

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107953
Insp Area: 1
Thos Bros: 297C3

Site Address: 501 J ST SAC
Parcel No. 006-0026-018

THIRD FLOOR

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

CONTRACTOR
THE SANDSTROM CO
501 J ST
SAC CA 95814

OWNER
NNN SACRAMENTO S LLC
15710 WOODARD RD
SAN JOSE CA 95124

ARCHITECT

Nature of Work: INTERIOR REMODEL PARTIAL HT PARTTIONS, RECEPTACLES,
RFLOCATE MECHANICAL.

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. 7097, C.C.P.).

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 2 License Number 29649 Date _____ Contractor Signature [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 & 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.

Date 3 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 worker's 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 1536656-00 Exp Date 10/01/2001

(This section need not be completed if the applicant is a contractor 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 2 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.

CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0107953 Insp. Area | C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 501 J St. Suite 3rd Floor
 PARCEL # 006-0026-018

CONTACT		LICENSED CONTRACTOR Lic No. # <u>2910493</u>	
Name <u>Stafford Space Planning</u>		Name <u>Tu Sandstrom Co., Steve Sandstrom</u>	
Address <u>7585 Gold Dr.</u>		Address <u>1431 22nd St.</u>	
Phone <u>652-3400</u> FAX <u>652-7805</u>		Phone <u>492-2800</u> FAX <u>452-5142</u>	
E-mail _____		E-mail _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>Stafford Space Planning</u>		Name <u>NNN SACRAMENTO 5 LLC</u>	
Address <u>7585 Gold Dr</u>		Address <u>15710 WOODARD RD</u>	
Phone <u>652-3400</u> FAX <u>652-7805</u>		Phone <u>SAN JOSE CA</u> FAX <u>95124</u>	
E-mail <u>ssr@quiknet.com</u>		E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: demolition and some new int. partitions & new part

OCCUPANT/TENANT: DOC VALUATION: \$ #80,000.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<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>6</u>		<u>750</u>		<u>B</u>	<u>1-FR</u>	SPR <u>(H)</u> ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	
<u>130T</u>	<u>130T</u>	<u>VIA</u>	<u>130T</u>	<u>130T</u>						

COMMENTS:

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

CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLORIN-PERKINS RD.

SACRAMENTO, CA. 95826

(916) 387-5100

FAX (916) 387-5101

JANUARY 21, 2002

102-8054-B1

AIR BALANCE REPORT

DEPARTMENT OF CORRECTIONS SUITE 350
501 J STREET
SACRAMENTO, CA.

CONTRACTOR: INDOOR ENVIRONMENTAL SERVICES

ARCHITECT: N/A

ENGINEER: N/A

TEST PERFORMED BY: DENNIS MCLOED

TEST CHECKED BY:


JEFF WOONING



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

TABLE OF CONTENTS

SECTION

DESCRIPTION

- | | |
|---|--|
| 1 | REMARKS CONCERNING BALANCING PROCEDURES. |
| 2 | AIR BALANCE DATA. |



AABC CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

SECTION ONE

1. THE TOTAL AIR DELIVERY OF EACH VAV WAS ESTABLISHED BY OUTLET TOTAL AND DOES NOT INCLUDE POSSIBLE DUCT LEAKAGE.
2. THE SCHEMATIC LOCATED IN THE FRONT OF EACH SECTION IS KEYED TO THE CORRESPONDING FAN AND OUTLET TEST SHEETS.
3. OUTLET AIR QUANTITIES WERE MEASURED BY SPECIAL AIR SCOOP. SEE DATA SHEET THIS SECTION.
4. FOLLOWING THIS SHEET ARE:
 1. SYMBOL SHEET
 2. FLOWHOOD DATA
 3. INSTRUMENT CORRECTION CURVE



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO System Balance, Inc.

SYMBOL SHEET

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
CFM	CUBIC FEET PER MINUTE	ΔT	DIFFERENTIAL TEMPERATURE
FPM	FEET PER MINUTE	ΔP	DIFFERENTIAL PRESSURE
FACTOR	BALANCE FACTOR-SQUARE FEET	P.D.	PRESSURE DROP
CSD	CEILING SUPPLY DIFFUSER	H.D.	HEAD-FEET OF WATER
RG	RETURN GRILLE	W.G.	WATER GAUGE
CRR	CEILING RETURN REGISTER	W.C.	WATER COLUMN
WR	WALL REGISTER	CHW	CHILLED WATER
LT	LIGHT TROFFER	C.W.	CONDENSER WATER
LSD	LINEAR SLOT DIFFUSER	H.W.	HEATING WATER
VAV	VARIABLE AIR VOLUME BOX	E.W.T.	ENTERING WATER TEMPERATURE
T-STAT	THERMOSTAT	L.W.T.	LEAVING WATER TEMPERATURE
D.A.	DIRECT ACTING	CC	COOLING COIL
R.A.	REVERSE ACTING	SC	STEAM COIL
D.D.C.	DIRECT DIGITAL CONTROL	P.HC	PREHEAT COIL
N/I	NOT INSTALLED	H.C.	HEATING COIL
N/L	NOT LISTED	R.H.C.	REHEAT COIL
N/A	NOT ACCESSIBLE	E.D.H.	ELECTRIC DUCT HEATER
F.L.A.	FULL LOAD AMPS @ NAMEPLATE	P.P.	PETES PLUG
V	VOLTS	O.A.T.	OUTSIDE AIR TEMPERATURE
PH	PHASE	R.A.T.	RETURN AIR TEMPERATURE
HP	HORSEPOWER	M.A.T.	MIXED AIR TEMPERATURES
BHP	BRAKE HORSEPOWER	O.A.T.-DB	D.B. OUTSIDE AIR TEMP-DRY BULB
SP-	NEGATIVE STATIC PRESSURE	E.A.T.-DB	ENTERING AIR TEMP-DRY BULB
SP+	POSITIVE STATIC PRESSURE	L.A.T.-DB	LEAVING AIR TEMP-DRY BLUB
T.S.P.	TOTAL STATIC PRESSURE	E.A.T.-WB	ENTERING AIR TEMP-WET BLUB
E.T.S.P.	EXTERNAL TOTAL STATIC PRESSURE	L.A.T.-WB	LEAVING AIR TEMP-WET BULB
V.P.	VELOCITY PRESSURE	N.A.	NOT AVAILABLE
OSA	OUTSIDE AIR	CD	CEILING DIFFUSER
RA	RETURN AIR	CR	CEILING RETURN
T.G.	TRANSFER GRILLE	CE	CEILING EXHAUST

CIRCO System Balance, Inc.

4100 Florin Perkins Rd.
Sacramento, Ca. 95826
(916) 387 - 5100

Calibration Data Sheet

FLOWHOOD DATA	
SERIAL #	13100
MODEL #	13100

DATE TESTED:	6/19/01		
TESTED BY:	<i>[Signature]</i>		
TEST DATA READ IN:	<input checked="" type="radio"/> CFM	<input type="radio"/> FPM	<input type="radio"/> VP
			<input type="radio"/> SP

FLOWHOOD RANGE	CALIBRATED FLOW READING	FLOWHOOD ACTUAL READING	CALIBRATED HOOD READING
800/2000	920	95	
	1090	1090	
	1500	1510	
400/1000	510	510	
	610	615	
	760	780	
100/500	225	225	
	290	295	
	390	400	
	450	460	
0/250 With low flow plate installed	50	50	
	75	75	
	120	115	
	50	50	
	75	75	

THE CALIBRATION TEST DATA WAS ESTABLISHED BY AN IN HOUSE CALIBRATED 8" ORIFICE PLATE AND FLOW CURVE CHARTS. AS RECOMMENDED BY A A B C STANDARDS IT WILL BE RECHECKED BY MEANS OF DUCT TRAVERSE IN THE FIELD. THIS EQUIPMENT HAS BEEN CALIBRATED USING STANDARDS WHOSE ACCURACIES ARE TRACEABLE TO A CALIBRATED ORIFICE PLATE .



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CALIBRATION

DIGITAL THERMOMETER

COOPER/ELECTRO-THERM SH66A

THE THERMOMETER IS CALIBRATED AT THE FACTORY AND IS ACCURATE TO +/- 2° F. THE MANUFACTURER RECOMMENDS RECALIBRATION ONCE A YEAR.

THE RECALIBRATION DATE FOR THIS THERMOMETER IS OCTOBER 2002.



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO System Balance, Inc.

SB JOB# 8054
 SECTION 2 PAGE 1
 DATE January 12, 2002

TEST SHEET

AREA SERVED DEPARTMENT OF CORRECTIONS 3RD FLOOR UNIT EXIST

ROOM	OPENING			FACTOR	DESIGN		TEST #1		TEST #2		TEST #3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
						VAV-1						
	1	CD		1.0		270		125		260		
	2	CD		1.0		270		140		260		
						----		----		----		
						540		265		520		
						VAV-2						
	3	CD		1.0		325		275		325		
	4	CD		1.0		325		280		325		
						----		----		----		
						650		555		650		
						VAV-3						
	5	CD		1.0		325		260		310		
						VAV-4						
	6A							190		185		
	6	CD		1.0		370		190		185		
	7	CD		1.0		325		300		325		
						----		----		----		
						695		580		695		
						VAV-6						
	8	CD		1.0		300		420		310		
	9	CD		1.0		300		400		310		
	10	CD		1.0		135		100		130		
	11	CD		1.0		160		100		160		
						----		----		----		
						895		1020		910		
						VAV-8						
	12	CD		1.0		250		250		250		

REMARKS: _____



CIRCO System Balance, Inc.

SB JOB# 8054
 SECTION 2 PAGE 2
 DATE January 12, 2002

TEST SHEET

AREA SERVED DEPARTMENT OF CORRECTIONS 3RD FLOOR UNIT EXIST

ROOM	OPENING			FACTOR	DESIGN		TEST #1		TEST #2		TEST #3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
						VAV-10						
	18	CD		1.0		350		350		350		
						VAV-12						
	19	CD		1.0		350		360		350		
	20	CD		1.0		350		310		350		
						----		----		----		
						700		670		700		
						VAV-15						
	21	CD		1.0		625		540		625		
	22	CD		1.0		650		680		650		
						----		----		----		
						1275		1220		1275		
						NON BOXED						
	23	CD		1.0		150		170		150		
	24	CD		1.0		400		370		400		
						SOUTH						
						VAV-1						
	25	CD		1.0		105		210		105		
	26	CD		1.0		235		210		235		
						----		----		----		
						340		420		340		
						VAV-4						
	27	CD		1.0		340		310		330		
	28	CD		1.0		390		340		380		
	29	CD		1.0		390		400		380		
						----		----		----		
						1120		1050		1090		
						VAV-2						
	30	CD		1.0		350		450		350		
	31	CD		1.0		350		220		340		
						----		----		----		
						700		670		690		

REMARKS: _____

