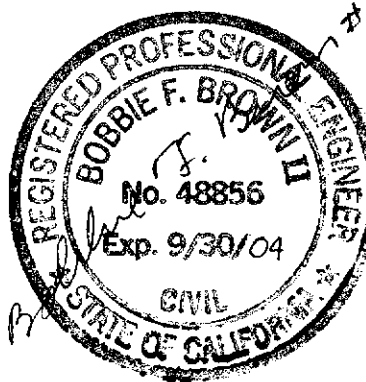
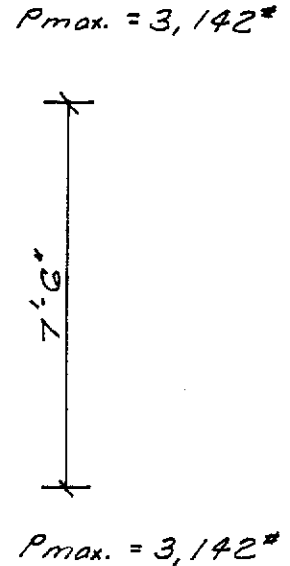
$$C_p = \frac{1 + (726.7/1,300)}{2 * 0.8} - \left( \frac{1 + (726.7/1,300)}{2 * 0.8} \right)^2 - \frac{726.7/1,300}{0.8} \Bigg)^{1/2}$$

$$= .474$$

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

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

\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 \_\_\_\_\_

CHECK (E) 2x4 STUD OF #2 CAPACITY

$$P_{max} = 17.5' * 1.33' * (125.0c + 10.0o) = 3,142^*$$

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

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

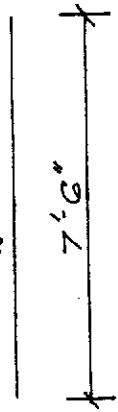
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\therefore 2x4 STUDS @ 16" o.c. OK

$P_{max} = 3,142^*$



$P_{max} = 3,142^*$

