

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0012647**

**Insp Area: 1**

**Site Address: 1515 K ST SAC**

**Sub-Type: REM**

Parcel No: 006-0121-013

2ND & 3RD FLOOR

**Housing (Y/N): N**

**CONTRACTOR**

MARKET ONE BUILDERS INC  
1419 N MARKET BL #1  
SACRAMENTO CA 95834

**OWNER**

LEGACY PARTNERS  
1515 K ST  
SAC CA 95814

**ARCHITECT**

**Nature of Work:** REMODEL 2ND& 3RD FLOOR.WALLS, PLUMBING,ELECTRICAL, RELOCATE SPRINKLERS.

**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 737694 Date 12/12/00 Contractor Signature Alex Stride

**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.

Date 12/12/00 Applicant/Agent Signature Alex Stride

**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 0002229 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 these provisions.

Date 12/12/00 Applicant Signature Alex Stride

**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>0012647</u>	Insp. Area <u>IC</u>
------------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1515 K ST 2ND & 3RD FLOOR Suite 2ND & 3RD FLOOR  
 PARCEL # 006-0121-013

<p><b>ALEX S. @ CONTACT</b></p> Name <u>MARKETONE BUILDERS →</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p><b>LICENSED CONTRACTOR</b> Lic No. # <u>737694</u></p> Name <u>MARKETONE BUILDERS, INC.</u> Address <u>1919 N. MARKET BLVD.</u> City/State/Zip <u>SAC 95834</u> Phone <u>916 441-7085</u> FAX <u>441-7896</u> E-mail: <u>astricker@m1b.com</u>
<p><b>ARCHITECT/ENGINEER</b></p> Name <u>TECHSPACE</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p><b>OWNER</b></p> Name <u>LEGACY PARTNERS</u> Address <u>1515 K ST.</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND INS.  
 → WORKER'S COMPENSATION POLICY # 692-99-000 2229 EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Remodel 2nd & 3rd floor - office to office  
misc. plumbg., walls.

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 175,000

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>			SITE	<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Red. <u>Y</u> N		Fed Code	Vio. File	
				<u>B</u>	<u>FR</u>	SPR	ALARM		[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>E</u>	S		<u>D</u>	PW	UTIL
<u>S.E.B.</u>										

COMMENTS: 3 SETS TAKEN IN ONE SET IS MISSING  
FIRE ALARM DRAWINGS

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Corporations

SYSTEM: 2<sup>nd</sup> Floor

DATE: 1-18-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV2-2	1		12		540		530		530	
	2		12		540		475		535	
	3		12		540		440		530	
					/		/		/	
					1620		1445		1595	
VAV2-3	1		14		550		700		545	
	2		14		550		530		540	
					/		/		/	
					1100				1085	
VAV2-4	1		16		745		740		740	
VAV2-5	1		10		385		450		390	
	2		10		385		410		385	
	3		10		280		400		290	
					/		/		/	
					1050		1260		1055	

REMARKS:

---



---



---



---

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Corporations 115.1

SYSTEM: 2<sup>nd</sup> Floor DATE: 1-19-01

AREA SERVED:

VAV NUMBER	NO.	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE
		TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
VAV 2-6	1		6		90		110		95	
	2		10		345		190		340	
	3		10		290		315		290	
	4		8		145		155		140	
	5		8		145		140		140	
	6		8		145		130		140	
	7		6		50		50		50	
	8		6		65		135		65	
					/		/		/	
					1275		1235		1260	
VAV 2-7	1		10		335		250		340	
	2		10		335		250		345	
					/		/		/	
					670		500		685	
VAV 2-8	1		14		575		520		570	

REMARKS: VAV 2-6 #4 has no size or design value.

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Corporations 115.1

SYSTEM: 2nd Floor DATE: 1-19-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV 2-9	1		6		90		90 / 95		95	
	2		10		295		260 / 300		300	
	3		8		110		225 / 120		120	
	4		10		270		195 / 270		270	
	5		8		130		160 / 135		125	
					/		/		/	
					895		920 / 920		920	
VAV 2-10	1		10		180		190		180	
	2		10		180		215		130	
	3		10		180		190		180	
					/		/		/	
					540		595		540	
VAV 2-11	1		10		290		305		290	
	2		8		125		190		125	
	3		10		200		130		185	
	4		8		135		130		130	
	5		6		75		75		75	
	6		8		195		140		185	
					1020		970		990	

REMARKS:

---



---



---

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Corporations 115.1

SYSTEM: 2<sup>nd</sup> Floor DATE: 1-19-01

AREA SERVED:

VAV NUMBER	OUTLET NO.	OUTLET TYPE	OUTLET SIZE	DESIGN		PRELIMINARY		FINAL		NOTE	
				MIN	MAX	MIN	MAX	MIN	MAX		
VAV2-12	1		10		380		340		380		
	2		10		380		345		375		
	3		10		240		215		245		
					/				/		
					1000				1000		
VAV2-13	1		12		430		335		445		
	2		12		430		335		445		
					/				/		
						860		670		890	
VAV2-14	1		10		335		410		340		
	2		10		335		210		335		
	3		10		260		325		260		
	4		10		265		300		260		
	5		8		130		310		130		
	6		8		150		450		150		
	7		8		195		310		200		
	8		8		150		230		150		
				/				/			
					1820		2455		1825		

REMARKS:

---



---



---

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept. of Corporations 115.1

SYSTEM: 2<sup>nd</sup> Floor DATE: 1-19-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV2-5	1		12		410		410		410	
VAV2-16	1		14		560		420		555	
	2		14		560		350		560	
					1120		770		1115	
VAV2-17	1		12		325		345		335	
	2		14		615		455		620	
	3		14		615		450		45	
					1535				1570	

REMARKS:

---



---



---

# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dept of Corporations 115.1 (ANALOG FLOWHOOD)

SYSTEM: 2nd Floor DATE: 1-20-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV2-18	1		8		130		140		120	
	2		10		210		135		215	
	3		8		110		215		110	
	4		8		110		200		110	
	5		8		180		145		190	
	6		8		180		200		180	
	7		8		180		300		180	
	8		10		400		300		395	
	9		10		400		400		395	
				/		/		/		
					1900		2035		1895	
VAV2-19	1		16		725		725		725	
VAV2-20	1		12		530		460		490	
	2		12		530		460		490	
	3		12		530		460		490	
					/		/		/	
					1590		1790		1470	
VAV2-21	1		10		290		560		290	

REMARKS:

---



---



---



# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT Dist. of Corporations 115.1 Flow Hoods

SYSTEM: 2nd Floor DATE: 1-19-01

AREA SERVED:

VAV NUMBER	OUTLET NO.	OUTLET TYPE	OUTLET SIZE	DESIGN		PRELIMINARY		FINAL		NOTE
				MIN	MAX	MIN	MAX	MIN	MAX	
VAV 2-22	1		10		390		390		390	
VAV 2-23	1		10		265		260		265	
			10		265		320		265	
			/							
					530		530		530	
VAV 2-24	1		10		265		230		260	
			10		265		200		255	
			/							
					530		530		515	
VAV 2-25	1		10		315		420		310	
CAC-1	1		14		625					
	2		14		625					
	3		14		625					
	4		14		625					
	/									
					2500					

REMARKS:

---



---



---



---

# CERTIFICATE OF COMPLIANCE

(Part 1 of 2)

# MECH-1

PROJECT NAME <i>Dept of Coporations TI 2nd and 3rd Floors</i>		DATE <i>10/02/00</i>
PROJECT ADDRESS <i>1515 K Street, Sacramento CA</i>		
PRINCIPAL DESIGNER - MECHANICAL <i>Air Systems of Sacramento, Inc.</i>	TELEPHONE <i>(916) 368-0336</i>	Building Permit #  Checked by: Date Enforcement Agency Use
DOCUMENTATION AUTHOR <i>Ruben Willmarth</i>	TELEPHONE <i>(916) 368-0336</i>	

## GENERAL INFORMATION

DATE OF PLANS <i>10/02/00</i>	BUILD NO. CONDITIONED FLOOR AREA <i>13,848</i> □
BUILDING TYPE <input checked="" type="checkbox"/> NON-RESIDENTIAL <input type="checkbox"/> HIGH RISE RESIDENTIAL <input type="checkbox"/> HOTEL/MOTEL GUEST ROOM	
PHASE OF CONSTRUCTION <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> UNCONDITIONED (file affidavit)	
METHOD OF MECHANICAL COMPLIANCE <input checked="" type="checkbox"/> PRESCRIPTIVE <input type="checkbox"/> PERFORMANCE	
PROOF OF ENVELOPE COMPLIANCE <input checked="" type="checkbox"/> PREVIOUS ENVELOPE PERMIT <input type="checkbox"/> ENVELOPE COMPLIANCE ATTACHED	

## STATEMENT OF COMPLIANCE

This Certificate of Compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations. This certificate applies only to building mechanical requirements.

The documentation preparer hereby certifies that the documentation is accurate and complete.

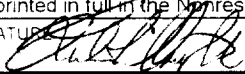
DOCUMENTATION AUTHOR <i>Ruben Willmarth</i>	SIGNATURE 	DATE <i>10/02/00</i>
--	---	-------------------------

The Principal Mechanical Designer hereby certifies that the proposed building design represented in this set of construction documents is consistent with the other compliance forms and worksheets, with the specifications, and with any other calculations submitted with this permit application. The proposed building has been designed to meet the mechanical requirements contained in the applicable parts of Sections 110 through 115, 120 through 124, 140 through 142, 144 and 145.

Please check one

- I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for its preparation, and that I am licensed in the State of California as a civil engineer, mechanical engineer, or I am a licensed architect.
- I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 or 6737.3 to sign this document as the person responsible for its preparation, and that I am a licensed contractor performing this work.
- I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code to sign this document because it pertains to a structure or type of work described pursuant to Business and Professions Code sections 5537, 5538, and 6737.

(These sections of the Business and Professions Code are printed in full in the Nonresidential Manual.)

PRINCIPAL MECHANICAL DESIGNER NAME <i>Ruben Willmarth</i>	SIGNATURE 	DATE <i>10/02/00</i>	LIC # <i>406794</i>
--	--	-------------------------	------------------------

## MECHANICAL MANDATORY MEASURES

Indicate location on plans of Note Block for Mandatory Measures

*Sheet M1-1*

## INSTRUCTIONS TO APPLICANT

For Detailed instructions on the use of this and all Energy Efficiency Standards compliance forms, please refer to the Nonresidential Manual published by the California Energy Commission.

MECH-1: Required on plans for all submittals. Parts 2 may be incorporated in schedules on plans.

MECH-2: Required for all submittals, but may be incorporated in schedules on plans.

MECH-3: Required for all submittals unless requires ventilation rates and airflows are shown on plans. See 4.3.4.

MECH-4: Required for all prescriptive submittals.

CITY OF SACRAMENTO  
PERMIT ASSISTANCE

Nonresidential Manual - 4th Edition

The approval of all  
November 1998  
OCT 20 2000 Plumbing and Mechanical work  
is subject to field inspections

# RECEIVED

# MECHANICAL EQUIPMENT SUMMARY

(Part 1 of 2)

**MECH-2**

PROJECT NAME

Dept of Coporations TI, 2nd and 3rd Floors

DATE

10/02/00

## CHILLER AND TOWER SUMMARY

Equipment Name	Equipment Type	Qty	Efficiency	Tons	PUMPS					
					Total Qty.	GPM	BHP	Motor Eff.	Drive Eff.	Pump Control

