

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).

Lenders Name _____

Lenders 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 C-20 Lic. Number 137195

Date 7-9-97 Contractor CAL AIR
(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 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 Professions 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 or 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 or 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 C 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 of this city to enter upon the abovementioned property for inspection purposes.

Date 7-9-97

Signature of Applicant or Agent M. Mizinski

BUILDING SITE ADDRESS

3939 Fruitridge Rd.

SUITE

INSP. AREA

3C

ASSESSOR

PARCEL NO.

022-0231-014

COMMUNITY

PLAN NO.

PLAN CHECK NO.

CCP

NAME OF APPLICANT

ADDRESS

ZIP CODE

PHONE NO.

LICENSED CONTRACTOR

CAL-AIR

4061 Seaport Blvd.

West sacramento, CA

95691

(916)375-8405

PROPERTY OWNER

East Lawn

P.O. Box 193354

Sacramento, CA

95819

ARCH. ENGR.

Mike Mizinski

3450 Palmer Dr. #7-166

Cameron Park, CA

LICENSE NO. 95682

(916)676-1033

NO. OF STORIES

NO. OF ROOMS

ROOF COVERING

AREA 1ST FLOOR

TOTAL AREA

GARAGE AREA

PATIO AREA

USE ZONE

STREET WIDTH

C-2

THIS PERMIT IS FOR:

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

SITE

FIRE

OCCUP. GROUP

NATURE OF WORK IN DETAIL

Replace HVAC and structural.

DBA: Andrews & Greilich Funeral Home

CONSTR. TYPE
W/iron

FLOOD STATUS (Zone X)

SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION

PERMIT SERVICES
264-7619

VALUATION \$ 75,445.00

FIRE SP.

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

FREMONT Comp.

WW 97705955-01

5/1/98 SZ

(This section need not be completed if the permit is for one hundred dollars (\$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: 7-9-97

Applicant:

M. Mizinski
(Signature)

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

ISSUED BY: BZ.

DATE ISSUED 7/9/97

BUILDING PERMIT FEE \$ 865.00

PLAN CHECK/PROC. FEE \$ 707.00

S.M.I. FEE \$ 17.00

CONST. EXCISE TAX \$ 15.42

CITY BUS LICENSE \$ 29.38

TECH. FEE \$ 62.88

WATER DEV. FEE \$

CITY SEWER DEV. FEE \$

REG. SEWER FEE \$

RESIDENTIAL CONST. TAX \$

TOTAL FEES \$ 1,986.06

1096.88

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

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

ADDRESS 3939 FRUITRIDGE BLVD SACRAMENTO P.C. # _____
 PARCEL # 022-0231-014 SUITE # _____
 AREA # 3C

CONTACT
 NAME ROBERT HARLOW
 ADDRESS 4061 SEAPORT WEST
SALTO ZIP 95691
 PHONE 916 375 8405

LICENSED CONTRACTOR
 NAME CAL-AIR
 ADDRESS 4061 SEAPORT WEST
SALTO ZIP 95691
 PHONE 916 375 8405

ARCH./ENG MECH
 NAME MIKE MIZINSKI
 ADDRESS 3450 PALMER DR. SUITE 7-166
CAMELON PARK ZIP 95682
 PHONE 916 676 1033

OWNER/TENANT EAST LAWN
 NAME ANDREWS & BREILICH
 ADDRESS 3939 FRUITRIDGE BLVD
POB 19334 SAC. ZIP 95819
 PHONE _____

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: AIR CONDITIONING EQUIPMENT REPLACEMENT, EXTENSION OF: NAT. GAS PIPE, CONDENSATE PIPE, ELECTRICAL WIRE AND CONDUIT, ADDITION OF PELLIS IN MECH ROOM, ROOF DEMOLITION OF EXISTING AC-1,2,3-FROM MECH ROOM.

D.B.A. ANDREWS & BREILICH FUNERAL HOME VALUATION \$ 79,445
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS ZONE X S.C.A.T.

JOB DESCR. BLDG SHEL APT TI() REM() SW FIRE ADD OTH
 INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

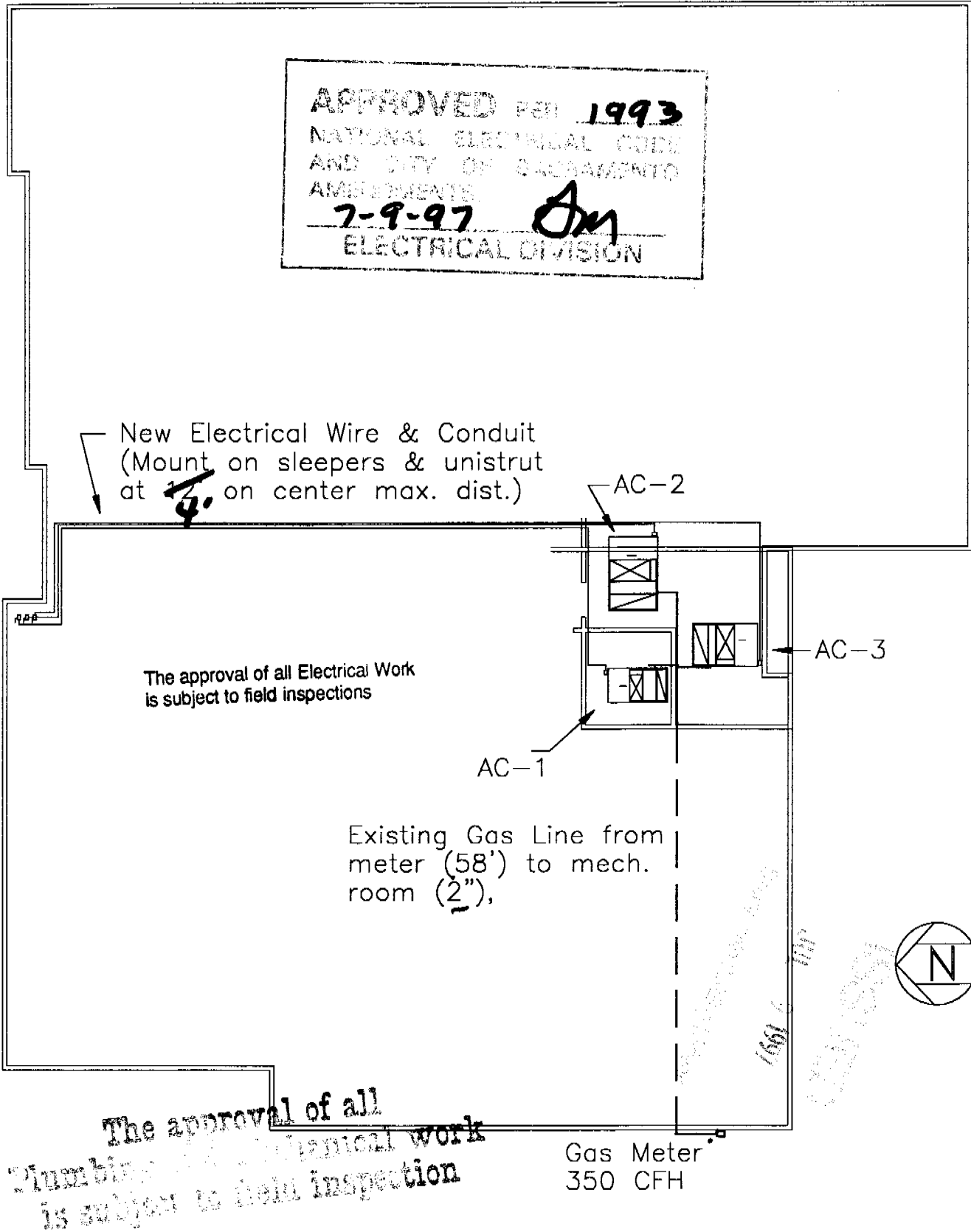
# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
<u>13</u>	<u>BT</u>	<u>BD 13</u>	<u>C2</u>	<u>E</u>	<u>VN</u>	<u>NO</u>	<u>18</u>	<u>OK (B4)</u>
<u>7/9</u>		<u>BD 13</u>	<u>BD</u>	<u>421</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>

COMMENTS: see lists (pre-submittal)

