

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0014655**  
**Insp Area: 1**

**Site Address: 1501 28TH ST SAC**  
Parcel No: 007-0274-002

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

CONTRACTOR  
S.W. ALLEN  
5946 ROSEBUD LANE #1  
SAC CA 95841

OWNER  
RF SMINI  
706 COLORADO AV C7  
PALO ALTO CA


ARCHITECT

**Nature of Work: 1ST FLOOR REMODEL FROM RETAIL TO OFFICES. EXTERIOR 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 AB ADB C39 License Number 646849 Date 2/13/01 Contractor 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.)

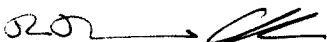
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code. The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 2/13/01 Applicant/Agent 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 CREDIT GENERAL INS. CO. Policy Number SWC1709147-00 Exp Date 03/06/2001

(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 2/13/01 Applicant 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 # <span style="font-size: 1.5em; font-family: cursive;">0014655</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">IC</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1501 28th ST. Suite \_\_\_\_\_  
 PARCEL # 007-0274-004-0000

<b>CONTACT</b> Name <u>PAT BARNARD</u> Street Address <u>4777 Auburn Blvd., Ste 200</u> City/State/Zip <u>SACRAMENTO, CA 95841</u> Phone <u>(916) 348-2870</u> FAX <u>348-2872</u> E-mail: <u>pbarnard@psai.net</u>	<b>LICENSED CONTRACTOR</b> Lic No. # <u>646849</u> Name <u>J.W. Allen Construction Inc</u> Address <u>4777 Auburn Blvd., Ste 100</u> City/State/Zip <u>SACRAMENTO, CA 95841</u> Phone <u>(916) 344-2098</u> FAX <u>344-0307</u> E-mail: _____
<b>ARCHITECT/ENGINEER</b> Name <u>Patricia Barnard Architect Inc.</u> Address <u>4777 Auburn Blvd., Ste 200</u> City/State/Zip <u>SACRAMENTO, CA 95841</u> Phone <u>(916) 348-2870</u> FAX <u>348-2872</u> E-mail: <u>pbarnard@psai.net</u>	<b>OWNER</b> Name <u>NINA Resmini</u> Address <u>706 Colorado Ave C7</u> City/State/Zip <u>PALO ALTO, CA 94303</u> Phone <u>(650) 856-1777</u> FAX <u>650-856-1777</u> E-mail: <u>(509) 357-3729</u>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: NOACK & DUNN  
 → WORKER'S COMPENSATION POLICY # SWC 1709147-00 EXPIRATION DATE: 3-06-01

NATURE OF WORK IN DETAIL: 1st Floor remodel including accessible restrooms, added elec. panel, replacement of HVAC

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 45,000<sup>00</sup>

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File	
<u>2</u>	<u>3,143</u>	<u>5843</u>		<u>B</u>	<u>V-N</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S		D	PW	UTIL
								<u>13 m/s</u>	<u>7/5</u>	

COMMENTS: 3143 sq ft.

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: 12.11.00  
By: \_\_\_\_\_

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

Project  
Address: 1501 28<sup>th</sup> Street

Assessor's Parcel Number: 007-0274-009-0000

Previous Use: RETAIL

Description of Request/Proposed Use: OFFICE

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_  
Zoning Designation: C-2 STD  
PB 00-064

Comments: Current PB file - route to Randy  
see file comments

Are There Any Planning Issues?: (circle one)

- \* Staff Site Plan Check Required? (Circle one)
- \* Field Inspection Required? (Circle one)
- \* Design Review/Preservation Required? (Circle one)

YES  NO  
 YES  NO  
 YES  NO

Planning Review by/Date: S. Joffe 12 Dec 00

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

MICROFILM AFTER FINAL

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

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

Project Address: 1501 28<sup>th</sup> Street

Assessor's Parcel Number: 007-0274-004

Previous Use: \_\_\_\_\_

Description of Request/Proposed Use: ? what is future use

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_ Zoning Designation: C2SPD  
PB00-064 (in Prog)

Comments: 1) will gate be closed during business hours?

2) Need to check conditions of PB00-064 + <sup>other</sup> site requirements (like trash enclosures, parking dimensions, etc).

3) Check parking 4) what is the future

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

*Sutter  
Fort  
Preservation  
Area*

Planning Review by/Date: [Signature]

12-18-00

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

MICROFILM AFTER FINAL

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

Commercial  
 Industrial  
 Residential



Other

DISCIPLINE	1st Review			2nd Review			3rd Review	
	Satur	Staff	Date	Satur	Staff	Date	Satur	Date
	13	JT	1/26/01					
STRUCTURAL								
MECHANICAL/PLUMBING								
ELECTRICAL	3	T.L.M	1/19/01	not qualified to be Express				
FIRE								
LANDSCAPING								

STAFF COMMENTS: Needs Site Review (Gary Spruce)

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Sacramento County Regional Sanitation District  
9660 Ecology Lane  
Sacramento, California  
95827-3881

**FEBRUARY 13, 2001**  
**RECEIVING FAX:**  
**SENDING FAX: 916-875-6253**

**TO: WHOM IT MAY CONCERN**

**FROM: DOLORES ROSS**  
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

**RE: SEWER FACILITY IMPACT FEES**  
**1501 - 28th St.**

**Plan Check # 00-14655**

There are no Sewer Facility Impact Fees due for the interior remodel of the building at the above address, proposed occupancy of office use.

If you have any questions regarding the above, please feel free to call me at 875-6679.

*This determination is subject to adjustment if the data supplied is changed.*

[www.srcsd.com](http://www.srcsd.com)

e-mail: [rossd@SacCounty.net](mailto:rossd@SacCounty.net)

**CHARDOUL & ASSOCIATES**  
**CONSULTING ENGINEERS**

**TEST AND BALANCE REPORT**

Project Name: Resmini Office Remodel, Lower Level

Project Location: Corner 28<sup>th</sup> and O Streets, Sacramento, CA

**DESIGN TEAM**

Mechanical Contractor: Capitol Mechanical

Architect: Patricia Barnard, Architect

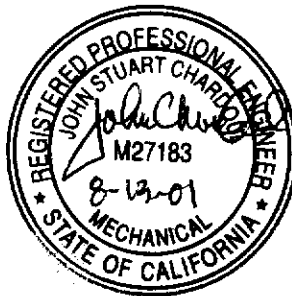
Consulting Engineer:

**PROJECT PROFILE**

Job Number: 01011

Date: August 13, 2001

Test & Balance Engineer: John S. Chardoul, P.E.



**CHARDOUL & ASSOCIATES**  
**CONSULTING ENGINEERS**

**FAN TEST SHEET**

Date: August 13, 2001

AREA SERVED: Central Lower

UNIT: #1

**INSTALLED EQUIPMENT:**

Manufacturer: Bryant PYIPNB036060AAAA  
 Evap. Blower HP: 0.5 Direct Drive  
 Voltage: 208  
 Phase: 1  
 FLA: 4.0  
 SF: TP  
 RPM: NA  
 Motor Frame: NA

**MOTOR TEST DATA:**

Volts: 208  
 Amps: 3.6  
 BHP:  
 RPM:

**SHEAVE DATA:**

Diameter: NA  
 Shaft: NA  
 Adj. P.D.: NA  
 Fixed: NA  
 Belt Center Line: NA

**FAN TEST DATA:**

RPM: DD High-High  
 SP+: 0.51  
 SP-: 0.31  
 TSP/ESP: 0.82  
 Filter SP: 0.21  
 CFM Total: 1790  
 CFM RA: 690  
 CFM OSA: 1100

**DIFFUSERS AND GRILLES**

Room Number	Outlet Number	Code	Size	CFM Req.	CFM Tested
<b>Supply Air</b>					
8	1	CD	24X24		350
9	1	CD	6X12		140
N. Hall	1	CD	24X24		500
11	1	CD	24X24		300
	2	CD	24X24		300
Men	1	CD	6X12		100
Women	1	CD	6X12		100
					<b>1790</b>
<b>Return Air</b>					
8	1	CR	24X24		340
11	1	CR	24X24		350
					<b>690</b>

NOTE: Unit is set on "High-High" speed for cooling. OSA is wide open.



**CHARDOUL & ASSOCIATES**  
**CONSULTING ENGINEERS**

**FAN TEST SHEET**

Date: August 13, 2001

AREA SERVED: EAST LOWER

UNIT: #2

**INSTALLED EQUIPMENT:**

Manufacturer: Bryant 30-80-YAC-106T  
 Evap. Blower HP: 0.5 Direct Drive  
 Voltage: 208  
 Phase: 1  
 FLA: 3.0  
 SF: TP  
 RPM: NA  
 Motor Frame: NA

**MOTOR TEST DATA:**

Volts: 208  
 Amps: 2.4  
 BHP:  
 RPM:

**SHEAVE DATA:**

Diameter: NA  
 Shaft: NA  
 Adj. P.D.: NA  
 Fixed: NA  
 Belt Center Line: NA

**FAN TEST DATA:**

RPM: DD High-High  
 SP+: 0.41  
 SP-: 0.22  
 TSP/ESP: 0.63  
 Filter SP: 0.19  
 CFM Total: 1550  
 CFM RA: 850  
 CFM OSA: 700

**DIFFUSERS AND GRILLES**

Room Number	Outlet Number	Code	Size	CFM Req.	CFM Tested
<b>Supply Air</b>					
13	1	CD	6X12		80
14	1	CD	24X24		350
	2	CD	24X24		450
15	1	CD	6X12		100
16	1	CD	24X24		250
	2	CD	24X24		320
					<b>1550</b>
<b>Return Air</b>					
14	1	WR	12X24		250
16	1	CR	24X24		600
					<b>850</b>

NOTE: Unit is set on "High-High" speed for cooling. OSA is wide open.

**CHARDOUL & ASSOCIATES**  
**CONSULTING ENGINEERS**

**FAN TEST SHEET**

Date: August 13, 2001

AREA SERVED: WEST LOWER

UNIT: #3

**INSTALLED EQUIPMENT:**

Manufacturer: Bryant 30-80-YAC-106T  
 Evap Blower HP: 0.5  
 Voltage: 208  
 Phase: 1  
 FLA: 3.0  
 SF: TP  
 RPM: NA  
 Motor Frame: NA

**MOTOR TEST DATA:**

Volts: 208  
 Amps: 2.6  
 BHP:  
 RPM:

**SHEAVE DATA:**

Diameter: NA  
 Shaft: NA  
 Adj. P.D.: NA  
 Fixed: NA  
 Belt Center Line: NA

**FAN TEST DATA:**

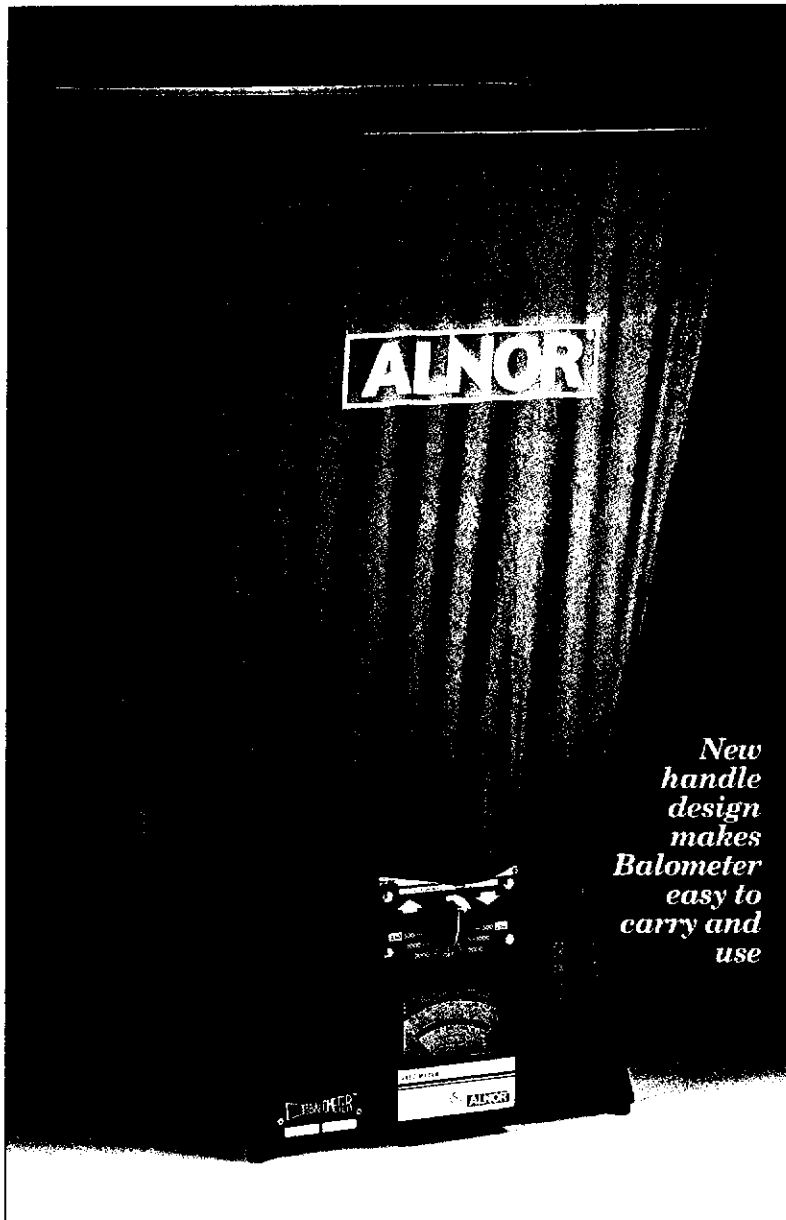
RPM: DD High  
 SP+: 0.35  
 SP-: 0.20  
 TSP/ESP: 0.55  
 Filter SP: 0.18  
 CFM Total: 1020  
 CFM RA: 670  
 CFM OSA: 350

**DIFFUSERS AND GRILLES**

Room Number	Outlet Number	Code	Size	CFM Req.	CFM Tested
<b>Supply Air</b>					
1	1	CD	24X24	300	270
2	1	CD	24X24	150	150
4	1	CD	24X24	150	150
6	1	WD	18X12	150	150
	2	WD	18X12	300	300
				<b>1050</b>	<b>1020</b>
<b>Return Air</b>					
2	1	CR	24X24	450	520
4	1	CR	24X24	450	150
				<b>900</b>	<b>670</b>

Unit is set for High speed on cooling. OSA is wide open.

## Air Balancing Meter/hood Measures CFM Directly From Exhaust or Supply Grilles



*New handle design makes Balometer easy to carry and use*

### **Balometer pays for itself**

In just three months your Balometer can save you up to 40 percent of your time on every air flow measurement job. It only takes one person to operate the Balometer, while conventional air flow measuring is often done with two.

With the Balometer you can get direct CFM readings. This eliminates the need for calculations and K factors and saves even more of your valuable time.

You can take more readings more often and balance air flow for maximum energy efficiency and energy dollar savings.

No special training or skills are required to operate the Balometer.

### **Here's how the Balometer works**

The blue hood fits over grilles or diffusers and channels air flow through a manifold to a specially designed base. Sixteen areas of equal size in the base sense air flow, and the reading is displayed directly in CFM. Regardless of the air pattern, you are assured of accurate readings.

The Alnor Velometer® is the performance-proven heart of the Balometer. It is factory calibrated for readings between 0 and 2000 CFM. The Velometer's mirrored anti-parallax scale improves the accuracy of observed readings by eliminating the double image you may experience with conventional scales.

The Balometer has a unique range selector for accurate readings in both supply and exhaust air flow. You can select from four ranges: 0-250, 200-500, 400-1000 and 800-2000 CFM. The lowest range (0-250) is especially valuable in today's critical low air flow systems.

Interchangeable blue hoods match standard diffuser openings to fit your particular application.

### **Features**

- Unique analog gauge with readings in four ranges: 0 to 250 CFM, 200 to 500 CFM, 400 to 1000 CFM and 800 to 2000 CFM.

### **ORDERING INFORMATION**

Catalog No.	Model	Description	Price
AL13503	6461	Balometer Kit with 1 hood	\$1,875.00
AL13502	6463	Balometer Kit with 3 hoods	2,145.00
AL13501	6465	Balometer Kit with 5 hoods	2,499.00
NISTAV773	—	NIST Traceable Certificate with Data	250.00

### **SPECIFICATIONS**

Accuracy	3% full scale range
Supply and Exhaust Ranges CFM	0 to 250, 200 to 500, 400 to 1000, and 800 to 2000
Standard Hood Openings	16" x 16", 2' x 2', 2' x 4', 1' x 5', and 3' x 3' (406 x 406 mm, 610 x 610 mm, 610 x 1220 mm, 305 x 1220 mm, 305 x 1525 mm, and 915 x 914 mm)
Overall Dimensions	Height 40"; base 17" x 17"; width and depth—variable, see standard hood openings. (Height 1017mm; base 432 x 432mm; width and depth—variable, see standard hood openings)
Shipping Dimensions	29" x 14" x 25" (737 x 356 x 635 mm)
Operating Weight With 2' x 2' Hood	9.8 lbs. (4.5 Kg)
Shipping Weight	39 lbs. (17.7kg)