

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0108177

Insp Area: 4

Thos Bros: 278A7

Site Address: 1200 BLUMENFELD DR SAC

Parcel No: 277-0242-003

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

CONTRACTOR

J G CONSTRUCTION
15632 EL PRADO RD
CHINO CA 91710

OWNER

KUHN BETTY
SACRAMENTO CA
95829

ARCHITECT

Nature of Work: INTERIOR REMODEL CHANGE IN USE FROM WAREHOUSE TO S1,B,F OCCUPANCY

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 671997 Date 10-10-01 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 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 10-10-01 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.

(R) 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 FUND Policy Number 1572707-2001 Exp Date 04-01-02

(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 10-10-01 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1200 BLUMENFELD DR Permit No. 0108177

Building Use: REMODEL DBA: SEARS Occupancy: B/F/S1

Building Owner: SEARS ROEBUCK & CO Construction Type: VN

Owner Address: HOFFMAN ESTATES, ILL Sprinkled? Yes No

Portion of Building Occupied: REMODEL Area: 40968 Sq. Ft.

1/10/02

Date

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:DP,LLS,KR,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

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 # 0108177 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1200 BLUMEFELD DR. Suite _____
 PARCEL # 277-0242-003

<p style="text-align: center;">CONTACT</p> <p>Name <u>STEVE HALE</u> Street Address <u>1045 PEPPERTREE DRIVE</u> City/State/Zip <u>FAIRFIELD, CA 94533</u> Phone <u>707 427 8671</u> FAX <u>707 426-9052</u> E-mail: <u>shdevcon@aol.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>WD PARTNERS (DAVID SCOTT WINDLE)</u> Address <u>10015 TECHNOLOGY BLVD WEST # 151</u> City/State/Zip <u>DALLAS, TX 75220</u> Phone <u>214-351-5400</u> FAX _____ E-mail: <u>license # C-19513</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>SEARS, ROEBUCK & CO.</u> Address <u>3333 BEVERLY A2-2488</u> City/State/Zip <u>HOFFMAN ESTATES, IL 61079</u> Phone <u>847-286-1918</u> FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: INTERIOR REMODEL * CHANGE IN USE *
S OCC TO SI, B, & F OCC

OCCUPANT/TENANT: SEARS VALUATION: \$ 225,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> <u>N</u>		Fed Code		Vio. File	
		<u>40968</u>		<u>SI/B/F</u>	<u>VN</u>	<u>SPR</u> <u>X</u> ALARM				[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		D	PW	UTIL	

COMMENTS: _____

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



Insp. Area 4

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: J.G. CONSTRUCTION PC # 0108177
 Address: 15632 EL Prado RD Chico CA BID App. LV
 Job Phone: 909-214-3579 Office Ph. 909-993-9393 Fee 350⁰⁰ **(H)**
 SUBJECT: Project Address: 1200 Blomewfeld Suite # SEARS

I request permission to start the following work Demo of INTERIOR WALLS
& SAW CUT FOR plumbing & DOORS

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit. I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: BB Lic. Number: 671997 JG CONSTRUCTION
 SIGNATURE _____ COMPANY NAME _____
[Signature] 8-15-01
 SIGNATURE _____ DATE _____

Date of Request: 6/28/01
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1200 BLUMENFELD DR.

Assessor's Parcel Number: 277-0242-011

Previous Use: WAREHOUSE/OFFICES

Description of Request/Proposed Use: TENANT IMPROVEMENT OF ~~WAREHOUSE~~ WAREHOUSE SPACE

32,511 sq ft
~~10,000 sq ft~~ IN EXISTING BUILDING AND
8,457 sq ft CASOLINE REPAIR CENTER (FOR GAS POWERED EQUIPMENTS) TOTAL
of 40,968 sq ft of IMPROVEMENTS.

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): NONE Zoning Designation: M1 Exp. NORTH AREA

Comments: T.I WORK ONLY - NO EXTERIOR MODIFICATIONS.

USES OF WAREHOUSE AND MACHINE SHOP ARE

ALLOWED IN M-1 ZONE. TOTAL OFFICE SPACE

DOES NOT EXCEED 25% OF GROSS FLOOR AREA.

EXISTING TOTAL OF PARKING STALLS (12) SATISFIES EXISTING
Are There Any Planning Issues?: (circle one) YES NO AND PROPOSED USES REQUIREMENTS.

- * 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: DAVID HUNG 6/28/01

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

MICROFILM AFTER FINAL



LDI Mechanical

**AIR BALANCE
REPORTS**

**SEARS TENANT
IMPROVMENTS
SACRAMENTO, CA**

1740 Delilah St.
Corona CA 92879



Office (909) 371-9685
FAX (909) 817-0215
Lic. No. 784662

AIR MOVING EQUIPMENT TEST SHEET

PAGE: 1

JOB NAME: SEARS

	AC-1		AC-2			
FAN NUMBER	AC-15		AC-9			
EQUIPMENT LOCATION	ROOF		ROOF			
AREA SERVED	OFFICES		OFFICES			
EQUIPMENT MANUFACTURER	TRANE		TRANE			
MODEL NUMBER	YCD151C3HCAA		YCD09103HCBE			
SERIAL NUMBER	240102033D		240101749D			
	REQUIRED	ACTUAL	REQUIRED	ACTUAL	REQUIRED	ACTUAL
TOTAL CFM-FAN	4,300	4,120	3,000	2,765		
TOTAL CFM-OUTLET	4,300	4,120	3,000	2,765		
R/A CFM	4,300	2,550	3,000	2,485		
O/A CFM	1,575	1,425	225	208		
TOTAL STATIC PRESSURE	0.8"	1.1"	0.8"	1.1"		
INLET PRESSURE	-	0.5	-	0.5		
DISCHARGE PRESSURE	-	0.65	-	0.65		
FAN RPM	-	-	-	-		
MOTOR MANUFACTURER	-	-	-	-		
MOTOR HP/BHP	5	5	2	2		
PHASE	3	3	3	3		
VOLTAGE	208	208	208	208		
AMPERAGE	-	-	-	-		
MOTOR RPM	1,725	1,725	1,725	1,725		
MOTOR SERVICE FACTOR	-	-	-	-		
MOTOR SHEAVES	-	-	-	-		
FAN SHEAVES	-	-	-	-		
BELTS	-	-	-	-		

NOTES:



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AIR MOVING EQUIPMENT TEST SHEET

PAGE: 2

JOB NAME: SEARS

	AC-3		AC-4			
FAN NUMBER	AC-12		AC-4			
EQUIPMENT LOCATION	ROOF		ROOF			
AREA SERVED	OFFICES		OFFICES			
EQUIPMENT MANUFACTURER	TRANE		TRANE			
MODEL NUMBER	YCD121C3HCAA		YCD048A3RHAD			
SERIAL NUMBER	240102019D		242100531L			
	REQUIRED	ACTUAL	REQUIRED	ACTUAL	REQUIRED	ACTUAL
TOTAL CFM-FAN	3,200	2,800	1,600	1,500		
TOTAL CFM-OUTLET	3,200	2,800	1,600	1,500		
R/A CFM	3,200	2,700	1,600	1,470		
O/A CFM	240	200	120	120		
TOTAL STATIC PRESSURE	0.8"	1.0"	0.8"	1.0"		
INLET PRESSURE	-	0.5	-	0.5		
DISCHARGE PRESSURE	-	0.65	-	0.65		
FAN RPM	-	-	-	-		
MOTOR MANUFACTURER	-	-	-	-		
MOTOR HP/BHP	3	3	0.8	0.8		
PHASE	1	1	1	1		
VOLTAGE	208	208	208	208		
AMPERAGE	-	-	-	-		
MOTOR RPM	1,725	1,725	1,050	1,050		
MOTOR SERVICE FACTOR	-	-	-	-		
MOTOR SHEAVES	-	-	-	-		
FAN SHEAVES	-	-	-	-		
BELTS	-	-	-	-		

NOTES:



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DIFFUSER & GRILL TEST SHEET

PAGE: 3

JOB NAME: SEARS

SYSTEM: AC-15					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	CSD	24 X 24	1.0		200		205
	2	CSD	24 X 24	1.0		200		185
	3	CSD	24 X 24	1.0		200		195
	4	CSD	24 X 24	1.0		200		200
	5	CSD	24 X 24	1.0		200		190
	6	CSD	24 X 24	1.0		200		185
	7	CSD	24 X 24	1.0		175		165
	8	CSD	24 X 24	1.0		200		175
	9	CSD	24 X 24	1.0		175		160
	10	CSD	24 X 24	1.0		175		165
TOTALS						1900		1845

NOTES:



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DIFFUSER & GRILL TEST SHEET

PAGE: 4

JOB NAME: SEARS

SYSTEM: AC-15					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	11	CSD	24 X 24	1.0		300		35
	12	CSD	24 X 24	1.0		275		280
	13	CSD	24 X 24	1.0		275		260
	14	CSD	24 X 24	1.0		275		265
	15	CSD	24 X 24	1.0		285		260
	16	CSD	24 X 24	1.0		300		30
	17	CSD	24 X 24	1.0		275		260
	18	CSD	24 X 24	1.0		275		265
	19	CSD	24 X 24	1.0		275		255
	20	CSD	24 X 24	1.0		275		265
TOTALS						2400		2275

NOTES:



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DIFFUSER & GRILL TEST SHEET

PAGE: 5

JOB NAME: SEARS

SYSTEM: AC-15					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	CRG	24 X 24	1.0		700		615
	2	CRG	24 X 24	1.0		600		360
	3	CRG	24 X 24	1.0		200		130
	4	CRG	24 X 24	1.0		200		140
	5	CRG	24 X 24	1.0		200		130
	6	CRG	24 X 24	1.0		1300		665
	7	CRG	24 X 24	1.0		200		135
	8	CRG	24 X 24	1.0		1100		670
TOTALS						4300		2835

NOTES:



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DIFFUSER & GRILL TEST SHEET

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JOB NAME: SEARS

SYSTEM: AC-9					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	CSD	24 X 24	1.0		185		180
	2	CSD	24 X 24	1.0		185		180
	3	CSD	24 X 24	1.0		185		175
	4	CSD	24 X 24	1.0		185		180
	5	CSD	24 X 24	1.0		185		180
	6	CSD	24 X 24	1.0		185		175
	7	CSD	24 X 24	1.0		185		180
	8	CSD	24 X 24	1.0		185		180
TOTALS						1480		1400

NOTES:



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DIFFUSER & GRILL TEST SHEET

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JOB NAME: SEARS

SYSTEM: AC- 9					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	9	CSD	24 X 24	1.0		185		180
	10	CSD	24 X 24	1.0		185		170
	11	CSD	24 X 24	1.0		185		180
	12	CSD	24 X 24	1.0		185		175
	13	CSD	24 X 24	1.0		185		180
	14	CSD	24 X 24	1.0		185		160
	15	CSD	24 X 24	1.0		185		185
	16	CSD	24 X 24	1.0		185		175
TOTALS						1480		1365

NOTES:



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DIFFUSER & GRILL TEST SHEET

PAGE: 8

JOB NAME: SEARS

SYSTEM: AC-9					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	CRG	24 X 24	1.0		750		630
	2	CRG	24 X 24	1.0		750		600
	3	CRG	24 X 24	1.0		750		625
	4	CRG	24 X 24	1.0		750		610
TOTALS						3000		2485

NOTES:



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DIFFUSER & GRILL TEST SHEET

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JOB NAME: SEARS

SYSTEM: AC-12					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	CSD	24 X 24	1.0		200		180
	2	CSD	24 X 24	1.0		200		180
	3	CSD	24 X 24	1.0		200		180
	4	CSD	24 X 24	1.0		200		185
	5	CSD	24 X 24	1.0		200		200
	6	CSD	24 X 24	1.0		200		195
	7	CSD	24 X 24	1.0		200		180
	8	CSD	24 X 24	1.0		200		175
TOTALS						1600		1485

NOTES:



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DIFFUSER & GRILL TEST SHEET

PAGE: 10

JOB NAME: SEARS

SYSTEM: AC-12					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	9	CSD	24 X 24	1.0		200		185
	10	CSD	24 X 24	1.0		200		185
	11	CSD	24 X 24	1.0		200		185
	12	CSD	24 X 24	1.0		200		185
	13	CSD	24 X 24	1.0		200		185
	14	CSD	24 X 24	1.0		200		185
	15	CSD	24 X 24	1.0		200		185
	16	CSD	24 X 24	1.0		200		200
TOTALS						1600		1500

NOTES:



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DIFFUSER & GRILL TEST SHEET

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JOB NAME: SEARS

SYSTEM: AC-12					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	CRG	24 X 24	1.0		800		670
	2	CRG	24 X 24	1.0		800		680
	3	CRG	24 X 24	1.0		800		660
	4	CRG	24 X 24	1.0		800		660
TOTALS						3200		2700

NOTES:



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DIFFUSER & GRILL TEST SHEET

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JOB NAME: SEARS

SYSTEM: AC-4					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	SAB	16 X 16	1.0		530		530
	2	SAB	16 X 16	1.0		530		530
	3	SAB	16 X 16	1.0		545		535
TOTALS						1605		1595

NOTES:



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DIFFUSER & GRILL TEST SHEET

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JOB NAME: SEARS

SYSTEM: AC- 4					REQUIRED		ACTUAL	
ROOM	NO.	CODE	SIZE	EFF. AREA	FPM	CFM	FPM	CFM
	1	RAB	20 X 20	1.0		1000		1475
TOTALS						1000		1475

NOTES:

