

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107868
Insp Area: 4

Site Address: 2399 GATEWAY OAKS DR SAC
Parcel No: 274-0320-078 STE 200

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

CONTRACTOR
HMH BUILDERS INC
CHMD ARCHITECTS
8589 THYS CT
SAC 95828

OWNER
NATOMAS WEST INVESTORS/LTD PTNR
7919 FOLSOM BL #300
SACRAMENTO CA 95826

ARCHITECT
2150 CAPITOL AVE # 200
SAC, CA.

Nature of Work: FIRST TIME T.I FOR LAW FIRM

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 780999 Date **6/28/02** Contractor Signature **Ralph Alsgood**

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 & P. for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

X Date **7-17-01** Applicant/Agent Signature **Ralph Alsgood**

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 **INS CO OF THE STATE OF PA** Policy Number **7083206/07** Exp Date **08/01/2003**

(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 **7-17-01** Applicant Signature **Ralph Alsgood**

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.



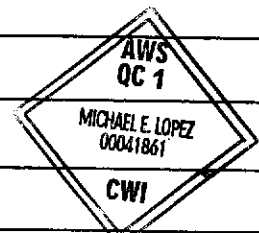
WALLACE • KUHL & ASSOCIATES INC.
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.
 PO Box 1137
 West Sacramento
 California 95691
 916-372-1434

DATE <i>7-18-01</i>		JOB NO.		WEATHER		TEMP. ° at		AM PM	
PROJECT <i>2399 GATEWAY OAKS</i>				Technician I <input type="checkbox"/>		Staff E/G <input type="checkbox"/>			
LOCATION				Technician II <input type="checkbox"/>		Project E/G <input type="checkbox"/>			
TYPE OF WORK <i>FC-10</i>				Technician III <input type="checkbox"/>		Senior E/G <input type="checkbox"/>			
Inside 50 mi. radius <input checked="" type="checkbox"/>		Outside 50 mi. radius <input type="checkbox"/>		Nuclear Densities <input type="checkbox"/>		Principal E/G <input type="checkbox"/>			
PERSONNEL		REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE		MILES
<i>M Lopez</i>							<i>11</i>		<i>10</i>

OBSERVATIONS:

*Visually OBSERVED FILLET WELDS AT 1/2" PLATE
 DOUBLE TO W/LF BEAM FOR FRAGOMEN FILE SUPPORT
 BEAM. NO DEFICIENCIES NOTED, WELDS APPEAR
 TO BE SOUND AND CONFORM WITH APPROVED PLAN
 DETAILS ON S-21*



FIELD REPORT

Signed *[Signature]*

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 # 0107868 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2399 GATEWAY OAKS DRIVE Suite 200
 PARCEL # 274-0320-070

<p style="text-align: center;">CONTACT</p> <p>Name <u>KARL CHAN</u> Street Address <u>2150 CAPITOL AVE. # 200</u> City/State/Zip <u>SACRO CA 95816</u> Phone <u>446-7741</u> FAX <u>446-0457</u> E-mail: <u>KCHAN@CHMDARCHITECTS.COM</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>HMH CONSTRUCTION</u> Address <u>8509 THYS CT.</u> City/State/Zip <u>SACRO. CA 95828</u> Phone <u>303-4625</u> FAX <u>308-9195</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>KARL CHAN - CHMD ARCHITECTS</u> Address <u>2150 CAPITOL AVE. #200</u> City/State/Zip <u>SACRO CA 95816</u> Phone <u>446-7741</u> FAX <u>446-0457</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>NATOMAS/WEST INVESTORS/LTD PTVR</u> Address <u>7919 FOLSOM BL. #300</u> City/State/Zip <u>SACRO. CA 95826</u> Phone _____ 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: T.I. FOR LAW FIRM - COMMERCIAL OFFICE.

