

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100031

Insp Area: I

Site Address: 2111 Q ST SAC

Parcel No: 007-0321-014

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

LUPPEN AND HAWLEY INC
7400 14TH AV
SACRAMENTO CA 95820

OWNER

MCCLATCHY NEWSPAPERS
2111 Q ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: INSTALL 2 NEW HVAC UNITS SPLIT SYS

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 C-20 License Number #100 Date 1-10-01 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.

X Date 1-10-01 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.

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 692-00-0002097 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 1-10-01 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.

Date of Request: 1/2/01
By: Ken Seaton

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project
Address: 2111 Q Street Sac CA 95814

Assessor's Parcel Number: 007-0321-01A/015

Previous Use: office space

Description of Request/Proposed Use: T.I., incl. condensing units
outdoor on pad w/ bollards; all other work is
interior

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): none
Zoning Designation: C-2

Comments: new units are located behind exist. units,
will not be visible from street

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: Phil Reed 1/2/01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 3-27-01
PAGE 1
UNIT FC-2

FAN TEST SHEET

AREA SERVED _____

INSTALLED EQUIPMENT

MOTOR NAMEPLATE DATA

MFG	GE		
HP	3/4	V	115
PH	1	SF	-
FLA	14.6	RPM	-
MOTOR FRAME #			
SHEAVE DATA: MOTOR			
DIA		SHAFT	
ADJ P.D.		FIXED	
BELT CENTER LINE			

SCHEDULED/SUBMITTED DATA

FAN CFM	1600
TSP/ESP	.8
RPM	
BHP	
R.A.	
O.S.A.	150

MOTOR TEST DATA

VOLTS	120
AMPS	10.5
RPM	
BHP	
SPEED SET.	MED H / HIGH

FAN NAMEPLATE DATA

MFG	CARRIER		
MODEL	56M XA 080		
TYPE			
SIZE			
SERIAL #	2900A 06604		
SHEAVE DATA: FAN			
DIA		SHAFT	
BELTS			
DIRECT DRIVE	<input checked="" type="checkbox"/>		

DESIGN OUTLET/INLET

TOTAL CFM	1600
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TESTED OUTLET/INLET

TOTAL CFM	1600
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TRAVERSE TOTAL

TOTAL CFM	NT
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FAN TEST DATA

RPM	DD
SP-	.16
SP+	.23
TSP/ESP	.39
FILTER SP	.09
CFM TOTAL	1600
CFM RA	1440
CFM OA MIN.	160

ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					FPM VEL	CFM	FPM VEL	CFM
	1	CD	12x12		400		410	
	2						380	
	3						410	
	4						400	
		total	Supply		1600		1600	
	5	CR	16" ø		1100		1080	
	6		12" ø		350		360	
		total	Return		1450		1440	

Remarks: _____

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 3-27-01
PAGE 2
UNIT FC-3

FAN TEST SHEET

AREA SERVED _____

INSTALLED EQUIPMENT _____

MOTOR NAMEPLATE DATA

MFG	GE		
HP	1/2	V	115
PH		SF	
FLA	10.1	RPM	
MOTOR FRAME #			
SHEAVE DATA: MOTOR			
DIA		SHAFT	
ADJ P.D.		FIXED	
BELT CENTER LINE			

SCHEDULED/SUBMITTED DATA

FAN CFM	1200
TSP/ESP	.8
RPM	
BHP	
R.A.	
O.S.A.	300

MOTOR TEST DATA

VOLTS	120
AMPS	8.6
RPM	
BHP	
SPEED SET.	MED LOW/HIGH

FAN TEST DATA

RPM	DD
SP-	.19
SP+	.24
TSP/ESP	.43
FILTER SP	.09
CFM TOTAL	1265
CFM RA	940
CFM OA MIN.	325

FAN NAMEPLATE DATA

MFG	CARRIER
MODEL	502 MK A 080
TYPE	
SIZE	
SERIAL #	3700A00485
SHEAVE DATA: FAN	
DIA	SHAFT
BELTS	
DIRECT DRIVE	<input checked="" type="checkbox"/>

DESIGN OUTLET/INLET

TOTAL CFM	1200
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TESTED OUTLET/INLET

TOTAL CFM	1265
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TRAVERSE TOTAL

TOTAL CFM	NT
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ROOM NO.	OUTLET NO.	CODE	SIZE	EFFECTIVE AREA	REQUIRED		TESTED	
					FPM VEL	CFM	FPM VEL	CFM
	1	CD	9x9			150	160	
	2		1			150	165	
	3		12x12			300	315	
	4		9x9			200	220	
	5		1			200	195	
	6		1			200	210	
		TOTAL	Supply			1200	1265	
	7	CR	12" d			300	310	
	8					200	210	
	9					200	210	
	10					200	210	
		TOTAL	Return			900	940	

Remarks: _____

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 3-27-01
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UNIT EXISTING

VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL		FULL HEAT		
					Required FPM Vel	CFM	Tested FPM Vel	CFM	Required CFM
	1	CD	12x12		300		320		
	2				300		310		
	3				300		320		
	4				300		290		
	5				300		310		
	6				300		275		
	7				300		315		
	8				300		310		
	9				300		320		
	10				300		310		
	11				300		300		
		TOTAL	Supply			3300		3380	
	12	CR	24x24	3.36	379	1275	435	1462	
	13					1275	430	1449	
		Return	Return			2550		2911	

Remarks: