

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0507564

Insp Area: 4

Thos Bros: 298B1

Site Address: 1689 ARDEN WY SAC

Parcel No: 277-0160-071

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

SHRADER & MARTINEZ CONSTR. INC.
160 DRY CREEK ROAD
SEDONA ARIZONA 86336

OWNER

ARDEN FAIR ASSOCIATES
3875 TAYLOR RD #B
LOOMIS, CA 95670

ARCHITECT

MBH ARCHITECTS
1115 ALANTIC AVE
ALAMEDA, CA 94501

Nature of Work: COMPLETE TI OF CLOTHING STORE "EXPRESS" 11,704 SQ FT. PREVIOUSLY BATH & BODY WORKS AND THE LIMITED

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 511268 Date 8-1-05 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, 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 _____ 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 a ny 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 8-1-05 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: COMMERCE & INDUSTRY INS CO Policy Number: WC3282488 Exp Date: 01/01/2006

(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 8-1-05 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.

0507564



SHRADER & MARTINEZ CONSTRUCTION, INC.

Date: June 22, 2005

To: City of Sacramento
Building Department
2101 Arena Blvd Room 200
SACRAMENTO, CA 95818

Re: Express #318
Space: 1038 Arden Fair
Sacramento, CA
SMC #: 25074

PAID
CITY OF SACRAMENTO
AUG 01 2005
MULLEN PERMIT
CENTRE

To Whom it may concern:

Gary Anderson represents Shrader & Martinez Construction, Inc., and is authorized to sign for, pick up plans and / or permits, and act in any capacity, to obtain all required permits and / or licenses needed for construction of the project referenced above.

Should you have questions or need further verification, please do not hesitate to contact me.

Sincerely,

Sharen L. Chilson
Project Assistant

State of Arizona

ss.

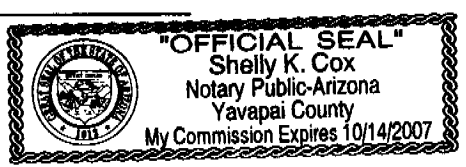
County of Yavapai

SWORN AND SUBSCRIBED before me this 22nd day of
June 2005

Shelly K Cox
Notary Public

My Commission Expires:

Oct 14, 2007



F:\AllForms\Job Forms\Authorization Letters for Super

MUST BE POSTED IN CONSPICUOUS PLACE



CITY OF SACRAMENTO
BUSINESS OPERATIONS TAX CERTIFICATE

135386

135386

Business Name SHRADER & MARTINEZ CONST. INC
Business Address 2030 W. HWY 89A, SUITE
Owner MARTINEZ, RONALD M.
Type of Business GENERAL CONTRACTOR
Tax Classification 401

FROM TO
Mo. Day Yr. Mo. Day Yr.
04/01/05 03/31/06
EXPIRES

TOTAL
PAID: \$680.33

SHRADER & MARTINEZ CONST. INC
160 DRY CREEK RD
SEDONA, AZ 86336

CITY OF SACRAMENTO
IF NOT
APR 14 2005 DATED
PAID

THIS STUB MAY BE
FOLDED/DETACHED
BEFORE POSTING

This certificate is not to be construed to represent or imply that the City of Sacramento has investigated, or approves or recommends, the holder of this certificate. Any representation to the contrary is fraudulent. (This certificate must be renewed within 30 days of expiration)



License Number: **511268** Corp
Business Name: **SHRADER & MARTINEZ
CONSTRUCTION INC**

Classification: **B**

Expiration Date: **05/31/2007**



Client#: 7815

ISHRAMAR

ACORD - CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/03/05
PRODUCER Hilb Rogal & Hobbs P.O. Box 38400 (520) 347-8770 Tempe, AZ 85069-8400	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Shrader and Martinez Construction, Inc. RRAM Services 2030 W. Hwy. 89A, Ste. B2 Sedona, AZ 86336	INSURERS AFFORDING COVERAGE INSURER A: Continental Casualty Company INSURER B: American Guarantee & Liability Ins C INSURER C: Commerce and Industry Insurance Co. INSURER D: INSURER E:	NAIC # 20443 26247 19410

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TCP2081196001	01/01/05	01/01/06	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$300,000 MED EXP (Per one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	TCP2081196001	01/01/05	01/01/06	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	AUC427590100	01/01/05	01/01/06	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC3282488	01/01/05	01/01/06	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	OTHER Builder's Risk/Installation Floater	TCP2081196001	01/01/05	01/01/06	2,500,000 Blanket Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*Except 10 days for non payment of premium.