OCCUPANT/TENANT: FRACOMEN LAW FIRM VALUATION: \$ 250,000.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI (X)	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<u>2</u>		<u>15,211</u>		<u>B</u>	<u>11-N</u>	<u>Y</u>	<u>15</u>	[H] [Quad]		
						SPR (X) ALARM				
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
	<u>7-5</u>	<u>7-9</u>	<u>7-9</u>	<u>7-10</u>	<u>7-B</u>					

COMMENTS: _____

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

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: FRAGOMEN Phone: _____
 Site Address: 2399 GATEWAY OAKS DR. Suite: 200
(Street) (Zip)
 Business Owner/Representative: SCOTT NICHOLS Phone: 978-4890
 Nature of Business: LAW OFFICES
 Property Owner: NATOMAS WEST INVESTORS % KKN INC. Phone: 978-4890
 Address: 3610 AMERICAN RIVER DR. Suite: 190
SACRAMENTO CALIF. 95828
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No ___

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: RALPH ALSGOOD
(Print)
Ralph Alsgood (HMH) 7-17-01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0107868</u> Permit # <u>0107868</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>8.6.7-17</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> init date <u>2001</u>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	



REPORT #3

DATE: Aug. 16, 2005

PAGE: 1 of 4

UNIT:

VAV DIFFUSER AND GRILLE TEST SHEET

Name: FRAGOMEN 1065.

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	FULL COOL				TEST FINAL		v.P.
					REQUIRED	TESTED	REQUIRED	TESTED	CFM	CFM MIN	
VAV	1	SI	10"			280	280 210	300	285	35	0.46
2-10	2	SI	10"			265		295	270		
						545					
VAV	1	SI	14"			525	220		525	35	0.10
2-11											
VAV	1	SI	10"			260	405	250	250	65	0.65
2-12	2	SI	10"			250		165	250		
	3	SI	8"			180		265	185		
	4	SI	10"			310		300	320		
						1000					
VAV	1	SI	8"			125	320	115	120	40	0.60
2-13	2	SI	10"			305		290	305		
	3	SI	8"			155		150	150		
	4	SI	10"			270		275	265		
	5	SI	10"			220		220	215		
						1000					
VAV	1	SI	12"			415	355	380	410	225	0.34
2-14	2	SI	12"			415		380	410		
						200					

REMARKS:



REPORT #3

DATE: Aug 14, 2001

PAGE: 2 of 4

UNIT: AC-2

VAV DIFFUSER AND GRILLE TEST SHEET

Name: FRAGOMEN 1065

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	FULL COOL				TEST FINAL	
					REQUIRED		TESTED		REQUIRED	TESTED
					FPM VEL	CFM	FPM VEL	CFM	CFM	CFM
VAV	1	SI	14"		500	400	440	505	145	
2-15	2	SI	14"		500		600	500		.72"
VAV	1	SI	10"		240	405	230	230	146	.68"
2-16	2	SI	10"		270		255	260		
	3	SI	8"		155		150	155		
	4	SI	10"		285		315	285		
	5	SI	8"		140		140	140		
VAV	1	SI	10"		305	375	315	310	110	.65"
2-17	2	SI	10"		270		215	210		
	3	SI	10"		240		245	235		
	4	SI	10"		250		275	265		
VAV	1	SI	12"		420	190	445	445	45	
2-18										

REMARKS:



air systems
of sacramento, inc.

REPORT #3

DATE: Aug. 16, 2001

PAGE: 3 of 4

UNIT: AC-1

VAV DIFFUSER AND GRILLE TEST SHEET

Name: FRASOMEN 1065.

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	FULL COOL				TEST FINAL	
					REQUIRED		TESTED		REQUIRED	TESTED
					CFM	VEL	CFM	VEL	CFM	CFM
VAV	1	SI	8"		245	150	170	150	150	90
2-19	2	SI	8"			140	100	145	140	
	3	SI	8"			115	120	115	120	
	4	SI	8"			200	165	190	180	
VAV	1	SI	10"			265	230	270	270	440
2-20	2	SI	10"			265	315	260	260	
	3	SI	6"			95	110	100	100	
	4	SI	6"			90	100	90	90	
	5	SI	8"			110	100	110	110	
	6	SI	10"			265	305	260	260	
	7	SI	10"			265	300	265	265	
	8	SI	10"			265	300	270	270	
	9	SI	10"			265	240	260	260	
	10	SI	10"			265	190	265	265	
VAV	1	SI	10"			240	205	220	220	365
2-21	2	SI	10"			240	235	245	245	
	3	SI	10"			225	225	225	225	
	4	SI	10"			225	220	225	225	
	5	SI	10"			240	245	250	240	
	6	SI	10"			45	45	45	45	
	7	SI	10"			240	230	240	240	
	8	SI	6"			240	260	245	245	

V.P
0.58"
0.38"
0.45"

REMARKS:



air systems
of sacramento, inc.

REPORT #3

DATE: Aug. 16, 2001

PAGE: 4 of 4

UNIT: AC

VAV DIFFUSER AND GRILLE TEST SHEET

Name: FRAGOMEN 1065.

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	FULL COOL				TEST FINAL		
					REQUIRED		TESTED		REQUIRED	TESTED	
					FPM VEL	CFM	FPM VEL	CFM	CFM	CFM Min	
VAV 2-22	1	SI	8"			170		170	165	60	V.P.
VAV 2-23	1	SI	10"			200		220	205	75	0.26
	2	SI	10"			200		195	205		
VAV 2-24	1	SI	8"			130			135	210	0.46
	2	SI	8"			145			145		
	3	SI	8"			190			185		
	4	SI	8"			190			180		
	5	SI	8"			190			185		
VAV 2-25	1	SI	8"			205		190	200	360	0.54
	2	SI	8"			205		220	200		
	3	SI	8"			205		240	210		
	4	SI	8"			205		200	210		
	5	SI	8"			205		235	205		
	6	SI	6"			85		100	85		
	7	SI	6"			85			90		
	8	SI	8"			135		150	140		
	9	SI	8"			205		240	215		
	10	SI	8"			205		170	205		

REMARKS:

calpo hom & dong
A R C H I T E C T S
 2150 Capitol Avenue, Suite 200, Sacramento, California 95816

Fax / Transmittal

TO: Mark
 HMH
 Fax: 924-3644 (Jobsite)

Phone: 916.446.7741
Fax No.: 916.446.0457

Date: 8/10/01

Job No. 01036

By: Karl Chan

PROJECT: Fragomen @ Natomas Corporate Center

Via:

- Aero Speed
- California Overnight
- Federal Express
- US Mail
- Hand Delivery
- Fax
- Attached
- Separate Cover

Copies: 1 **Date:** 8/9/01 **Structural Calcs from ZFA Structural Engineers**

Identification:

- Tracings
- Prints
- Specifications
- Rendering
- Electronic Disk
- Samples
- Correspondence

Remarks: Mark,

Per our telephone conversation and specifications / calculations provided by ZFA Structural Engineering via Pat Baird Acoustics, Inc. (ceiling subcontractor) – HMH has requested a change to utilize metal studs for seismic bracing of suspended ceiling grid (in lieu of the 1 1/4" dia. Metallic compression post detailed on the CD set) and to space these bracing within 6'-0" from each wall.

Both these conditions will be acceptable subject to City of Sacramento's Building Department field inspector's approval.

Please call if there are questions.

