

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0013708

Insp Area: 1

Site Address: 980 9TH ST SAC

Parcel No: 006-0036-031 #2050

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

RUDOLPH AND SLETTEN INC
1750 CREEKSIDE OAKS DR STE150
SAC CA 95833

OWNER

LPT ASSOCIATES
100 PINE ST STE 3200
SAN FRANCISCO CA 94111

ARCHITECT

Nature of Work: OFFICE REMODEL

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/A License Number 198009 Date 11/30/2001 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 above-mentioned property for inspection purposes.

Date 11/17/00 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.

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 AMERICAN ZURICH INSURANCE CO Policy Number WC 3495307 - 00 Exp Date 06/30/2001

(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 11/17/00 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 # 0013708	Insp. Area IC
------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 900 9th St, Sacramento, CA Suite 2050

PARCEL # 000 000-0030-031

<p style="text-align: center;">CONTACT</p> <p>Name <u>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>652-7665</u> E-mail: <u>stafford@quiknet.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>Rudolph & Sletten</u> Address <u>1750 Creekside Oaks Dr. Ste. 150</u> City/State/Zip <u>Sacramento, CA 95833</u> Phone <u>568-5000</u> FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <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>652-7665</u> E-mail: <u>stafford@quiknet.com</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Insignia ESG / US Bank Plaza</u> Address <u>900 9th St, Suite 260</u> City/State/Zip <u>Sacramento, CA</u> Phone <u>557-1800</u> FAX <u>557-1810</u> 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: ~~Some items of int. walls/partitions, some new partitions, some new power take-off outlets~~ **interior office remodel**

OCCUPANT/TENANT: Brewer Law Firm VALUATION: \$ 50,000.00

FLOOD STATUS:		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 flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Red (✓) N	Fed Code	Vio. File		
		<u>1719</u>		<u>B</u>	<u>1-FR</u>	(SPR) ALARM	<u>15</u>	[H] [Quad]		
(B)	(L)		(M)	(E)	(F)	S	D	PW	UTIL	
<u>4LB</u>	<u>4L13</u>		<u>13 RW</u>	<u>13A</u>	<u>4L13</u>		<u>13</u>			

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed



PROJECT NO.: 2598
DATE: 12/15/00
TECHNICIAN: SHANNON HALL
TBE: MICHAEL T. RENOVICH

MECHANICAL ENGINEER: GLUMAC

MECHANICAL CONTRACTOR: FRANK M. BOOTH

Project: BREWER LAW FIRM
980 9TH ST. 20TH FLOOR SUITE 2050

Environmental System Test & Balance



RS Analysis, Inc.
503 Natoma Street
Folsom, CA 95630
916 351 9842
Ca. Lic. 748756



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AABC National Performance Guaranty

Pursuant to the agreement between

RSAnalysis, Inc.

AABC Certified Testing & Balancing Agency

FRANK M. BOOTH

Client:

All systems shall be balanced in accordance with the plans and specifications and to the optimum performance capabilities of the equipment and design. Testing and balancing shall be done in accordance with the standards published by the Associated Air Balance Council. If for any reason, the Agency fails to comply with the specifications, with the exception of termination of business by the Agency, equipment malfunction or inadequacy, or improper design, which prevents proper balancing of the systems, the Associated Air Balance Council will provide supervisory personnel to assist the Agency to perform the work in accordance with AABC Standards.

As part of this Performance Guaranty, the engineer or building owner may call upon AABC to assist him with any technical and/or field problems pertaining to the final balanced condition of systems. These services will be made available at no additional charge by the above agency or by AABC National Headquarters.

BREWER LAW FIRM

Project Name

980 9TH STREET 20TH FLOOR SUITE 2050

Address

SACRAMENTO, CA

REINHOLD GERBER

Name of Engineer

GLUMAC INTERNATIONAL

Engineering Firm

10419 OLD PLACERVILLE RD. SUITE 250

Address

SACRAMENTO, CA 95827-2508

12/15/00

Date

93-01-32

TBE #

[Signature]

By

MICHAEL T. RENOVICH

AABC Certified TBE

AABC
Associated Air
Balance Council
AABC National Headquarters
1518 K Street, N.W.
Washington, D.C. 20005
1-800-969-5222



GENERAL NOTES

1. CORRECTIONS FOR TEMPERATURE AND ALTITUDE HAVE BEEN MADE ON ALL TEST RESULTS SHOWN IN THIS REPORT.

2. CEILING DIFFUSERS WERE MEASURED WITH A DIRECT CFM READ-OUT METER. (SEE DATA SHEET AND CORRECTION CURVE.)

3. OUTLETS FOR THE FANS WERE NUMBERED WITH CLOSEST TO THE FAN AS #1.

4. V.A.V. BOXES WITH HEATING COILS WERE SET @ 30% OF FULL COOL CFM. V.A.V. BOXES WITHOUT HEATING COILS WERE SET @ 10-30% OF FULL COOL CFM.

5. ALL CORRECTIONS FOR INSTRUMENTS USED FOR TESTING AND BALANCING ARE TRACEABLE BACK TO THE NATIONAL BUREAU OF STANDARDS AND ARE TESTED IN OUR OWN LAB.

6. TO BALANCE HOT WATER AT EACH COIL IN TENANT SPACE, EVERY ZONE IN THAT SYSTEM SERVED BY THE SAME PUMP OR PUMPS WOULD HAVE TO BE CYCLED TO THE FULL HEAT POSITION. DIVERSITIES AND DESIGN QUANTITIES WOULD HAVE TO BE RECALCULATED, AND THE ENTIRE SYSTEM WOULD HAVE TO BE REBALANCED EACH TIME A TENANT IMPROVEMENT OCCURS. WE DO NOT BELIEVE THIS TO BE COST EFFECTIVE OR PRACTICAL SINCE THE COMFORT OF THE TENANTS WOULD BE SACRIFICED.

BECAUSE WE HAVE NO IDEA WHAT CONDITIONS ARE OCCURRING OUTSIDE THE SPACE BEING BALANCED, WE LEAVE CIRCUIT SETTERS AND BALANCING VALVES 100% OPEN AND VERIFY PROPER OPERATION OF VALVES, STATS AND COILS. THIS IS REFLECTED IN OUR BALANCING REPORT WITH RECORDED ENTERING AND LEAVING AIR TEMPERATURES. THIS IS A COMMON PRACTICE IN OUR FIELD, AND IS TYPICAL OF OTHER SIMILAR WATER SYSTEMS.

FOLLOWING THIS SHEET ARE:

- A. SYMBOL SHEET
- B. CALIBRATION/INSTRUMENTATION SHEET

ADJ P.D.	ADJUSTED PITCH DIAMETER
BHP	BRAKE HORSEPOWER
C.D.	CEILING DIFFUSER
C.E.	CEILING EXHAUST
C.R.	CEILING RETURN
D.D.	DIRECT DRIVE
DIA	DIAMETER
DNA	DATA NOT AVAILBLE
DNL	DATA NOT LISTED
F.E.	FLOOR EXHAUST OR RETURN
F.S.	FLOOR SUPPLY
FLA	FULL LOAD AMPS
FSR	FLOOR SUPPLY REGISTER
H.F.	HEPA FILTER
H.P.	HORSEPOWER
L.D.	LINEAR SUPPLY DIFFUSER
L.T.	LIGHT TROFFER
N.A.	NOT ACCESSIBLE
N.I.	NOT INSTALLED
N.T.	NOT TAKEN
N.V.L.	NO VALID LOCATON
NZ	NOZZLE
O	DIAMETER
O.A. MIN.	OUTSIDE AIR MINIMUM
OPEN	NO TERMINAL DEVICE INSTALLED
P.P.	PERFORATED PLATE
R.G.	RETURN GRILLE
SD	SUPPLY DIFFUSER
S.F.	SERVICE FACTORS
S.P.	STATIC PRESSURE
SWE	SIDEWALL EXHAUST
SWR	SIDEWALL RETURN
SWS	SIDEWALL SUPPLY
V	VOLTS

Symbol Sheet



TEST & BALANCE INSTRUMENTATION

Technician: Shannon Hall

The following checked instruments were used to successfully measure and set each device on this project.

INSTRUMENT	MANUFACTURER	MODEL	SERIAL NO.	CALIBRATION DATE
<input checked="" type="checkbox"/> FLOW HOOD	SHORTRIDGE	CFM-83	4013	8/28/00
<input type="checkbox"/> RV	DAVIS	LCA-6000	A11815	8/14/00
<input type="checkbox"/> FLORITE	BACHARACH	0-3035A	6942	8/21/00
<input type="checkbox"/> AMPROBE	FLUKE	ACD-12	97408933	9/10/00
<input type="checkbox"/> MAGNAHELIC	DWYER	0-.5"	849D	9/17/00
<input type="checkbox"/> MAGNAHELIC	DWYER	0-6"	RC625496	9/17/00
<input type="checkbox"/> TACHOMETER	JAQUET	252	735483	10/28/99
<input checked="" type="checkbox"/> AIR DATA MULTIMETER	SHORTRIDGE	860-1.03	M00754	9/12/00
<input type="checkbox"/> HYDRONIC MANOMETER	ALNOR	HM 650	496	6/6/00
<input type="checkbox"/> HYDRONIC MANOMETER	SHORTRIDGE	HDM-300	W97143	12/1/99
<input type="checkbox"/> SOUND LEVEL METER	QUEST	215	RM8090010	9/2/00
<input type="checkbox"/> TEMPERATURE LOGGER	ACR SYSTEMS	SMART READER	-	

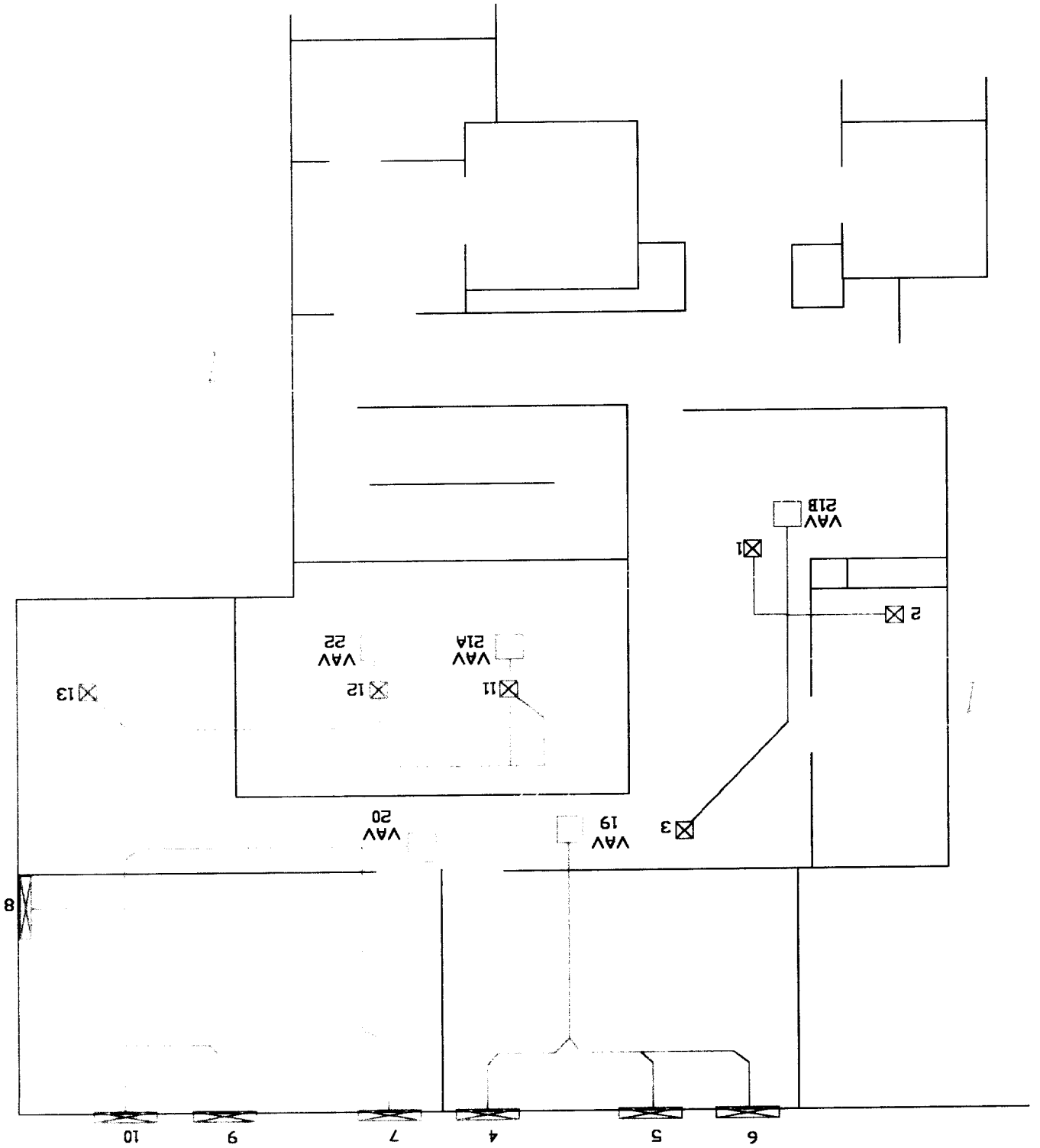
REMARKS
 STATIC PRESSURE IN MAIN SUPPLY DUCT WAS TESTED AT 1.59" WITH ALL VAV BOXES IN FULL COOLING MODE.

Room No.	Outlet No.	Code	Size	Effective Area	REQ CFM	TESTED CFM	MINIMUM	TESTED	REQ CFM	TESTED	Room No.
FULL COOL											
FULL HEAT											
201	1	CD	24x24		360	375					201
202	2	"	"		200	200					202
201	3	"	"		200	200					201
TOTAL VAV - 21B											
					760	775					240
203	4	LSD			200	220					180
"	5	"			200	200					180
"	6	"			200	200					180
TOTAL VAV - 19											
204	7	LSD	4'2"		225	225					270
"	8	"	"		200	200					270
"	9	"	"		225	215					270
"	10	"	"		225	225					270
TOTAL VAV - 20											
					875	865					270
208	11	CD	24x24		450	460					90
"	12	"	"		450	450					90
TOTAL VAV - 21A											
					900	910					90
205	13	CD	24x24		300	305					90
TOTAL VAV - 22											
					300	305					90

VAV DIFFUSER AND GRILLE TEST SHEET



BREWER LAW FIRM
980 9TH ST. 20TH FLOOR SUITE 2050
JOB #2598



MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-16-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

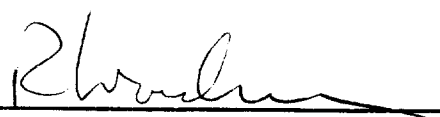
980 9th ST # 2050

has been conducted by Inspector PACK

on 1-10-01

<u>00-13708-194</u>	<u>—</u>	<u>TI</u>
Permit Number 100	Square Footage	Type of Inspection

The system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

TI 842
F. D. Reference Number

