

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

**Permit No: 0509361**

**Insp Area: 4**

**Thos Bros:**

**Sub-Type: TI**

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

**Site Address: 2210 DEL PASO RD SAC St: # B**

**Parcel No: UNKNOWNPAR**

**CONTRACTOR**  
S J MEYERS CONSTRUCTION  
P O BOX 2278  
MURPHYS CA 95247

**OWNER**  
SACRAMENTO PROPERTIES HOLDINGS INC  
2150 RIVER DR #155  
SACRAMENTO CA 95833

**ARCHITECT**  
TECHSPACE  
777 CAMPUS COMMONS DR #200  
SACRAMENTO CA 95825

**Nature of Work: INTERIOR CEILINGS/WALLS, 2 RESTROOMS, SPRINKLERS, ELECTRICAL & DUCTWORK**

**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 663504 Date 7-27-05 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, demish, 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. 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 \_\_\_\_\_

**PAID**  
**CITY OF SACRAMENTO**  
**JUL 27 2005**  
**NORTH PERMIT CENTER**

**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 7-27-05 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 EXEMPT 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 7-27-05 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  
 PLANNING & BUILDING DIVISION  
 PERMIT SERVICES SECTION  
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <b>050 9361</b>	Insp. Area
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2210 Del Paso Rd Suite: B

PARCEL #: \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>STEVEN MYERS</u>                  Street Address: <u>740 ANKNEY CT.</u>                  City/State/Zip: <u>MURPHY CA 95247</u>                  Phone: <u>209-728-8197</u>                  E-Mail: <u>SJMYERS@GOLDRUSH.COM</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>663504</u></p> <p>Name: <u>S.J. MYERS GWSI</u>                  Street Address: <u>P.O. Box 2278</u>                  City/State/Zip: <u>MURPHYS CA 95247</u>                  Phone: <u>209-728-8197</u>                  E-Mail: <u>SJMYERS@GOLDRUSH.COM</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>TECHSPACE</u>                  Street Address: <u>1765 CHALLENGE WAY #130</u>                  City/State/Zip: <u>SACRAMENTO CA 95815</u>                  Phone: <u>916-565-0888</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>COUNTRY WIDE HOME LOANS</u>                  Street Address: <u>450 AMERICAN WAY</u>                  City/State/Zip: <u>SEMI VALLEY CA 94306</u>                  Phone: <u>905-955-7253</u>                  E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: \_\_\_\_\_

⇒ WORKER'S COMPANSATION POLICY # \_\_\_\_\_ EXPROATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Interior ceilings/walls, 2 restrooms, sprinklers, electrical & ductwork

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: 140,000

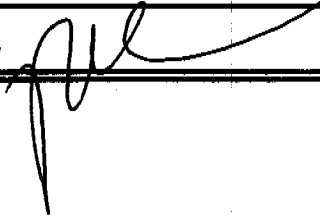
FLOOD STATUS:			S.C.A.T.							
JOB DISCRPTION	BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1 <sup>st</sup> Flr Area	Total Area	Use Zone	Occp Group	Coast type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]
						SPR	ALARM			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 2210 DEL PASO ROAD, SUITE B	APN: 225-0070-125
DRPB AREA / PUD / SPD: NATOMAS CROSSING PUD	ZONING: EC-50-PUD
EXISTING LAND USE: OFFICE BUILDING (14, 850 GROSS SQ FT)	
PROPOSED USE: MORTGAGE OFFICE (4230 SQ FT) FIRST TIME TI	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P03-070 (COMPLETED 01-22-2004) Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Building permit must conform to approved plans and comply with all conditions of approval P03-070.	
PARKING RATIO WAS DETERMINED THROUGH P03-070.	
DATE: 06-28-2005	BY: PCALDWELL 

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 2250 DEL PASO ROAD, SUITE B Permit No.: 0509361  
Building Use: OFFICE DBA: COUNTRY WIDE HOME LOANS Occupancy: B  
Building Owner: SACRAMENTO PROPERTIES HOLDING Construction Type: VN  
Owner Address: SACRAMENTO, CALIF 95833 Sprinkled?  Yes  No  
Portion of Building Occupied: ENTIRE Area: 4230 Sq. Ft.  
10/14/2005  
Date By: (Print) James Redford Sign RON BEEHLER  
CHIEF BUILDING OFFICIAL

[ Finaled By: MJ, CHM, SK, MM, MJG ]