Sincerely,

Karl Chan
 Project Manager

Purpose:

- Approval
- Review and Comment
- Action
- Distribution
- Per Request
- Your Use

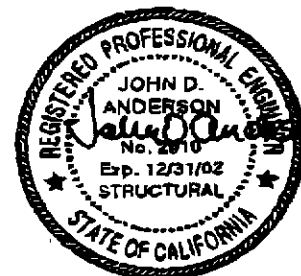
**If enclosures are not as noted,
 Please inform us immediately.**

- Acknowledge Receipt of Enclosures
- Return Enclosures to Us
- Hardcopy will Follow
- No. of Pages Faxed (4)

CC: Ralph Aisgood, HMH fax:388-9195
 Scott Nichols, KKN inc, fax: 924-3644
 File\drawings\natomas\01036 Fragomen\transmittal\cig_081001

Job	Ceiling Seismic Bracing		
Client	Pat Baird Acoustics		
By	JDA	Job No.	179.00
Date	3/17/00	Page	1 of 4

ZFA STRUCTURAL ENGINEERS
 2277 FAIR OAKS BOULEVARD, SUITE 320
 SACRAMENTO, CALIFORNIA 95825
 (916) 924-7024 FAX (916) 924-7034



**SEISMIC CEILING BRACING FOR DONN DX26 MAIN TEES
 AND DONN DX CROSS TEES:**

DESIGN CRITERIA:

CODE: 1997 UBC $a_p = 1.0$ $R_p = 3.0$
 Seismic Zone 3 $C_a = 0.36$ with S_D Soil Profile
 Occupancy Importance Factor $I_p = 1.0$
 Weight of ceiling $W_p = \text{Area of ceiling} \times 4 \text{ psf} = \text{Aceil.} \times 4 \text{ psf}$
 $h_x = 11 \text{ ft. Max.}$
 $h_r = 20 \text{ ft. Min.}$
 $F_p = (a_p C_a I_p / R_p) \cdot (1 + 3 h_x / h_r) \cdot W_p = 1.27 \times \text{Aceil.}$
 $F_{p,max} = 4.0 (C_a I_p W_p) = 5.76 \times \text{Aceil.}$
 $F_{p,min} = 0.7 (C_a I_p W_p) = 1.01 \times \text{Aceil.}$

CEILING RUNNER TEST VALUES:

Main Tee Splice (DONN DX26) Tension = 396# Compression = 500#
 Cross Tee Splice (DONN DX) Tension = 351# Compression = 326#
 With a factor of safety of 2: Comp. Allow. = 326# / 2 = 163#
 Tension Allow. = 396# / 2 = 198#
 Half the runners are in Tension and half in Compression. Therefore the runners can deliver 2 x 163# = 326# to each splay wire group.

PULLOUT OF HANGER WIRES ON CEILING GRID:

Pullimate = 790#
 with a safety factor of 2: Pallowable = 790# / 2 = 395#
 Splay wires are placed at a maximum angle of 45 degrees.
 Therefore Maximum Horizontal Force = .707 x 395# = 279#

TENSION OF 12 GAGE WIRES:

$F_y = 55.0 \text{ ksi}$ $F_t = .6 \times 55.0 = 33.0 \text{ ksi}$ $A_{\text{wire}} = .008825 \text{ Sq. In.}$
 Allow. Force to Wire = (.008825sq. in.)(33,000 psi)(4/3) = 388#
 Splay Wires are placed at a maximum angle of 45 degrees.
 Therefore Maximum Horizontal Force = .707 x 388# = 274#

**MAXIMUM CEILING AREA TO EACH 4 WIRE SPLAY BRACE
 AT VERTICAL COMPRESSION POSTS:**

$F_p = 1.27 \times A_c < 274\#$
 Max. Area of Ceiling = 274# / 1.27 psf = 216 ft. sq.

**12 GAGE, 4 WIRE SEISMIC SPLAY BRACES MAY
 SUPPORT A MAXIMUM CEILING AREA OF 216 SQ. FT.
 ACCEPTABLE SPACINGS INCLUDE 12'-0" X 18'-0" or 12'-0" X 16'-0"**

PAGE 2

DX Performance Data

DX Cross Tee Load Test Data*			
Cross Tee	Length	Height	Lbs./LF
DX 20	20'	1'	32.3
DX 216	2'	1'	14.8
DX 30	30'	1'	13.6
DX 316	4'	1'	7.7
DX 416	4'	1'	4.2
DX 422	4'	1 1/2'	9.1
DX 522	5'	1 1/2'	4.6
DX 424	4'	1 1/2'	13.8
DX 524	6'	1 1/2'	7.15

