

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009893
Insp Area: 1

Site Address: 112 J ST SAC
Parcel No: 006-0071-033 SUITE 200

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

CONTRACTOR
DR BENDER CONSTRUCTION
PO BOX 1985
ELK GROVE, CA. 95624

OWNER
MARTENSEN FINN
112 J STREET
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: DIVIDE EXISTING OFFICE SPACE INTO THREE OFFICES.

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 _____ Date _____ Contractor 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 9/12/00 Owner Signature Edward A. Wright for Martensen Wright

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 9/12/00 Applicant/Agent Signature Edward A. Wright for Martensen Wright

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 policy number are:

Carrier STATE FUND Policy Number 229-00 UNIT 0013694 Exp Date 01/01/2001

____ (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.

Date 9/12/00 Applicant Signature Edward A. Wright for Martensen Wright

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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 112 J ST Permit No. 0009893

Building Use: OFFICE Occupancy: B

Building Owner: FINN MARTENSEN Construction Type: _____

Owner Address: 112 J ST SACRAMENTO Sprinkled? Yes No

Portion of Building Occupied: SUITE 200 Area: _____ Sq. Ft.

4/10/01 Nicholas Buchhaas - DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:ME.ACJXE.AW]

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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

| | |
|--|---|
| ACTIVITY # 0009893 | Insp. Area 1C |
|--|---|

City of Sacramento, CA 95814 Phone: (916) 264-7619 FAX: (916) 264-7644

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 112 J Street, Old Sacramento CA Suite 200
 PARCEL # 006-0071-033

| | |
|--|--|
| CONTACT Name <u>Jennis Bender</u> Street Address <u>P.O. Box 1985</u> City/State/Zip <u>Elk Grove CA 95621</u> Phone <u>685-5351</u> FAX <u>685-9793</u> E-mail: _____ | LICENSED CONTRACTOR Lic No. # <u>426519</u> Name <u>DR Bender Construction</u> Address <u>P.O. Box 1985</u> City/State/Zip <u>Elk Grove CA 95621</u> Phone <u>685-5351</u> FAX _____ E-mail: _____ |
| ARCHITECT/ENGINEER Name <u>Kenton C Russell</u> Address <u>1124 33rd Street</u> City/State/Zip <u>Sac CA 95816</u> Phone <u>443-5741</u> FAX _____ E-mail: _____ | OWNER Name <u>Finn Martensen</u> Address <u>112 J Street</u> City/State/Zip <u>Old Sac CA</u> Phone _____ FAX _____ E-mail: _____ |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 229-00 Unit 0013644 EXPIRATION DATE: 01-01-01

NATURE OF WORK IN DETAIL: Dividing existing office space into three offices.

OCCUPANT/TENANT: Martensen Law Firm VALUATION: \$ 20,000

| | | | | | | | | | | |
|------------------------|-------------|--|--|---|--|--|-----------------------|--|-----|-----------|
| FLOOD STATUS: | | | 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 | | <input checked="" type="checkbox"/> FIRE | | |
| # Stories | 1st firArea | Total Area <u>PROJECT</u> <u>675</u> | Use Zone | Occp Group <u>B</u> | Const type <u>?</u> | Fire Req <input checked="" type="checkbox"/> Y/N | Fed Code <u>15</u> | Vio. File [H] [Quad] | | |
| | | | | | | SPR | ALARM | | | |
| B | L | P | M | E | F | | S | D | PW | UTIL |
| | | | | | | | | | | <u>1C</u> |

COMMENTS: NEED: ELECTRICAL INFO - New Circuits?
STRUCTURE - FULL STORY FLOOR PLAN, HANDED DIMENSIONS, WALL DETAILS (H2264)
ANCHORS?
NO HEADS BEING MOVED

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? N/A 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: Martensson Wright (formerly law offices of Finn Martensson) Phone: 916 448 9088
 Site Address: 112 J Street, Sacramento, CA 95814 Suite: 200
(Street) (Zip)
 Business Owner/Representative: EDWARD J WRIGHT, JR Phone: 448-9088
 Nature of Business: Law office
 Property Owner: Frank Solomon Phone: 916 446-7920
 Address: 118 I ST Suite: _____
Sacramento CA 95814
(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.

Martensson Wright
 Applicant's Name: EDWARD J. WRIGHT, JR
(Print)
Edward J. Wright Jr 9/12/00
(Signature) (Date)

| | |
|--|--|
| BID Use Only: Plan Ck# <u>0009893</u> Permit # <u>0009893</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>9/12/00</u> F.D. Appr Req'd? Yes No <small>init date</small> | |
| Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No | |
| Fire Dept. Use Only: OK to issue permit? <input checked="" type="checkbox"/> <u>9/12/00</u> <small>init date</small> OK to issue Certificate of Occupancy? <input type="checkbox"/> <u>_____</u> <small>init date</small> | |

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

- 1 I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
- 2 I (have/have not) _____ signed an application for A building permit for the proposed work.

- 3 I have contracted with the following person (firm) to provide the proposed construction:

DR Bender Construction
Name D. Bender Address P.O. Box 1985
City Elk Grove, CA 95624 Telephone 916 439 3788
Contractors License No. 426 519

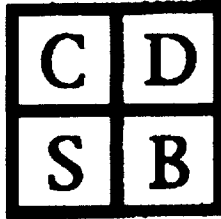
- 4 I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name WA Address _____
City _____ Telephone _____
Contractors License No. _____

- 5 I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

| Name | Address | Phone | Type of work |
|------|---------|-------|--------------|
| | | | |
| | | | |

Signed Edward J. Legro for Martensen, Wright
Job Address # 112 J ST SUIT 200
Permit No. 0009893



PAGE 1
JOB # CD01-0410

CERTIFIED • DESIGN • SYSTEM • BALANCE

COMPLETION REPORT

January 8, 2001

JOB DESCRIPTION: Martensen & Wright, LLP
112 J Street Suite 202
Sacramento, CA 95814

CONTRACTOR: D. R. Bender

ARCHITECT: Kenton Architects

TEST PERFORMED BY: Gary Oulrey

CHECKED BY: *Gary Oulrey*
GARY OULREY

GENERAL NOTES SHEET

Transfer ducts were installed instead of ducted returns.

A Shortridge Electronic Flowhood was used to measure all supply terminal units unless noted otherwise.

BALANCE REPORT ABBREVIATIONS

| | |
|------|--------------------------------------|
| CD | CEILING DIFFUSER |
| CEG | CEILING EXHAUST GRILLE |
| CER | CEILING EXHAUST REGISTER |
| CRG | CEILING RETURN GRILLE |
| CSR | CEILING SUPPLY REGISTER |
| DNA | DATA NOT AVAILABLE |
| DNL | DATA NOT LISTED |
| FEG | FLOOR EXHAUST GRILLE |
| FRR | FLOOR RETURN REGISTER |
| FSR | FLOOR SUPPLY REGISTER |
| NA | NON ACCESSIBLE |
| NI | NOT INSTALLED |
| NT | NOT TAKEN, DUE TO IRREGULAR READINGS |
| NVL | NO VALID LOCATION FOR TESTING |
| OPEN | NO TERMINAL, DUCT OPEN |
| WEG | WALL EXHAUST GRILLE |
| WRG | WALL RETURN GRILLE |
| WSR | WALL SUPPLY REGISTER |
| LSD | LINEAR SUPPLY DIFFUSER |
| LRR | LINEAR RETURN REGISTER |
| LER | LINEAR EXHAUST REGISTER |

Customer ID: 12274 AIRDATA MULTIMETER/FLOWMETER CERTIFICATE OF RECALIBRATION S/N: H941006
 Customer: CERTIFIED DESIGN SYSTEM BALANCE City: CITRUS HEIGHTS State: CA Order #: R003155
 As-Received Model #: CFM-88-1.00 Converted/Updated to: 88-1.03 Date of Last Calibration: 07/28/99
 PO #: _____ Customer Eqpt ID#: _____ Calibration Due Date: _____ QA Code: 00 10CFR21: _____

AS-Received By: JO FINAL Test By: JK Test By: _____
 Date: 12/20/00 Rh: 72 Date: 12-29-00 Rh: 84 Date: _____ Rh: _____
 Ambient Temperature: 74 Ambient Temperature: 72 Ambient Temperature: _____
 Within spec: YES NO NA Within spec: YES NO Within spec: YES NO

ABSOLUTE PRESSURE TEST (in Hg) TEST METER TOLERANCE = ± 2.0 % ± .1 in Hg AS-RCVD TEST WITHIN SPEC YES NO N/A
 Pressure Standard: Heise #2 S/N: 41741/42451 Calibration Date: 10/05/00 Calibration Due Date: 10/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #4 S/N: 41743/42453 Calibration Date: 10/10/00 Calibration Due Date: 10/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #6 S/N: 41742/42452 Calibration Date: 11/14/00 Calibration Due Date: 11/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #8 S/N: 42186/43328 Calibration Date: 04/14/00 Calibration Due Date: 04/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #10 S/N: 42203/43352 Calibration Date: 05/09/00 Calibration Due Date: 05/2001 As-Recvd Test 2 Final
 Above Heise used for Absolute Pressure Set Points Rated Accuracy: 0.05% fs (0.02 in Hg) Uncertainty: < 0.01 in Hg

| Approx Set Point | Standard | Test Meter | % Diff | Standard | Test Meter | % Diff | Standard | Test Meter | % Diff |
|------------------|----------|------------|--------|----------|------------|--------|----------|------------|--------|
| 14.0 | 13.50 | 13.4 | -0.74 | 14.20 | 14.1 | -0.70 | | | |
| 28.4 | 28.59 | 28.4 | -0.66 | 28.61 | 28.5 | -0.38 | | | |
| 40.0 | 40.27 | 39.9 | -0.72 | 41.32 | 41.0 | -0.76 | | | |

DIFFERENTIAL PRESSURE TEST (in wc) TEST METER TOLERANCE = ± 2.0 % ± 0.001 in wc AS-RCVD TEST WITHIN SPEC YES NO N/A
 Pressure Standard: Heise #1 S/N: 41739/42449 Calibration Date: 10/03/00 Calibration Due Date: 10/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #3 S/N: 41738/42448 Calibration Date: 10/19/00 Calibration Due Date: 10/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #5 S/N: 41740/42450 Calibration Date: 11/14/00 Calibration Due Date: 11/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #7 S/N: 42185/42188 Calibration Date: 04/14/00 Calibration Due Date: 04/2001 As-Recvd Test 2 Final
 Pressure Standard: Heise #9 S/N: 42202/43351 Calibration Date: 05/09/00 Calibration Due Date: 05/2001 As-Recvd Test 2 Final
 Above Heise used for 0.05 in wc Differential Pressure Set Point Rated Accuracy: 0.07% fs (0.000175 in wc) Uncertainty: < 0.00068

Pressure Standard: AirData Multimeter S/N: M98455 Calibration Date: 09/18/00 Calibration Due Date: 09/2001 As-Recvd Test 2 Final
 Pressure Standard: AirData Multimeter S/N: M98099 Calibration Date: 09/19/00 Calibration Due Date: 09/2001 As-Recvd Test 2 Final
 Pressure Standard: AirData Multimeter S/N: M98328 Calibration Date: 11/21/00 Calibration Due Date: 11/2001 As-Recvd Test 2 Final
 Pressure Standard: AirData Multimeter S/N: M99420 Calibration Date: 09/16/00 Calibration Due Date: 09/2001 As-Recvd Test 2 Final
 Rated Accuracy: Differential Pressure ± 0.5 % ± 0.0001 in wc Uncertainty: See Uncertainty Table

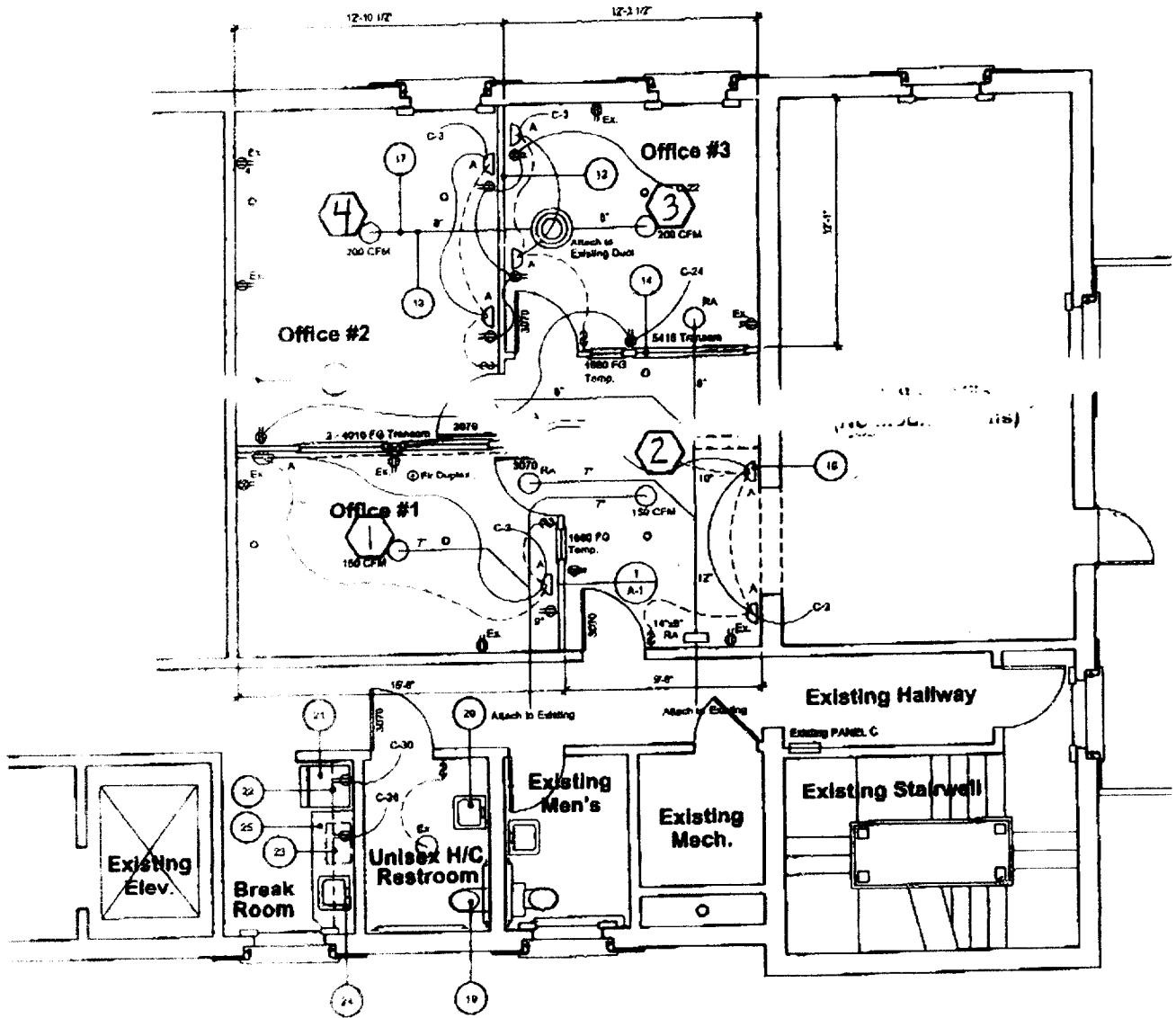
| Approx Set Pt | Standard | Test Meter | % Diff | Standard | Test Meter | % Diff | Standard | Test Meter | % Diff |
|---------------|----------|------------|--------|----------|------------|--------|----------|------------|--------|
| 0500 | 0510 | 0509 | -0.20 | 0502 | 0502 | 0 | | | |
| 1250 | 1265 | 1267 | 0.16 | 1254 | 1256 | 0.16 | | | |
| 2250 | 2259 | 2262 | 0.35 | 2225 | 2238 | 0.3 | | | |
| 2700 | 2715 | 2715 | 0.07 | 2755 | 2758 | 0.11 | | | |
| 2000 | 2032 | 2032 | 0 | 2009 | 2011 | 0.10 | | | |
| 3600 | 3665 | 3659 | -0.16 | 3652 | 3650 | -0.05 | | | |
| 4400 | 4443 | 4425 | -0.41 | 4423 | 4415 | -0.18 | | | |
| 2700 | 2712 | 2699 | -0.48 | 2729 | 2725 | -0.15 | | | |
| 50.00 | 50.46 | 50.20 | -0.52 | 51.23 | 51.11 | -0.23 | | | |
| Overrange | ✓ | ✓ | | ✓ | ✓ | | | | |

LOW VELOCITY/FLOW CONFIRMATION (AIRFOIL/FLOW MODE) TEST METER TOLERANCE = ± 3.0 % ± 7 FPM/CFM AS-RCVD TEST WITHIN SPEC YES NO N/A
 Vel/Flow Standard: AirData Multimeter S/N: M98455 Calibration Date: 09/18/00 Calibration Due Date: 09/2001 As-Recvd Test 2 Final
 Vel/Flow Standard: AirData Multimeter S/N: M98099 Calibration Date: 09/19/00 Calibration Due Date: 09/2001 As-Recvd Test 2 Final
 Vel/Flow Standard: AirData Multimeter S/N: M98328 Calibration Date: 11/21/00 Calibration Due Date: 11/2001 As-Recvd Test 2 Final
 Vel/Flow Standard: AirData Multimeter S/N: M99420 Calibration Date: 09/16/00 Calibration Due Date: 09/2001 As-Recvd Test 2 Final
 Rated Accuracy: Velocity ± 2.0 % ± 3 fpm Flow ± 2.0 % ± 3 cfm Uncertainty: See Uncertainty Table

| Approx Set Point | Standard | Test Meter | Diff | Standard | Test Meter | Diff | Standard | Test Meter | Diff |
|------------------|----------|------------|------|----------|------------|------|----------|------------|------|
| 100 | 124.3 | 127 | 2.7 | 110.9 | 112 | 1.1 | | | |
| 500 | 523.8 | 527 | 0.8 | 539.0 | 541 | 2.0 | | | |

ADM-870 and ADM-860 AirData Multimeters are read in AirFoil Mode. ADM-850 and CFM-88 meters are read in air flow.

Shortridge Instruments, Inc.
 7855 East Redfield Road, Scottsdale, Arizona 85280



NOTE: Unisex Restroom Layout does NOT meet specific provisions of the current ADA or CBC.

Proposed Floor Plan 1,074 sq. ft.

AIRDATA MULTIMETER/FLOWMETER CERTIFICATE OF RECALIBRATION

S/N: M941006
Order #: 2003155

TEMPERATURE TEST - AIRDATA MULTIMETER (°F)
TEST METER TOLERANCE = ± 0.2° F AS-RCVD TEST WITHIN SPEC **YES** NO N/A

| | | | | | | |
|------------------------|------------------------------|-------------------------------|----------------------|--------------------|-------|----------|
| RTD Simulator: S/N 249 | Calibration Date: 01/05/2000 | Calibration Due Date: 01/2002 | As-Rcvd Test 2 Final | Set Point: 35.6° F | 95° F | 154.4° F |
| RTD Simulator: S/N 290 | Calibration Date: 01/05/2000 | Calibration Due Date: 01/2002 | As-Rcvd Test 2 Final | Set Point: 35.6° F | 95° F | 154.4° F |
| RTD Simulator: S/N 253 | Calibration Date: 03/09/2000 | Calibration Due Date: 03/2002 | As-Rcvd Test 2 Final | Set Point: 35.6° F | 95° F | 154.4° F |
| RTD Simulator: S/N 254 | Calibration Date: 03/09/2000 | Calibration Due Date: 03/2002 | As-Rcvd Test 2 Final | Set Point: 35.6° F | 95° F | 154.4° F |
| RTD Simulator: S/N 256 | Calibration Date: 03/09/2000 | Calibration Due Date: 03/2002 | As-Rcvd Test 2 Final | Set Point: 35.6° F | 95° F | 154.4° F |
| RTD Simulator: S/N 257 | Calibration Date: 03/09/2000 | Calibration Due Date: 03/2002 | As-Rcvd Test 2 Final | Set Point: 35.6° F | 95° F | 154.4° F |

Rated Accuracy: 0.005% of setting Uncertainty: < 33 ppm

| RTD Simulator Temperature Equivalent Set Point | Test Meter | Diff | Test Meter | Diff | Test Meter | Diff |
|--|------------|------|------------|------|------------|------|
| 35.60 | 35.6 | 0 | 35.6 | 0 | | |
| 95.00 | 95.0 | 0 | 95.0 | 0 | | |
| 154.40 | 154.2 | -0.2 | 154.4 | 0 | | |

TEMPERATURE TEST OF CUSTOMER'S TEMPORARY
TEMPORARY TOLERANCE = ± 0.3° F AS-RCVD TEST WITHIN SPEC YES NO **N/A**

| | | | | | |
|---|----------------------------|-----------------------|------------------|-------|--------|
| Thermometer S/N 82143/Thermistor S/N 871513 | Calibration Date: 02/24/99 | Cal Due Date: 02/2001 | Set Point: 35° F | 95° F | 155° F |
| Thermometer S/N 8A098/Thermistor S/N 881708 | Calibration Date: 09/28/00 | Cal Due Date: 10/2002 | Set Point: 35° F | 95° F | 155° F |
| Thermometer S/N 82143/Thermistor S/N 850104 | Calibration Date: 02/16/99 | Cal Due Date: 02/2001 | Set Point: 35° F | 95° F | 155° F |
| Thermometer S/N 88104/Thermistor S/N 871507 | Calibration Date: 11/06/00 | Cal Due Date: 11/2002 | Set Point: 35° F | 95° F | 155° F |

Above Temperature Standards: Rated Accuracy: 0.023° F/0.018° F Combined Uncertainty: < 0.023° F

| | | | | | |
|---|----------------------------|-----------------------|------------------|-------|--------|
| Temperature Standard AirData Multimeter S/N: M00138 | Calibration Date: 03/14/00 | Cal Due Date: 03/2001 | Set Point: 35° F | 95° F | 155° F |
| Temperature Standard AirData Multimeter S/N: M06100 | Calibration Date: 05/09/00 | Cal Due Date: 03/2001 | Set Point: 35° F | 95° F | 155° F |

Above Temperature Standards: Rated Accuracy: 0.03° F Uncertainty: < 0.023° F
Total combined Uncertainty for TempProbe testing: < 0.0285

| Approx Set Point | Standard | TempProbe | Diff | Standard | TempProbe | Diff | Standard | TempProbe | Diff |
|------------------|----------|-----------|------|----------|-----------|------|----------|-----------|------|
| 35.0 | | | | | | | | | |
| 95.0 | | | | | | | | | |
| 155.0 | | | | | | | | | |

UNCERTAINTY TABLE - PRESSURE, VELOCITY/FLOW FOR ALL AIRDATA MULTIMETER CALIBRATION STANDARDS

| Mode | Differential Pressure (in wc) | | | | | | | Absolute Pressure (in Hg) | | | Velocity | | Flow | | |
|----------------------|-------------------------------|----------|----------|---------|---------|---------|--------|---------------------------|-------|-------|----------|--------|-------|-------|-------|
| | .1250 | .2250 | .2700 | 2.800 | 3.800 | 4.400 | 27.00 | 50.00 | 14.0 | 28.4 | 40.0 | 100 | 500 | 100 | 500 |
| 2 X U _{95%} | < .00082 | < .00023 | < .00031 | < .0005 | < .0015 | < .0023 | < .008 | < .007 | < .02 | < .02 | < .02 | < 2.25 | < 2.5 | < 4.4 | < 5.0 |

All Uncertainties are expressed in expanded terms (twice the calculated uncertainty). Uncertainties shown for Low Velocity/Flow Confirmation represent Uncertainty of the Transfer Standard Meter exposed to the pressure source only.

NOTES: _____

Procedure used: Recalibration Procedure for AirData Multimeters SIP-CP02 Revision: 20 Dated: 11/30/2000

This instrument has been calibrated using Calibration Standards which are traceable to NIST (National Institute of Standards and Technology). Quality Assurance Program and calibration procedures meet the requirements for 10CFR80 Appendix B; ANSI/N45.2; ANSI/NCSL Z540-1-1994; MIL-STD 45862A and manufacturer's specifications. Calibration accuracy is certified when meters are used with properly functioning accessories only. This report shall not be reproduced, except in full, without the written approval of Shortridge Instruments, Inc. Results relate only to the item calibrated.

Limitations on use: See Shortridge Instruments, Inc. Instruction Manual for the use of AirData Multimeters
Calibration Technician(s): L. Brandon L. Lohmeyer Calibration Date: 12-29-2000
Calibration Approved by: [Signature] Title: Sen MGR Date: 12-2001

Shortridge Instruments, Inc.
7855 E. Redfield Rd Scottsdale, AZ 85260
(480) 991-8744 Fax (480) 443-1267

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-30-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

112 'J' ST # 202

Has been conducted by Inspector

A Wilborn

On

1-23-01

00-09893-194
Permit Number

674
Square Footage

Remodel
Type of Inspection

They system is acceptable by this department.

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

TI-826
F.D. Reference Number