

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0404110**

**Insp Area: 3**

**Thos Bros: 317F3**

**Site Address: 4770 FRANKLIN BL SAC**

**Parcel No: 019-0131-015**

**Sub-Type: REM**

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

CONTRACTOR

OWNER

ARCHITECT

ALFREDO & ARTURO JUAREZ (TENANT)  
4770 FRANKLIN AV  
SACRAMENTO CA 95820

**Nature of Work: KITCHEN REMODEL.**

**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 3/12/04 Owner Signature \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
MAR 19 2004  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

**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 3-19-04 Applicant/Agent Signature \_\_\_\_\_

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

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

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

Policy Number

Exp Date

(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 3-19-04 Applicant Signature \_\_\_\_\_

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

<b>ACTIVITY #</b> <u>0404110</u>	<b>Insp. Area</b> <u>3C</u>
-------------------------------------	--------------------------------

Applicant to complete all areas down to valuation

**ADDRESS** 4770 Franklin Ave Suite Ca  
**PARCEL #** 019-0131-015

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____                  Street Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Alfredo + Arturo Tovar</u>                  Address <u>4770 Franklin Ave</u>                  City/State/Zip _____                  Phone <u>916-452-2474</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:** Remodel Kitchen

**OCCUPANT/TENANT:** Mexico City **VALUATION: \$** 10,000

<b>FLOOD STATUS</b>										<b>S.C.A.T.</b>									
<b>JOB DESCRIPTION</b>										<input type="checkbox"/> BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI ( ) <input type="checkbox"/> REM <input checked="" type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>									
<b>INSPECTION DISCIPLINES</b>										<input type="checkbox"/> BLDG <input type="checkbox"/> MECH <input type="checkbox"/> PLUMB <input type="checkbox"/> ELEC <input type="checkbox"/> SITE <input type="checkbox"/> FIRE									
# Stories	1 <sup>st</sup> flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)		Fed Code		Viol. File									
B	L	P	M	E	13	S	ALARM	18	D	PW	UTIL								

**COMMENTS:**

---



---

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

CITY OF SACRAMENTO

30 DAY TEMPORARY  
Certificate of Occupancy  
For Information Contact (916) 264-5716

Building Address: 4770 FRANKLIN BL Permit No.: 0404110  
Building Use: RESTAURANT Occupancy: B  
Building Owner: ALFREDO & ARTURO JUAREZ Construction Type: \_\_\_\_\_  
(TENANT)  
Owner Address: SACRAMENTO, CA Sprinkled? [ ] Yes [ ] No  
Portion of Building Occupied: KITCHEN REMODEL Area: \_\_\_\_\_ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

7/2/04 *Dennis Richardson* **DENNIS RICHARDSON**  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals:DSP,MSK,AAC,JW ]

**CBC 109.4 TEMPORARY CERTIFICATE**

*If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.*

**POST IN A CONSPICUOUS PLACE**

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) NO

2. I (have/have not) HAVE signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City TBA Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

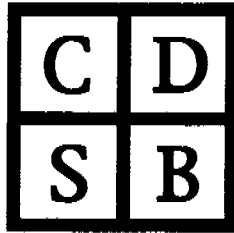
5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
------	---------	-------	--------------


Signed [Signature]

Job Address 4770 FRANKIN BL

Permit No: 0404110



**C E R T I F I E D • D E S I G N • S Y S T E M • B A L A N C E**

**COMPLETION REPORT**

June 22, 2004

**JOB DESCRIPTION:** Mexico City Restaurant  
4770 Franklin Blvd.  
Sacramento, CA 95820

**ENGINEER:** Captive Aire Systems

**TEST PERFORMED BY:** Gary Oulrey

**CHECKED BY:** *Gary Oulrey*  
GARY OULREY

GENERAL NOTES SHEET

At the completion of testing, a slightly positive static was observed.

A Shortridge Electronic Flowhood was used to measure all supply return/exhaust terminal units unless noted otherwise.

