

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114252

Insp Area: 2
Thos Bros: 337 E1

Site Address: 2251 FLORIN RD SAC

Parcel No: 035-0334-032 SUITE 102

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

CONTRACTOR

L. GROOM CONTRACTING
5208 THOMPSON WAY
ANTELOPE CA 95843

OWNER

WARWICK 1993 FAMILY TRUST
1909 CORTEREA AVE
OAKLAND CA 94611

ARCHITECT

Nature of Work: INTERIOR REMODEL INCLUDING NEW PARTITIONS, NEW LIGHTING, HVAC, AND TELEPHONE. CHILDREN MAX 10 HRS PER WEEK.

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 License Number 530364 Date 11-14-01 Contractor Signature Linda Green

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 11-14-01 Applicant/Agent Signature Linda Green

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 _____ Policy Number _____ Exp Date _____

LLG (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 11-14-01 Applicant Signature Linda Green

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.

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 # 0114252	Insp. Area 2C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2251 Florin Rd. Suite 102
 PARCEL # 035-0334-032-0000

<p align="center">CONTACT</p> Name <u>Jill Condon, stafford space planning</u> Street Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis Ca 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: <u>ssp@quiknet.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>530364</u></p> Name <u>L. Groom Contracting</u> Address <u>5208 Thomasino Way</u> City/State/Zip <u>Antelope Ca 95843</u> Phone <u>722-8492</u> FAX <u>722-6308</u> E-mail: <u>m-groom@hotmail.com</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis Ca 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: <u>ssp@quiknet.com</u>		<p align="center">OWNER</p> Name <u>Robert H. Warwick</u> Address <u>1909 Cortereal Ave.</u> City/State/Zip <u>Oakland, Ca 94611</u> Phone <u>510/329-0348</u> FAX <u>510/329-0820</u> E-mail: <u>rhwarwick@yahoo.com</u>	

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

NATURE OF WORK IN DETAIL: new interior partitions, new pvt, new lighting & new hvcu gills. No new plumbing. Children Max 10 hrs. per week.

OCCUPANT/TENANT: Youth Leadership Academy VALUATION: \$ 50,000.00

FLOOD STATUS: <u>A-99m</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI(✓)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	(BLDG)	(MECH)	PLUMB	(ELEC)	SITE	(FIRE)			
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code	Vio. File	
<u>1</u>		<u>3164sqft</u>		<u>B</u>	<u>III-N</u>	SPR Y ALARM	<u>15</u>	[H] [Quad]	
(B)	(L)	P	(M)	(E)	(F)	S	(D)	PW	UTIL
<u>13 BTN</u>	<u>13 BTN</u>		<u>EXPRESS/3TL.M</u>	<u>13 ETC</u>			<u>LV</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Packaged Unit Start-up Report

GENERAL DATA	
ID: AC-1	PROJECT #:
LOCATION: Rooftop	PROJECT NAME: Ten Com
SERVICE: General	POWER CIRCUIT:
MANUFACTURER: Carrier	SERIAL # 3401G72519
MODEL#: 48HJD006--641--	

PRESTART CHECKLIST	
Y	VERIFY LITERATURE AND PACKING MATERIAL REMOVED FROM UNIT
Y	REMOVE ALL SHIPPING HOLD DOWNS
Y	VERIFY CONDENSATE DRAIN IS INSTALLED CORRECTLY
Y	CHECK GAS PIPING FOR LEAKS
Y	TIGHTEN ALL ELECTRICAL CONNECTIONS
Y	VERIFY RETURN AIR FILTER IS CLEAN AND IN PLACE
Y	VERIFY THE UNIT IS LEVEL
Y	TIGHTEN ALL SET SCREWS ON FAN/BLOWER ASSEMBLY
Y	ELECTRICAL CONNECTIONS INSTALLED CORRECT AND PER CODES
Y	VERIFY CORRECT FAN AND COMPRESSOR ROTATION.

ELECTRICAL DATA		MEASURED					
Nominal Voltage:	480 3 phase	L1-L2	484	L2-L3	484	L3-L1	484
Maximum Fuse Size:	20 amp	Installed Fuses	FRS-R-20				
Control Voltage:		L1-L2	28.4	Tap changed?	n/a		
Compressor RLA:	9 amp	L1	4.7	L2	4.6	L3	4.1
Fan RLA:	2.6 amp	L1	2.6	L2	2.6	L3	2.6

VERIFICATION				OUTDOOR TEMPERATURE:
HEATING	ENTERING	LEAVING	Delta T	58
TEMPERATURE	64	82	18	
COOLING	ENTERING	LEAVING	Delta T	
EVAPORATOR	64	53	11	
CONDENSOR	58	67	9	
REFRIGERANT PRESS	50	145		
SUCTION TEMP	50			
ECONOMIZER SETTING	n/a			

NOTES
Gas line loose. Corrected
Unit reverse phased. Corrected at power disconnect

Technician: Brian Gillam DATE: 12/14/2001

Brian Gillam
Distributed by Brian Gillam
 2011 Brian Gillam or Brian
 Gillam Consulting, LLC
 1041 20th St NE
 Fargo ND

Air Balance Report

GENERAL DATA		PROJECT #: _____	
ID: AC-1	LOCATION: Rooftop	PROJECT NAME: Ten Com	
SERVICE: General	MANUFACTURER: Carrier	UNIT AIR CAPACITY: 2800 CFM	
MODEL # 40110006 FAH	SERIAL # 340403140		

ID	Location	Register			Design		Test 1		Test 2		Final			
		Code	Size	Misc	Flow	%	Flow	%	Flow	%	Rev	Flow	%	Dev
S1	Program Director		12"		240	7.7	211	7.4	265	9.2	222	245	8.4	2.0%
S2	Dev Center		12"		240	7.7	233	8.2	232	8.0	222	239	8.2	-0.4%
S3	Dev Center		12"		240	7.7	260	9.1	212	7.3	222	219	7.5	-9.6%
S4	Dev Center		12"		240	7.7	265	9.3	229	7.9	222	242	8.3	0.8%
S5	Dev Center		12"		240	7.7	138	4.8	218	7.5	222	214	7.4	-12.1%
S6	Dev Center		12"		240	7.7	413	14.5	222	7.7	222	219	7.5	-9.6%
S7	Dev Center		12"		240	7.7	186	6.5	224	7.7	222	234	8.0	-2.6%
S8	Classroom		12"		240	7.7	237	8.3	230	8.0	222	208	7.1	-15.4%
S9	Classroom		12"		240	7.7	234	8.2	232	8.0	222	241	8.3	0.4%
S10	Classroom		12"		240	7.7	131	4.6	223	7.7	222	227	7.8	-5.7%
S11	Classroom		12"		240	7.7	170	6.0	185	6.4	222	203	7.0	18.2%
S12	Classroom		12"		240	7.7	190	6.7	204	7.1	222	204	7.0	-17.6%
S13	Classroom		12"		240	7.7	184	6.5	216	7.5	222	216	7.4	-11.1%
Totals:					3120		2850		2692		2892	2911		-0.1

ID	Location	Register			Design		Test 1		Test 2		Final			
		Code	Size	Misc	Flow	%	Flow	%	Flow	%	Rev	Flow	%	Dev
R1	Program Director		14"		200	6.4	160	5.9			185	168	5.8	-19.0%
R2	Dev Center		14"		360	11.5	415	14.6			334	410	14.1	12.2%
R3	Dev Center		14"		360	11.5	407	14.3			334	413	14.2	12.8%
R4	Dev Center		14"		360	11.5	452	15.9			334	404	13.9	10.9%
R5	Dev Center		14"		360	11.5	423	14.8			334	416	14.3	13.5%
R6	Classroom		14"		360	11.5	174	6.1			334	173	5.9	108.1%
R7	Classroom		14"		360	11.5	143	5.0			334	147	5.0	-144.9%
R8	Classroom		14"		360	11.5	187	6.6			334	190	6.5	-89.5%
R9	Classroom		14"		360	11.5	173	6.1			334	178	6.1	-102.2%
R10	Classroom		14"											
Totals:					3080		2542		0		2855	2499		-0.5

Total Supply:	2911	
Total Return:	2499	
% Outdoor Air:	14%	412 cfm

NOTES:

Fan at FLA, Unable to increase air flow.

Technician: Brian Gillam DATE: 12/14/2001


Brian Gillam

 Ductless signed by Brian Gillam
 2011-12-16 10:58 AM
 0202

Packaged Unit Start-up Report

GENERAL DATA	
ID: AC-2	PROJECT #:
LOCATION: Rooftop	PROJECT NAME: Ten Com
SERVICE: Computer Lab	POWER CIRCUIT:
MANUFACTURER: Carrier	SERIAL# 3401G22442
MODEL#: 48HLD007---641--	

PRESTART CHECKS	
<input checked="" type="checkbox"/>	VERIFY LITERATURE AND PACKING MATERIAL REMOVED FROM UNIT
<input checked="" type="checkbox"/>	REMOVE ALL SHIPPING HOLD DOWNS
<input checked="" type="checkbox"/>	VERIFY CONDENSATE DRAIN IS INSTALLED CORRECTLY
<input checked="" type="checkbox"/>	CHECK GAS PIPING FOR LEAKS
<input checked="" type="checkbox"/>	TIGHTEN ALL ELECTRICAL CONNECTIONS
<input checked="" type="checkbox"/>	VERIFY RETURN AIR FILTER IS CLEAN AND IN PLACE
<input checked="" type="checkbox"/>	VERIFY THE UNIT IS LEVEL
<input checked="" type="checkbox"/>	TIGHTEN ALL SET SCREWS ON FAN/BLOWER ASSEMBLY
<input checked="" type="checkbox"/>	ELECTRICAL CONNECTIONS INSTALLED CORRECT AND PER CODES
<input checked="" type="checkbox"/>	VERIFY CORRECT FAN AND COMPRESSOR ROTATION.

ELECTRICAL DATA					
Nominal Voltage:	480 3 phase	MEASURED	L1-L2 481	L2-L3 481	L3-L1 481
Maximum Fuse Size:	20 amp	Installed Fuses	FRN-R 20		
Control Voltage:		L1-L2 26.9	Tap changed?	n/a	
Compressor RLA:	9.6 amp	L1 4.8	L2 4.8	L3 4.7	
Fan RLA:	2.6 amp	L1 2.6	L2 2.6	L3 2.5	

VERIFICATION					
HEATING	ENTERING	LEAVING	Delta T	OUTDOOR TEMPERATURE:	58
TEMPERATURE	62	80	18		
COOLING	ENTERING	LEAVING	Delta T		
EVAPORATOR	64	52	12		
CONDENSOR	58	61	3		
REFRIGERANT PRESS	45	145			
SUCTION TEMP	63				
ECONOMIZER SETTING	C				

NOTES:

Unit reverse phased. Corrected at power disconnect.

Technician: Brian Gillam DATE: 12/14/2001



Brian Gillam

Digitally signed by Brian Gillam
DN: cn=Brian Gillam, o=Brian
Gillam Consulting, +443
020 7231 2746, email=b
gillam@

Air Balance Report

GENERAL DATA

ID: AC-2
 LOCATION: Rooftop
 SERVICE: General
 MANUFACTURER: Carrier
 MODEL#: 48LJD007-641-

PROJECT #:
 PROJECT NAME: Ten Com
 UNIT AIR CAPACITY: 2800 CFM
 SERIAL#: 3401G22442

AIR BALANCE

ID	Location	Register		Misc	Design		Test 1		Test2		Final			
		Code	Size		Flow	%	Flow	%	Flow	%	Rev	Flow	%	Dev
S14	Director		8"		240	10.0	130	5.0	219	8.9	245	219	8.5	-9.6%
S15	Sound Room		8"		240	10.0	192	7.4	206	8.4	245	215	8.3	-11.6%
S16	Clubhouse		12"		240	10.0	278	10.7	244	10.0	245	259	10.0	7.3%
S17	Clubhouse		12"		240	10.0	356	13.7	258	10.5	245	264	10.2	9.1%
S18	Clubhouse		12"		240	10.0	198	7.6	247	10.1	245	250	9.7	4.0%
S19	Clubhouse		12"		240	10.0	353	13.5	238	9.7	245	259	10.0	7.3%
S20	Clubhouse		12"		240	10.0	172	6.6	271	11.1	245	281	10.9	14.6%
S21	Clubhouse		12"		240	10.0	309	11.9	242	9.9	245	265	10.3	9.4%
S22	Clubhouse		12"		240	10.0	189	7.3	264	10.8	245	289	10.4	10.8%
S23	Clubhouse		12"		240	10.0	429	16.5	263	10.7	245	301	11.7	20.3%
Totals:					2400		2606		2452		2452	2582		0.1

ID	Location	Register		Misc	Design		Test 1		Test2		Final			
		Code	Size		Flow	%	Flow	%	Flow	%	Rev	Flow	%	Dev
R10	Director		8"		220	9.2	63	2.4			225	97	3.8	-128.8%
R11	Sound Room		8"		220	9.2	66	2.5			225	103	4.0	-113.6%
R12	Clubhouse		14"		340	14.2	252	9.7			347	288	11.2	-18.1%
R13	Clubhouse		14"		340	14.2	322	12.4			347	353	13.7	3.7%
R14	Clubhouse		14"		340	14.2	493	18.9			347	534	20.7	36.3%
R15	Clubhouse		14"		340	14.2	736	28.2			347	733	28.4	53.6%
Totals:					1800		1932		0		1839	2108		-0.3


RESULTS

Total Supply:	2582	
Total Return:	2108	
% Outdoor Air:	18%	474 cfm

NOTES

Fan at FLA, Unable to increase air flow.

Technician: Brian Gillam DATE: 12/14/2001


Brian Gillam
Quality Inspection Office
 20000 13th Avenue
 Colorado Springs, CO 80901
 Phone: (719) 594-1111
 Fax: (719) 594-1112
 www.bgi.com

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2251 FLORIN RD STE 102 Permit No. 0114252

Building Use: YOUTH LEADERSHIP ACADEMY Occupancy: B

Building Owner: WARWICK FAMILY TRUST Construction Type: III-N

Owner Address: 1909 CORTERREAL AVE. Sprinkled? [] Yes [X] No

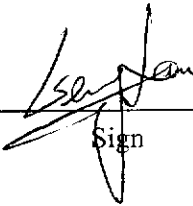
Portion of Building Occupied: SUITE 102 Area: 3,164 Sq. Ft.

02/26/02

Date

GERRY LAU

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:GTD,LLS,RVL,CP]

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

*final 2-26-02
50)339-0820*