

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014443

Insp Area: 4

Site Address: 4632 RALEY BL SAC

Parcel No: 238-0011-037

ENTIRE BUILDING

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

MASSIE & CO
PO BOX 276043
SAC CA 95827

OWNER

MASSIE CLARA K
P O BOX 276043
SACRAMENTO CA 95827

ARCHITECT

Nature of Work: NEW RETAIL TENANT IMPROVEMENT: TIRE STORE

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.

X License Class B License Number 733570 Date 2-16-01 Contractor Signature mark shue

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 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.

X Date 2-16-01 Applicant/Agent Signature mark shue

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.

X 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 STATE FUND

Policy Number 1563389-00

Exp Date 10/01/2001

(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.

X Date 2-16-01 Applicant Signature mark shue

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 FEE.

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

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1234 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0014443

Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1630 ... Suite _____
 PARCEL # 238-000-020

CONTACT		LICENSED CONTRACTOR Lic No. # <u>735500</u>	
Name <u>Rev. V...</u>		Name <u>Massie & Co.</u>	
Street Address <u>P.O. Box 270043</u>		Address <u>P.O. Box 270043</u>	
City/State/Zip <u>Sacramento, CA 95827</u>		City/State/Zip <u>Sacramento, CA 95827</u>	
Phone <u>(916) 737-2700</u> FAX <u>(916) 737-2726</u>		Phone <u>(916) 737-2700</u> FAX <u>(916) 737-2726</u>	
E-mail <u>...</u>		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>Mr. G. ...</u>		Name <u>Massie & Co.</u>	
Address <u>3417 ...</u>		Address <u>P.O. Box 270043</u>	
City/State/Zip <u>Sacramento, CA 95827</u>		City/State/Zip <u>Sacramento, CA 95827</u>	
Phone <u>(916) 488-3300</u> FAX _____		Phone <u>(916) 737-2700</u> FAX <u>(916) 737-2726</u>	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # ... EXPIRATION DATE: 10/31/01

NATURE OF WORK IN DETAIL: 1000 sq ft addition including plumbing, electrical, and fire alarm. Tenant will have fire storage.

OCCUPANT/TENANT: California ... VALUATION: \$ 175,975.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI(<input checked="" type="checkbox"/>)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
<u>1</u>		<u>70387</u>		<u>B/S-1</u>		<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>10</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	PW	UTIL	

COMMENTS: _____

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

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: CALIFORNIA TIRE Phone: _____
 Site Address: 4632 Raley Bl Suite: _____
(Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: _____
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
(Street) (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No
 Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.
 3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.
 5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.
 8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: _____
(Print)

(Signature) (Date) 2-16-01

BID Use Only: Plan Ck# _____ Permit # _____	
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No
init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? ini _____	date _____
OK to issue Certificate of Occupancy? ini _____	date _____

Air Quality International, Inc.

ThermaTech Mechanical
HVAC Production & Service



3612 Madison Avenue #32
North Highlands, CA 95660
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734666 Class C-20
thermatc@ix.netcom.com

www.cleanairzone.com

CALIFORNIA TIRE
4632 RALEY BLVD.
SACRAMENTO, CA 95838

LIMITED WARRANTY

Project #291
Parts and Labor

For Period 4/13/2001 to 4/12/2002

ThermaTech Mechanical warrants all parts of the mechanical system installed by ThermaTech Mechanical against failure under normal uses and service, however, does not warrant defects caused by lack of proper maintenance or abuse within the applicable one (1) year period starting from system start-up 4/13/2001.

This warranty works in tandem with factory Limited Warranty (see O/M manual).



ThermaTech Mechanical
 A Division of Air Quality International, Inc.
 3612 Madison Avenue #32 North Highlands, CA 95660
 Telephone (916) 334-9504 Fax (916) 334-0333
 CA Lic. No. 734666 Class C-20
 thermatec@ix.netcom.com

www.cleanairzone.com

HVAC Specialty Products and Services — Manufacturers Agent

EQUIPMENT START-UP

Project Name: California Tire

Project No.: 291

Outside Temp.: 80

Service Tech: Robert Aldous

Date: April 18, 2001

Room Temp.: 70

Symbol	Unit	Model No. Serial No.	Voltage	AMPS			Blower Speed/RPM		Pressure		Cool or Heat Temperature Difference		Belt No.	Filters
				L-1	L-2	L-3	DD	BD	High	Low	Supply	Return		
AC-1		YCC060F4M0BG	460	1.2	1.1	1.2		X	158	65	117-54	74-74	No	3-10x24x1
		R5231JK2H												
AC-2		YCC060F4M0BG	460	1.1	1.2	1.1		X	150	69	118-54	74-74	No	3-10x24x1
		Z042LRU2H												
AC-3		YCC060F4M0BG	460	1.2	1.2	1.2		X	152	69	115-54	74-74	No	3-10x24x1
		Z0210DU2H												
AC-4		YCC060F4M0BG	460	1.1	1.1	1.2		X	148	72	120-54	74-74	No	3-10x24x1
		Z014K4W2H												

NOTES: Items Required: thermometer, gauges, freon, amp probe, state wire, wire nuts, equipment O/M's, thermostats, interface boards, tachometer.



3612 Madison Avenue, 0331
North Highlands, CA 95660
Telephone (916) 334-9504
Fax (916) 334-0333
CALic. No. 734666 Class C-20
thermatec@ix.netcom.com

www.cleanairzone.com

AIR BALANCE REPORT

Project: California Tire - Sacramento, CA
System: AC-1
By: Kial Dunham/Rick Jeffery
Date: April 13, 2001
Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS	
		DESIGN	TEST #1	ADJUST						FINAL
	SA1	465	475	460	465	+	20 FPN	42	N/A	0
	SA2	465	360	465	460	+	20 FPN	42	N/A	0
	SA3	150	245	150	150	+	20 FPN	42	N/A	0
	SA4	200	210	200	205	+	20 FPN	42	N/A	0
	SA5	200	170	200	200	+	20 FPN	42	N/A	0
	SA6	250	270	250	250	+	20 FPN	42	N/A	0
	SA7	250	270	250	250	+	20 FPN	42	N/A	0
Totals or Averages		1980			1980					

OUTDOOR CONDITIONS: INDOOR: THERMOSTAT SETTING 60°F NOTES: Δt 20°F

TEMPERATURE: 62°F HUMIDITY: OCCUPIED: No OSA 230 CFM - Balance with AVG on

WIND: Cold Wind



Clean Air Zone

3612 Madison Avenue
North Highlands, CA 95660
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734666 Class C-20
thermatic@ix.netcom.com

www.cleanairzone.com

AIR BALANCE REPORT

Project: California Tire - Sacramento, CA
System: AC-2

By: Kial Durham/Rick Jeffery

Date: April 13, 2001
Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS	
		DESIGN	TEST #1	ADJUST						FINAL
Core	SA1	330	345	330	335	+	20 FPN	42	N/A	0
Core	SA2	330	375	340	340	+	20 FPN	42	N/A	0
Core	SA3	330	350	340	340	+	20 FPN	42	N/A	0
Core	SA4	330	315	330	330	+	20 FPN	42	N/A	0
Core	SA5	330	313	325	325	+	20 FPN	42	N/A	0
Core	SA6	330	330	330	330	+	20 FPN	42	N/A	0
Totals or Averages		1980	2028	1995	1995					
OUTDOOR CONDITIONS:				INDOOR:						
TEMPERATURE: 62°F				THERMOSTAT SETTING: 55°F						
HUMIDITY: N/A				OCCUPIED: No						
WIND: Cold Wind				NOTES:						
				Δt: 19°F						
				OSA: 230 CFM						



AIR BALANCE REPORT

Project: California Tire – Sacramento, CA
 System: AC-2 By: Kial Dunham/Rick Jeffery
 Date: April 13, 2001
 Page 2 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM				PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST	FINAL					
Main	RA1	875	900	880	880	+	N/A	61	N/A	0
Main	RA2	875	860	875	875	+	N/A	61	N/A	0
	OSA	230	230	230	230				N/A	0
Totals or Averages		1980	1990	1985	1985					
OUTDOOR CONDITIONS:					INDOOR					
TEMPERATURE: 62°F					THERMOSTAT SETTING: 55°F					
HUMIDITY: N/A					OCCUPIED No					
WIND: Cold Wind					NOTES:					
					Δt: 19°F					
					OSA: 230 CFM					

Air Quality International, Inc.

ThermaTech Mechanical
HVAC Products & Services



3612 Madison Avenue
North Highlands, CA 95600
Telephone (916) 334-9504
Fax (916) 334-0333
CA Lic. No. 734666 Class C-20
thermatc@ix.netcom.com

www.cleanairzone.com

AIR BALANCE REPORT

Project: California Tire – Sacramento, CA
System: AC-3

By: Kial Dunham/Rick Jeffery

Date: April 13, 2001
Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS		
		DESIGN	TEST #1	ADJUST						FINAL	
Storage	SA1	300	315	300	300	+	15/20	42	N/A	0	
Lunch	SA2	300	310	300	300	+	15/20	42	N/A	0	
Office	SA3	270	300	280	280	+	15/20	42	N/A	0	
Office	SA4	175	200	180	180	+	15/20	42	N/A	0	
Office	SA5	200	220	200	200	+	15/20	42	N/A	0	
Office	SA6	180	180	180	180	+	15/20	42	N/A	0	
VIP (1)	SA7	200		200	200	+	15/20	42	N/A	0	
Bathroom	SA8	160	175	170	170	+	15/20	42	N/A	0	
Bathroom	SA9	160	175	170	170						
Totals or Averages		1945			1980						
OUTDOOR CONDITIONS:				INDOOR:				NOTES:			
TEMPERATURE: 62°F				THERMOSTAT SETTING: 55°F				Δt: 18°F			
HUMIDITY: N/A				OCCUPIED: No				OSA: 230 CFM (1) ThermaFuser tested in A/C mode			
WIND: Cold Wind											



Clean Air Zone

AIR BALANCE REPORT

Project: California Tire - Sacramento, CA
 System: AC-3
 By: Kial Dunham/Rick Jeffery
 Date: April 13, 2001
 Page 2 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS	
		DESIGN	TEST #1	ADJUST						FINAL
Hall/Lunch	RA1	390	415	390	395	+	20	62	N/A	0
Storage	RA2	300	260	290	305	+	20	62	N/A	0
Office	RA3	230	285	230	230	+	20	62	N/A	0
Office	RA4	175	225	180	180	+	20	62	N/A	0
Office	RA5	200	215	200	200	+	20	62	N/A	0
Office	RA6	180	175	175	175	+	20	62	N/A	0
Office	RA7	200	160	180	190	+	20	62	N/A	0
	OSA	230			230					
	Pressure	75			75					
Totals or Averages		1980			1980					
OUTDOOR CONDITIONS:					INDOOR					
TEMPERATURE					THERMOSTAT SETTING					
62°F					55°F					
HUMIDITY					OCCUPIED					
N/A					No					
WIND					NOTES:					
Cold Wind					Δt: 20°F OSA: 230 CFM					



AIR BALANCE REPORT

Project: California Tire - Sacramento, CA
 System: AC-4
 By: Kial Dunham/Rick Jeffery
 Date: April 13, 2001
 Page 2 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS	
		DESIGN	TEST #1	ADJUST						FINAL
Office	RA1	275	225	280	282	+	20	42	N/A	0
Office	RA2	225	235	230	230	+	20	42	N/A	0
Office	RA3	245	325	250	245	+	20	42	N/A	0
Exit	RA4	280	330	285	280	+	20	42	N/A	0
VIP	RA5	275	290	280	275	+	20	42	N/A	0
VIP	RA6	200	130	195	210	+	20	42	N/A	0
OSA		230	230		230	+	20	42	N/A	0
Totals or Averages		1730	1765	1752						
OUTDOOR CONDITIONS:				INDOOR				NOTES:		
TEMPERATURE:		62°F		THERMOSTAT SETTING:		55°F		Δt: 20°F		
HUMIDITY:		N/A		OCCUPIED:		No		OSA: 230 CFM		
WIND:		Cold Wind								



AIR BALANCE REPORT

Project: California Tire - Sacramento, CA Date: April 13, 2001
 System: AC-4 By: Kial Dunham/Rick Jeffery Page 1 of 2

NOTE: USE THESE SYMBOLS - (S) SUPPLY; (R) RETURN; (E) EXHAUST; (OSA) FRESH AIR

ROOM NO.	OUTLET	CFM			PRESSURE (+) OR (-)	AIR MOVEMENT FPM @ 5' AFF	TEMPERATURE °F	HUMIDITY	OCCUPANTS
		DESIGN	TEST #1	ADJUST					
Hall (2)	SA1	110	75	115	+	20	42	N/A	0
Office	SA2	275	260	275	+	20	42	N/A	0
Office	SA3	225	210	230	+	20	42	N/A	0
Office	SA4	245	275	250	+	20	42	N/A	0
Exit	SA5	200	280	220	+	20	42	N/A	0
VIP (1)	SA6	275	275	280	+	20	42	N/A	0
VIP (1)	SA7	200	200	205	+	20	42	N/A	0
Hall (2)	SA8	200	215	210	+	20	42	N/A	0
Totals or Averages		1780	1790	1785					

INDOOR: THERMOSTAT SETTING: 55°F
 OCCUPIED: No

OUTDOOR CONDITIONS:
 TEMPERATURE: 62°F
 HUMIDITY: N/A
 WIND: Cold Wind

NOTES:
 Δt: 20°F
 OSA: 230 CFM (1) Thermafuser (2) Fire Damper

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 4-26-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

4632 RALPH BL.

has been conducted by Inspector C. RACK

on 4-27-01

00-14443
Permit Number

7,039
Square Footage

Revised
Type of Inspection
Rack HOSE Lines

The system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-537
~~536~~
F. D. Reference Number