

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004463
Insp Area: 1

Site Address: 2830 G ST SAC
Parcel No: 003-0204-010

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
ERIC ANDERSON
PO BOX 163622
SACRAMENTO CA 95816

OWNER
ASHWILL N BRUCE/BARBARA E
3430 ROBIN LN #4
CAMERON PARK CA 95682

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL, T/I FOR DENTIST OFFICE

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 511900 Date 6-28-00 Contractor Signature Mary Hall

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 6-28-00 Applicant/Agent Signature Mary Hall

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 VILLANOVA INS CO Policy Number WC11240249 Exp Date 01/01/2001

(This section need not be completed if the permit is for \$1000. 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 6-28-00 Applicant Signature Mary Hall

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.

PAYED
CITY OF SACRAMENTO
JUN 28 2000
SIGNATORY PLANNING
AND EVALUATION SERVICES



AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: ACF CONSTRUCTION

PC # 0004463

Address: P.O. BOX 113622 SACTO CA 95816

BID App: AS

Job Phone: 997-4602 Office Ph. 392-5076

Fee 350⁰⁰

SUBJECT: Project Address: 2830 G Street Suite # _____

I request permission to start the following work interior non-bearing
demolition, layout & framing, ELECTRICAL & PLUMBING

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 Matsco Financial

Lender's Address 2000 Powell St, 4th Floor Emeryville, CA 94608

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 511900
Shannon M. Quinn
SIGNATURE

ACF CONSTRUCTION
COMPANY NAME
4/28/00
DATE

Matthew Korn, D.D.S.

Practice Limited to Periodontics

Free

Microfilm

May 18, 2000

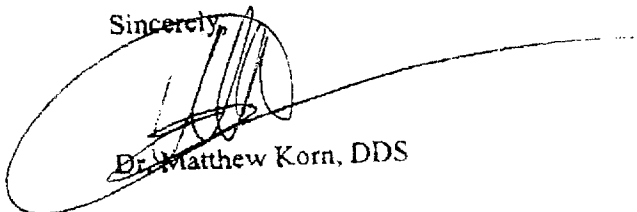
City of Sacramento
Building Division
1231 I Street, Room 200
Sacramento, CA 95814

RE: 2830 G Street, Suite 100

To Whom It May Concern:

This letter is to inform you that no medical gases will be used at the above referenced location. Thank you.

Sincerely,


Dr. Matthew Korn, DDS

CITY OF SACRAMENTO
PERMIT ASSISTANCE

MAY 24 2000

RECEIVED

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: Dr. Matthew Korn Phone: 446-9100
 Site Address: 2830 G Street Suite: _____
 Business Owner/Representative: Dr. Matthew Korn (Street) (Zip) Phone: 446-9100
 Nature of Business: Dentist office
 Property Owner: Sheffield Limited Phone: 530-677-2945
 Address: 3181 Cameron Park Dr Suite: 105
Cameron Park (City) CA (State) 95682 (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

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 X
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes X 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 X
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No X

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 X

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: S. McCombs
 (Print) S. McCombs (Signature) 4/26/00 (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0004463</u>
OK to issue prmt? <u>05/26/27/00</u> init date	Appr Req'd? Yes <u>NO</u>
Hold on Certificate of Occupancy? Yes <u>NO</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

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

ACTIVITY # 00-04463 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2830 G St. Suite _____
PARCEL # _____

<p align="center">CONTACT</p> Name <u>ACF CONSTRUCTION</u> Address <u>PO Box 163022 SAC 95810</u> Phone <u>392-5076</u> FAX <u>392-0734</u> E-mail <u>acfcon@cw.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>51900</u></p> Name <u>ACF CONSTR.</u> Address <u>PO Box 163022</u> Phone <u>392-5076</u> FAX <u>392-0734</u> E-mail <u>acfcon@cw.com</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>COVAN DESIGN</u> Address <u>11 Sunrise Ave, Mill Valley 94944</u> Phone <u>(415) 381-2520</u> FAX <u>(415) 381-2955</u> E-mail _____		<p align="center">OWNER</p> Name <u>Dr. Matthew Korn</u> Address <u>1111 24th St #201 SAC CA 95816</u> Phone <u>446-9100</u> FAX <u>446-2247</u> E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Fremont Indemnity
 → WORKER'S COMPENSATION POLICY # WN9961476706 EXPIRATION DATE: 10/1/00

NATURE OF WORK IN DETAIL: interior office remodel, tenant improvement for dentist office

OCCUPANT/TENANT: Dr. Matthew Korn VALUATION: \$ 252,175.00

FLOOD STATUS: <u>N/A</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM (<input checked="" type="checkbox"/>)	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	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N	Fed Code	Vio. File	
		<u>175</u>		<u>B</u>	<u>3-N</u>	SPR <input checked="" type="checkbox"/> ALARM <input checked="" type="checkbox"/>	<u>14</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	S	D	PW	UTIL
							<u>R35</u>		

COMMENTS: ADDED 1/18 REVIEW FEE \$2500
FOR REPLAN CHECK BY YANGLIN AFTER HE HAD APPROVED

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: Dr. Matthew Korn Phone: 446-9100
 Site Address: 2830 G Street Suite: _____
 Business Owner/Representative: Dr. Matthew Korn Phone: 446-9100
 Nature of Business: Dentist office
 Property Owner: Sheffield Limited Phone: 530-677-2945
 Address: 3131 Cameron Park Dr Suite: 105
Cameron Park (City) CA (State) 95822 (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

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Applicant's Name: S. McCombs
 (Print)
S. McCombs (Signature) 4/26/00 (Date)

BID Use Only: Plan Ck# _____ Permit # 110-94
 OK to issue prmt? OK F.D. Appr Req'd? Yes
 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 _____

Sun Dance Heating and Air

Heating & Air Conditioning

JOB NO. Dr Kaen

SECTION _____ PAGE _____

AIR BALANCE REPORT

DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Dr Kaen

UNIT 1+2

MOTOR NAMEPLATE DATA

MFG _____ FR _____
 HP _____ V: _____ FLA _____
 PH _____ SF _____ RPM _____

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
 MODEL _____
 TYPE _____
 SIZE _____

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL			
CFM RA			
CFM OA			

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____

Out Side Air 325 CFM

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
1			8		285		230		240			
2			8		100		125		140			
3			8		100		140		150			
4			8		100		240		150			
5			10		325		300		320			
6			8		225		200		220			
7			6		110		120		120			
8			8		175		150		150			
9			8		175		150		150			
10			6		110		140		140			
11			8		150		150		150			
12			10		350		1100		1000			
13			8		200		200		200			
14			10		350		350		350			
15			8		200		200		200			



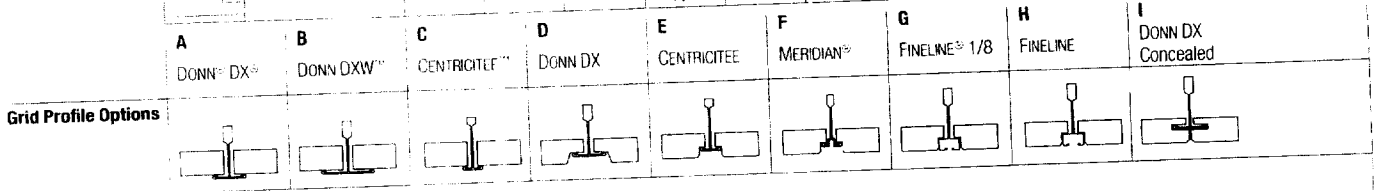
Fire-Rated Ceilings Selector

Sales Representative 877 874.4200
 Samples, Literature 800 950.3839
 Technical Service 800 USG.4YOU
 FACTS-ON-DEMAND™ 800 874.0306
 www.usg.com
 Literature Number SC1963

Page 5 of 5

P Roof-Ceiling Designs (continued)	UL Design No.	Assembly Rating (Maximum)	Approved Ceiling Tiles/Panels	Tile/Panel Sizes	Suspension System	Maximum Fix. Size % Ceiling Area	Duct Area Per 100 Sq. Ft. of Ceiling Area	Assembly Construction Details	
	P257	1 hr. UR	GR-1; FR-83 FR-X1	2 x 2, 2 x 4	DXL, DXLA, DXLZ, SDXL, DXZA, SDXLA	Fluorescent type, 2 x 4—25%	255 in. ²	4-7/8" insulation; Gypsum wallboard over steel deck; 7-1/4" steel "C" joists 24" o.c.	
	P268	1-1/2 hr. R, 1-1/2 hr. UR, 1-1/2 hr. URB	3/4" FR-81; 3/4" GR-1; 3/4" FR-83; 5/8" FR-4; FR-X1	2 x 2	DXL, DXLA, ZXLA, DXLZ, SDXL, DXLZA, SDXLA	Fluorescent type, 2 x 4—24%	576 in. ²	Metal roof deck panels; glass fiber insulation; steel roof purlins 60" o.c.; ceiling panels back-loaded w/6" fiberglass insulating concrete; Steel deck; 10" bar joists 48" o.c.; W8 x 15 beam	
	P269	1-1/2 hr. R; 1-1/2 hr. UR 1-1/2 hr. URB	FR-83 GR-1; FR-X1, FR-4	2 x 2, 2 x 4	DXL, DXLZ, SDXL	Fluorescent type, 2 x 4—24%; Incandescent type, 6-1/2" diam.—1.4%	255 in. ²	Insulating concrete; Steel deck; 10" bar joists 48" o.c.; W8 x 15 beam	
	P203	3/4 hr R; 3/4 hr UR, 3/4 hr URB	FR-83; M; GR-1; FR-X1	2 x 4	By others	Fluorescent type, 2 x 4—24%	113 in. ²	Steel deck 1" to 2" insulation 8" bar joists 60" o.c.	
Notes for FIRECODE Panel and Tile (See UL Directory for details)	R = Restrained assembly UR = Unrestrained assembly URB = Unrestrained beam		FIRECODE™ ACUSTONE® Tile G = FROST™, GLACIER™, "F" FISSURED™ ceiling tile W = FROST, GLACIER, "F" FISSURED ceiling tile AP = FROST, GLACIER, "F" FISSURED ceiling tile		FIRECODE Special Function Gypsum Lay-In Panels CLIMAPLUS™ FC-CB = Gypsum Lay-In ceiling panels FIRECODE AURATONE® Tile CR = Omni, Fine Fissured II, Omni CLIMAPLUS, Fissured ceiling tile FR-81 = ROCK FACE®		FIRECODE AURATONE, Special Function, ORION CLIMAPLUS, MILLENNIA CLIMAPLUS and ECLIPSE CLIMAPLUS Panels GR-1 = Illusion, Aspen, Omni, Natural Fissured II, Fine Fissured II, Omni CLIMAPLUS, Fissured, Pin Perforated II ceiling panels		
General Notes for Fire-Rated Suspension Systems	1. Hanger wire should be located between the main tee splices and the expansion relief notch and a maximum 48" o.c., or per the requirements of the specific UL design. 2. All 60" cross tees are to have hanger wires at their midpoint. 3. Assemblies are tested with the method and criteria established in Standard UL 263, also known as A2.1, ASTM E-119 and NFPA 251		4. Hold-down clips are required when the fire-rated board used weighs less than 1.0 lb./ft.² 5. % Fixtures column indicates 24" x 48" fixture only, unless noted. Check for suspension requirements. 6. Some designs pertain for DXL only. Contact UL Fire Resistance Directory and revisions to confirm all information listed in these tables.		7. DXLR and ZXLA are also listed by UL. 8. DXL has been used in many other industry fire tests and listed in reports such as the National Evaluation Reports, for example, NER-148 and NER-399 (wood truss constructions). ** Check UL Designs for deck options.				
Additional DXL Fire-Rated Assemblies	3 hr.: G-229 2 hr.: A-202, D-208, D-216, G-208, G-209, G-218, G-229, G-236, G-243, G-250, G-258 (Concealed systems D-010, G-022)		1-1/2 hr.: A-210, G-229, G-241, G-243, L-208, P-207, P-225, P-227, P-231, P-251 1 hr.: G-241, L-206, L-209, L-210, L-212, P-206, P-210, P-225, P-227, P-244, P-245,		P-257, P-509, P-513 3/4 hr.: P-204				
Report Compliance	L.A. Research Report Compliance DOWN suspension systems manufactured by USG Interiors, Inc. comply with one or more of the following L.A. Research Report numbers: 22179, 23541, 24095. IC80 2244 and 1939 Research Reports								
USG Drywall Suspension System Fire-Rated Assemblies	Concrete with Steel Floor Units and Beam-Support 2 hr.: D-502 Concrete and Steel Joists: Concrete on Metal Lath 1-1/2 hr.: G-528 2 hr. & 3 hr.: G-523, G-529 Precast and Field Poured Concrete: Preset Concrete 2 hr. & 3 hr.: J-502 Wood or Combination Wood and Steel Joist Assemblies: Wood Joists—2 x 10 1 hr.: L-502, L-515, L-525, L-526		Wood or Combination Wood and Steel Joist Assemblies: Plywood with Wood Truss 1 hr.: L-529 Wood or Combination Wood and Steel Joist Assemblies: Gypsum Plank, Insulation Board 1-1/2 hr.: P-506 Wood or Combination Wood and Steel Joist Assemblies: Gypsum Concrete 1 hr. & 1-1/2 hr.: P-507		Wood or Combination Wood and Steel Joist Assemblies: Corrugated Steel Deck with Insulation Board or Foam Plastic Insulation 1 hr.: P-508 1 hr. & 1-1/2 hr.: P-510 Wood or Combination Wood and Steel Joist Assemblies: Corrugated Steel Deck with Insulating Concrete. 1 hr.: P-509 1-1/2 hr.: P-513				

Edge	Panel Size Imperial Metric (mm)	Class	Item No. Imperial Metric	UL Classified			Color ²	Grid Options	Recycled Content ³	Cost
				NRC Range	CAC Range	LR ¹				
Omni Panels	(SQ) 2' x 2' x 5/8"	Class A	344	50-60	35-39	.84	White	A, B, C	41%	\$
	600x600x15		ME344							
	2' x 2' x 5/8"	Class A	338	55-65	35-39	.84	White	A, B, C	55%	\$
	2' x 4' x 5/8"		345	50-60	35-39	.84	White	A, B, C	41%	\$
	600x1200x15	ME345					Standard and Black			
	2' x 4' x 5/8"	Class A	339	55-65	35-39	.84	White	A, B, C	55%	\$
	2' x 4' x 5/8"		345P ⁴	50-60	35-39	.84	White	A, B, C	41%	\$
	2' x 5' x 5/8"	Class A	346	50-60	35-39	.84	White	A, B, C	41%	\$
	20' x 60' x 5/8"		334	50-60	35-39	.84	White	A, B, C	41%	\$
	2' x 4' x 3/4"	Class A	343	55-65	35-39	.84	White	A, B, C	41%	\$
30' x 60' x 3/4"	342		55-65	35-39	.84	White	A, B, C	41%	\$	
(SLT)	2' x 2' x 5/8"	Class A	323	50-60	35-39	.84	White	D	41%	\$
	600x600x15		ME323				Standard and Black			
	2' x 2' x 5/8"	Class A	336	55-65	35-39	.84	White	D	55%	\$
	2' x 4' x 5/8"		330	50-60	35-39	.84	White	D	41%	\$
2' x 2' x 3/4"	Class A	341	55-65	35-39	.84	White	D	41%	\$	
(FLB) 2' x 2' x 5/8"		5551	50-60	35-39	.84	White	E, F, G, H	41%	\$	
Omni Tile	(BESK) 12' x 12' x 5/8"	Class A	320	50-60	40-44	.84	White	I	41%	\$\$\$



ASTM E1264 classification
 Type III, Form 2, Pattern CD
ASTM E84 surface burning characteristics
 Class A
 Flame spread: 25
 Smoke developed: 10

Imperial weight
 69-81 lb./ft.² (Class A 5/8" panels)
 1.00 lb./ft.² (Class A 3/4" panels)
 1.10 lb./ft.² (Class A 5/8" tile)
 1.40 lb./ft.² (Class A 3/4" tile)
1.15 lb./ft.² (FIRECODE formulation 5/8" panels)
Metric weight
 3.37-3.95 kg/m² (Class A 15 mm panels)

Thermal resistance
 R-1.85 (5/8" products)
 R-0.33 (15 mm products)
 R-2.18 (3/4" products)
Maximum backloading
 See Warranty for details.
Maintenance
 Can be cleaned easily with a soft brush or vacuum.

Footnotes
 1. LR values are shown as averages.
 2. See the Color Selector (SC1859) for more information.
 3. See information on how recycled content is computed on the Recycled Content Selector (SC2254).
 4. Includes plastic coating. Gardner-Scrubability-tested to 3,000 cycles (ASTM D246).

Safety First!
 Follow good safety and industrial hygiene practices during handling and installing of all products and systems. Take necessary precautions and wear the appropriate personal protective equipment as needed. Read material safety data sheets and related literature on products before specification and/or installation.



USG Corporation

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