RE: For Licensing Purposes Only. License #511268.

CERTIFICATE HOLDER

State of California
 Contractor State License Board
 P.O. Box 26000
 Sacramento, CA 95825

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeff A. Chiu

APPLICATION FOR COMMERCIAL BUILDING PERMIT

0507564 0507564

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

ACTIVITY # 0507564 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 1189 ARDEN WY., SUITE # 1038
PARCEL # _____

CONTACT Name <u>MARY B. RYAN ; PRJ</u> Street Address <u>P.O. BX 3749</u> City/State/Zip <u>HINDI VIEJO, CA</u> Phone <u>92690</u> FAX <u>949.582.3735</u> E-mail: <u>MARYO.PERMIT.RESOURCES@949.348.3924</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>(T.B.R.)</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
Name <u>MOH ARCHITECTS</u> Address <u>1115 ATLANTIC AVE.</u> City/State/Zip <u>ALAMEDA, CA 94501</u> Phone <u>510. 851. 863</u> FAX <u>510. 865. 1611</u> E-mail: _____		OWNER Name <u>MACEKICH DERL</u> Address <u>401 WILSHIRE BLVD., # 700</u> City/State/Zip <u>SANTA MONICA, CA 90401</u> Phone <u>310. 394. 6000</u> FAX <u>310. 656. 0041</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: T.I. - REMODEL OF (E) RETAIL SPACE @ MALL. FNCL. ME, EP WK. CEILING, DOOR, FIXTURES, BATHROOM, LIGHTING, CURTAIN, FITTING RHE, CANTHURAP, SALES, HOUSHOLD & STOCKROOM?

OCCUPANT/TENANT: "EXPRESS" VALUATION: \$ 351,120

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TIC	REM	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE				
# Stories	1st Dr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y/N)	Fed Code	Vio. File			
1			CA	H	I			(H) (Quad)			
B	L	P	M	E	F	S	D	PW	UTIL		

COMMENTS: _____

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

dmw/forwp/commercialapp. (rev. 03/28/00)

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 1689 ARDEN WAY Permit No.: 0507564
Building Use: RETAIL DBA: EXPRESS Occupancy: M
Building Owner: ARDEN FAIR ASSOCIATES Construction Type: VH
Owner Address: LOOMIS, CALIF 95670 Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 12000 Sq. Ft.
09/29/2005 Thomas H. Oply **RON BEEHLER**
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: SMB, KAT]

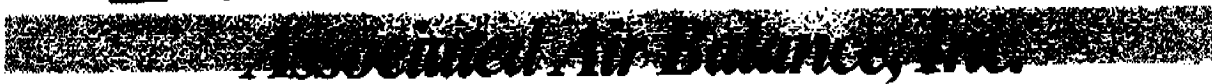
This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group 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

ASSOCIATED AIR BALANCE, INC.



EMAIL: associatedairbalance@yahoo.com



HVAC TEST AND BALANCE REPORT

PROJECT: EXPRESS -- ARDEN FAIR MALL, SACRAMENTO

CONTRACTOR: SHRADER & MARTNEZ CONSTRUCTION, INC.

ARCHITECT: LIMITED STORE PLANNING



ENGINEER: CON

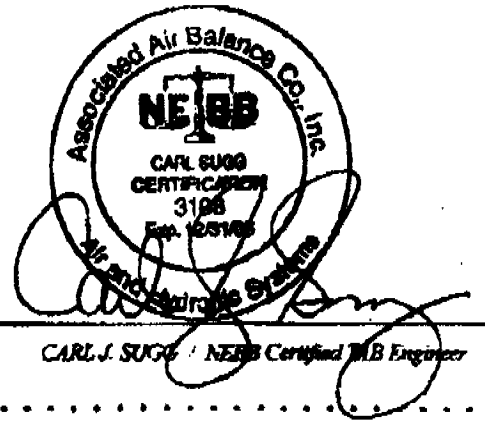
THE RESULTS OF OUR TESTS ARE ENCLOSED.

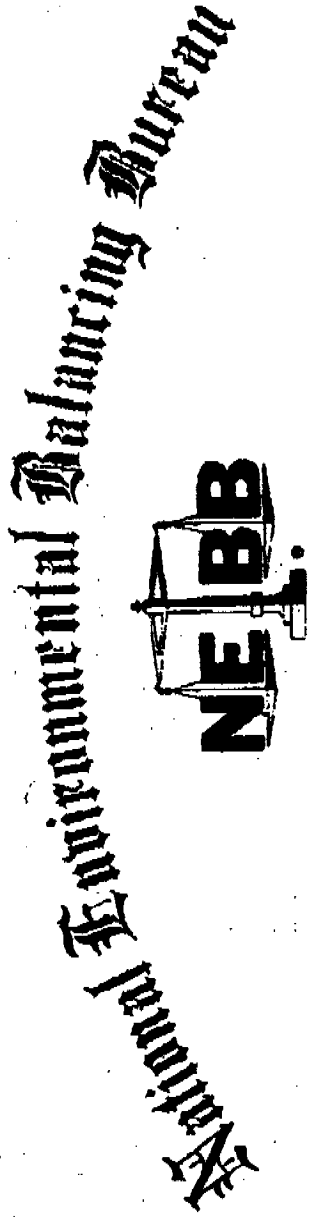
REPORT CERTIFICATION NO: 25095

REPORT CERTIFICATION DATE: September 20, 2005



REVIEWED AND APPROVED BY:





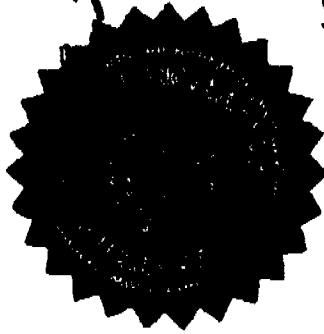
Certificate of Qualification

THIS IS TO CERTIFY THAT

Carl Sugg

HAS QUALIFIED TO SUPERVISE ENVIRONMENTAL
TESTING AND BALANCING PROCEDURES FOR

Air and Hydronic Environmental Systems



1998

FOR THE BOARD OF DIRECTORS:

William A. Chinn
Paul J. Morgan

PRESIDENT

VICE-PRESIDENT

National Environmental Balancing Bureau

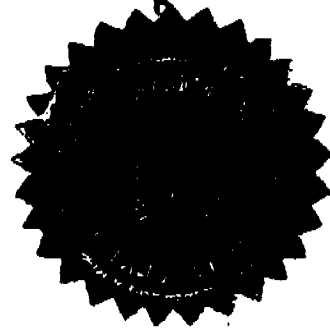


Certification

THIS IS TO CERTIFY THAT
Associated Air Balance
SANTA CLARA, CA
HAS MET ALL THE NEBB REQUIREMENTS TO
Perform and Manage

TESTING AND BALANCING, AND AGREES TO CONFORM TO
NEBB PROCEDURES AND STANDARDS FOR

Air and Hydronic Environmental Systems



1998 - 2006
No. 3108

FOR THE BOARD OF DIRECTORS:

William H. Chavis PRESIDENT

Paul J. Meyer VICE-PRESIDENT

State of California
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

ASSOCIATED AIR BALANCE INC



to engage in the business or act in the capacity of a contractor in the following classification(s):

D62 - AIR AND WATER BALANCING

Witness my hand and seal this day,
July 24, 1997

Issued July 23, 1997

Signature of Licensee
[Signature]
Signature of License Qualifier
[Signature]

[Signature]
Registrar of Contractors

738357

License Number

This license is the property of the Registrar of Contractors, it not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Limitedbrands

STORE DESIGN & CONSTRUCTION

AIR BALANCE CONTRACTOR COVER SHEET

AIR BALANCE CONTRACTOR TO COPY THIS FORM AND ATTACH AS COVER SHEET TO AIR BALANCE REPORT AND SUBMIT TO GENERAL CONTRACTOR

- | | | |
|-------------------------------------|--------------------------|--|
| YES | NO | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1 REPORT PREPARED BY NEBB OR AABC LICENSED CONTRACTOR? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 ALL VOLTAGES WITHIN 2% FROM PHASE TO PHASE AS REQUIRED BY UNIT NAMEPLATE SPECIFICATIONS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3 ALL CURRENT WITHIN 10% FROM PHASE TO PHASE AS REQUIRED BY UNIT NAMEPLATE SPECIFICATIONS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4 ALL INPUT AND OUTPUT AIR TEMPERATURES WITHIN ACCEPTABLE RANGE FOR THIS UNIT FOR EACH MODE AND STAGE? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5 LANDLORD SUPPLIED MEDIA (AIR OR WATER) TEMPERATURE WITHIN 5% OF DESIGN AND MEDIA FLOW WITHIN 10% OF DESIGN? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6 ALL SUPPLY DIFFUSERS, RETURN AIR GRILLES, DUCT TRAVERSES AND STATIC PRESSURES WITHIN 10% OF DESIGN (PER LATEST REVISION)? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7 IS THIS PROJECT SIGNED OFF BY ISSUE OF A CONTROL NUMBER FROM THE CONTINENTAL BUILDING CONTROL SYSTEMS MONITORING CENTER AT 714-893-4537 (SEE NOTE #1)? |

PLEASE ACKNOWLEDGE BY NOTING CONTROL NUMBER:

1st SEQUENCE	2nd SEQUENCE	3rd SEQUENCE
643	519	244
ISSUED BY IBS	ISSUED BY CBCS	

NOTE #1: THE AIR BALANCING CONTRACTOR MUST CONTACT CONTINENTAL BUILDING CONTROL SYSTEMS MONITORING CENTER AT 714-893-4537 TO CALIBRATE FLOW SENSOR READINGS. AT THE COMPLETION OF THE AIR BALANCING PROCESS CONTINENTAL BUILDING CONTROL SYSTEMS MONITORING CENTER WILL ISSUE THE FINAL SEQUENCE OF THE CONTROL NUMBER.

STORE # 318

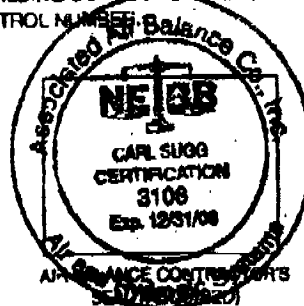
DIVISION EXPRESS

MALL NAME ARDEN FAIR

CITY SACRAMENTO

STATE CA

x Carl Sugg
AIR BALANCE CONTRACTOR SIGNATURE



ASSOCIATED AIR BALANCE, INC.

AIR SOUND HYDRONIC PROFESSIONALS

SINGLE DUCT VAV SHEET

PROJECT: EXPRESS - ARDEN FAIR MALL, SACRAMENTO

PAGE: 1

ID#	SINGLE DUCT VAV			DESIGN		FIRST		FINAL		NOTE NO.
	TYPE	SIZE	AK	MAX	MIN	MAX	MIN	MAX	MIN	
VAV-1										
1	CD	12"Ø	FH	350	DNL	465	---	365	85	
2	CD	12"Ø	FH	350	DNL	200	---	380	90	
3	CD	12"Ø	FH	350	DNL	575	---	340	80	
4	CD	12"Ø	FH	350	DNL	435	---	360	85	
5	CD	12"Ø	FH	350	DNL	310	---	360	85	
6	CD	12"Ø	FH	350	DNL	40	---	345	80	
7	CD	12"Ø	FH	350	DNL	60	---	365	80	
8	CD	12"Ø	FH	350	DNL	525	---	355	80	
9	CD	12"Ø	FH	350	DNL	575	---	370	85	
10	CD	12"Ø	FH	350	DNL	480	---	365	90	
				3500	875			3605	840	
VAV-2										
1	SWS	20 x 8	FH	275	DNL	480	---	280	85	
2	SWS	20 x 8	FH	275	DNL	480	---	290	90	
3	SWS	20 x 8	FH	275	DNL	365	---	265	80	
4	SWS	20 x 8	FH	275	DNL	405	---	260	80	
5	SWS	20 x 8	FH	275	DNL	390	---	275	85	
6	SWS	20 x 8	FH	275	DNL	445	---	280	85	
7	SWS	20 x 8	FH	275	DNL	415	---	275	85	
8	SWS	20 x 8	FH	275	DNL	495	---	280	90	
				2200	700			2205	680	

NOTES:

*1	
*2	
*3	

ASSOCIATED AIR BALANCE, INC.

AIR SOUND HYDRONIC PROFESSIONALS

SINGLE DUCT VAV SHEET

PROJECT: EXPRESS - ARDEN FAIR MALL, SACRAMENTO

PAGE: 2

ID#	SINGLE DUCT VAV			DESIGN		FIRST		FINAL		NOTE NO.
	TYPE	SIZE	AK	MAX	MIN	MAX	MIN	MAX	MIN	
VAV-3										
1	CD	10"Ø	FH	240	DNL	175	---	245	55	
2	CD	10"Ø	FH	240	DNL	270	----	240	60	
3	CD	10"Ø	FH	240	DNL	335	---	255	65	
4	CD	10"Ø	FH	240	DNL	350	----	250	60	
5	CD	10"Ø	FH	240	DNL	285	----	250	60	
6	CD	10"Ø	FH	240	DNL	205	----	240	55	
7	CD	10"Ø	FH	240	DNL	280	---	240	55	
8	CD	10"Ø	FH	240	DNL	310	----	255	65	
9	CD	10"Ø	FH	240	DNL	335	----	225	60	
10	CD	10"Ø	FH	240	DNL	310	----	250	65	
				2400	600			2450	600	
VAV-4										
1	CD	10"Ø	FH	240	DNL	275	---	240	60	
2	CD	10"Ø	FH	240	DNL	300	---	245	60	
3	CD	10"Ø	FH	240	DNL	290	---	240	60	
4	CD	10"Ø	FH	240	DNL	265	----	245	60	
5	CD	10"Ø	FH	240	DNL	190	----	235	55	
6	CD	10"Ø	FH	240	DNL	290	----	250	60	
7	CD	10"Ø	FH	240	DNL	300	----	250	65	
8	CD	10"Ø	FH	240	DNL	285	----	245	65	
9	CD	10"Ø	FH	240	DNL	265	----	250	60	
10	CD	10"Ø	FH	240	DNL	200	----	235	60	
				2400	600			2435	605	
VAV-5										
1	CD	12"Ø	FH	450	DNL	300	---	425	140	
2	CD	12"Ø	FH	450	DNL	415	---	430	145	
				900	300			835	285	

NOTES:

#1	
#2	
#3	

ASSOCIATED AIR BALANCE, INC.

AIR SOUND HYDRONIC PROFESSIONALS

SINGLE DUCT VAV SHEET

PROJECT: EXPRESS - ARDEN FAIR MALL, SACRAMENTO

PAGE: 3

ID#	SINGLE DUCT VAV			DESIGN		FIRST		FINAL		NOTE NO.
	TYPE	SIZE	AK	MAX	MIN	MAX	MIN	MAX	MIN	
VAV-6										
1	SWS	20 x 8	FH	200	DNL	310	---	200	70	
2	SWS	20 x 8	FH	200	DNL	265	---	190	65	
3	SWS	20 x 8	FH	200	DNL	255	---	185	65	
4	SWS	20 x 8	FH	200	DNL	300	---	185	60	
5	SWS	20 x 8	FH	200	DNL	265	---	205	60	
6	CD	6"Ø	FH	75	DNL	60	---	75	40	
7	CD	6"Ø	FH	75	DNL	45	---	80	35	
8	CD	6"Ø	FH	150	DNL	135	---	165	60	
9	SWS	20 x 8	FH	200	DNL	405	---	205	70	
10	SWS	20 x 8	FH	200	DNL	220	---	210	70	
				1700	600			1700	595	

NOTES

#1	
#2	
#3	

ASSOCIATED AIR BALANCE, INC.
 AIR SOUND HYDRONIC PROFESSIONALS

AIR DISTRIBUTION

PROJECT: EXPRESS - ARDEN FAIR MALL, SACRAMENTO

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AIR DISTRIBUTION				DESIGN	PRELIM	FINAL	% OF	NOTE
ID#	TYPE	SIZE	AK	CFM	CFM	CFM	DESIGN	NO.
IF-1								*1
1	CER	8"Ø	FH	125	55	60	48%	*2
2	CER	8"Ø	FH	125	80	60	48%	*2
				250		120	48%	

NOTES:
 *1) THE INLINE FAN HAS BEEN DELETED.
 *2) THE EXHAUST INLETS ARE NOW PART OF THE EXISTING HOUSE SYSTEM; PROPORTIONED INLETS AT AVAILABLE AIRFLOW.