

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0013172

Insp Area: 1

Site Address: 1601 P ST SAC

Parcel No: 006-0234-021

SUITE 100

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

REEVE-KNIGHT CONSTRUCTION
500 GIUSEPPE CT #2
RSVL CA

OWNER

STATE OF CALIFORNIA
1230
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: FIRST TIME TENANT IMPROVEMENT

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 AB License Number 659107 Date 3/27/01 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 Professions 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 3/27/01 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.

[Initials] 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 EXPLORER INSURANCE CO. Policy Number WSA164161402 Exp Date 01/15/2002

_____, (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 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 3/27/01 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.

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 # <u>0013172</u>	Insp. Area <u>IC</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1601 F STREET Suite 100
 PARCEL # 006-0234-021 006 0234 028

<p style="text-align: center;">CONTACT</p> Name <u>McANDREWS + ASS. ARCH ARCHT</u> Street Address <u>664 DEAD END ALLEY</u> City/State/Zip <u>WOODLAND CA</u> Phone <u>530 662 9190</u> FAX <u>530 662 3425</u> E-mail: <u>armond@mcandrews.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>T.B.D</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>S/A</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>SHASTA & DOWNTOWN SAC</u> Address <u>MIXED USE DEV 818 19th ST # 200</u> City/State/Zip <u>SAC 95814</u> Phone _____ FAX _____ 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: T.I FIRST TIME TENANT IMPROVEMENT
OUT DOOR SEATING SEP. PERMIT.

OCCUPANT/TENANT: STARBUCKS COFFEE VALUATION: \$ 80,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TIC	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			SITE	<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> N		Fed Code	Vio. File	
		<u>1367</u>		<u>B</u>	<u>V11R</u>	<u>SPR</u>	<u>ALARM</u>	<u>18</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: _____

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

REEVE-KNIGHT CONSTRUCTION, INC.
500 GIUSEPPE CT., NO. 2
ROSEVILLE, CA 95678

90-3941/1211
0810508321
DATE 3/27/01
13547

PAY TO THE ORDER OF *Stk. Regional County Sanitation District* \$15,116
Fifteen Thousand One Hundred Sixteen and no/100 DOLLARS



River City Bank
2485 HANFORD BLVD., SUITE 200
SACRAMENTO, CA 95833
1-800-866-7144

MEMO

99997-1005-SB1005

Walter D. Wray

1212113341613547 0810508321

S R C S D

Sacramento Regional
County Sanitation
District

9660 Ecology Lane
Sacramento, California
95827-3881

Tele: (916) 875-0675
FAX: (916) 875-6253

Dolores Ross
Customer Service

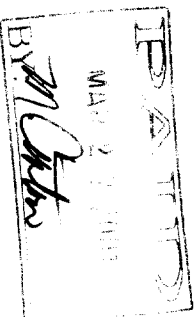
Wastewater Conveyance & Treatment

APPLICATION NO:
GENERAL INFORMATION

BLDG PERMIT NO:

THIS PERMIT GOOD ONLY WHEN
VALIDATED BY THE CASHIER

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
PERMIT AND CALCULATION SHEET *CTTY*



THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF	MF	UNITS
CSD-1				
SRCSD				
CONSTRUCTION				
IN-LET				
TOTAL FEE				\$ 15,116

APN: *020-0234-028*

DESCRIPTION/
SUBDIVISION

PROPERTY ADDRESS: *1601 P ST.*

OWNER: *Starbucks*

Date of Request: _____

By: _____

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

Project Address: 1601 P STREET

Assessor's Parcel Number 005-0234-021

Previous Use NEW CONST.

Description of Request/Proposed Use FOOD/BEVERAGE USE

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): ~~005~~ Zoning Designation: CZ

Comments: 69 units -
CADA Project - Parking exempt

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 [Signature] 11-1-00

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

MICROFILM AFTER FINAL



Customer Service Group
 PWA Water Quality Engineering for
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

001-172

REQUEST FOR SEWER FEE QUOTE

DATE	12/18/07			NUMBER OF PAGES	1
FROM	City of	REQUESTOR		FAX	267 7016
TO	SRCSD Customer Service	RESPONDER	D. Ross	FAX	875-6253

URGENT -- Applicant is in office or ready to pay permit

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.
 Press zero to speak to the operator.

NEED 1/24/08

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME: <i>M. ...</i>		PHONE: <i>(539)-6-2-9140</i>
Property	ASSESSOR'S PARCEL NUMBER(S)	PROPERTY ADDRESS: <i>1601 Post</i>	
Project	PLAN CHECK # BUILDING PERMIT NO	<input type="checkbox"/> New construction <input type="checkbox"/> Remodel <input checked="" type="checkbox"/> Change in use	
	USE	CURRENT // PREVIOUS	PLANNED: <i>Start ... (1st time ...)</i>
	SQUARE FOOTAGE	CURRENT // PREVIOUS: <i>...</i>	PLANNED: <i>1367 sq ft</i>

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1 Business Name: Starbucks Coffee Phone: (415) 241-0256
 Site Address: 1601 P Street Spca 95816 Suite: _____
(Street) (Zip)
 Business Owner/Representative: Rene Knight Construction Phone: (916) 786-5112
 Nature of Business: Commercial Sales, Coffee House
 Property Owner: ~~State~~ Mixed use development LLC Phone: (916) 621-4200
 Address: _____ Suite: _____
(Street)

2 Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No ___
(City) (State) (Zip)
 Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.
 3 Does/Will your business generate hazardous waste? Yes ___ No
 4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered 'YES' to questions #3 and/or #4 above, continue on to questions 5 - 8.
 5 Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6 Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7 Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered 'yes' to questions #6 and/or #7, complete the RMPP informational sheet.
 8 Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED 'YES' TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Rene Knight Construction
(Print)
[Signature] 3/27/01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0013172</u> Permit # <u>0013172</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>3/27/01</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> <u>Yes</u> No <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> <u>Yes</u> No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

RIVER CITY

Heating & Air Conditioning

JOB NO. Starbucks Coffee

SECTION _____ PAGE 1

AIR BALANCE REPORT

DATE 5/15/01

FAN & OUTLET TEST SHEET

AREA SERVED WEST SIDE SEATING

UNIT FC-1

MOTOR NAMEPLATE DATA

MFG Ao Smith FR _____
 HP 1/2 V 208 FLA 2.9
 PH 1 SFT H RPM 119H

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED X

FAN NAMEPLATE DATA

MFG York
 MODEL F2RPO36H06B
 SERIAL# EBJS150515
 SIZE 3 ton Fan Coil

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS Direct Drive

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS		<u>208</u>	
AMPS		<u>2.7</u>	
BHP		<u>—</u>	
RPM		<u>High</u>	
SP -		<u>145</u>	
SP +		<u>150</u>	
TSP		<u>195</u>	
FILTER SP		<u>103</u>	
CFM TOTAL		<u>1285</u>	
CFM RA		<u>1070</u>	
CFM OA		<u>205</u>	

FAN DESIGN DATA

CFM 1300 SP 150 RPM High BHP DL

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	<u>1</u>	<u>SA</u>	<u>14"</u>		<u>650</u>		<u>580</u>		<u>640</u>			
	<u>2</u>	<u>SA</u>	<u>14"</u>		<u>650</u>		<u>700</u>		<u>645</u>			
<u>Supply Air Total</u>	<u>=</u>				<u>1300</u>		<u>1280</u>		<u>1285</u>			
	<u>3</u>	<u>RA</u>	<u>16"</u>		<u>1170</u>		<u>1030</u>		<u>1070</u>			
<u>Return Air Total</u>	<u>=</u>				<u>1170</u>		<u>1030</u>		<u>1070</u>			
<u>OSA Total</u>	<u>=</u>				<u>200</u>		<u>245</u>		<u>205</u>			

REMARKS: _____

RIVER CITY

Heating & Air Conditioning

AIR BALANCE REPORT

JOB NO. Starbucks Coffee

SECTION _____ PAGE 2

DATE 5/15/01

FAN & OUTLET TEST SHEET

AREA SERVED South Seating AREA

UNIT FC-2

MOTOR NAMEPLATE DATA

MFG GE FR _____
 HP 1/2 V 208 FLA 3.1
 PH J SF TH RPM 1175

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED X

FAN NAMEPLATE DATA

MFG Trane
 MODEL TWE036C14FB0
 SERIAL# 2013WWF2V
 SIZE 3 Ton Fan Coil

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS Direct Drive

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS		<u>208</u>	
AMPS		<u>2.9</u>	
BHP		<u>-</u>	
RPM		<u>1175</u>	
SP -		<u>150</u>	
SP +		<u>160</u>	
TSP		<u>110</u>	
FILTER SP		<u>103</u>	
CFM TOTAL		<u>1305</u>	
CFM RA		<u>1090</u>	
CFM OA		<u>210</u>	

FAN DESIGN DATA

CFM 1350 SP 160 RPM 1175 BHP DNL

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	<u>1</u>	<u>SA</u>	<u>12"</u>		<u>450</u>		<u>465</u>		<u>435</u>			
	<u>2</u>	<u>SA</u>	<u>12"</u>		<u>450</u>		<u>405</u>		<u>440</u>			
	<u>3</u>	<u>SA</u>	<u>12"</u>		<u>450</u>		<u>470</u>		<u>430</u>			
<u>Supply Air</u>	<u>Total</u>	<u>=</u>			<u>1350</u>		<u>1340</u>		<u>1305</u>			
	<u>4</u>	<u>RA</u>	<u>16"</u>		<u>1150</u>		<u>1070</u>		<u>1090</u>			
<u>Return Air</u>	<u>Total</u>	<u>=</u>			<u>1150</u>		<u>1070</u>		<u>1090</u>			
<u>OSA</u>	<u>Total</u>	<u>=</u>			<u>200</u>		<u>270</u>		<u>210</u>			

REMARKS: _____

RIVER CITY

Heating & Air Conditioning

JOB NO. Starbucks Coffee

SECTION _____ PAGE 3

AIR BALANCE REPORT

DATE 5/15/01

FAN & OUTLET TEST SHEET

AREA SERVED Workroom + Back Bar

UNIT FC-3

MOTOR NAMEPLATE DATA

MFG Ao Smith FR
 HP 1/2 V 208 FLA 2.9
 PH 1 SF TH RPM High

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED X

FAN NAMEPLATE DATA

MFG York
 MODEL F2RPO36H06B
 SERIAL# EEJS112710
 SIZE 3ton Fan Coil

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS Direct Drive

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS		<u>208</u>	
AMPS		<u>2.7</u>	
BHP		<u>-</u>	
RPM		<u>High</u>	
SP -		<u>45</u>	
SP +		<u>160</u>	
TSP		<u>10</u>	
FILTER SP		<u>103</u>	
CFM TOTAL		<u>1325</u>	
CFM RA		<u>1160</u>	
CFM OA		<u>165</u>	

FAN DESIGN DATA

CFM 1350 SP 160 RPM High BHP DNL

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	SA	12"			400		305		385		
	2	SA	12"			400		430		390		
	3	SA	12"			400		410		390		
	4	SA	6"			75		105		80		
	5	SA	6"			75		110		80		
Supply Air	Total	=				<u>1350</u>		<u>1360</u>		<u>1325</u>		
	6	RA	16"			820		910		810		
	7	RA	10"			360		345		350		
RETURN Air	Total	=				<u>1180</u>		<u>1255</u>		<u>1160</u>		
OSA	Total	=				<u>170</u>		<u>105</u>		<u>165</u>		

REMARKS:

RIVER CITY

Heating & Air Conditioning

AIR BALANCE REPORT

JOB NO. Starbucks Coffee
 SECTION _____ PAGE 4
 DATE 5/15/01

FAN & OUTLET TEST SHEET

AREA SERVED MENS Restroom

UNIT EF-1

MOTOR NAMEPLATE DATA

MFG Broan FR _____
 HP 1/30 V 115 FLA 1.5
 PH 1 SF TH RPM -

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____
FAN NAMEPLATE DATA

MFG Broan
 MODEL L-100
 SERIAL # DNL
 SIZE 100 CFM Exhaust
 SHEAVE DATA: FAN
 DIA _____ SHAFT _____
 BELTS Direct Drive

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	<u>115</u>		
AMPS	<u>1.2</u>		
BHP	<u>-</u>		
RPM	<u>-</u>		
SP -	<u>.125</u>		
SP +			
TSP			
FILTER SP	<u>-</u>		
CFM TOTAL	<u>95</u>		
CFM RA			
CFM OA			

FAN DESIGN DATA

CFM 100 SP .125 RPM DNL BHP DNL

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>MENS Restroom</u>			<u>10X10</u>		<u>100</u>		<u>95</u>					

REMARKS: _____

RIVER CITY

Heating & Air Conditioning

JOB NO. Starbucks Coffee

SECTION _____ PAGE 5

DATE 5/15/01

AIR BALANCE REPORT

FAN & OUTLET TEST SHEET

AREA SERVED Womans Restroom

UNIT EF-2

MOTOR NAMEPLATE DATA

MFG Braan FR _____
 HP 1/30 V 115 FLA 1.5
 PH 1 SF TH RPM _____

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ _____ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG Braan
 MODEL L-100
 SERIAL# DNL

SIZE 100 CFM Exhaust
 SHEAVE DATA: Fan

DIA _____ SHAFT _____
 BELTS Direct Drive

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	<u>115</u>		
AMPS	<u>1.3</u>		
BHP			
RPM	<u>-</u>		
SP -	<u>1125</u>		
SP +			
TSP			
FILTER SP			
CFM TOTAL	<u>98</u>		
CFM RA			
CFM OA			

FAN DESIGN DATA

CFM 100 SP 1125 RPM DNL BHP DNL

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>womans Restroom</u>		<u>10x10</u>			<u>100</u>		<u>98</u>					

REMARKS: _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1501 - 16TH ST Permit No. 0013172

Building Use: RETAIL DBA: STARBUCK'S Occupancy: M

Building Owner: STATE OF CALIF Construction Type: V-1HR

Owner Address: SACRAMENTO Sprinkled? Yes No

Portion of Building Occupied: SUITE 116 Area: 1367 Sq. Ft.

5/17/01 Willet Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: GTD,MJS,JZB,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