A Fluke multi meter was used to measure all voltages and amperages.

A Zernickow tachometer was used to measure rotational speed.

**BALANCE REPORT ABBREVIATIONS**

CD	CEILING DIFFUSER
CEG	CEILING EXHAUST GRILLE
CER	CEILING EXHAUST REGISTER
CRG	CEILING RETURN GRILLE
CSR	CEILING SUPPLY REGISTER
DNA	DATA NOT AVAILABLE
DNL	DATA NOT LISTED
FEG	FLOOR EXHAUST GRILLE
FRR	FLOOR RETURN REGISTER
FSR	FLOOR SUPPLY REGISTER
NA	NON ACCESSIBLE
NI	NOT INSTALLED
NT	NOT TAKEN, DUE TO IRREGULAR READINGS
NVL	NO VALID LOCATION FOR TESTING
OPEN	NO TERMINAL, DUCT OPEN
TD	THERMAL DIFUSSER
WEG	WALL EXHAUST GRILLE
WRG	WALL RETURN GRILLE
WSR	WALL SUPPLY REGISTER
LSD	LINEAR SUPPLY DIFFUSER
LRR	LINEAR RETURN REGISTER
LER	LINEAR EXHAUST REGISTER

# AIRDATA MULTIMETER CERTIFICATE OF RECALIBRATION

Customer ID: 012274 S/N: M89620  
 Customer: CERTIFIED DESIGN SYSTEM BALANCE City: CITRUS HEIGHTS State: CA Order #: R032665  
 As-Received Model #: ADM-850 Converted to Model #: \_\_\_\_\_  
 PO #: \_\_\_\_\_ Customer Eqpt ID #: \_\_\_\_\_ Calibration Due Date: \_\_\_\_\_ QA Code: 93 10CFR21: \_\_\_\_\_

This instrument has been calibrated using Calibration Standards which are traceable to NIST (National Institute of Standards and Technology). Quality Assurance Program and calibration procedures meet the requirements for 10CFR50 Appendix B; ANSI/N45.2; ANSI/NCSS Z540-1-1994; MIL-STD 45662A and manufacturer's specifications. Calibration accuracy is certified when meters are used with properly functioning accessories only. All Uncertainties are expressed in expanded terms (twice the calculated uncertainty). This report shall not be reproduced, except in full, without the written approval of Shortridge Instruments, Inc. Results relate only to the item calibrated. For limitations on use, see Shortridge Instruments, Inc. Instruction Manual for the use of AirData Multimeters. Procedure used: Procedure for Differential Pressure, Absolute Pressure and Temperature Recalibration of AirData Multimeters SIP-CP02 Revision: 24 Dated: 10/06/03

Calibration Technician(s): J. Blumberg, L. Lubman Calibration Date: 10/16/2003  
 Calibration Approved by: Ray Barger Title: Cal mng Date: 10/20/2003

AS-Received By: <u>JK</u> Date: <u>10/02/03</u> Rh <u>58</u> % Ambient Temperature <u>74</u> °F Barometric Pressure <u>29.21</u> in Hg Within spec (YES) NO NA	Test By: <u>JK</u> Date: <u>10/16/03</u> Rh <u>56</u> % Ambient Temperature <u>73</u> °F Barometric Pressure <u>29.54</u> in Hg Within spec (YES) NO	Test By: _____ Date: _____ Rh _____ % Ambient Temperature _____ °F Barometric Pressure _____ in Hg Within spec YES NO
--	--	---

### ABSOLUTE PRESSURE TEST (in Hg)

TEST METER TOLERANCE = ± 2.0 % ± .1 in Hg		AS-RECEIVED TEST WITHIN SPEC (YES) NO N/A	
Pressure Standard: Heise #02-R	S/N: 41741/42451	Calibration Date: 04/21/03	Calibration Due Date: 04/2004
Pressure Standard: Heise #04-R	S/N: 41743/42453	Calibration Date: 05/05/03	Calibration Due Date: 05/2004
Pressure Standard: Heise #06-R	S/N: 41742/42452	Calibration Date: 12/04/02	Calibration Due Date: 11/2003
Pressure Standard: Heise #08-R	S/N: 42186/43328	Calibration Date: 09/05/03	Calibration Due Date: 03/2004
Pressure Standard: Heise #12-R	S/N: 43166/44731	Calibration Date: 05/28/03	Calibration Due Date: 12/2003
Pressure Standard: Heise #14-R	S/N: 43412/45043	Calibration Date: 08/18/03	Calibration Due Date: 12/2003
Heise Model PPM-2	Mfgd by Dresser Industries	Rated Accuracy: 0.05% fs (0.0305 in Hg)	Range: 0-61 in Hg
			Uncertainty: < 0.0358

Approx Set Pt	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff
14.0	14.47	14.5	-.21	14.52	14.6	-.55			
28.4	28.21	28.3	-.32	28.54	28.7	-.56			
40.0	40.52	40.7	-.10	40.52	40.7	-.31			

### DIFFERENTIAL PRESSURE TEST (in wc)

TEST METER TOLERANCE = ± 2.0 % ± 0.001 in wc		AS-RECEIVED TEST WITHIN SPEC (YES) NO N/A	
Pressure Standard: Heise #01-L	S/N: 41739/42449	Calibration Date: 04/22/03	Calibration Due Date: 04/2004
Pressure Standard: Heise #01-R	S/N: 41739/42446	Calibration Date: 04/22/03	Calibration Due Date: 04/2004
Pressure Standard: Heise #02-L	S/N: 41741/42454	Calibration Date: 04/22/03	Calibration Due Date: 04/2004
Pressure Standard: Heise #03-L	S/N: 41738/42448	Calibration Date: 05/09/03	Calibration Due Date: 05/2004
Pressure Standard: Heise #03-R	S/N: 41738/42445	Calibration Date: 05/09/03	Calibration Due Date: 05/2004
Pressure Standard: Heise #04-L	S/N: 41743/42456	Calibration Date: 05/13/03	Calibration Due Date: 05/2004
Pressure Standard: Heise #05-L	S/N: 41740/42450	Calibration Date: 12/06/02	Calibration Due Date: 11/2003
Pressure Standard: Heise #05-R	S/N: 41740/42447	Calibration Date: 12/08/02	Calibration Due Date: 11/2003
Pressure Standard: Heise #06-L	S/N: 41742/42455	Calibration Date: 12/06/02	Calibration Due Date: 11/2003
Pressure Standard: Heise #07-L	S/N: 42185/42186	Calibration Date: 09/10/03	Calibration Due Date: 03/2004
Pressure Standard: Heise #07-R	S/N: 42185/43326	Calibration Date: 09/10/03	Calibration Due Date: 03/2004
Pressure Standard: Heise #08-L	S/N: 42186/43329	Calibration Date: 09/10/03	Calibration Due Date: 03/2004
Pressure Standard: Heise #11-L	S/N: 43165/44551	Calibration Date: 06/03/03	Calibration Due Date: 12/2003
Pressure Standard: Heise #11-R	S/N: 43165/44730	Calibration Date: 06/03/03	Calibration Due Date: 12/2003
Pressure Standard: Heise #12-L	S/N: 43166/44732	Calibration Date: 06/03/02	Calibration Due Date: 12/2003
Pressure Standard: Heise #13-L	S/N: 43415/45041	Calibration Date: 06/18/03	Calibration Due Date: 12/2003
Pressure Standard: Heise #13-R	S/N: 43415/45039	Calibration Date: 06/18/03	Calibration Due Date: 12/2003
Pressure Standard: Heise #14-L	S/N: 43412/45045	Calibration Date: 06/18/03	Calibration Due Date: 12/2003

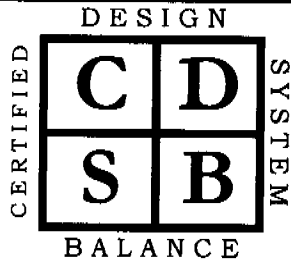
Differential Pressure Standards: Heise Model PPM1  
 #01-L, 03-L, 05-L, 07-L, 09-L, 11-L, 13-L, 15-L  
 #01-R, 03-R, 05-R, 07-R, 09-R, 11-R, 13-R, 15-R  
 #02-L, 04-L, 06-L, 08-L, 10-L, 12-L, 14-L, 16-L

Manufactured by Dresser Industries  
 Rated Accuracy: > 0.07% fs (0.000175 in wc) Range: 0.0-0.25 in wc Uncertainty: < 0.00035  
 Rated Accuracy: > 0.06% fs (0.003 in wc) Range: 0.0-50.0 in wc Uncertainty: < 0.00348  
 Rated Accuracy: > 0.06% fs (0.03 in wc) Range: 0.0-50.0 in wc Uncertainty: < 0.0346

Approx Set Pt	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff	Standard	Test Meter	% Diff
.0500	.0516	.0514	-.34	.0491	.0491	0.00			
.1250	.1263	.1261	-.16	.1244	.1245	.08			
.2250	.2260	.2251	-.40	.2261	.2262	.04			
.2700	.2725	.2721	-.07	.2726	.2734	.42			
2.000	2.031	2.032	.05	2.029	2.031	.04			
3.600	3.613	3.619	.17	3.675	3.681	.16			
4.400	4.417	4.445	.63	4.440	4.466	.54			
27.00	27.20	27.34	.51	27.25	27.39	.51			
50.00	50.24	50.37	.16	49.12	49.13	.02			
Overrange									

Shortridge Instruments, Inc.  
 7855 East Redfield Road Scottsdale, Arizona 85260  
 (480) 991-6744 • Fax (480) 443-1267 • www.shortridge.com • info@shortridge.com





**CERTIFIED \* DESIGN \* SYSTEM \* BALANCE**  
 P.O. BOX 1249  
 CITRUS HEIGHTS, CA 95611-1249  
 PHONE (916) 725-6317 FAX (916) 727-2734

SB JOB NO.  
 CD04-0571

SECTION	PAGE
	5

DATE  
 6/22/2004

**FAN AND OUTLET TEST SHEET**

AREA SERVED					KITCHEN HOOD					UNIT			
										HEF-1			
MOTOR NAMEPLATE DATA						DATA ITEM	TEST 1		TEST 2		TEST 3		
MFG	A.O. SMITH					VOLTS			122				
HP	3/4	V	115	FLA	10.40	AMPS			8.84				
PH	1	SF	1.25	RPM	1725	BHP			0.64				
SHEAVE DATA													
DIA	3.75	SHAFT			1/2								
ADJ	60	% FIXED											
FAN NAMEPLATE DATA													
MFG	CAPTIVE-AIRE SYSTEMS					RPM	943		899				
MODEL	NCA16F					SP -	-		0.48				
TYPE	GREASE					SP +	-		-				
SIZE	16"					ESP	-		-				
SHEAVE DATA													
DIA	6.5	SHAFT			3/4	FILTER SP	-		.20 TO .34				
						CFM TOTAL	2414		2300				
BELTS	1-AX27					CFM RA	-		-				
						CFM OA MIN.	-		-				
FAN SUBMITTAL DATA						CFM	2160	ESP	0.47	RPM	DNL	BHP	DNL
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3		
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
	1	SHAFT	17X12	1.42	1521	2160	1700	2414	1620	2300			
	HEF-1 EXHAUST AIR TOTAL						2160		2414		2300		
	1	HOOD	9'	9.0	240	2160	268	2414	256	2300			

REMARKS THE HOOD HAD 3-19 1/2" X 15 1/2" & 3-15 1/2" X 15 1/2" GREASE FILTERS INSTALLED DURING TESTING. CAPTIVE-AIRE SYSTEMS MODEL#4824 ND