## DWH / BOILER SUMMARY

System Name	System Type	Distribution Type	Qty.	Rated Input	Vol. (Gals.)	Energy Factor or Recovery Efficiency	Standby Loss or Pilot	TANK INSUL.
								External R-Val

## CENTRAL SYSTEM RATINGS

System Name	System Type	Qty.	HEATING			COOLING			
			Output	Aux. kW	Efficiency	Output	Sensible	Efficiency	Economizer Type
			<b>SEE MECHANICAL SCHEDULE</b>						

## CENTRAL FAN SUMMARY

System Name	Fan Type	Motor Location	SUPPLY FAN				RETURN FAN			
			CFM	BHP	Motor Eff.	Drive Eff.	CFM	BHP	Motor Eff.	Drive Eff.

# MECHANICAL VENTILATION

MECH-3

PROJECT NAME

DATE 10/02/00

## MECHANICAL VENTILATION

A ZONE/ SYSTEM	B AREA BASIS			E OCCUPANCY BASIS			H REQ'D. O.A. (MAX. OF D OR G)	I DESIGN OUTDOOR AIR CFM	J VAV MIN. CFM	K TRANSFER AIR CFM
	COND AREA (SF)	CFM PER SF	MIN. CFM (B x C)	NO OF PEOPLE	CFM PER PERSON	MIN. CFM (E x 15)				
VAV3-2	643	0.15	100	5	15	75	100	100	100	<del>                    </del>
VAV3-3	619	0.15	95	4	15	60	95	95	95	
VAV3-4	281	0.15	45	2	15	30	45	45	45	
VAV3-5	340	0.15	55	2	15	30	55	55	55	
VAV3-6	2,442	0.15	370	12	15	180	370	370	370	
VAV3-7	506	0.15	80	4	15	60	80	80	80	
VAV3-11	2,125	0.15	320	15	15	225	320	320	320	
VAV3-13	165	0.15	25	1	15	15	25	25	25	
VAV3-15	257	0.15	40	2	15	30	40	40	40	
VAV3-16	527	0.15	80	4	15	60	80	80	80	
VAV3-17	511	0.15	80	4	15	60	80	80	80	
VAV3-18	2,943	0.15	445	16	15	240	445	445	445	
VAV3-19	300	0.15	45	2	15	30	45	45	45	
VAV3-20	288	0.15	45	2	15	30	45	45	45	
VAV3-21	2,654	0.15	400	19	15	285	400	400	400	
VAV3-22	240	0.15	40	10	15	150	150	150	150	
VAV3-23	141	0.15	25	1	15	15	25	25	25	
VAV3-24	298	0.15	45	6	15	90	90	90	90	
<b>TOTALS (FOR MECH-4)</b>							<b>111</b>	<b>2490</b>	<b>2,490</b>	

- C** Minimum Ventilation Rate per Section § 12.1 Table 1-F
- E** Based on expected number of occupants or at least 50% of Chapter 10 1997 UBC occupant density.
- I** Must be greater than or equal to H, or use Transfer Air. Design outdoor air includes ventilation from supply air system & exhaust fans which operate at design conditions.
- K** Must be greater than or equal to H, I, J, and for VAV greater than or equal to (H + J)

# MECHANICAL SIZING AND FAN POWER

**MECH-4**

PROJECT NAME <i>Dept of Corporations 1: 2nd and 3rd Floors</i>	DATE <i>10/02/00</i>
SYSTEM NAME <i>CAC/ACC-1</i>	FLOOR AREA <i>304 ±</i>

**NOTE:** Provide one copy of this form for each mechanical system when using the Prescriptive Approach.

## SIZING and EQUIPMENT SELECTION

### 1. DESIGN CONDITIONS:

OUTDOOR DRY BULB TEMPERATURE (APPENDIX C)  
 OUTDOOR WET BULB TEMPERATURE (APPENDIX C)  
 INDOOR DRY BULB TEMPERATURE (See Chap. 8 ASHRAE handbook, 1993)

