

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

BUILDING SITE ADDRESS	INSPECTOR	DATE
6051 M STREET		
ASSESSOR PARCEL NO. 008-0020-028		
NAME OF APPLICANT		
LICENSED CONTRACTOR		
JACKSON CONSTRUCTION		
PROPERTY OWNER		
ROMAN CATHOLIC BISHOP OF SAC SACRAMENTO, CA		
ARCH. ENGR.		
COMSTOCK JOHNSON		
NO. OF STORIES	NO. OF ROOMS	ROOF COVERING
AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA
PATIO AREA	USE ZONE	STREET WIDTH
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
INSULATION/WALL/FLOOR		
TOP PLUMBING		
TOP MECHANICAL/WALL/CEIL.		
ROUGH ELECTRICAL/WALL/CEIL.		
FRAME		
ROOF PLYWOOD NAIL COMM. & APTS.		
EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
INT. LATH OR WALL BD NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
SERVICE UNDERGRD CONDUIT		
SEWER SERVICE		
WATER SERVICE		
SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
GAS TEST		
TEMP GAS ISSUED		
POWER POLE		
TEMP POWER #		
SWIMMING POOLS ONLY		
GAS TEST		
PLUMBING, PRE-GUNITE		
PLUMBING, PRE-DECK		
ELECTRICAL PRE-GUNITE		
ELECTRICAL PRE-DECK		
ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
FINAL INSP NO.		
ELECTRICAL		
PLUMBING		
MECHANICAL		
FIRE		
GUT		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED
 THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS: 6051 M STREET
 SUITE: 415
 INS. AREA: 1

ASSESSOR PARCEL NO. 008-0020-028
 ADDRESS: 5665 POWER INN RD #140
 ZIP CODE: 95824
 PHONE NO. 381-8113

NAME OF APPLICANT: JACKSON CONSTRUCTION
 LICENSED CONTRACTOR: JACKSON CONSTRUCTION
 ADDRESS: SACRAMENTO, CA
 ZIP CODE: 95824
 PHONE NO. 381-8113

PROPERTY OWNER: ROMAN CATHOLIC BISHOP OF SAC SACRAMENTO, CA
 ADDRESS: 2110 BROADWAY
 ZIP CODE: 95819
 PHONE NO. 733-0285

ARCH. ENGR.: COMSTOCK JOHNSON
 ADDRESS: SACRAMENTO, CA
 ZIP CODE: 95827
 PHONE NO. 362-6303

NO. OF STORIES: NO. OF ROOMS: ROOF COVERING: AREA 1ST FLOOR: TOTAL AREA: GARAGE AREA: PATIO AREA: USE ZONE: STREET WIDTH:

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: HVAC UPGRADE

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION INSPECTIONS 264-5191

VALUATION \$ 125,000

ISSUED BY: N

DATE ISSUED: BUILDING PERMIT FEE \$ PLAN CHECK/PROC. FEE \$ S.M.F.F.E.E. \$ CONST. EXCISE TAX \$ CITY BUS LICENSE \$ TECH. FEE \$ WATER DEV. FEE \$ CITY SEWER DEV. FEE \$ REG. SEWER FEE \$ RESIDENTIAL CONST. TAX \$

PERMIT NO. 00

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7

8

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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.
 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: Policy Number: (This section need not be completed if the permit is for one hundred dollars (\$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: Applicant: (Signature)

TOTAL FEES \$

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 # 0004783C	Insp. Area 1
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2051 A STREET (South & middle classroom wings & Library)
 PARCEL # 008-0020-028

CONTACT Name <u>DAVID J. JACKSON</u> Street Address <u>5005 POWER INN PL #140</u> City/State/Zip <u>SAC CA 95824</u> Phone <u>916-813-0312</u> FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>365437</u> Name <u>JACKSON CONSTRUCTION</u> Address <u>5005 POWER INN PL #140</u> City/State/Zip <u>SAC CA 95824</u> Phone <u>916-813-0312</u> FAX <u>916-0312</u> E-mail: <u>JACKSONCONSTRUCTION@JACKSONPERM.COM</u>	
ARCHITECT/ENGINEER Name <u>DAVID J. JACKSON</u> Address <u>5005 POWER INN PL #140</u> City/State/Zip <u>SAC CA 95824</u> Phone <u>916-813-0312</u> FAX _____ E-mail: _____		OWNER Name <u>ROMAN CATHOLIC BISHOP OF SAC</u> Address <u>2100 BROADWAY</u> City/State/Zip <u>SAC CA 95817</u> Phone <u>916-0725</u> FAX <u>916-0725</u> E-mail: _____	

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

NATURE OF WORK IN DETAIL: RENOVATION

OCCUPANT/TENANT: SJ FRANK SCHOOL VALUATION: \$ 125,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REMO(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	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

9487 Elk Grove-Florin Road,
Elk Grove, CA 95624
Phone/Fax: 916-685-0692
Cell: 916-204-3190



Fax

To: Sacramento Build.Dept	From: Gene Lewis
Fax: 916-264-7046	Pages: 2 (including cover sheet)
Phone: 916-264-5920	Date: August 9, 2000
RE: Specifications for regulator	Attn: Nick Buchberger

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Nick -

Please contact me ASAP
204-3190 - cell

Thanks

Gene

Approved
NAB
8-8-00

6051 M 57
0:04783

HVAC CONTROLS Gas Pressure Regulators

GAS PRESSURE REGULATORS

- Use with natural, mixed, manufactured, LP or LP gas/air mixtures in residential, commercial and industrial applications
- Housings are rugged aluminum die castings and all internal parts are carefully selected and corrosion-resistant
- All regulators are adjustable within their spring range except the L37-533 (RV470L-44)

A C 325 Series:

These are poppet type regulators for use on residential, commercial and industrial applications where adequate inlet pressures are available. Features a high leverage valve linkage to deliver positive dead-end lock-up and precise regulating control from full flow down to pilot flows. The self-aligning valve is made of Nitrile rubber. L37-535 and L37-730 include an automatic vent limiting device for use with maximum inlet pressure of 2 PSI LP, 5 PSI Natural. To ensure fast response of the regulator when equipped with a ball check type automatic vent limiting device, regulators must be mounted in an upright position (see installation instructions). L86-221 is designed for electronic ignition equipment and permits the utilization of greater capacities without sacrificing performance.

Specifications: Maximum inlet pressure: ACA/CCA rated for 2 PSI or 5 PSI. Maxitrol tested for 10 PSI. Emergency exposure limits: 65 PSI inlet side only. Ambient temperature: -40°F to +205°F. Standard spring range: 4" to 12" W.C.

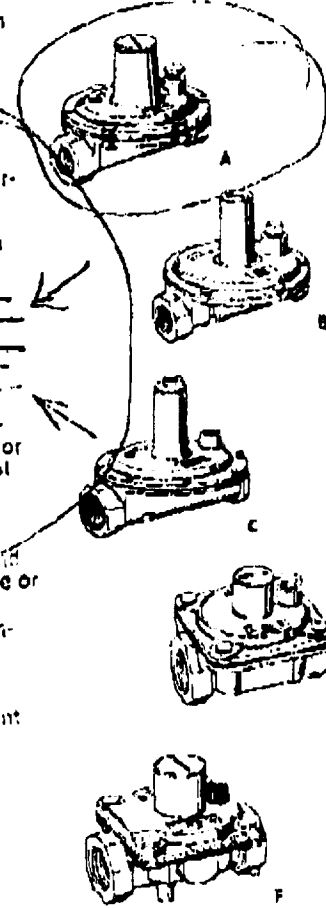
B PRV-Series:

These poppet regulators are designed primarily for main burner and pilot load applications. May be mounted and installed at any plane or angle without restriction. (Other than normal upright position will result in slight difference of outlet pressure.) The L37-534 is a non-convertible type while the L37-533 is a convertible regulator with outlet pressure pre-set at 4" W.C. for natural gas. Converting to 10" W.C. for LP can be set by removing the seal cap, inverting the plunger and replacing the cap. This model also has an integral vent limiting orifice as the breather hole.

Specifications: Maximum inlet pressure: 1/2 PSI. Emergency exposure limits: 2.5 PSI. Ambient temperature: 32°F to 225°F.

NOTE: All Maxitrol appliance regulators should be installed and operated in accordance with Maxitrol's "Safety Warning" bulletin (included with product). L86-221 is not ACA or CCA approved.

MAXITROL



Reg. #	Pipe Size	Vent Top	Mounting Position	Type	Cubic Feet Per Hour Pressure Drop			Order #	Each
					1/2 PSI	1 PSI	2 PSI		
					1/8 PSI	1 PSI	2 PSI		
	0.5"	1.0"	2.0"		145	204	250	289	L37-533
			3.0"		336	478	582	673	L37-730
			6.0"		600	922	1191	1375	L86-221
									L37-534
									L37-535
	1.50	2.75	3.97						
	60	110	155						
Reg. #	Pipe Size	Vent Top	Mounting Position	Type	Order #	Each			
L37-533	1/2" x 1/2"	Flapped 1/8" NPT	Upright	Lever Acting	L37-533	\$ 24.48			
L37-730	3/4" x 3/4"	Flapped 3/8" NPT	Multi-posn	Lever Acting	L37-730	\$ 31.16			
L86-221	1-1/4" x 1-1/4"	Flapped 1/2" NPT	Multi-posn	Lever Acting	L86-221	\$ 96.00			
L37-534	3/4" x 3/4"	Integral	Multi-posn	Poppet	L37-534	\$ 32.30			
L37-535	1/2" x 1/2"	Integral	Multi-posn	Poppet	L37-535	\$ 24.48			

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

Summit Air Co., Inc.

A CALIFORNIA CORPORATION
AIR CONDITIONING*SERVICE*MAINTENANCE
7521 Cook Avenue * Citrus Heights, Ca 95610
Phone: (916) 729-2082

License No. C20 467935

DATE: August 7, 2000

AIR BALANCE REPORT

Job Description: St. Francis
6051 M Street
Sacramento, Ca

Contractor: Summit Air Co. Inc.
7521 Cook Avenue
Citrus Heights, Ca 95610

Test Performed By: Jay Gysen

Checked by:


Jay Gysen

SUMMIT AIR CO., INC.
 7521 COOK AVENUE
 CITRUS HEIGHTS, CA 95610
 (916) 729-2082

FAN OUTLET TEST SHEET DATE 8-8-00

PAGE # 1

AREA SERVED Building A UNIT

JOB: ST. FRANCIS H.S.

Room	OPENING		NOTES	DESIGN		FINAL	
	NO	TYPE		FPM	CFM	FPM	CFM
1	1		ROOMS 1 THRU 6 OSA SET @ 400f OR 25% OPEN		400		454
	2						460
	3						405
	4						476
2	1					430	
	2					448	
	3					405	
	4					445	
3	1					436	
	2					450	
	3					433	
	4					454	
4	1					438	
	2					414	
	3					440	
	4					426	
5	1					411	
	2					440	
	3					423	
	4					410	
6	1					407	
	2					441	
	3					434	
	4					418	

REMARKS:

SUMMIT AIR CO., INC.
 7521 COOK AVENUE
 CITRUS HEIGHTS, CA 95610
 (916) 729-2082

FAN OUTLET TEST SHEET DATE 8-8-00
 AREA SERVED BUILDING 'B' UNIT

PAGE # 2
 JOB: ST FRANCIS H.S.

Room	OPENING		NOTES	DESIGN		FINAL	
	NO	TYPE		FPM	CFM	FPM	CFM
1	1		ALL UNITS 0.5A. SET @ 25% OPEN		400		430
	2						437
	3						419
	4						435
2	1					431	
	2					429	
	3					424	
	4					411	
3	1					439	
	2					440	
	3					430	
	4					400	
4	1					396	
	2					401	
5	1					421	
	2					437	
	3					406	
	4					418	
6	1					428	
	2					429	
	3					380	
	4					390	

REMARKS

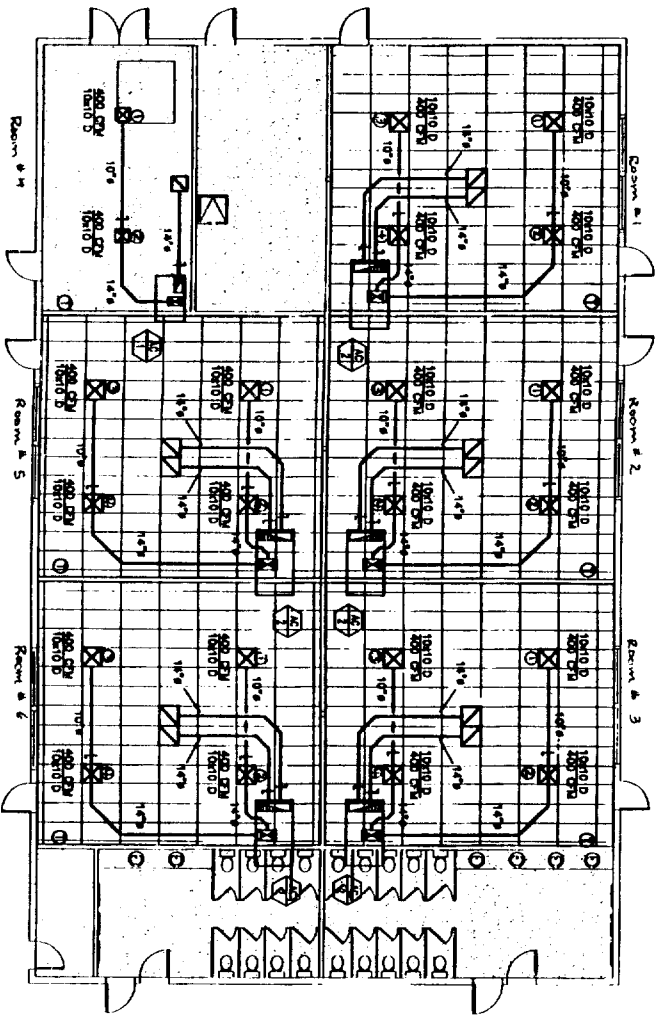
SUMMIT AIR CO., INC.
 7521 COOK AVENUE
 CITRUS HEIGHTS, CA 95610
 (916) 729-2082

FAN OUTLET TEST SHEET DATE 8-8-00
 AREA SERVED BUILDING C UNIT

PAGE # 3
 JOB: ST. FRANCIS H.S.

Room	OPENING		NOTES	DESIGN		FINAL	
	NO	TYPE		FPM	CFM	FPM	CFM
1	1		ALL UNITS OSA SET 25% OPEN		400		432
	2						409
	3						380
	4						412
2	1					455	
	2					460	
	3					385	
	4					370	
3	1					435	
	2					445	
	3					424	
	4					390	
4	1					420	
	2					445	
	3					450	
	4					423	
LIBRARY NORTH	1				200		230
	2				425		513
	3				425		471
	4				425		407
	5				425		490
	6				100		175
LIBRARY SOUTH	1				200		225
	2				450		538
	3				450		375
	4				450		343
	5				450		480

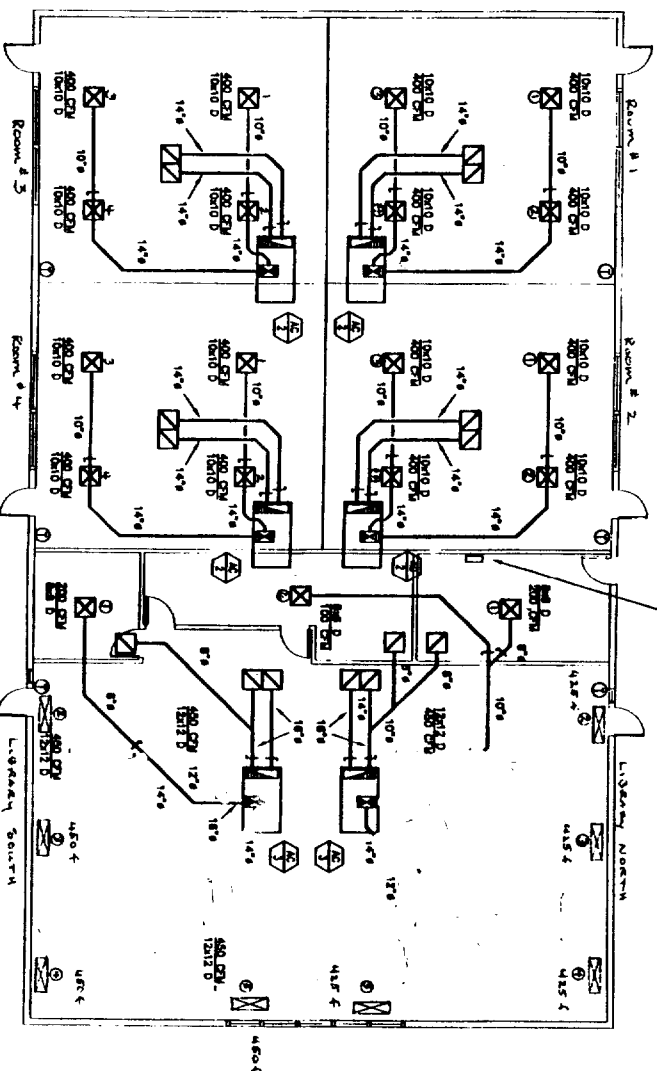
REMARKS



2

BUILDING B HVAC FLOOR PLAN

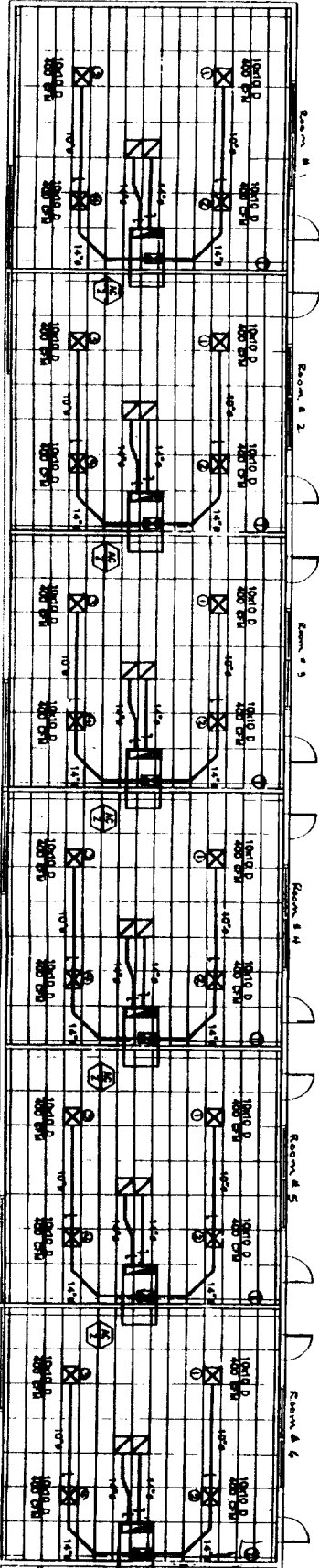
1/8"=1'-0"



3

BUILDING C HVAC FLOOR PLAN

1/8"=1'-0"



1

BUILDING A HVAC FLOOR PLAN

1/8"=1'-0"



REMOVE EXISTING AIR HANDLER AND REWIRE EXISTING UNIT. ADJUST NEW TO EXISTING ELECTRICAL PANEL. REWIRE EXISTING UNIT TO MATCH OTHER NEW EQUIPMENT.

RECEIVED
CITY OF SACRAMENTO
REV. AIR ASSISTANCE
MAY 03 2000

IMPROVEMENT DOCUMENTS FOR
HVAC UPGRADE
SOUTH & MIDDLE CLASSROOM WINGS
ST. FRANCIS HIGH SCHOOL
808 H STREET
SACRAMENTO, CALIFORNIA



H.E.I.

Hatch, Engle, & Inc.
Mechanical Engineering
1000 J Street, Suite 100
Sacramento, California 95811-1100
TEL: 916 675-6171 Fax: 916 675-6266

NO.	REVISION	DATE	BY	CHKD.
1	ISSUE FOR PERMIT	04/28/00	CSB	CSB
2	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
3	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
4	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
5	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
6	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
7	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
8	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
9	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB
10	REVISED PER CITY COMMENTS	05/01/00	CSB	CSB

SHEET M2