

CALL 264-5191 FOR INSPECTIONS

PERMIT SERVICES: 808-2534 FIELD OFFICE: 264-5716
HOUSING/DANGEROUS BLDG: 264-5404

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

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60/B11 UFEER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
B13 FLOOR JOISTS OR GIRDERS		
B14/B15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APTS.		
B18 EXTERIOR LATH/SIDING		
B22 INT. LATH OR WALL BD. NAILING		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
P47/B43 GAS TEST		
P48 TEMP GAS		
E68 POWER POLE		
E67 TEMP. POWER #		
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE: _____ SIGNED: _____		
FINAL APPROVALS		
B29 BUILDING	FINAL INSP. NO.	
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
F94 FIRE		
S92 SITE		

Address: **2751 WILMINGTON AV SAC**
Permit #: **0318892**

Location: 2751 WILMINGTON AV
APN: 019-0010-003
DBA: LIBRARY/LEARNING **§ SITE**

Owner: SACTO CHILDREN'S HOME
2750 SUTTERVILLE RD
SACRAMENTO CA
95820
916-452-3981

Contractor: JR ROBERTS
7745 GREENBACK LN SUITE 300
CITRUS HTS CA
CLASS A, B
729-5600

JOB DESCRIPTION: CONSTRUCT NEW LIBRARY/ LEARNING CENTER & ALL SITE DEVELOPMENT

BLDG Y MECH Y PLBG Y ELEC Y
CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION 264-5191
WORKERS 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: _____

(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)

Area: 3 C
Thomas Bros: 317 E2
INSPECTIONS: 916-264-5191
FIELD SERVICES: 916-808-5716

Sq Ft: 2048
Occupancy: A3/B/E1
Const Type: VN
Comp-Type: BLD_COM
Sub-Type: NCOM
Valuation: 1,150,156.72

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

VALUATION	SITE	FIRE	COMBO	FED CODE	PERMIT NO.
\$	Y	Y	Y	N	03
					1
					8
					8
					9
					7

Microfilm at final



FINAL AIR BALANCE CO., INC



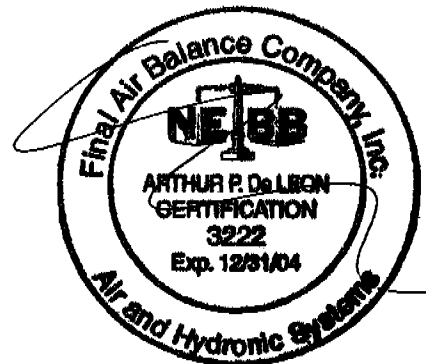
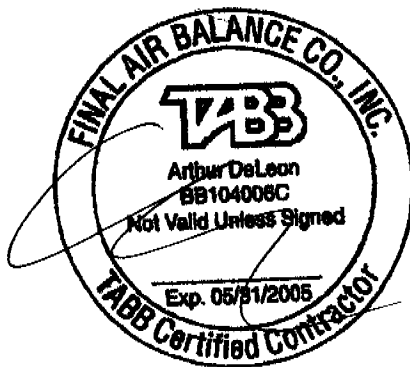
CERTIFICATION OF MINIMUM OUTDOOR AIR

This is to certify that all minimum outdoor air has been tested, adjusted, and balanced per specific mechanical drawings requirements for this project, and has met the minimum design CFM.

CLASSROOM 'C' has been Air balanced per plans & Specs. Report to follow. 3/24/04

Project: PAT Anderson Education Center

Address: 2751 Willington Ave., Sac., CA.



Final Air Balance Co., Inc.
CA License #777185
13020 Piper Hill Cir.
Penn Valley, CA 95946
(530) 432-2226



COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON RD, STE 240
 SACRAMENTO CA 95826-3904
 (916) 875-8440 • FAX (916) 875-8513

ASSEMBLY INFORMATION		
TYPE:	<u>RP</u>	SIZE: <u>2.5</u> MFG: <u>Wilk</u>
MODEL:	<u>975</u>	SERIAL NO.: <u>1336745</u>
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.:		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.:		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.:		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: City

IF APPLICABLE, WATER METER NO.:

FACILITY	BUSINESS NAME: <u>PAT Anderson Ed Porter</u> SITE PHONE: _____
	SITE ADDRESS: <u>2751 Wilmington</u> CITY: <u>Sacramento</u>
	ASSEMBLY LOCATION: <u>N40 Building</u> <small>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small>
	INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>
OWNER / MANAGEMENT	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>
	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____
	MANAGEMENT NAME (C/O): <u>Samuel</u> CELL PHONE: _____
	MAILING ADDRESS: _____ FAX NUMBER: _____ CITY, STATE, & ZIP: _____ OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE		
	INITIAL TEST	HELD AT: <u>9.0</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>2.9</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>	
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID	

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>1:00</u>	START TIME: _____
END TIME: <u>1:05</u>	END TIME: _____
DATE: <u>3-19-04</u>	DATE: _____

COMMENTS:
Job # 1100155
Call # 2392 / # 454-5031
Pat Anderson AKA PAT JRR

ASSEMBLY: PASSED FAILED TAG NO.: AP 4407
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

SAC. COUNTY TESTER NUMBER: 388

PLEASE PRINT YOUR NAME: _____

FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE - GRID: _____

SIGNATURE: _____

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON RD, STE 240
 SACRAMENTO CA 95826-3904
 (916) 875-8440 • FAX (916) 875-8513

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: C L

IF APPLICABLE, WATER METER NO.: _____

ASSEMBLY INFORMATION		
TYPE: <u>RP</u>	SIZE: <u>3</u>	MFG: <u>AMES</u>
MODEL: <u>4000SS</u>	SERIAL NO.: <u>109675</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

FACILITY	BUSINESS NAME: <u>P. Anderson Electric</u> SITE PHONE: _____
	SITE ADDRESS: <u>2757 Antelope</u> CITY: <u>Yuba</u>
	ASSEMBLY LOCATION: <u>2757 Antelope</u> <small>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small>
	INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>
OWNER / MANAGEMENT	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>
	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____
	MANAGEMENT NAME (C/O): _____ CELL PHONE: _____
	MAILING ADDRESS: _____ FAX NUMBER: _____
	CITY, STATE, & ZIP: _____ OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		AIR INLET VALVE	CHECK VALVE	
	INITIAL TEST	HELD AT: <u>8.2</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>2.2</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>		
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID		

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>11:15</u>	START TIME: _____
END TIME: <u>11:20</u>	END TIME: _____
DATE: <u>3-27-04</u>	DATE: _____

COMMENTS: _____

ASSEMBLY: PASSED FAILED TAG NO.: 10 4963
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE - GRID: _____

SAC. COUNTY TESTER NUMBER: 388
 PLEASE PRINT YOUR NAME: _____
 SIGNATURE: _____

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON RD, STE 240
 SACRAMENTO CA 95826-3904
 (916) 875-8440 • FAX (916) 875-8513

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: CL

IF APPLICABLE, WATER METER NO.: _____

ASSEMBLY INFORMATION		
TYPE: <u>DC</u>	SIZE: <u>60</u>	MFG: <u>AUER</u>
MODEL: <u>2000SS</u>	SERIAL NO.: <u>152907</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

FACILITY	BUSINESS NAME: <u>DAT ANDERSON</u> SITE PHONE: _____
	SITE ADDRESS: <u>2751 W. Williams</u> CITY: <u>SA</u>
ASSEMBLY LOCATION: <u>Property Line</u> <small>(Please use dimensions and references - Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small>	
INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>	
OWNER / MANAGEMENT	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>
	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____
	MANAGEMENT NAME (C/O): _____ CELL PHONE: _____
	MAILING ADDRESS: _____ FAX NUMBER: _____
	CITY, STATE, & ZIP: _____ OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY		PRESSURE VACUUM BREAKER		
	REDUCED PRESSURE PRINCIPLE ASSEMBLY		AIR INLET VALVE	CHECK VALVE	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: <u>2.4</u> PSID LEAKED <input type="checkbox"/>	HELD AT: <u>2.4</u> PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>11:55</u>	START TIME: _____
END TIME: <u>12:40</u>	END TIME: _____
DATE: <u>3-20-04</u>	DATE: _____

COMMENTS: _____

ASSEMBLY: PASSED FAILED TAG NO.: AT 4905
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

SAC. COUNTY TESTER NUMBER: 888

FREEZE BAG? FREEZE CAGE?

PLEASE PRINT YOUR NAME: CL

THOMAS GUIDE MAP, PAGE - GRID: _____

SIGNATURE: [Signature]



FINAL AIR BALANCE CO., INC



CERTIFICATION OF MINIMUM OUTDOOR AIR

This is to certify that all minimum outdoor air has been tested, adjusted, and balanced per specific mechanical drawings requirements for this project, and has met the minimum design CFM.

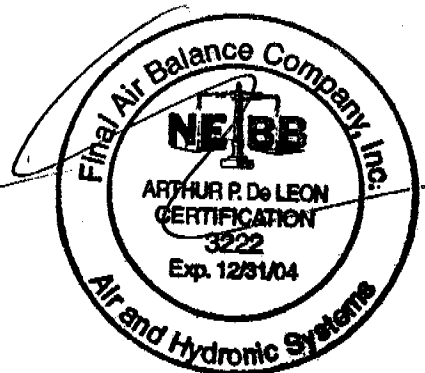
Buildings; Classroom 'A', Admin, & Library

Project: PAT Anderson Education Center

Address: SAC. CA.

These 3 buildings have been Air balanced per plans & specs.

Final Air Balance Report to follow.



Final Air Balance Co., Inc.
CA License #777985
13020 Piper Hill Dr.
Penn Valley, CA 95946
(530) 432-2226



CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 2751 WILMINGTON AV LIBRARY/LEARNING Permit No.: 0318892
Building Use: LIBRARY/LEARNING CENTER Occupancy: A3/B/E1
Building Owner: SACTO CHILDREN'S HOME Construction Type: VN
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 2048 Sq. Ft.

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

3/26/04

Date

By: (Print)

Sign



DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[TCO approvals:HI,MJB,SLG,LH,FJ]

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



**WALLACE • KUHL
& ASSOCIATES INC.**

April 5, 2004

Geotechnical Engineering

Engineering Geology

Environmental Consulting

Remediation Services

Construction Inspection

Materials Testing

Mr. Paul Blankenship
Sacramento Children's Home
2750 Sutterville Road
Sacramento, CA 95820


Special Inspection Final Report
PAT ANDERSON EDUCATION CENTER
Building A Permit No. 0318887
Building C Permit No. 0318890
Administration Building Permit No. 0014298
Library Learning Building Permit No. 0318892
WKA No. 4440.02

In accordance with City of Sacramento special inspection requirements, our firm has performed *Special Inspection and Testing* in accordance with Sections 106 and 1701 of the Uniform Building Code for the subject project. Our observation and test results indicate that the following items were constructed, to the best of our knowledge, in accordance with the project's plans and specifications:

Concrete: Inspected placement of reinforcing steel and concrete for perimeter & interior footings, slab-on-grade and piers. Obtained concrete samples for laboratory compressive strength testing and performed slump tests.

Epoxy dowel: Verified correct installation of epoxied dowels per manufacturer's instructions and the project plans.

Wallace - Kuhl & Associates, Inc.


David R. Gius, Jr.
Senior Engineer



DRG:mlo

cc: Nacht & Lewis
J.R. Roberts
Bevier Structural Engineers
City of Sacramento

CORPORATE OFFICE
3050 Industrial Boulevard
West Sacramento
CA 95691
Tel: 916.372.1134
Fax: 916.372.2565

ROCKLIN OFFICE
500 Mendocino Drive
Suite 100
Rocklin, CA 95765
Tel: 916.450.8722
Fax: 916.450.0632

STOCKTON OFFICE
3410 West Hamilton Road
Suite 1
Stockton, CA 95219
Tel: 209.234.7722
Fax: 209.234.7727



FINAL AIR BALANCE CO., INC



3-31-04

CERTIFICATION OF MINIMUM OUTDOOR AIR

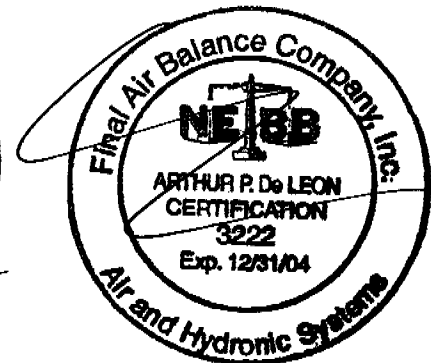
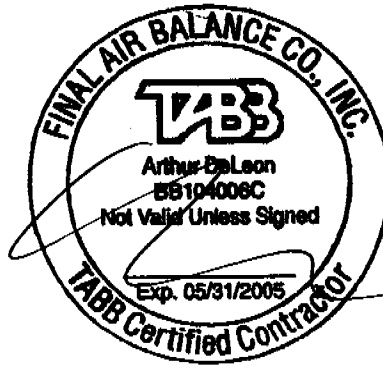
This is to certify that all minimum outdoor air has been tested, adjusted, and balanced per specific mechanical drawings requirements for this project, and has met the minimum design CFM.

Multi-Purpose Room excluding kitchen has been Air balanced per plans & specs.

Project: PAT Anderson Ed. Center

Address: SAC., CA.

Final Report to follow.



Final Air Balance Co., Inc.
CA License #777985
13020 Piper Hill Dr.
Penn Valley, CA 95946
(530) 432-2226

