

CITY OF SACRAMENTO

New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: 0615796

Insp Area: 4

Thos Bros: 276J1

Site Address: 4450 DUCKHORN DR SAC St: STE B

Parcel No: 225-2100-003

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR
G.T CONSTRUCTION COMPANY
6131 WATT AVE
NORTH HIGHLANDS, CA 95660

OWNER
CHAN CHRISTOPHER
3072 TINTORERA WAY
SACRAMENTO, CA 9833

ARCHITECT

Nature of Work: 1ST TIME TI - DENTAL OFFICE, STE B (1600 SQ FT) - NON SPRINKLERED

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 783403 Date 10/26/06 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

PAID CITY OF SACRAMENTO OCT 26 2006 NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant has provided 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 constitute a determination of the legal 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 above mentioned property for inspection purposes.

Date 10-26-06 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 STATE COMPENSATION FUND Policy Number 1677631 Exp Date 01/01/2007

(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 10/26/06 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.

COPY

2005 CERTIFICATE OF ACCEPTANCE (Part 1 of 2) LTG-1-A

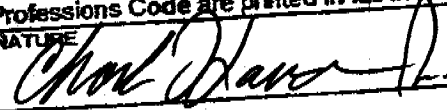
PROJECT NAME MELVIN W. WATERS DDS INC	DATE 1-26-07
PROJECT ADDRESS 4450 DUCKHORN STE B SACRAMENTO, CA	Checked by/Date Enforcement Agency Use
TESTING AUTHORITY CHARLES LAUDEMAN	
	TELEPHONE 916 339-9709

GENERAL INFORMATION		BLDG. CONDITIONED FLOOR AREA	CLIMATE ZONE
DATE OF BLDG. PERMIT 10-25-06	PERMIT # 0615796	1600	12
BUILDING TYPE	<input checked="" type="checkbox"/> NONRESIDENTIAL	<input type="checkbox"/> HIGH RISE RESIDENTIAL	<input type="checkbox"/> HOTEL/MOTEL GUEST ROOM
PHASE OF CONSTRUCTION	<input checked="" type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
			<input type="checkbox"/> UNCONDITIONED

STATEMENT OF ACCEPTANCE
 This Certificate of Acceptance summarizes the results of the acceptance tests related to building lighting requirements per Title 24, Part 6. (Sections 119(d), 119(e), 131(d))

- Please check one:
- I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am licensed in the State of California as a civil engineer or electrical engineer, or I am a licensed architect.
 - I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 or 6737.3 to sign this document as the person responsible for its preparation; and that I am a licensed contractor performing this work.
 - I affirm that I am eligible under the exemption to Division 3 of the business and Professions Code to sign this document because it pertains to a structure or type of work described pursuant to Business and Professions Code sections 5537, 5538, and 6737.1.

(These sections of the Business and Professions Code are printed in full in the Nonresidential Manual.)

TESTING AUTHORITY - NAME CHARLES LAUDEMAN	SIGNATURE 	DATE 1-26-07	LIC.# 783403
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INSTRUCTIONS TO APPLICANT
 For Detailed instructions on the use of this and all Energy efficiency Standards acceptance forms, please refer to the Nonresidential Manual published by the California Energy Commission.
 Part 1 of 2 - Statement of Acceptance
 Part 2 of 2 - Summary of Acceptance Tests

2005 CERTIFICATE OF ACCEPTANCE (Part 3 of 3) LTG-1-A

PROJECT NAME _____ DATE _____

SUMMARY OF ACCEPTANCE TESTING RESULTS

Certified	N/A	Testing Authority Certifies That:
Occupant & Motion Sensors		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The occupant sensors with ultrasonic radiation as a signal for sensing occupants shall meet the requirements of Standard Section 119.d.1.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The occupant sensors with microwave radiation as a signal for sensing occupants shall meet the requirements of Standard Section 119.d.2.
Automatic Daylighting Controls		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The continuous dimming control systems meet the requirements of Section 119(e).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The stepped dimming control systems meet the requirements of Section 119(e).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The stepped switching control systems meet the requirements of Section 119(e).
Automatic Time Switch Controls		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The automatic time switch control devices meet the requirements of 119(c).
Manual Daylighting Controls		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The manual daylighting controls meet the requirements of.....

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document LTG-2-A
Form of

PROJECT NAME MELVIN W. WALTERS DDS INC. DATE 1-26-07

- A. Select Acceptance Test (Indicate lighting control systems Names/Designations by the applicable tests below)
- 1 Occupancy Sensor
 - 2 Manual Daylighting Controls
 - 3 Automatic Time Switch Controls

	Applicable Lighting Control Systems		
	1	2	3
B. Equipment Testing Requirements			
Check and verify those items applicable to selected system:			
Occupancy Sensor - Step 1: Simulate an unoccupied condition			
a. Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 119(d)	Y (N)		
b. The occupant sensor does not trigger a false bn from movement in an area adjacent to the controlled space or from HVAC operation	Y (N)		
c. Signal sensitivity is adequate to achieve desired control	Y (N)		
Step 2: Simulate an occupied condition			
a. Status indicator or annunciator operates correctly	Y (N)		
b. Lights controlled by occupancy sensors turn on when immediately upon an occupied condition OR (this requirement is mutually exclusive with Step 2.c.)	Y (N)		
c. Sensor indicates space is occupied and lights turn on manually	Y (N)		
Step 3: System returned to initial operating conditions			
Manual Daylighting Controls - Step 1: Manual switching control			
a. At least 50% of lighting power in daylight areas is separately controlled from other lights		Y N Y/N Y/N	
b. The amount of light delivered to the space is uniformly reduced			
Step 2: System returned to initial operating conditions			
Automatic Time Switch Controls - Step 1: Simulate occupied condition			
a. All lights can be turned on and off by their respective area control switch			Y (N)
b. Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located			Y (N)
Step 2: Simulate unoccupied condition			
a. All non-exempt lighting turn off per Section 131(d)1			Y (N)
b. Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs			Y (N)
c. All non-exempt lighting turns off			Y (N)
Step 3: System returned to initial operating conditions			

Note: Shaded areas do not apply for particular test procedure

- C. PASS / FAIL Evaluation (check one):
- PASS: All applicable Construction Inspection responses are complete and all applicable Equipment Testing Requirements responses are positive (Y - yes)
 - FAIL: Any applicable Construction Inspection responses are incomplete OR there is one or more negative (N - no) responses in any applicable Equipment Testing Requirements section. Provide explanation below. Use and attach additional pages if necessary.

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE**Lighting Control Acceptance Document** **LTG-2-A**Form of

PROJECT NAME MELVIN W. WALTERS DDS INC	DATE 1-26-07
PROJECT ADDRESS 4450 DUCKHORN STE B SACRAMENTO, CA	
TESTING AUTHORITY CHARLES LAUDEMAN	TELEPHONE 916-339-9709
LIGHTING CONTROL SYSTEM NAME / DESIGNATION MANUAL DAYLIGHT	
<small>Checked by/Data Enforcement Agency Use</small>	

Intent: Lights are turned off when not needed per 119(d) & 31(d).**Construction Inspection**

- 1 Instrumentation to perform test includes, but not limited to:
 - a. Light meter
 - b. Hand-held amperage and voltage meter
 - c. Power meter
- 2 Occupancy Sensor Construction Inspection
 - Occupancy sensor has been located to minimize false signals
 - Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
 - Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source
- 3 Manual Daylighting Controls Construction Inspection
 - If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including reduced flicker operation for manual dimming control systems
- 4 Automatic Time Switch Controls Construction Inspection
 - a. Automatic time switch control is programmed for (check all):
 - Weekdays
 - Weekend
 - Holidays
 - b. Document for the owner automatic time switch programming (check all):
 - Weekdays settings
 - Weekend settings
 - Holidays settings
 - Set-up settings
 - Preference program setting
 - Verify the correct time and date is properly set in the time switch
 - Verify the battery is installed and energized
 - Override time limit is no more than 2 hours

Certification Statement: I certify that all statements are true on this LTG-2-A form including the PASS FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: CHARLES LAUDEMANCompany: B.T. CONSTRUCTION Co.Signature: Charles LaudemanDate: 1-26-07

LIC. 783403



Smit's
Heating • Air Conditioning

(530) 622-8446 • FAX (530) 622-8714

HEATING • AIR CONDITIONING • COMMERCIAL • RESIDENTIAL
License #365102

BALANCE REPORT
FOR

COPY

Dr. Walter

4450 Duckhorn Ave

Sacramento, Ca

M-39 AP *9/18*

0615796

BY

SMIT'S SHEET METAL, INC. Lic.# 365102

6205-A Enterprise Drive

Diamond Springs, CA 95619

(530) 622/8446 * Fax (530) 622/8714

www.smitgroupusa.com

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Certification

We, Smit's Sheet Metal, Inc., certify that all systems have been tested and balanced to their optimum performance capabilities, based upon the equipment, desing and installation. All balancing was performed in accordance with or esceeds the AABC, NTF and NEBB national procdural standards.

Project: Dr. Walter * 4450 Duckhorn Ave. * Sacramento, Ca

Owner: Dr. Walter * 4450 Duckhorn Ave. * Sacramento, Ca

Engineer: Smits' Mechanical

Certified by:


Tim Murphy, Pres.

Date: 1/3/2007





Smit's Mechanical Lic.# 365102.

Date: 1/3/2007
 Project Name: Dr. Walter
 Address: 4450 Duckhorn Ave
 Sacramento, Ca

Equipment Test Report

System:				Equipment Location: Roof Top	
Fan:	Make	Carrier A/C-1 (7.5 TON)		Rated	Actual
	Size	48HJQ008		Line Volts	230
	Serial #			Motor Amps	4.9
					4.8

Motor:	H.P.	3/4		Fan RPM	Variable	Min. Required	Actual
	RPM	1075	PH 3	System CFM	3750		3760

Design E.S.P.	0.1 through 0.9 W.C.	
Pos E.S.P.	.27 W.C.	
Neg E.S.P.	.26 W.C.	
Total E.S.P.	.53 W.C.	
Cooling Coil	.24 W.C.	Final Filter Delta P .28 W.C.

Area Served	Opening Number	Size	SQ FT Area	Required Velocity	Required CFM	Prelimn. Velocity	Prelimn. CFM	Final Velocity	Final CFM
Minimum Outside Air		10	0.63		375		375		372
Return Air	5	Variable			3810		3810		3808
System Total Air					4185		4185		4180



Smit's Mechanical Lic.# 365102

Date: 1/3/2007
 Project Name: Dr. Waller
 Address: 4450 Duckhorn Ave
 Sacramento, Ca

CARRIER A/C-1 (6 TON)	Air Distribution Test Sheet								
Area Served	Opening		SQ FT	Max design CFM		Preliminary		Final	
SUPPLY AIR	No.	Size	Area	Vel	CFM	Vel	CFM	Vel	CFM
CSG	3	6"	FLOW HOOD		300		300		280
CSG	6	8"	FLOW HOOD		1260		1260		1240
CSG	6	10"	FLOW HOOD		2400		2400		2240
CSG		12"	FLOW HOOD		0		0		
CSG		14"	FLOW HOOD		0		0		
TOTAL SUPPLY AIR					3960		3960		3760
RETURN AIR									
CRG	1	8"	FLOW HOOD		210		210		208
CRG		10"	FLOW HOOD		0		0		
CRG		12"	FLOW HOOD		0		0		
CRG	4	14"	FLOW HOOD		3600		3600		3600
CRG		16"	FLOW HOOD				0		
TOTAL RETURN AIR					3810		3810		3808