SCOPE OF WORK
 HVAC REPLACE
 and structure

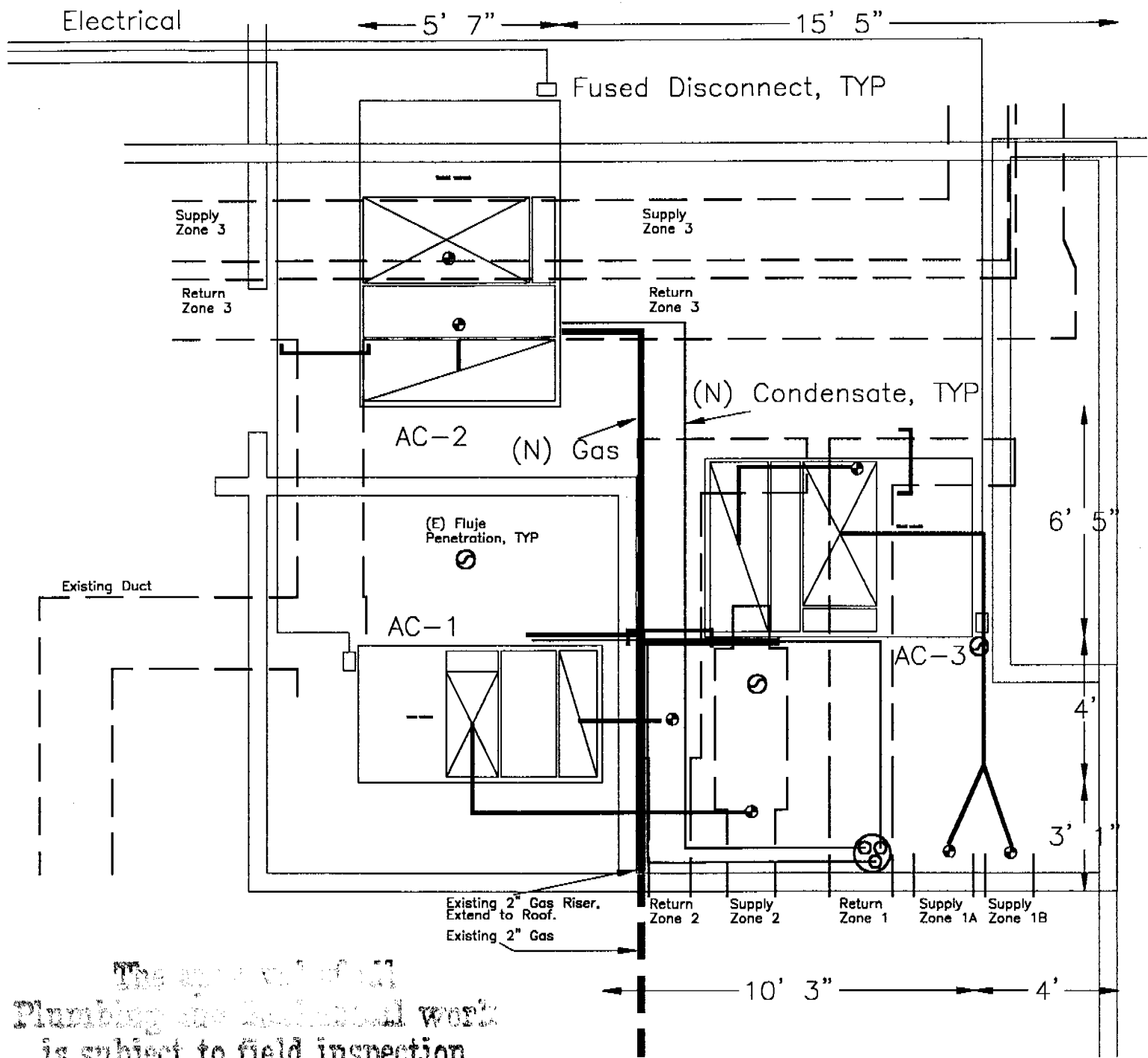
Proximity Drawing 3939 Fruitridge Blvd

Scale 1/16" = 1'

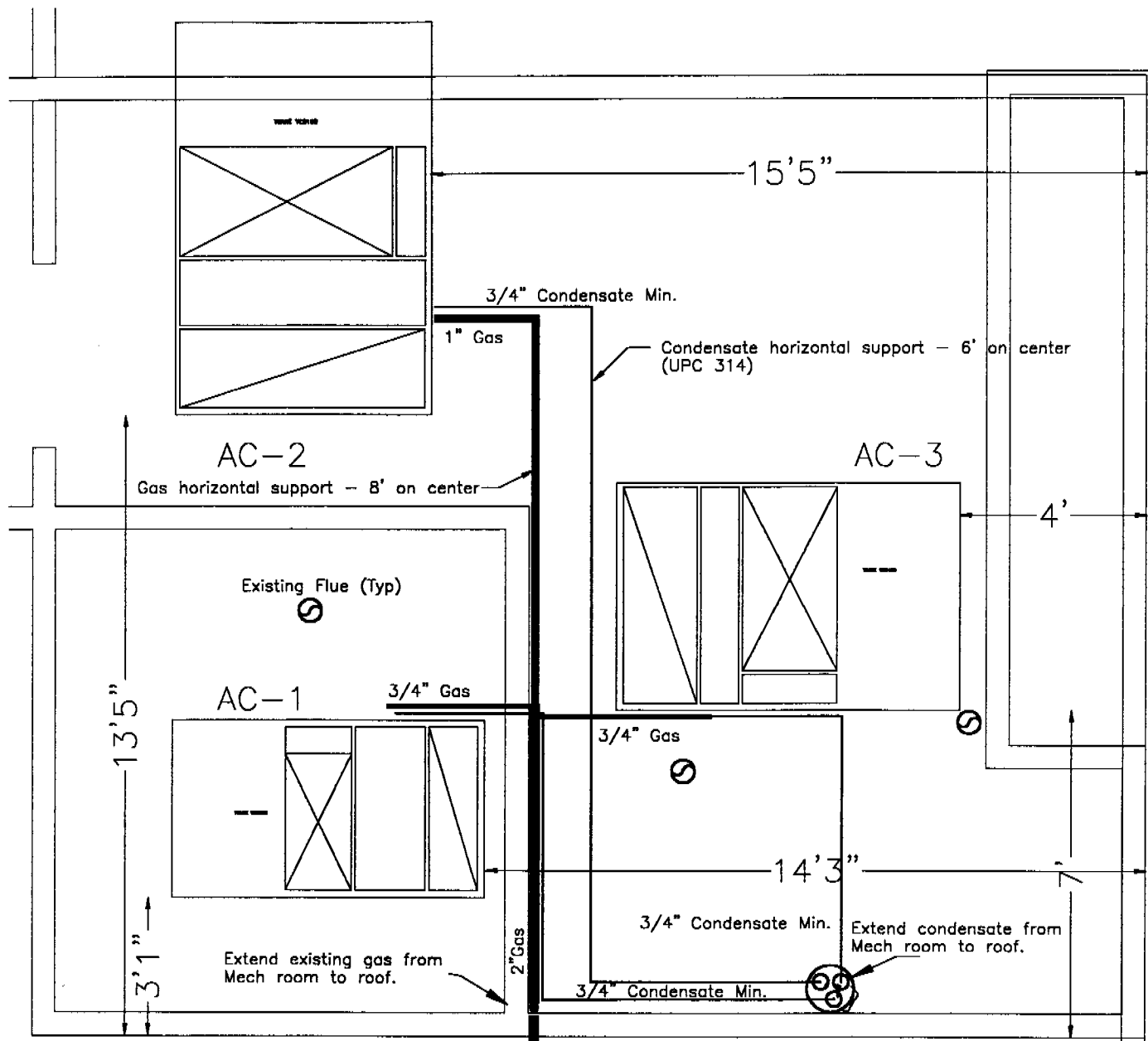


Mechanical Equipment Layout

Scale 1/4" = 1'



The approval of all
Plumbing and Mechanical work
is subject to field inspection



Gas & Condensate Lines - Reference
AC Unit Locations

Note: Field Verification of Dimensions Required

No Scale

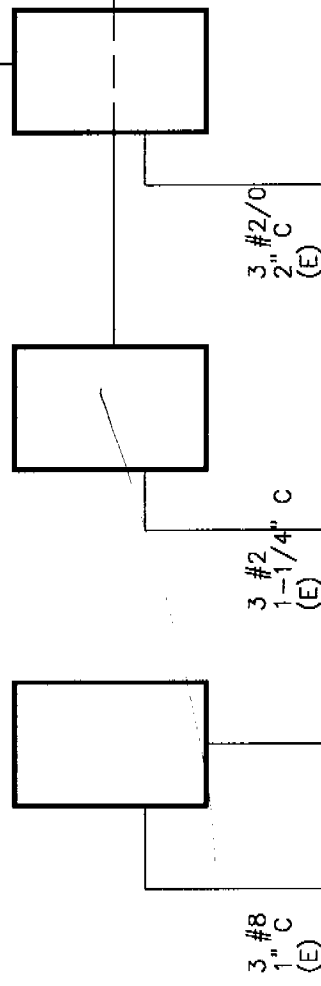
The accuracy of all
Plumbing work
is subject to field inspection

To AC-32
(4) #1 w/bare ground
1-1/2" C
(N)

CU-1 (E) CU-2 (E) CU-3 (E)

To AC-23
(4) #2 w/bare ground
1-1/4" C
(N)

To AC-1
(4) #8 w/bare ground
1" C
(N)



Electrical Connections (Existing & New)

No Scale

Mechanical Mandatory Measures

Equipment and Systems Efficiency

- Any appliance for which there is a California standard established in the Appliance Efficiency Standards may be installed only if the manufacturer has certified to the Commission, as specified in those regulations, that the appliance complies with the applicable standard for that appliance. Included are room air conditioners, central air conditioning heat pumps (regardless of capacity, except that requirements for central air conditioning heat pumps with cooling capacity of 135,000 Btu/hr or more apply to heating performance but not cooling performance), other central air conditioners with a cooling capacity less than 135,000 Btu/hr, fan type central furnaces with input rate less than 400,000 Btu/hr, boilers wall furnaces, floor furnaces shall have been certified to the California Energy Commission by its manufacturer to comply with the Appliance Efficiency Standards.
- The following space cooling equipment may be installed only if the manufacturer has certified that the equipment meets or exceeds all applicable efficiency requirements listed in §112 of the Energy Efficiency Standards: all air conditioners, heat pumps and condensing units > 135,000 Btu/hr; all water chillers; all gas fired boilers > 300,000 Btu/hr; all oil-fired boilers > 225,000 Btu/hr; and all warm air furnaces and combination warm air furnaces/air conditioning units > 225,000 Btu/hr. Fan type central furnaces shall not have a pilot light.
- Piping, except those conveying fluids at temperatures between 60°F and 105°F, or within HVAC equipment, shall be insulated in accordance with Standards §123.
- Air handling duct systems shall be constructed, installed, sealed, and insulated as provided in Chapter 10 of the Uniform Mechanical Code.

Controls

- Each space conditioning system serving building types such as offices and manufacturing facilities (and all others not explicitly exempt from the requirements of §112(d)) shall be installed with an automatic time switch with an accessible manual override that allows operation of the system during off-hours for up to 4 hours. The time switch shall be capable of programming different schedules for weekdays and weekends; and has program backup capabilities that prevent the loss of the device's program and time setting for at least 10 hours if power is interrupted.
- Each space conditioning system shall be installed with controls that temporarily restart and temporarily operate the system as required to maintain a setback heating thermostat set point.
- Each space conditioning system shall be installed with controls that temporarily restart and temporarily operate the system as required to maintain a setback cooling thermostat set point.
- Each space conditioning system serving multiple zones with a combined conditioned floor area more than 25,000 square feet shall be provided with isolation zones. Each zone shall: not exceed 25,000 square feet; shall be provided with isolation devices, such as valves or dampers, that allow the supply of heating or cooling to be setback or shut off independently of other isolation areas; and shall be controlled by a time control device as described above.
- Each space conditioning zone shall be controlled by an individual thermostatic control that responds to temperature within a zone. Where used to control heating, the control shall be adjustable down to 55° F or lower. For cooling, the control shall be adjustable up to 85° F or higher. Where used to control both heating and cooling, the control shall be

Mechanical Mandatory Measures

capable of providing a dead band of at least 5° F within which the supply of heating and cooling is shut off or reduced to a minimum.

- *Thermostats shall have numeric set points in °F.*
- *Thermostats shall have adjustable set point stops accessible only to authorized personnel.*

Ventilation

- *Controls shall be provided to allow outside air dampers or devices to be operated at the ventilation rates as specified in these plans.*
- *Gravity or automatic dampers interlocked and closed on fan shutdown shall be provided on the outside air intakes and discharges of all space conditioning and exhaust systems.*
- *All gravity ventilating systems shall be provided with automatic or readily accessible manually operated dampers in all openings to the outside, except for combustion air openings.*
- *Outside Air Certification: The system shall provide the minimum outside air as shown on the mechanical drawings, and shall be measured and certified by the installing licensed C-20 mechanical contractor.*

UMC 1994 Code Notes:

- *A 110 Volt convenience outlet shall be located within 25 feet of the air conditioning equipment, UMC 1994.*
- *Condensate lines shall be hard drawn copper or galvanized pipe and located to drain to an approved plumbing drain fixture or runoff which drains to an approved absorption area i.e. planter box, etc. Drains may not drain through a public through way.*
- *New duct shall be insulated to meet an R value of 2.1.*
- *Smoke detectors shall be installed in the supply duct for equipment supplying \geq 2000 cfm.*

CERTIFICATE OF COMPLIANCE

(Part 1 of 3)

MECH-1

PROJECT NAME ANDREWS AND GREILICH FUNERAL HOME		DATE 6-25-97
PROJECT ADDRESS 3939 FRUITRIDGE ROAD, SACRAMENTO CA		Building Permit # _____
PRINCIPAL DESIGNER-MECHANICAL CAL-AIR	TELEPHONE 916 375 8405	
DOCUMENTATION AUTHOR MIKE MIZINSKI	MIZINSKI ENGINEERING	Checked by/Date Enforcement Agency Use
	TELEPHONE 916 676 1033	

GENERAL INFORMATION

DATE OF PLANS 6-25-97	BUILDING CONDITIONED FLOOR AREA N/A
BUILDING TYPE	<input checked="" type="checkbox"/> NONRESIDENTIAL <input type="checkbox"/> HIGH RISE RESIDENTIAL <input type="checkbox"/> HOTEL/MOTEL GUESTROOM
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 need 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 MIKE MIZINSKI	SIGNATURE <i>M. Mizinski</i>	DATE 6-25-97
--	---------------------------------	------------------------

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 a Civil Engineer, Mechanical Engineer, or Architect.
- I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am a licensed contractor preparing documents for work that I have contracted to perform.
- I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section _____ of the _____ Code to sign this document as the person responsible for its preparation; and for the following reason(s): _____

PRINCIPAL MECHANICAL DESIGNER-NAME ROBERT WARLUCO	SIGNATURE <i>R. Warlucow</i>	DATE 09-JUL-97	LIC. # _____
---	---------------------------------	--------------------------	-----------------

MECHANICAL MANDATORY MEASURES

Indicate location on plans of Note Block for Mandatory Measures **MB ✓**

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 & 3 may be incorporated in schedules on plans.

MECH-2: Required for all submittals; choose appropriate version depending on method of mechanical compliance.

MECH-3: Required for all submittals, but may be incorporated in schedules on plans

MECH-4: Required for all submittals unless required outdoor ventilation rates and airflows are shown on plans per Section 4.3.4.

CERTIFICATE OF COMPLIANCE

(Part 2 of 3)

MECH-1

PROJECT NAME ANDREWS AND GREILICH FUNERAL HOME	DATE 6-25-97
--	------------------------

SYSTEM FEATURES

SYSTEM NAME	MECHANICAL SYSTEMS			NOTE TO FIELD Building, Dept. Use
	AC-13	AC-21	AC-32	
TIME CONTROL	S	S	S	
SETBACK CONTROL	B	B	B	
ISOLATION ZONES				
HEAT PUMP THERMOSTAT?	N/A	N/A	N/A	
ELECTRIC HEAT?	N/A	N/A	N/A	
FAN CONTROL	N/A	N/A	N/A	
VAV MINIMUM POSITION CONTROL?	N/A	N/A	N/A	
SIMULTANEOUS HEAT/COOL?	N	N	N	
HEAT AND COOL SUPPLY RESET?	N/A	N/A	N/A	
VENTILATION	C	C	C	
OUTDOOR DAMPER CONTROL?	A	A	A	
ECONOMIZER TYPE	A	A	A	
DESIGN AIR CFM (MECH-4, COLUMN H)	3270 *	1585 *	4300 *	
HEATING EQUIP. TYPE	GAS	GAS	GAS	
HIGH EFFICIENCY? IF YES ENTER EFF. #	No	No	No	
MAKE AND MODEL NUMBER	TRANE YCD150	TRANE YCD075	TRANE YCD180	
COOLING EQUIP. TYPE	ELECTRIC	ELECTRIC	ELECTRIC	
HIGH EFFICIENCY? IF YES ENTER EFF. #	No	No	No	
MAKE AND MODEL NUMBER	TRANE YCD150	TRANE YCD075	TRANE YCD180	

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

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>HEAT PUMP THERMOSTAT?</td><td rowspan="5" style="text-align: center; vertical-align: middle;">Y: Yes N: No</td></tr> <tr><td>ELECTRIC HEAT?</td></tr> <tr><td>VAV MINIMUM POSITION CONTROL?</td></tr> <tr><td>SIMULTANEOUS HEAT/COOL?</td></tr> <tr><td>HEAT AND COOL SUPPLY RESET?</td></tr> <tr><td>HIGH EFFICIENCY?</td></tr> </table>	HEAT PUMP THERMOSTAT?	Y: Yes N: No	ELECTRIC HEAT?	VAV MINIMUM POSITION CONTROL?	SIMULTANEOUS HEAT/COOL?	HEAT AND COOL SUPPLY RESET?	HIGH EFFICIENCY?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TIME CONTROL</th> <th>SETBACK CTRL.</th> <th>ISOLATION ZONES</th> <th>FAN CONTROL</th> </tr> <tr> <td>S: Prog. Switch O: Occupancy Sensor M: Manual Timer</td> <td>H: Heating C: Cooling B: Both</td> <td>Enter number of Isolation Zones</td> <td>I: Inlet Vanes P: Variable Pitch V: VFD O: Other C: Curve</td> </tr> <tr> <th>VENTILATION</th> <th>OUTDOOR DAMPER</th> <th>ECONOMIZER</th> <th>O.A. CFM</th> </tr> <tr> <td>B: Air Balance C: Outside Air Cert. M: Out. Air Measure D: Demand Control N: Natural</td> <td>A: Auto G: Gravity</td> <td>A: Air W: Water N: Not Required</td> <td>Enter Outdoor Air CFM. Note: This shall be no less than Column G on MECH-4.</td> </tr> </table>	TIME CONTROL	SETBACK CTRL.	ISOLATION ZONES	FAN CONTROL	S: Prog. Switch O: Occupancy Sensor M: Manual Timer	H: Heating C: Cooling B: Both	Enter number of Isolation Zones	I: Inlet Vanes P: Variable Pitch V: VFD O: Other C: Curve	VENTILATION	OUTDOOR DAMPER	ECONOMIZER	O.A. CFM	B: Air Balance C: Outside Air Cert. M: Out. Air Measure D: Demand Control N: Natural	A: Auto G: Gravity	A: Air W: Water N: Not Required	Enter Outdoor Air CFM. Note: This shall be no less than Column G on MECH-4.
HEAT PUMP THERMOSTAT?	Y: Yes N: No																							
ELECTRIC HEAT?																								
VAV MINIMUM POSITION CONTROL?																								
SIMULTANEOUS HEAT/COOL?																								
HEAT AND COOL SUPPLY RESET?																								
HIGH EFFICIENCY?																								
TIME CONTROL	SETBACK CTRL.	ISOLATION ZONES	FAN CONTROL																					
S: Prog. Switch O: Occupancy Sensor M: Manual Timer	H: Heating C: Cooling B: Both	Enter number of Isolation Zones	I: Inlet Vanes P: Variable Pitch V: VFD O: Other C: Curve																					
VENTILATION	OUTDOOR DAMPER	ECONOMIZER	O.A. CFM																					
B: Air Balance C: Outside Air Cert. M: Out. Air Measure D: Demand Control N: Natural	A: Auto G: Gravity	A: Air W: Water N: Not Required	Enter Outdoor Air CFM. Note: This shall be no less than Column G on MECH-4.																					

NOTES TO FIELD - For Building Department Use Only

CERTIFICATE OF COMPLIANCE

(Part 3 of 3)

MECH-1

PROJECT NAME **ANDREWS AND GREILICH FUNERAL HOME** DATE **6-25-97**

DUCT INSULATION

SYSTEM NAME	DUCT TYPE (Supply, Return, etc.)	DUCT LOCATION (Roof, Plenum, etc.)	DUCT TAPE ALLOWED?		DUCT INSULATION R-VALUE	NOTE TO FIELD Building, Dept. Use
			Y	N		
AC-1	SUPPLY	UNCOND.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.1	
	RETURN	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	
AC-2	SUPPLY	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	
	RETURN	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	
AC-3	SUPPLY	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	
	RETURN	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	↓	
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

PIPE INSULATION

SYSTEM NAME	PIPE TYPE (Supply, Return, etc.)	INSULATION REQ'D?		NOTE TO FIELD Building, Dept. Use
		Y	N	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

NOTES TO FIELD - For Building Department Use Only

MECHANICAL EQUIPMENT SUMMARY

MECH-3

<small>PROJECT NAME</small>	ANDREWS AND GREILICH FUNERAL HOME	<small>DATE</small>	6-25-97
-----------------------------	-----------------------------------	---------------------	---------

COOLING EQUIPMENT

SYSTEM NAME	MAKE AND MODEL NO.	DESIGN OUTPUT (BTU / HR)	TOTAL DESIGN CFM	RATED EFFICIENCY			ECONOMIZER	
				UNITS	ALLOWED	PROPOSED	Y	N
AC-X 3	TRANE YCD150	142,000	3270	IPLV	7.5	8.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC-Z 1	TRANE YCD075	72,000	1585	EER	8.2	9.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC-Z 2	TRANE YCD180	172,000	4300	IPLV	7.5	8.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

HEATING EQUIPMENT

SYSTEM NAME	MAKE AND MODEL NO.	DESIGN OUTPUT (BTU / HR)	RATED EFFICIENCY		
			UNITS	ALLOWED	PROPOSED
AC-X 3	TRANE YCD150	122,000	% AFUE	78	81
AC-Z 1	TRANE YCD075	97,000	% AFUE	78	81
AC-Z 2	TRANE YCD180	203,000	% AFUE	78	80.7

$$\text{MAX UNIT WT} = 2017 \text{ lb.}$$

$$\text{AT 4 CORNER} = 2017 / 4 = 504^{\#}$$

$$\text{MAX M} = 504^{\#} \times 8' / 4 = 1008^{\#}$$

$$S_R = \frac{1008 \times 12}{1000 \times 1.3 \times 1.15} = 8.1$$

USE 3x6 D.F. #1

S=12.6

CHECK (E) 4x12

$$\text{W.T.L.} = (12 \text{ PSF} + 20 \text{ PSF}) \times 8' = 256^{\#}/'$$

$$\text{M.T.L.} = \frac{256^{\#}/' \times 13^2}{8} + \frac{2017^{\#} \times 13'}{2 \times 4} = 8686$$

