

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0005742

Insp Area: 3

Site Address: 8156 BELVEDERE AV SAC

Parcel No: 061-0061-003

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

RON CONLEY CONSTR  
137 SILVERADO CIR  
RSVL CA 95678

OWNER

R FOX  
CARM CA 95827-6043

ARCHITECT

Nature of Work: INTERIOR WAREHSE/OFFICE REMODEL

**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 None 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-1 License Number 257471 Date 6-16-2000 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 any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 6-16-2000 Applicant-Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

1 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 STATE FUND Policy Number 605289-59 Exp Date 11-2000

\_\_\_\_\_, (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 6-16-2000 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.**

# START-UP REPORT

Job Name: 8156 Belvedere		Unit Manufacturer: Trane			
Job Number: 00-0084		Unit Model Number: YCC030FIL0BG			
Building Number:	Unit Number: 2 1/2	Unit Serial Number: R255N142H			
Mechanic's Name: Garry Huff		Start-Up Date: 09/21/00			
#1 Compressor Amps	FLA 13.3	ACT 7.3 / 9.2	Outdoor Motor #2	FLA	ACT
#2 Compressor Amps	FLA	ACT	Outdoor Motor #3	FLA	ACT
#3 Compressor Amps	FLA	ACT	Outdoor Motor #4	FLA	ACT
Indoor Motor	FLA 1.6	ACT 1.1 / 1.2	Outdoor Motor #5	FLA	ACT
Outdoor Motor #1	FLA 1.6	ACT 1.3 / 1.4	Outdoor Motor #6	FLA	ACT
Operating Voltage	208	L1-L2 216	L2-L3	L3-L1	
#1 Compressor Circuit #1	HP 185	LP 64	Superheat 20°		
#2 Compressor Circuit #2	HP	LP	Superheat °		
#3 Compressor	HP	LP	Superheat °		
Ambient Temperature	74	Enthalpy Setting			
Indoor Coil Temperature Split	21	Room T-stat Setting	Heat 70°	Cool 72°	
Supply Air Temperature	52	Static Pressure Setting	High °	Low °	
Return Air Temperature	73	Reset Control Setting °			
Discharge Air Controller Settings		Room T-Stat Type Trane Bay Stat 036A			
Filter Size and Amount (1) 20x20x1		Belt Size: D.D.			
Gas Pressure High Fire 2.5	Gas Pressure Low Fire	Supply Air Temperature (with heat on) 120°			
Heat Temperature Split 50°	Return Air Temperature 70°				
CHECK WHEN COMPLETE		COMMENTS			
Heat Anticipator Set					
Belt Tension					
All Motor Mounts		x			
Scratch Date in Nameplate		x			
Label Unit					
Label T-stat		x			
Check Terminals		x			
Check Linkage					
Set Minimum OSA		x			
Condensate Complete		x			
Cap Tube Routing		x			
Panels Secure		x			
Air Balance Complete		x			
Sequence Test Complete		x			
Sequence Test at T-Stat		x			
Sequence Test Economizer					
Grease Fittings Installed					
D.O.A. Information:					
Additional Notes:					

# START-UP REPORT

Job Name: 8156 Belvedere		Unit Manufacturer: Trane	
Job Number: 00-0084		Unit Model Number: YCD090D3LABE	
Building Number:	Unit Number: 8	Unit Serial Number: R27102007D	
Mechanic's Name: Garry Huff		Start-Up Date: 9/21/00	
#1 Compressor Amps	FLA 14.4	ACT 10.9 11.3 11.4	Outdoor Motor #2 FLA ACT
#2 Compressor Amps	FLA 14.4	ACT 9.8 11.4 9.7	Outdoor Motor #3 FLA ACT
#3 Compressor Amps	FLA	ACT	Outdoor Motor #4 FLA ACT
Indoor Motor	FLA 5.9	ACT 3.7 / 3.6	Outdoor Motor #5 FLA ACT
Outdoor Motor #1	FLA 3.4	ACT 2.3 / 2.6	Outdoor Motor #6 FLA ACT
Operating Voltage 3 208		L1-L2 216	L2-L3 215 L3-L1 216
#1 Compressor Circuit #1	HP 235	LP 63	Superheat 13°
#2 Compressor Circuit #2	HP 215	LP 65	Superheat 12°
#3 Compressor	HP	LP	Superheat °
Ambient Temperature 75°		Enthalpy Setting	
Indoor Coil Temperature Split 17°		Room T-stat Setting	Heat ° Cool °
Supply Air Temperature 58°		Static Pressure Setting	High ° Low °
Return Air Temperature 75°		Reset Control Setting °	
Discharge Air Controller Settings		Room T-Stat Type Trane Bay Sensor 19B	
Filter Size and Amount (3) 16x25x1		Belt Size: (1) A44	
Gas Pressure High Fire 3.5°	Gas Pressure Low Fire °	Supply Air Temperature (with heat on) 120°	
Heat Temperature Split 50°		Return Air Temperature 70°	
<b>CHECK WHEN COMPLETE</b>		<b>COMMENTS</b>	
Heat Anticipator Set			
Belt Tension		x	
All Motor Mounts		x	
Scratch Date in Nameplate		x	
Label Unit			
Label T-stat			
Check Terminals		x	
Check Linkage			
Set Minimum OSA			
Condensate Complete		x	
Cap Tube Routing		x	
Panels Secure		x	
Air Balance Complete			
Sequence Test Complete			
Sequence Test at T-Stat			
Sequence Test Economizer			
Grease Fittings Installed			
D O A Information:			
Additional Notes:			

Airco Mechanical, Inc.

# START-UP REPORT

Job Name: 8156 Belvedere		Unit Manufacturer: Greenheck	
Job Number: 00-0084		Unit Model Number: SP255	
Building Number:	Unit Number: CEF 1	Unit Serial Number: 00E20894	
Mechanic's Name: Garry Huff		Start-Up Date: 09/21/00	
#1 Compressor Amps	FLA	ACT	Outdoor Motor #2
#2 Compressor Amps	FLA	ACT	Outdoor Motor #3
#3 Compressor Amps	FLA	ACT	Outdoor Motor #4
Indoor Motor	FLA 4.9	ACT 4.2	Outdoor Motor #5
Outdoor Motor #1	FLA	ACT	Outdoor Motor #6
Operating Voltage	115	L1-L2 119	L2-L3
#1 Compressor Circuit #1	HP	LP	Superheat °
#2 Compressor Circuit #2	HP	LP	Superheat °
#3 Compressor	HP	LP	Superheat °
Ambient Temperature		Enthalpy Setting	
Indoor Coil Temperature Split		Room T-stat Setting	Heat ° Cool °
Supply Air Temperature		Static Pressure Setting	High ° Low °
Return Air Temperature		Reset Control Setting °	
Discharge Air Controller Settings		Room T-Stat Type	
Filter Size and Amount: n/a		Belt Size: D.D.	
Gas Pressure High Fire °	Gas Pressure Low Fire °	Supply Air Temperature (with heat on) °	
Heat Temperature Split		Return Air Temperature °	
<b>CHECK WHEN COMPLETE</b>		<b>COMMENTS</b>	
Heat Anticipator Set			
Belt Tension			
All Motor Mounts			
Scratch Date in Nameplate			
Label Unit			
Label T-stat			
Check Terminals			
Check Linkage			
Set Minimum OSA			
Condensate Complete			
Cap Tube Routing			
Panels Secure			
Air Balance Complete			
Sequence Test Complete			
Sequence Test at T-Stat			
Sequence Test Economizer			
Grease Fittings Installed			
D.O.A. Information:			
Additional Notes:			

**AIRCO MECHANICAL, INC.**  
**5720 Alder Avenue**  
**Sacramento, California 95828**

**AIR OUTLET  
 TEST REPORT**

PROJECT: 8156 Belvedere

Job #: 00-0084

OUTLET MANUFACTURER: Titus

TEST APPARATUS: Analog Flow Hood

System: Trane Packages on Roof

AREA SERVED	OUTLET			DESIGN		PRELIMINARY				FINAL		REMARKS
	NO.	TYPE	SIZE	HEAT CFM	MAX CFM	CFM	CFM	CFM	CFM	HEAT CFM	MAX CFM	
AC 1	1		12" 0	500		440	520	520	450		450	
	2		12" 0	500		440	490	500	450		450	
	3		12" 0	500		350	420	420	450		450	
	4		12" 0	500		240	300	310	450		450	
	5		12" 0	500		400	490	490	450		450	
	6		10" 0	400		300	350	365	290		290	
	7		10" 0	400		180	220	235	290		290	
	8		8" 0	150		240	240	150	150		150	
			<b>Total</b>	<b>3350</b>		<b>2590</b>	<b>3030</b>	<b>2980</b>	<b>2980</b>		<b>2980</b>	
AC 2	1		10" 0	400		410					410	
	2		10" 0	400		415					415	
			<b>Total</b>	<b>800</b>		<b>825</b>					<b>825</b>	
CEF 1	1		10"	664		610	350				610	

TEST DATE: 09/26/2000

READINGS BY: Garry Huff

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
6/2/00	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Commercial     Residential



ACCEPTED by (Staff):  
 \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	6/7/00						
STRUCTURAL	13	JT	4						
MECHANICAL/PLUMBING									
ELECTRICAL	13	TM	5/24/00						
FIRE									
PLANNING									

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

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #0005742 <del>0005472</del>	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3156 BELVEDERE AVE SACRAMENTO CA Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>RON CONROY</u>                  Street Address <u>137 SILVERADO CIR</u>                  City/State/Zip <u>ROSEVILLE CA 95678</u>                  Phone <u>916-782-2456</u> FAX <u>782-5990</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>257471</u></p> <p>Name <u>RON CONROY CONCT</u>                  Address <u>137 SILVERADO CIR</u>                  City/State/Zip <u>ROSEVILLE, CA 95678</u>                  Phone <u>916-782-2456</u> FAX <u>782-5990</u>                  E-mail: <u>call when ready</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>SHAWN HOOK</u>                  Address <u>1900 N BALSAM PLACE</u>                  City/State/Zip <u>DAVIS CA</u>                  Phone <u>916-753-9726</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>ROBERT FOX</u>                  Address <u>4740 CHALCERY</u>                  City/State/Zip <u>CARMICHAEL CA 95608</u>                  Phone <u>916-482-9317</u> FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND  
 → WORKER'S COMPENSATION POLICY # 605389-99 EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Interior warehse/office remodel  
4000 sq ft

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 45,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	FIRE				
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/>	Fed Code	Vio. File			
		<u>1000</u>		<u>S3 B</u>	<u>VN</u>	SPR	ALARM	[H] [Quad]			
<u>B</u>	<u>L</u>	<u>P</u>	<u>3 JMT</u>	<u>E</u>	<u>X</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>		
<u>13 ft</u>	<u>13 ft</u>	<u>OK</u>	<u>3 JMT</u>	<u>13 TM</u>	<u>per LMB</u>						

COMMENTS: need envelope Title 24 info, ventilation in storage room  
Provide T24 envelope Calc's. Provide ventilation for storage area.

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: Paul Conroy Construction Phone: 782-2956  
 Site Address: 8156 BEWING AVE Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: ROBERT FOX Phone: \_\_\_\_\_  
 Nature of Business: STORAGE (PRIVATE)  
 Property Owner: ROBERT FOX Phone: 482-9317  
 Address: 4740 CUMMINGS WAY Suite: \_\_\_\_\_  
SACRAMENTO CA 95208  
(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: Paul Conroy  
(Print)  
[Signature]  
(Signature) 6-16-2000  
(Date)

BID Use Only: Plan Ck# <u>0005742</u> Permit # <u>0005742</u>	
OK to issue prmt? Y <u>PSB 4/16/00</u>	F.D. Appr Req'd? Yes <u>No</u>
<small>init date</small>	
Hold on Certificate of Occupancy? Yes ___ No ___	
Fire Dept. Use Only:	
OK to issue permit? Y <u>PSB 4/16/00</u>	date _____
<small>init date</small>	
OK to issue Certificate of Occupancy? Y <u>PSB 4/16/00</u>	
<small>init date</small>	