DX Main Tee Load Test Data*						
Main Tee	ASTM Class	Length	Height	4' Hanger Spacing (Lbs./LF)	5' Hanger Spacing (Lbs./LF)	6' Hanger Spacing (Lbs./LF)
DX 24	Intermediate	12'	1 1/2'	12.5	6.1	3.8
DX 26	Heavy Duty	12'	1 1/2'	16.5	7.3	4.9

*Note: All load test data based on 1000 of the span deflection per ASTM C835.

DX Main Tee Connection Values in Pounds

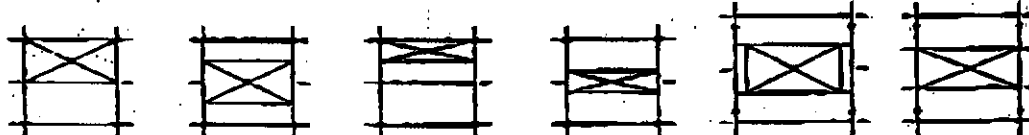
Type Intersection	Tension	Compression
Main Tee Splice (DX 24)	338	463
Main Tee Splice (DX 26)	396	500
Cross Tee Connection	351	325

DX26

Maximum Fixture Weight

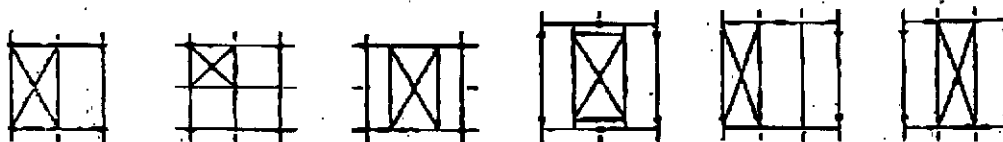
Main Tee to Main Tee

- Does indicate hanger locations, 4' o.c.
- Main tees are shown vertical.



Fixture	24'x48'	24'x48'	12'x48'	12'x48'	24'x60'	20'x60'
Planing Module	48'x48'	48'x48'	48'x48'	48'x48'	60'x60'	60'x60'
Hanger Spacing	48"	48"	48"	48"	48"	48"
DX 24 or DX 140'	75 lbs.	70 lbs.	75 lbs.	49 lbs.	54 lbs.	56 lbs.
DX 26	75 lbs.	75 lbs.	76 lbs.	70 lbs.	54 lbs.	75 lbs.

Cross Tee to Cross Tee



Fixture	24'x48'	24'x48'	24'x48'	24'x48'	20'x60'	20'x60'
Planing Module	48'x48'	48'x48'	48'x48'	60'x60'	60'x60'	60'x60'
Hanger Spacing	48"	48"	48"	48"	48"	48"
DX 422	52 lbs.	52 lbs.	40 lbs.	N/A	N/A	N/A
DX 424	70 lbs.	62 lbs.	70 lbs.	N/A	N/A	N/A
DX 524	N/A	N/A	N/A	75 lbs.	75 lbs.	75 lbs.

Note: The above fixture data is based on 48" hanger spacing, board weight of 1 lb. sq. ft., maximum deflection of span not to exceed 1/200 of the span and suspension installed in accordance with ASTM C835.

All sizes of light fixtures attach to a tee.
 The DX 416 and DX 522 cross tees should not be used to support light fixtures without additional hanger wires.
 Fixture weight is based on single fixture only. For end-to-end fixtures or the other configurations not shown, consult your USO Inceptor, Inc. representative or a qualified engineer.
 All other dimensions shall be pinned through the die.
 Data subject to change.