$$S_R = \frac{8686 \times 12}{1500 \times 1.25} = 55.6 \text{ IN}^3$$

$$A_R = \frac{2672 \times 1.5}{95 \times 1.25} = 33.7$$

$$\Delta = \frac{4}{240} = .65$$

$$I_R = \frac{8.686 \times 13^2}{6.5} = 226$$

$$4 \times 12 \quad S = 73.8$$

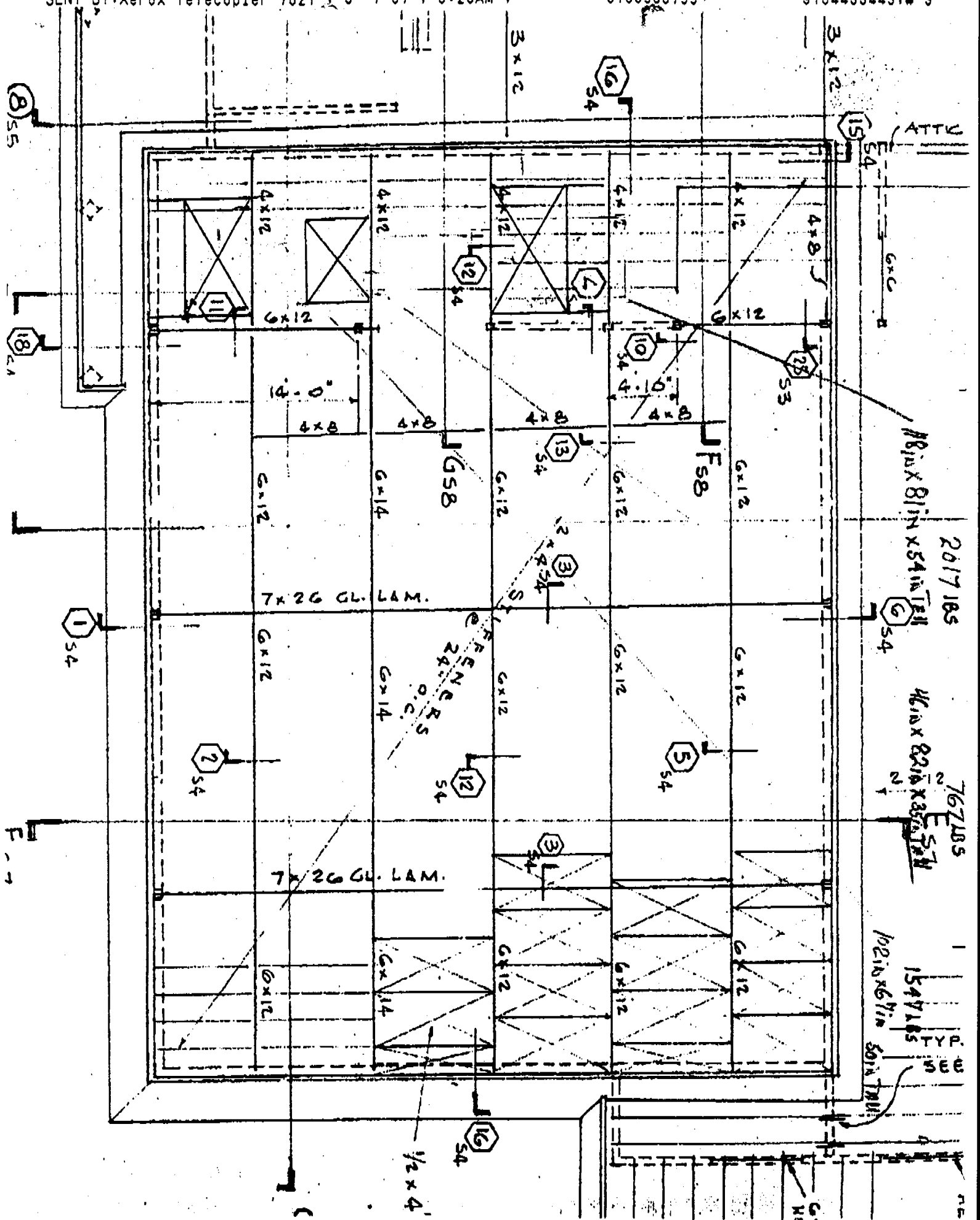
$$A = 39.4$$

$$I = 415$$

$$(E) 4 \times 12 \text{ IS } \underline{\underline{0.16}}$$

1685 100

1681110



2017185
 81in x 54in TELL
 767185
 46in x 82in x 35in
 1547185
 102in x 61in 50in TALL

