

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0012163**  
**Insp Area: 2**

**Site Address: 25 QUINTA CT SAC**  
Parcel No: 117-0170-055

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

**CONTRACTOR**

GUZMAN ELECTRIC  
4200 82ND ST  
SAC CA 95826

**OWNER**

JACKSON JR RALPH  
5691  
SACRAMENTO CA 95824

**ARCHITECT**

**Nature of Work: ELECTRICAL SERVICE UP GRADE & INSTALL 2 HVAC UNITS**

**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 ES-69 License Number ES-69 Date 12-10-00 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 12-10-00 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 LEGION INS. CO. Policy Number WC20999641 Exp Date 12/01/2000

\_\_\_\_ (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 12-10-00 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.**

# 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 # <u>0-12163</u>	Insp. Area <u>W</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 25 Quinta Ct Suite B  
 PARCEL # 117-0170 055

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Augustin Guzman</u> Street Address <u>4200 82nd Street suite G</u> City/State/Zip <u>Sacramento CA 95824</u> Phone <u>916-386-1249</u> FAX <u>916-386-1359</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>653669</u></p> Name <u>GUZMAN Electric</u> Address <u>4200 82nd Street suite G</u> City/State/Zip <u>Sacramento CA 95826</u> Phone <u>916-386-1249</u> FAX <u>916-386-</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Jackson Properties</u> Address <u>5665 Power Inn # 140</u> City/State/Zip <u>Sacramento CA</u> Phone <u>381-8113</u> FAX <u>381-5153</u> E-mail: _____

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

NATURE OF WORK IN DETAIL: Electrical Service up grade and install 2 Hvac units

OCCUPANT/TENANT: Jackson VALUATION: \$ 5700<sup>00</sup>

FLOOD STATUS: <u>LR</u>				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM	<u>15</u>	[H]	[Quad]
B	L	<u>13K0</u>	<u>13K0</u>	<u>MECH</u>	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

# CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLORIN-PERKINS RD

SACRAMENTO, CA. 95826

(916) 387-5100

FAX (916) 387-5101

October 27, 2000

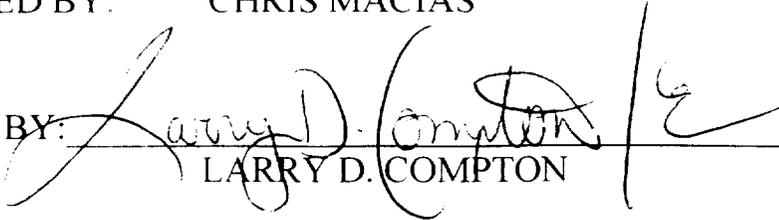
1000-7423-B1

AIR BALANCE REPORT

T N T FITNESS  
SACRAMENTO, CALIFORNIA

CONTRACTOR: T N T FITNESS

TEST PERFORMED BY: CHRIS MACIAS

TEST CHECKED BY:   
LARRY D. COMPTON

A A B C CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

## TABLE PF CONTENTS

SECTION	DESCRIPTION
1	REMARKS CONCERNING BALANCING PROCEDURES
2	AC-1 DATA

## SECTION ONE

1. THE TOTAL AIR DELIVERY OF EACH FAN WAS ESTABLISHED BY OUTLET TOTAL AND DOES NOT INCLUDE POSSIBLE DUCT LEAKAGE.
2. THE SCHEMATIC LOCATED IN THE FRONT OF EACH SECTION IS KEYED TO THE CORRESPONDING FAN AND OUTLET TEST SHEETS.
3. INLET AND OUTLET AIR QUANTITIES, WITH PERFORATED PLATES, WERE MEASURED BY SPECIAL AIR SCOOP. SEE DATA SHEET THIS SECTION.
4. FOLLOWING THIS SHEET ARE:
  1. SYMBOL SHEET
  2. FLOWHOOD DATA

# CIRCO System Balance, Inc.

## SYMBOL SHEET

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
CFM	CUBIC FEET PER MINUTE	$\Delta T$	DIFFERENTIAL TEMPERATURE
FPM	FEET PER MINUTE	$\Delta P$	DIFFERENTIAL PRESSURE
FACTOR	BALANCE FACTOR-SQUARE FEET	P.D.	PRESSURE DROP
CSD	CEILING SUPPLY DIFFUSER	H.D.	HEAD-FEET OF WATER
RG	RETURN GRILLE	W.G.	WATER GAUGE
CRR	CEILING RETURN REGISTER	W.C.	WATER COLUMN
WR	WALL REGISTER	CHW	CHILLED WATER
LT	LIGHT TROFFER	C.W.	CONDENSER WATER
LSD	LINEAR SLOT DIFFUSER	H.W.	HEATING WATER
VAV	VARIABLE AIR VOLUME BOX	E.W.T.	ENTERING WATER TEMPERATURE
T-STAT	THERMOSTAT	L.W.T.	LEAVING WATER TEMPERATURE
D.A.	DIRECT ACTING	CC	COOLING COIL
R.A.	REVERSE ACTING	SC	STEAM COIL
D.D.C.	DIRECT DIGITAL CONTROL	P.HC	PREHEAT COIL
N/I	NOT INSTALLED	H.C.	HEATING COIL
N/L	NOT LISTED	R.H.C.	REHEAT COIL
N/A	NOT ACCESSIBLE	E.D.H.	ELECTRIC DUCT HEATER
F.L.A.	FULL LOAD AMPS @ NAMEPLATE	P.P.	PETES PLUG
V	VOLTS	O.A.T.	OUTSIDE AIR TEMPERATURE
PH	PHASE	R.A.T.	RETURN AIR TEMPERATURE
HP	HORSEPOWER	M.A.T.	MIXED AIR TEMPERATURES
BHP	BRAKE HORSEPOWER	O.A.T.-DB	D.B. OUTSIDE AIR TEMP-DRY BULB
SP-	NEGATIVE STATIC PRESSURE	E.A.T.-DB	ENTERING AIR TEMP-DRY BULB
SP+	POSITIVE STATIC PRESSURE	L.A.T.-DB	LEAVING AIR TEMP-DRY BLUB
T.S.P.	TOTAL STATIC PRESSURE	E.A.T.-WB	ENTERING AIR TEMP-WET BLUB
E.T.S.P.	EXTERNAL TOTAL STATIC PRESSURE	L.A.T.-WB	LEAVING AIR TEMP-WET BULB
V.P.	VELOCITY PRESSURE	N.A.	NOT AVAILABLE
OSA	OUTSIDE AIR		
RA	RETURN AIR		
T.G.	TRANSFER GRILLE		

Chris

# CIRCO System Balance, Inc.

AIR • HYDRONIC • TEMPERATURE • SOUND • SYSTEM SURVEY

8167 BELVEDERE AVENUE, SUITE E

SACRAMENTO, CALIFORNIA 95826

(916) 454-9104

## CALIBRATION DATA SHEET

### FLOWHOOD

CUBIC FEET PER MINUTE

SERIAL NO. BR 2696

DATE TESTED 4-4-00

TESTED BY J. M. C.

RANGE	STANDARD FLOW	TEST READING
800/2000	2000	2020
	1600	1610
	1200	1200
400/1000	1000	980
	800	800
	600	610
100/500	500	500
	400	400
	300	290
	200	190
0/250	250	255
	200	210
	150	160
	100	100
	50	50

THE ABOVE TEST DATA WAS ESTABLISHED ON OUR IN-HOUSE FLOW CALIBRATOR. THE CALIBRATION OF THIS FLOWHOOD, AS RECOMMENDED BY AABC STANDARDS, WILL BE RECHECKED ON THE JOBSITE BY DUCT PITOT TRAVERSE,



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

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