*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**

CAL. LIC. #434901  
1121 UNIVERSITY TERRACE  
RENO, NEVADA 89503  
(702) 747-0100



## ***RAGLEN SYSTEM BALANCE, INC.***

### **FIELD COPY**

PROJECT: COUNTRY WIDE

CONTRACTOR: FREDS TOTAL SERVICE

TECHNICIAN: CHARLES SCHWEBACH TBE

DATE: 10/10/05

REMARKS \_\_\_\_\_

JOB NAME: COUNTRYWIDE HOME LOANS

R.S.B JOB NUMBER: 13283

MECHANICAL CONTRACTOR: FRED'S TOTAL SERVICE

MECHANICAL ENGINEER: \_\_\_\_\_

TECHNICIANS NAMES(S): CHARLES SCHWEBACH, ROBERT COLLINS

# OF COPIES: 4

SEND REPORTS TO: FRED'S TOTAL SYSTEM

DRAWINGS / SCHEMATIC(S)? YES  NO

M-

PLAN / SHEET NUMBER(S): \_\_\_\_\_

SEND PRINTS, SPEC, & SUBMITTALS BACK TO CONTRACTOR? YES  NO

SEND PRINTS, SPEC, & SUBMITTALS BACK TO TECHNICIAN? YES  NO

### GENERAL NOTES

- 1. CORRECTIONS FOR TEMPERATURE AND ALTITUDE HAVE BEEN MADE ON ALL TEST RESULTS SHOWN IN THIS REPORT.
- 2. CEILING DIFFUSERS WERE MEASURED WITH A DIRECT CFM READ-OUT METER. (SEE DATA SHEET AND INSTRUMENT CORRECTION CURVE.)
- 3. BALANCE FACTORS FOR EXHAUST SIDEWALL AND SUPPLY GRILLES WERE CALCULATED FROM THE CORE AREA AND MEASURED WITH A CALIBRATED METER, MODEL, M.F.G. (SEE INSTRUMENT CORRECTION CURVE.)
- 4. STATIC PRESSURES TESTED FOR ROOF MOUNTED EXHAUST FANS, SHOW ONLY SUCTION SIDE AND IS NOT TOTAL STATIC PRESSURE AS LISTED IN CATALOGS.
- 5. STATIC PRESSURE READING NOT TAKEN ON CEILING MOUNTED DIRECT DRIVE EXHAUST FANS. SUCTION SIDE IS OPEN AND DISCHARGE IS AFTER BACKDRAFT DAMPER AND USUALLY NOT ACCESSIBLE.
- 6. OUTLETS FOR THE FANS WERE NUMBERED WITH CLOSEST TO THE FAN AS #1.
- 7. THE V.A.V. BOXES WERE TESTED ON MAXIMUM CFM DEMAND. WHEN TOTAL CFM OF THE BOXES EXCEEDED THE FAN TOTAL, A PORTION OF THE BOXES WERE TURNED DOWN TO EQUAL THE DESIGN CFM OF THE FAN. DATA SHOWN IN MOTOR AND FAN TESTED COLUMN OF FAN TEST SHEET WAS TAKEN AT TURN DOWN CONDITION. (SEE FAN SHEET FOR EXACT AMOUNT OF DIVERISTY.)

8. V.A.V. BOXES WITH HEATING COILS WERE SET @ \_\_\_\_\_ % OF FULL COOL CFM. V.A.V. BOXES WITHOUT HEATING COILS WERE SET @ \_\_\_\_\_ % OF FULL COOL CFM.
9. SCP: STATIC CONTROL PRESSURE IS THE MINIMUM AMOUNT OF STATIC REQUIRED TO OPERATE THE FARTHEST BOX WHEN SYSTEM IS SET UP FOR DESIGN CFM AT THE FAN.
10. ALL CORRECTIONS FOR INSTRUMENTS USED FOR TESTING AND BALANCING ARE TRACEABLE BACK TO THE NATION BUREAU OF STANDARDS AND ARE TESTED IN OUR OWN LAB.
11. FOLLOWING THIS SHEET ARE:
- (A) SYMBOL SHEET
- (B) INSTRUMENT CORRECTION CURVES:
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> FLOW HOOD                    | <input type="checkbox"/> MAGNEHELIC 0-.5" PITOT      | <input type="checkbox"/> ALNOR COMPUFLOW                                 |
| <input type="checkbox"/> FLOW RITE 0-1000                        | <input checked="" type="checkbox"/> MAGNEHELIC 0-.5" | <input type="checkbox"/> PYROMETER                                       |
| <input type="checkbox"/> FLOW RITE 0-3000                        | <input type="checkbox"/> MAGNEHELIC 0-6"             | <input type="checkbox"/> POUND GAUGE                                     |
| <input checked="" type="checkbox"/> MULTIMETER / ADM <i>STDC</i> | <input type="checkbox"/> MAGNEHELIC 0-2"             | <input type="checkbox"/> ELECTRONIC POUND GAUGE<br>(DIGITAL POUND GAUGE) |
| <input type="checkbox"/> AMPROBE                                 | <input type="checkbox"/> WATER METER                 | <input type="checkbox"/> THERMOMETERS                                    |
| <input type="checkbox"/> VELOMETER                               | <input checked="" type="checkbox"/> TACHOMETER       | <input type="checkbox"/> AMPMETER  |