Job	Ceiling Seismic Bracing		
Client	Pat Baird Acoustics		
By	JDA	Job No.	179.00
Date	3/17/00	Page	4 of 4

ZFA STRUCTURAL ENGINEERS
 2277 FAIR OAKS BOULEVARD, SUITE 320
 SACRAMENTO, CALIFORNIA 95825
 (916) 924-7024 FAX (916) 924-7034

CEILING COMPRESSION POSTS:

DESIGN CRITERIA:

CODE: 1997 UBC

Seismic Zone 3

Occupancy Importance Factor, I=1.0

Ceiling not bracing partitions

Max. KL/R = 200

Lmax = 200 r / K

For KL/r = 200

Fa = 3730(4/3) = 4970 psi

DESIGN LOADS:

Fp max = 274# (See page 1)

Fvert. = Fhoriz. = 274#

EXAMPLE:

3/4" dia. EMT

Lmax. = 200(.309)/1.0 = 62" = 5'-2"

fa = 274/.134 = 2045 psi less than 4970 psi

Therefore OKAY

EMT SIZE	AREA	R	fa	Fa	MAX. HEIGHT	
	sq. in.	in.	psi	<4970	in.	ft. - in.
1/2"	0.088	0.238	3114	okay	48	4'-0"
3/4"	0.134	0.309	2045	okay	62	5'-2"
1"	0.198	0.392	1384	okay	78	6'-6"
1 1/4"	0.295	0.511	929	okay	102	8'-6"
1 1/2"	0.342	0.593	801	okay	119	9'-11"

SINGLE 25 GAGE STUDS WITH 1 1/4" FLANGES AND 1/8" MIN. FLANGE RETURNS

	AREA	Ry	fa	Fa	MAX. HEIGHT	
25 ga. X 1 5/8"	0.078	0.430	3513	okay	86	7'-2"
25 ga. X 2 1/2"	0.094	0.421	2915	okay	84	7'-0"

SINGLE 20 GAGE STUDS WITH 1 1/4" FLANGES AND 3/8" MIN. FLANGE RETURNS

	AREA	Ry	fa	Fa	MAX. HEIGHT	
20 ga. X 1 5/8"	0.159	0.475	1723	okay	95	7'-11"
20 ga. X 2 1/2"	0.188	0.471	1450	okay	94	7'-10"

SINGLE 20 GAGE STUDS WITH 1 5/8" FLANGES AND 3/8" MIN. FLANGE RETURNS

	AREA	Ry	fa	Fa	MAX. HEIGHT	
20 ga. X 1 5/8"	0.185	0.603	1481	okay	121	10'-1"
20 ga. X 2 1/2"	0.215	0.605	1274	okay	121	10'-1"

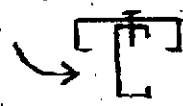
DOUBLE 25 GAGE STUDS WITH 1 1/4" FLANGES AND 1/8" MIN. FLANGE RETURNS

	AREA	Rx	fa	Fa	MAX. HEIGHT	
25 ga. X 2 1/2"	0.094	1.011	2915	okay	202	16'-10"
25 ga. X 3 1/2"	0.113	1.359	2425	okay	272	20'-0"
25 ga. X 4"	0.122	1.528	2246	okay	306	20'-0"

DOUBLE 20 GAGE STUDS WITH 1 1/4" FLANGES AND 3/8" MIN. FLANGE RETURNS

	AREA	Rx	fa	Fa	MAX. HEIGHT	
20 ga. X 4"	0.241	1.540	1137	okay	308	20'-0"
20 ga. X 6"	0.311	2.207	881	okay	441	20'-0"

Connect double studs together with #6 screws at 18" o.c. to form tee section.



CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2399 GATEWAY OAKS DR #200 Permit No.: 0107868
Building Use: OFFICE Occupancy: B
Building Owner: NATOMAS/WEST INVESTORS/LTD Construction Type: II-N
PTNR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 200 Area: 15211 Sq. Ft.
7/17/03 DAVID HAI [Signature] DENNIS RICHARDSON
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: DPB,KLH,AAC,AW]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE