

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0009008

Insp Area: 4

Site Address: 1400 RIVER PARK DR SAC

Parcel No: 277-0287-032

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

REINKE CONSTRUCTION
8240 BELVEDERE AVE
SACTO CA 95826

OWNER

CA. VET. MED. ASSOC.
P.O. BOX 620857
ORANGEVALE CA.

ARCHITECT

Nature of Work: INTERIOR AND EXTERIOR EXISTING BLDG. ADDING 135 SQ. FT.

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-1 License Number 44 Date 9-20-00 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 9-20-00 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.

[Signature] 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 1601178-00 Exp Date 07 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 9-20-00 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1400 RIVER PARK DR Permit No. 00-09008

Building Use OFFICE Occupancy: B

Building Owner: CAMILL MEDICAL ASSOC. Construction Type: V-N

Owner Address: P.O. BOX 620857 ORANGEVALE, CA Sprinkled? [] Yes [] No

Portion of Building Occupied: _____ Area: 15448 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy

1-24-01 Willie Harris

DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

(City Approvals MW, AC, JNE, MUESE)

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

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 # 0009008	Insp. Area 4L
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1400 RIVER PARK DR Suite _____
 PARCEL # 277 0287 032

<p style="text-align: center;">CONTACT</p> <p>Name <u>JEFF CECIL</u></p> <p>Street Address <u>SEE BELOW</u></p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>616274</u></p> <p>Name TO BE ANNOUNCED <u>REINKE CONST</u></p> <p>Address <u>8240 BELVEDERE AVE</u></p> <p>City/State/Zip <u>SACRTO, CA 95826</u></p> <p>Phone <u>(916) 736 2600</u> FAX <u>(916) 736 2627</u></p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>JEFF CECIL</u></p> <p>Address <u>1800 27TH ST</u></p> <p>City/State/Zip <u>SACRAMENTO CA</u></p> <p>Phone <u>736 6920</u> FAX <u>736 6924</u></p> <p>E-mail: <u>JEFF@ARKTEGRAF.COM</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>CALIF. VETERINARY MEDICAL ASSOCIATION</u></p> <p>Address <u>P.O. BOX 620857</u></p> <p>City/State/Zip <u>ORANGEVALE CA</u></p> <p>Phone <u>916 635 5495</u> FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: REMODEL INTERIOR & EXTERIOR EXISTING BLDG
ADDING 135 SQFT OF FLOOR AREA

EXISTING PATIO AREA FOR 135A

OCCUPANT/TENANT: CA. VET. MED. ASSOC. VALUATION: \$ 250,000.

FLOOD STATUS:		S.C.A.T. <u>XII, XII, XII</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM RE	SW	FIRE <u>ADD</u>	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <u>N</u>		Fed Code	Vio. File
<u>2</u>		<u>15,448</u>		<u>B</u>	<u>V-N</u>	SPR	ALARM	<u>15</u>	[H] [Quad]
<u>B</u>	<u>D</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL

COMMENTS: Med Gas Letter?
School fees per.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1400 River Park Drive

Assessor's Parcel Number: 277-0287-032

Previous Use: OFFICES

Description of Request/Proposed Use: T.I. & EXTERIOR

REHAB /

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): 200-081 Zoning Designation: OBKPD

Comments: No permit issuance until Min. mod for conditions for 200-081 accepted. complete.

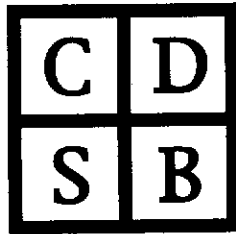
Are There Any Planning Issues?: (circle one) YES NO

- * 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: D Decker 8/4/00

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

MICROFILM AFTER FINAL



C E R T I F I E D • D E S I G N • S Y S T E M • B A L A N C E

COMPLETION REPORT

December 21, 2000

JOB DESCRIPTION: California Veterinary Medical Association
1400 River Park Drive
Sacramento, CA 95816

CONTRACTOR: River City Heating & Air Conditioning

ARCHITECT: ARKTEGRAF, INC.

ENGINEER: Sacramento Engineering Consultants, Inc.

TEST PERFORMED BY: Gary Oulrey

CHECKED BY: *Gary Oulrey*
GARY OULREY

GENERAL NOTES SHEET

The vav in conference room 1, was not installed. RTU C-13 is dedicated to the room.

Some outlets quantities were increased and additional outlets were installed to accommodate the up sized units. The changes are shown on the floor plans.

A new roof exhaust fan was installed. It was up sized but is still short on air. The shaft that serves the first floor measures 8"x 8". Balance dampers were installed on the second floor and all existing ductwork was sealed.

All outside air dampers were set and marked.

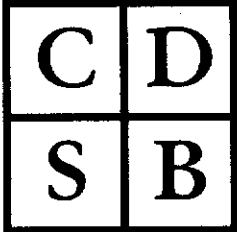
A Shortridge Electronic Flowhood was used to measure all supply return/exhaust terminal units unless noted otherwise.

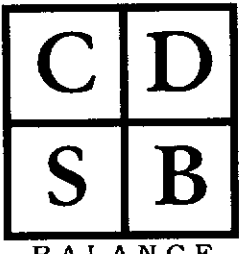
A Fluke multi meter was used to measure all voltages and amperages.

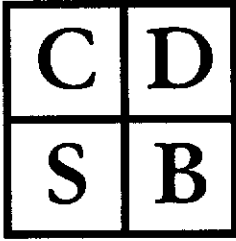
A Zernickow tachometer was used to measure rotational speed.

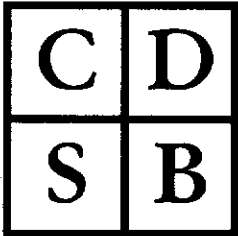
BALANCE REPORT ABBREVIATIONS

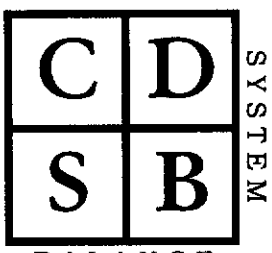
CD	CEILING DIFFUSER
CEG	CEILING EXHAUST GRILLE
CER	CEILING EXHAUST REGISTER
CRG	CEILING RETURN GRILLE
CSR	CEILING SUPPLY REGISTER
DNA	DATA NOT AVAILABLE
DNL	DATA NOT LISTED
FEG	FLOOR EXHAUST GRILLE
FRR	FLOOR RETURN REGISTER
FSR	FLOOR SUPPLY REGISTER
NA	NON ACCESSIBLE
NI	NOT INSTALLED
NT	NOT TAKEN, DUE 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

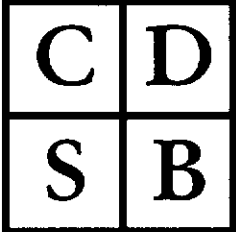
DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD00-0404							
					SECTION	PAGE 4						
	FAN AND OUTLET TEST SHEET				DATE 12/20/2000							
AREA SERVED				LOOBY, RECEPTION, TOILETS				UNIT C-1				
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG A.O. SMITH				VOLTS			216					
HP	3/4	V	208 FLA	5.0	AMPS			2.85				
PH	1	SF	THERM	RPM	3speed	BHP			-			
SHEAVE DATA												
DIA		SHAFT										
ADJ		% FIXED										
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH		LOW					
MODEL D7CG048N06025A				SP -	-		0.22					
TYPE PACKAGE				SP +	-		0.31					
SIZE 3 TON				ESP	-		0.53					
SHEAVE DATA				FILTER SP	-		0.04					
DIA		SHAFT		CFM TOTAL	1544		1308					
BELTS				CFM RA	1298		818					
				CFM OA MIN.	246		490					
FAN SUBMITTAL DATA				CFM	1200	SP	0.60	RPM	LOW	BHP	-	
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	6X6		75		156		82			
	2	CD	12X12		525		511		536			
	3	CD	9X9		175		256		152			
	4	CD	9X9		175		249		156			
	5	CD	9X9		350		372		382			
C-1 SUPPLY AIR TOTAL					1300		1544		1308			
	6	CRR	22X22		520		581		545			
	7	CRR	22X22		280		717		273			
C-1 RETURN AIR TOTAL					800		1298		818			
		OSA			500		246		490			
REMARKS DESIGN MIN OSA 220. OUTLETS 3 & 4 WERE LEFT LOW BECAUSE OF THE LOW EXHAUST AIR TOTAL.												

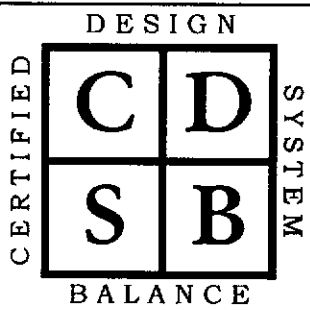
DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD00-0404							
	FAN AND OUTLET TEST SHEET				SECTION	PAGE 5						
AREA SERVED OFFICE'S 4, 5, 6, & 7, CORRIDOR				UNIT C-3								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG A.O. SMITH				VOLTS			216					
HP 3/4 V 208 FLA 5.0				AMPS			3.14					
PH 1 SF THERM RPM 3speed				BHP			-					
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH		HIGH					
MODEL D7CG048N06025A				SP -	-		0.28					
TYPE PACKAGE				SP +	-		0.26					
SIZE 4 TON				ESP	-		0.54					
SHEAVE DATA												
DIA SHAFT				CFM TOTAL	1634		1591					
BELTS				CFM RA	1356		1322					
				CFM OA MIN.	278		269					
FAN SUBMITTAL DATA				CFM 1600	SP HIGH	RPM 0.55	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	9X9		250		343		362			
	2	CD	9X9		250		460		361			
	3	CD	9X9		250		364		368			
	4	CD	9X9		250		359		368			
	5	CD	6X6		100		108		132			
C-3 SUPPLY AIR TOTAL					1100		1634		1591			
	6	CRR	22X22		230		405		306			
	7	CRR	22X22		230		269		296			
	8	CRR	22X22		230		241		293			
	9	CRR	22X22		230		370		304			
	10	CRR	22X22		90		71		123			
C-3 RETURN AIR TOTAL					1010		1356		1322			
		OSA			90		278		269			
REMARKS DESIGN MIN OSA 250												

DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD00-0404							
	FAN AND OUTLET TEST SHEET				SECTION 	PAGE 6						
AREA SERVED COPY, FILE RM., OFFICE 14, UCD, TOILET, WS4				DATE 12/20/2000								
UNIT C-4												
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1	TEST 2	TEST 3					
MFG A.O. SMITH				VOLTS		216						
HP 1/2 V 208 FLA 4.40				AMPS		2.52						
PH 1 SF THERM RPM 3speed				BHP		-						
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH	MED						
MODEL D7CG036N04025				SP -	-	0.41						
TYPE PACKAGE				SP +	-	0.22						
SIZE 3 TON				ESP	-	0.63						
SHEAVE DATA				FILTER SP	-	0.05						
DIA SHAFT				CFM TOTAL	1305	1078						
BELTS				CFM RA	997	847						
				CFM OA MIN.	308	231						
FAN SUBMITTAL DATA				CFM 1200	SP 0.60	RPM LOW	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	9X9		200		175		203			
	2	CD	9X9		200		325		222			
	3	CD	6X6		50		99		54			
	4	CD	9X9		150		204		162			
	5	CD	6X6		50		86		54			
	6	CD	6X6		150		168		161			
	7	CD	9X9		200		248		222			
C-4 SUPPLY AIR TOTAL					1000		1305		1078			
	8	CRR	22X22		650		697		708			
	9	CRR	22X22		130		300		139			
C-4 RETURN AIR TOTAL					780		997		847			
		OSA			220		308		231			
REMARKS DESIGN MIN OSA 220												

DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD00-0404							
					SECTION		PAGE 7					
	FAN AND OUTLET TEST SHEET				DATE 12/20/2000							
AREA SERVED OFFICE'S 8, 9, 10, 11, 12, & 13				UNIT C-5								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG A.O. SMITH				VOLTS			216					
HP	1	V	208 FLA	6.60	AMPS			4.62				
PH	1	SF	THERM RPM	3speed	BHP			-				
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG	YORK			RPM	HIGH		HIGH					
MODEL	D7CG060N07925A			SP -	-		0.35					
TYPE	PACKAGE			SP +	-		0.37					
SIZE	5 TON			ESP	-		0.72					
SHEAVE DATA				FILTER SP		-		0.10				
DIA SHAFT				CFM TOTAL		1787		1697				
BELTS				CFM RA		1640		1316				
				CFM OA MIN.		147		381				
FAN SUBMITTAL DATA				CFM	2000	SP	0.45	RPM	HIGH	BHP	-	
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	12X12		300		379		283			
	2	CD	12X12		300		358		281			
	3	CD	12X12		300		352		281			
	4	CD	12X12		300		232		279			
	5	CD	12X12		300		252		291			
	6	CD	12X12		300		214		282			
C-5 SUPPLY AIR TOTAL						1800		1787		1697		
	7	CRR	22X22		280		372		217			
	8	CRR	22X22		280		309		214			
	9	CRR	22X22		280		297		226			
	10	CRR	22X22		280		294		233			
	11	CRR	22X22		280		154		217			
	12	CRR	22X22		280		214		209			
C-5 RETURN AIR TOTAL						1680		1640		1316		
		OSA			400		147		381			
REMARKS DESIGN MIN OSA 300												

	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD00-0404							
	FAN AND OUTLET TEST SHEET				SECTION		PAGE 8					
					DATE 12/20/2000							
AREA SERVED JAN., STOR., CONF. 2, COFFEE, STAFF LOUNGE, WS1					UNIT C-8							
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1		TEST 2		TEST 3			
MFG A.O. SMITH				VOLTS			216					
HP 1.0 V 208 FLA 6.60				AMPS			4.74					
PH 1 SF THERM RPM 3speed				BHP			-					
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH		HIGH					
MODEL D7CG060N07925N				SP -	-		0.41					
TYPE PACKAGE				SP +	-		0.36					
SIZE 5 TON				ESP	-		0.77					
SHEAVE DATA				FILTER SP	-		0.07					
DIA SHAFT				CFM TOTAL	1688		1628					
BELTS				CFM RA	1397		1163					
				CFM OA MIN.	291		465					
FAN SUBMITTAL DATA				CFM 2000	SP 0.45	RPM HIGH	BHP		-			
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	10X10		150		136		132			
	2	CD	6X6		40		87		38			
	3	CD	12X12		300		479		277			
	4	CD	9X9		210		180		193			
	5	CD	12X12		400		246		365			
	6	CD	9X9		100		77		91			
	7	CD	12X12		300		234		279			
	8	CD	12X12		280		249		253			
C-8 SUPPLY AIR TOTAL					1780		1688		1628			
REMARKS DESIGN MIN OSA 450												

CERTIFIED  BALANCE	DESIGN SYSTEM CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317				SB JOB NO. CD00-0404							
					SECTION		PAGE 10					
	FAN AND OUTLET TEST SHEET				DATE 12/20/2000							
AREA SERVED OFFICE'S 1 & 3				UNIT C-9								
MOTOR NAMEPLATE DATA				DATA ITEM	TEST 1	TEST 2	TEST 3					
MFG A.O. SMITH				VOLTS		216						
HP 3/4 V 208 FLA 5.00				AMPS		3.13						
PH 1 SF THERM RPM 3speed				BHP		-						
SHEAVE DATA												
DIA SHAFT												
ADJ % FIXED												
FAN NAMEPLATE DATA												
MFG YORK				RPM	HIGH	HIGH						
MODEL D7CG048N06025A				SP -	-	0.24						
TYPE PACKAGE				SP +	-	0.37						
SIZE 4 TON				ESP	-	0.61						
SHEAVE DATA				FILTER SP	-	0.05						
DIA SHAFT				CFM TOTAL	1456	1460						
BELTS				CFM RA	1243	1203						
				CFM OA MIN.	213	257						
FAN SUBMITTAL DATA				CFM 1600	SP 0.55	RPM HIGH	BHP -					
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CD	12X12		500		653		673			
	2	CD	12X12		300		353		382			
	3	CD	12X12		300		450		405			
C-9 SUPPLY AIR TOTAL					1100		1456		1460			
	4	CRR	22X22		400		563		552			
	5	CRR	22X22		450		680		651			
C-9 RETURN AIR TOTAL					850		1243		1203			
		OSA			250		213		257			
REMARKS DESING MIN OSA 250												



CERTIFIED * DESIGN * SYSTEM * BALANCE
 P.O. BOX 1249
 CITRUS HEIGHTS, CA 95611-1249
 PHONE/FAX (916) 725-6317

SB JOB NO.
 CD00-0404

SECTION	PAGE
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FAN AND OUTLET TEST SHEET

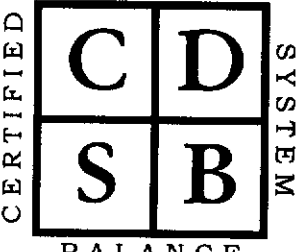
DATE
 12/20/2000

AREA SERVED CONFERENCE 1

UNIT C-13

MOTOR NAMEPLATE DATA						DATA ITEM	TEST 1	TEST 2	TEST 3				
MFG	A.O. SMITH					VOLTS		216					
HP	1/2	V	208	FLA	2.60	AMPS		1.39					
PH	1	SF	THERM	RPM	3speed	BHP		-					
SHEAVE DATA													
DIA	SHAFT												
ADJ	% FIXED												
FAN NAMEPLATE DATA													
MFG	YORK					RPM	MED	MED					
MODEL	D1NAO24N03606C					SP -	-	0.09					
TYPE	PACKAGE					SP +	-	0.23					
SIZE	2 TON					ESP	-	0.32					
SHEAVE DATA						FILTER SP	-	0.05					
DIA	SHAFT					CFM TOTAL	778	766					
BELTS						CFM RA	611	458					
						CFM OA MIN.	167	308					
FAN SUBMITTAL DATA						CFM	769	SP	0.40	RPM	MED	BHP	-
ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3		
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
	1	CD	24X10			250		282		238			
	2	CD	24X10			250		207		251			
	3	CD	24X10			250		289		277			
C-13 SUPPLY AIR TOTAL							750		778		766		
	4	CRR	22X22			450		611		458			
C-13 RETURN AIR TOTAL							450		611		458		
OSA							300		167		308		

REMARKS DESIGN MIN OSA 300

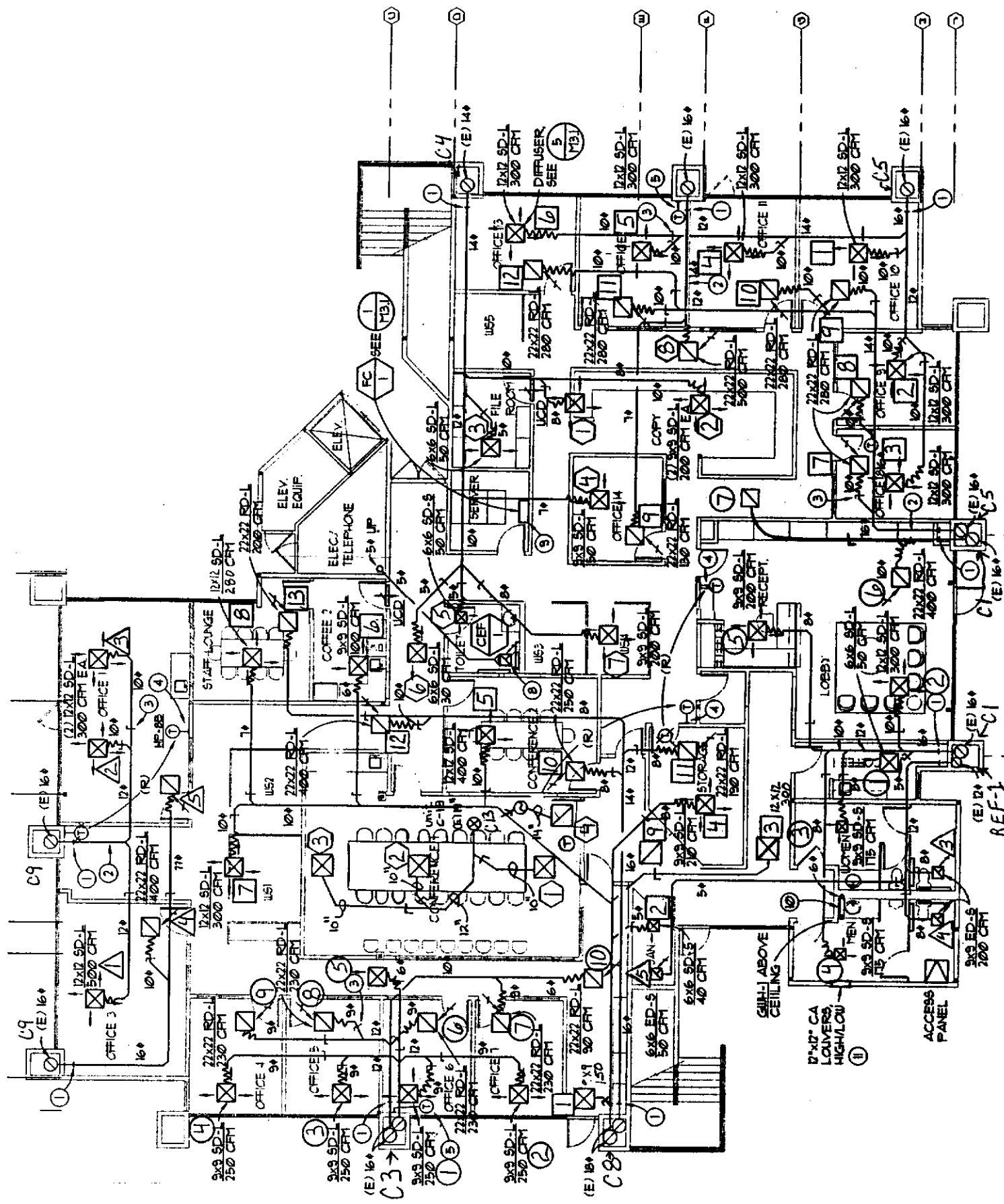
DESIGN  BALANCE	CERTIFIED * DESIGN * SYSTEM * BALANCE P.O. BOX 1249 CITRUS HEIGHTS, CA 95611-1249 PHONE/FAX (916) 725-6317		SB JOB NO. CD00-0404	
			SECTION	PAGE 13
FAN AND OUTLET TEST SHEET			DATE 12/20/2000	

AREA SERVED MEN'S & WOMEN'S TOILETS, JANITOR	UNIT REF 1
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MOTOR NAMEPLATE DATA						DATA ITEM	TEST 1	TEST 2	TEST 3
MFG	McMILLAN					VOLTS		124	
HP	1/8	V	115	FLA	2.60	AMPS		2.31	
PH	1	SF	THERM	RPM	3speed	BHP		-	
SHEAVE DATA									
DIA	SHAFT								
ADJ	% FIXED								
FAN NAMEPLATE DATA									
MFG	GREENHECK					RPM	HIGH	HIGH	
MODEL	G-95-DSEX-QD					SP -	-	0.41	
TYPE	DOWN BLAST					SP +	-	-	
SIZE	-					ESP	-	-	
SHEAVE DATA						FILTER SP	-	-	
DIA	SHAFT					CFM TOTAL	808	694	
BELTS						CFM RA	-	-	
						CFM OA MIN.	-	-	
FAN SUBMITTAL DATA						CFM	SP	RPM	BHP

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	CEG	9X9			200		308		170		
	2	CEG	9X9			200		293		166		
	3	CEG	9X9			200		94		158		
	4	CEG	9X9			200		91		162		
	5	CEG	6X6			50		22		38		
REF 1 EXHAUST AIR TOTAL							850		808		694	

REMARKS A NEW UP SIZED FAN WAS INSTALLED TO REPLACED THE BURNT OUT FAN.
 THE STATIC TAKEN IN SHAFT. BALANCE DAMPERS WERE INSTALLED ON THE SECOND FLOOR.
 ALL EXISTING DUCTWORK WAS SEALED PRIOR TO TESTING. THE SHAFT IS NOT 12"Ø AS SHOWN ON
 PRINT. THE ACUAL SIZE IS 8" X 8".



REF-1

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1400 RIVER PARK DR Permit No. 0009008

Building Use: OFFICE/CA VET. MEDICAL ASSOC. Occupancy: B

Building Owner: CA. VETERINARY MEDICAL ASSOC Construction Type: V-N

Owner Address: P.O. BOX 620857 ORANGEVALE CA Sprinkled? [] Yes [X] No

Portion of Building Occupied: T.I. Area: 135 Sq. Ft.

12/7/01 W. Richardson DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: DB,RLB,AC,SB,GRS]

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