12.

BUILDING WAS TAB WITH ALL INTERIOR  
DOOR NOT INSTALLED.

**SAMPLE NOTES USED ON INDIVIDUAL TEST SHEETS**

- A. # \_\_\_\_\_ LEFT \_\_\_\_\_ % LOW BECAUSE OF NOISE CONSIDERATION.
- B. # \_\_\_\_\_ LEFT \_\_\_\_\_ % LOW, FURTHER BALANCING RESULTED IN TOTAL REDUCTION WITH NO APPRECIABLE CHANGE TO TERMINAL, NO HORSEPOWER LEFT.
- C. NO VOLUME DAMPERS SHOWN ON DRAWINGS, AND NONE INSTALLED.
- D. UNIT BALANCED LOW AS INSTRUCTED BY OWNER, MECHANICAL ENGINEER, ARCHITECT OR MECHANICAL CONTRACTOR, ON \_\_\_\_\_ DATE
- E. DISCHARGE STATIC PRESSURE SHOWN IS AFTER DX COIL. HOLE WAS NOT DRILLED BETWEEN FURNACE DISCHARGE AND DX COIL, IN FEAR OF HITTING VITAL TUBING.



FAN TEST SHEET

AREA SERVED PERIMETER OFFICES

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	GE		
HP	1	V	208-230
PH	1	SF	D.N.L.
FLA	4.9	RPM	1620
MOTOR FRAME #	D.N.L.		

SHEAVE DATA: MOTOR

DIA	1 7/8	SHAFT	1/2
ADJ.P.D.	206	FIXED	
BELT CENTER LINE	13 3/4		

FAN NAMEPLATE DATA

MFG	CARRIER		
MODEL	48HTD005		
TYPE			
SIZE			
SERIAL #	3305430368		

SHEAVE DATA: FAN

DIA	AK44	SHAFT	5/8
BELTS	A36		
DIRECT DRIVE	<input type="checkbox"/>		

SCHEDULED/SUBMITTED DATA

FAN CFM	
TSP / ESP	
RPM	
BHP	
RA	
O.A. CFM	240

DESIGN OUTLET/INLET

TOTAL CFM	1600
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TESTED OUTLET/INLET

TOTAL CFM	1720
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TRAVERSE TOTAL

TOTAL CFM	-
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MOTOR TEST DATA

VOLTS	210
AMPS	3.6
RPM	1590
BHP	.74
SPEED SET.	

FAN TEST DATA

RPM	950
SP-	.19
SP+	.45
FSP / EFSP	.64
FILTER AP	.17
CFM TOTAL	1720
CFM RA	1480
CFM OA MIN.	240

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED			
					FPM VEL	CFM	FPM VEL	CFM		
111	1	CP				320	330	330	361	✓
110	2					160	180	180	228	✓
109	3					160	185	185	173	✓
1	4					220	230	230	304	✓
1	5					160	190	190	159	✓
108	6					145	155	155	123	✓
107	7					145	150	150	146	✓
104	8					145	150	150	150	✓
103	9					145	150	150	155	✓
			TOTAL Supply			1600	1720	1720	1599	

Remarks:

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**DIFFUSER AND GRILLE TEST SHEET**

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					CFM	CFM	CFM	CFM
111	10	CR				DNL	290	
109	11						500	
110	12						190	
107	13						115	
104	14						135	
112	15						110	
103	16						110	
		Total Return				/	1490	

Remarks: \_\_\_\_\_



**FAN TEST SHEET**

AREA SERVED LOBBY

**INSTALLED EQUIPMENT**

**MOTOR NAMEPLATE DATA**

MFG	LGE		
HP	1	V	208-230
PH	1	SF	D.N.L.
FLA	4.9	RPM	1620
MOTOR FRAME #	D.N.L.		

**SHEAVE DATA: MOTOR**

DIA	1/2	SHAFT	1/2
ADJ P.D.	20%	FIXED	
BELT CENTER LINE	13 5/8		

**FAN NAMEPLATE DATA**

MFG	CARRIER		
MODEL	48HID005		
TYPE			
SIZE			
SERIAL #	3405620277		

**SHEAVE DATA: FAN**

DIA	1/2	SHAFT	5/8
BELTS	A36		
DIRECT DRIVE	<input type="checkbox"/>		

**SCHEDULED/SUBMITTED DATA**

FAN CFM	
TSP/ESP	
RPM	
BHP	
R.A.	
O.A. CFM	240

**DESIGN OUTLET/INLET**

TOTAL CFM	1625
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**TESTED OUTLET/INLET**

TOTAL CFM	1705
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**TRAVERSE TOTAL**

TOTAL CFM	—
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**MOTOR TEST DATA**

VOLTS	210
AMPS	3.5
RPM	1634
BHP	.71
SPEED SET.	

**FAN TEST DATA**

RPM	862
SP-	.24
SP+	.33
TSP / EFSP	.57
FILTER ΔP	.15
CFM TOTAL	1705
CFM RA	1420
CFM OA MIN.	285

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED		
					FPM VEL	CFM	FPM VEL	CFM	
108	1	CD	12X12			240	240	274	
	2		12X12			240	280	362	
	3		12X12			240	260	272	
	4		12X12			240	245	254	
101	5		10X10			145	150	118	179
100	6		12X12			220	230	211	179
102	7		12X12			300	300	572	179
		total	Supply			1625	1705	1084	

Remarks:

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DIFFUSER AND GRILLE TEST SHEET

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					FPM VEL.	CFM	FPM VEL.	CFM
108	8	CR	14"				815	815
102	9		10"				295	295
101	10		8"				160	160
100	11		8"				130	130
		total	Return				1420	1420

Remarks: \_\_\_\_\_



**FAN TEST SHEET**

AREA SERVED CENTER CDRE

**INSTALLED EQUIPMENT**

**MOTOR NAMEPLATE DATA**

MFG	GE		
HP	1	V	208-230
PH	1	SF	D.N.L.
FLA	4.9	RPM	1620
MOTOR FRAME #	D.N.L.		
SHEAVE DATA: MOTOR			
DIA	VP34	SHAFT	1/2
ADJ.P.D.	20%	FIXED	
BELT CENTER LINE	13 1/4		

**SCHEDULED/SUBMITTED DATA**

FAN CFM	
TSP/ESP	
RPM	
BHP	
R.A.	
O.A. CFM	180

**MOTOR TEST DATA**

VOLTS	210
AMPS	3.0
RPM	1676
BHP	.61
SPEED SET.	-

**FAN NAMEPLATE DATA**

MFG	CARRIER		
MODEL	48HJE004		
TYPE			
SIZE			
SERIAL #	3605420305		
SHEAVE DATA: FAN			
DIA	AK49	SHAFT	5/8
BELTS	A36		
DIRECT DRIVE	<input type="checkbox"/>		

**DESIGN OUTLET/INLET**

TOTAL CFM	1200
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**TESTED OUTLET/INLET**

TOTAL CFM	1250
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**TRAVERSE TOTAL**

TOTAL CFM	-
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**FAN TEST DATA**

RPM	891
SP-	.11
SP+	.37
TSP/EFSP	.48
FILTER AP	.12
CFM TOTAL	1250
CFM RA	1080
CFM OA MIN.	170

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED		
					FPM VEL.	CFM	FPM VEL.	CFM	
106	1	CD				120	130	269	
105	2					120	130	221	
108	3					240	240	243	
	4					240	245	287	K
	5					240	245	428	
	6					240	260	303	
		total Supply				1200	1250	1766	
105	7	CR				DUL	145	156	
106	8					1	110	120	
108	9						425	466	
108	10						400	434	
								1175	

Remarks: total Return 1080



FAN TEST SHEET

AREA SERVED Restroom

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	BROAN		
HP	D.N.L.	V	120
PH	1	SF	D.N.L.
FLA	135	RPM	1
MOTOR FRAME #			
SHEAVE DATA: MOTOR			
DIA		SHAFT	
ADJ P.D.		FIXED	
BELT CENTER LINE			

SCHEDULED/SUBMITTED DATA

FAN CFM	50
FSP / ESP	25
RPM	
BHP	
R.A.	
O.A. CFM	

MOTOR TEST DATA

VOLTS	120
AMPS	1.30
RPM	N.A.
BHP	-
SPEED SET.	-

FAN NAMEPLATE DATA

MFG	NUTONE		
MODEL	HD50NT-A		
TYPE			
SIZE			
SERIAL #	CXFK		
SHEAVE DATA: FAN			
DIA		SHAFT	
BELTS			
DIRECT DRIVE <input checked="" type="checkbox"/>			

DESIGN OUTLET/INLET

TOTAL CFM	50
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TESTED OUTLET/INLET

TOTAL CFM	50
-----------	----

TRAVERSE TOTAL

TOTAL CFM	-
-----------	---

FAN TEST DATA

RPM	D.D.
SP-	OPEN
SP+	-
FSP / EFSP	-
FILTER AP	-
CFM TOTAL	50
CFM RA	-
CFM OA MIN.	-

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					FPM VEL	CFM	FPM VEL	CFM
	1	CE				50		50
		TOTAL				50		50

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_



**FAN TEST SHEET**

AREA SERVED Rest room

**INSTALLED EQUIPMENT**

**MOTOR NAMEPLATE DATA**

MFG	BRDAN		
HP	D.N.L.	V	120
PH	1	SE	D.N.L.
FLA	35	RPM	1
MOTOR FRAME #			
SHEAVE DATA: MOTOR			
DIA		SHAFT	
ADJ P.D.		FIXED	
BELT CENTER LINE			

**SCHEDULED/SUBMITTED DATA**

FAN CFM	50
TSP/ESP	.25
RPM	
BHP	
R.A.	
O.A. CFM	

**MOTOR TEST DATA**

VOLTS	120
AMPS	3
RPM	N.A.
BHP	-
SPEED/SET	-

**FAN NAMEPLATE DATA**

MFG	NUITONE
MODEL	HD50NT-A
TYPE	
SIZE	
SERIAL #	OXFK
SHEAVE DATA: FAN	
DIA	SHAFT
BELTS	
DIRECT DRIVE	<input checked="" type="checkbox"/>

**DESIGN OUTLET/INLET**

TOTAL CFM	50
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**TESTED OUTLET/INLET**

TOTAL CFM	55
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**TRAVERSE TOTAL**

TOTAL CFM	-
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**FAN TEST DATA**

RPM	D.P.
SP	OPEN
SP+	-
TSP/EFSP	-
FILTER ΔP	-
CFM TOTAL	55
CFM RA	-
CFM OA MIN.	-

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					FPM VEL	CFM	FPM VEL	CFM
	1	CE				50		55
		TOTAL				50		55

Remarks:

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FAN TEST SHEET

AREA SERVED R 112

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	BROAN		
HP		V	120
PH	1	SF	D.N.L.
FLA	1.2	RPM	
MOTOR FRAME #	1		
SHEAVE DATA: MOTOR			
DIA		SHAFT	
ADJ.P.D.		FIXED	
BELT CENTER LINE			

SCHEDULED/SUBMITTED DATA

FAN CFM	150
ESP / ESP	.5
RPM	
BHP	
R.A.	
O.A. CFM	

MOTOR TEST DATA

VOLTS	120
AMPS	1.1
RPM	N.A.
BHP	-
SPEED SET.	-

FAN NAMEPLATE DATA

MFG	BROAN		
MODEL	L150		
TYPE			
SIZE			
SERIAL #	D.N.L.		
SHEAVE DATA: FAN			
DIA		SHAFT	
BELTS			
DIRECT DRIVE	<input checked="" type="checkbox"/>		

DESIGN OUTLET/INLET

TOTAL CFM	150
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TESTED OUTLET/INLET

TOTAL CFM	150
-----------	-----

TRAVERSE TOTAL

TOTAL CFM	-
-----------	---

FAN TEST DATA

RPM	D.D.
SP-	ODEN
SP+	-
ESP / EFSP	-
FILTER AP	-
CFM TOTAL	150
CFM RA	-
CFM OA MIN.	-

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					FPM VEL.	CFM	FPM VEL.	CFM
112	1	CE				150	150	
		TOTR				150	150	

Remarks:

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