COOLING	HEATING
<i>101</i>	
<i>70</i>	
<i>75</i>	

### 2. SIZING:

DESIGN OUTDOOR AIR	<i>0</i>	CFM (MECH 4; COLUMN 4)
ENVELOPE LOAD		
LIGHTING	<i>1.3</i>	WATTS / SF (LTG-2)
PEOPLE	<i>0</i>	# OF PEOPLE (MECH 4; COLUMN E)
MISCELLANEOUS EQUIPMENT	<i>44.1</i>	WATTS / SF
OTHER		
1)		
2)		
3)		

<i>0.0</i>	
<i>0.0</i>	
<i>1.3</i>	
<i>0.0</i>	
<i>45.8</i>	

**TOTALS**

<i>47.1</i>	
<i>1.21</i>	
<i>57.0</i>	
<i>52.1</i>	

OTHER LOADS SAFETY FACTOR (1.21 for cooling, 1.43 for heating)  
 MAXIMUM ADJUSTED LOAD (TOTALS FROM ABOVE x OTHER LOAD SAFETY FACTOR)

KBtu/Hr

KBtu/Hr

### 3. SELECTION:

INSTALLED EQUIPMENT CAPACITY

IF INSTALLED CAPACITY EXCEEDS MAXIMUM ADJUSTED LOAD, EXPLAIN:

## FAN POWER CONSUMPTION

A FAN DESCRIPTION	B DESIGN BRAKE HP	C EFFICIENCY		D NUMBER OF FANS	E PEAK WATTS <small>B x E x 746 / (C x D)</small>	F CFM <small>(Supply Fans)</small>
		MOTOR	DRIVE			
<b>TOTALS</b>						

**NOTE:** Include only fan systems exceeding 25HP (see § 144)  
 Total Fan Systems Power Demand may not exceed 0.8 Watts/CFM for constant volume systems or 1.25 Watts/CFM for VAV systems

**TOTAL FAN SYSTEM POWER DEMAND WATTS/CFM**

Col F/  
Col G

# MECHANICAL VENTILATION

# MECH-3

PROJECT NAME

Dept of Corporations TI, 2nd and 3rd Floors

DATE

10/02/00

## MECHANICAL VENTILATION

A ZONE/ SYSTEM	B AREA BASIS			E OCCUPANCY BASIS			H REQ'D. O.A. (MAX OF D OR G)	I DESIGN OUTDOOR AIR CFM	J VAV MIN. CFM	K TRANSFER AIR CFM
	BOND AREA SF	CFM PER SF	MIN CFM (5 x 15)	NO OF PEOPLE	CFM PER PERSON	MIN CFM (E x 15)				
VAV2-2	880	0.15	135	6	15	90	135	135	135	
VAV2-3	595	0.15	90	6	15	90	90	90	90	
VAV2-4	231	0.15	35	8	15	120	120	120	120	
VAV2-5	646	0.15	100	4	15	60	100	100	100	
VAV2-6	3 658	0.15	550	15	15	225	550	550	550	
VAV2-7	474	0.15	75	4	15	60	75	75	75	
VAV2-8	219	0.15	35	8	15	120	120	120	120	
VAV2-9	2 533	0.15	380	15	15	225	380	380	380	
VAV2-10	481	0.15	75	3	15	45	75	75	75	
VAV2-11	1 484	0.15	225	11	15	165	225	225	225	
VAV2-12	922	0.15	140	4	15	60	140	140	140	
VAV2-13	794	0.15	120	7	15	105	120	120	120	
VAV2-14	1 315	0.15	200	4	15	60	200	200	200	
VAV2-15	312	0.15	50	2	15	30	50	50	50	
VAV2-16	638	0.15	100	6	15	90	100	100	100	
VAV2-17	871	0.15	135	3	15	120	135	135	135	
VAV2-18	3 661	0.15	550	12	15	180	550	550	550	
VAV2-19	231	0.15	35	8	15	120	120	120	120	
VAV2-20	860	0.15	130	6	15	90	130	130	130	
VAV2-21	146	0.15	25				25	25	25	
VAV2-22	361	0.15	55	3	15	45	55	55	55	
VAV2-23	485	0.15	75	16	15	240	240	240	240	
VAV2-24	478	0.15	75	16	15	240	240	240	240	
VAV2-25	350	0.15	55	12	15	180	180	180	180	
Server Room	304	0.15	50				50	50	50	
<b>TOTALS (FOR MECH 4)</b>				<b>184</b>			<b>4205</b>	<b>4,205</b>		

- C** Minimum ventilation rate per foot on § 121, Table 1-F
- E** Based on expected number of occupants or at least 50% of Chapter 10 1997 UBC occupant density.
- I** Must be greater than or equal to H, if use Transfer Air. Design outdoor air includes ventilation from supply air system & exhaust fans which operate at design conditions.
- K** Must be greater than or equal to H, and for VAV, greater than or equal to (H + J)

# CERTIFICATE OF COMPLIANCE

(Part 2 of 2)

**MECH-1**

PROJECT NAME

*Dept of Coporations Tl, 2nd and 3rd Floors*

DATE

10/02/00

## SYSTEM FEATURES

SYSTEM NAME	MECHANICAL SYSTEMS			NOTE TO FIELD Bldg. Dept. Use
	Building A/C	CAC/ACC-1		
TIME CONTROL	<b>PREVIOUSLY COMPLETED</b>	N/A		
SETBACK CONTROL		N/A		
ISOLATION ZONES		N/A		
HEAT PUMP THERMOSTAT?		N/A		
ELECTRIC HEAT		Y		
FAN CONTROL		C		
VAV MINIMUM POSITION CONTROL?		N		
SIMULTANEOUS HEAT/COOL		Y		
HEAT AND COOL SUPPLY RESET?		Y		
VENTILATION		B		
OUTDOOR DAMPER CONTROL		A		
ECONOMIZER TYPE		N		
DESIGN O.A. CFM (MECH-3 COLUMN H)				
HEATING EQUIPMENT TYPE			-	
HIGH EFFICIENCY? IF YES ENTER EFF. #			N -	
MAKE AND MODEL NUMBER				
COOLING EQUIPMENT TYPE		ELECTRIC		
HIGH EFFICIENCY? IF YES ENTER EFF. #		N -		
MAKE AND MODEL NUMBER		Liebert MC065A/MM060E		
PIPE INSULATION REQUIRED?		N		
PIPE TYPE (SUPPLY RETURN ETC)				
HEATING DUCT LOCATION R-VALUE				
COOLING DUCT LOCATION R-VALUE		PLENUM / 2.1		
DUCT TAPE ALLOWED?	N	N		

CODE TABLES: Enter code from table below into columns above.

	TIME CONTROL	SETBACK CTRL.	ISOLATION ZONES	FAN CONTROL
HEAT PUMP THERMOSTAT?	S: Prog. Switch	H: Heating	Enter number of Isolation Zones	I: Inlet Vanes
ELECTRIC HEAT?	C: Occupancy Sensor	C: Cooling		P: Variable Pitch
VAV MINIMUM POSITION CONTROL?	M: Manual Timer	B: Both	V: VFD	O: Other
SIMULTANEOUS HEAT/COOL?				C: Curve
HEAT AND COOL SUPPLY RESET?				
HIGH EFFICIENCY?				
DUCT TAPE ALLOWED?				
PIPE INSULATION REQUIRED?				

VENTILATION	OUTDOOR DAMPER	ECONOMIZER	DESIGN O.A. CFM
B: Air Balance	A: Auto	A: Air	Enter Design Outdoor Air CFM Note: This shall be no less than Column H on MECH-3.
C: Outside Air Cert	G: Gravity	W: Water	
M: Out Air Measure		N: Not Required	
D: Demand Control			
N: Natural			