CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0108288
Insp Area: 3

Site Address: 8351 VALDEZ AV SAC
Parcel No: 062-0010-018

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

CONTRACTOR
EVAN HUTCHINS
859 STILLWATER ST
WEST SACRAMENTO CA 95605

OWNER
UNITED STATES OF AMERICA
5660 FRUITRIDGE RD
SACRAMENTO CA 95826

ARCHITECT
AMPAM
859 STILLWATER ST
WEST SACRAMENTO CA. 95605

Nature of Work: REMODEL 6,095 SQ FT OFFICE FROM 49000 SQ FT WAREHOUSE

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'sAddress _____

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/C-10 License Number 395713 Date 7-30-01 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 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 & P Code 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 7-30-01 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	Policy Number	Exp Date

(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 7-30-01 Applicant Signature _____

WARNING: FAILURE TO SECURE WORKERS 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 # 0108288 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 8351 Valdez (The Depot Business Park) Suite _____

PARCEL # _____

CONTACT
Name Lynn Hutchins
Street Address 859 Stillwater Suite 1
City/State/Zip W. Sacramento CA 95605
Phone 996-4019 or FAX 373-9102
E-mail: 373-9100

LICENSED CONTRACTOR Lic No. # 395713
Name Lynn Hutchins
Address 859 Stillwater Suite 1
City/State/Zip W. Sacramento CA 95605
Phone 996-4019 or FAX _____
E-mail: 373-9100

ARCHITECT/ENGINEER
Name Ampam
Address 859 Stillwater Suite 1
City/State/Zip W. Sacramento CA 95605
Phone 996-4019 or FAX _____
E-mail: 373-9100

OWNER
Name Ampam
Address 859 Stillwater Suite 1
City/State/Zip W. Sacramento CA 95605
Phone 996-4019 or FAX _____
E-mail: 373-9100

→ Will permittee have any employees on the jobsite? ☐ No ☒ Yes → INSURANCE CO: RSKCO

→ WORKER'S COMPENSATION POLICY # 4315384 EXPIRATION DATE: OPEN

NATURE OF WORK IN DETAIL: office improvement

OCCUPANT/TENANT: Ampam Commercial NN

VALUATION: $ 145,000.00

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 flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y) / N	Fed Code	Vio. File
		6,000 sf I		B		SPR ALARM	B	[H] [Quad]

B	U	P	M	E	F	S	D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? ☐ Yes ☐ No HEALTH DEPARTMENT? ☐ Yes ☐ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed

dssu/forms/commercialapp. [rev. 03/28/00]

Date of Request: 6-29-01
By: ~~Len~~ Lynn Hutchins

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 8351 Valley

Assessor's Parcel Number: 062-0010-018

Previous Use: Warehouse

Description of Request/Proposed Use: Convert portion of Warehouse to incidental Office — for use by warehouse Bldg tenant.

Is This a Change of Use? No.

Zoning Designation: M-2-SPD

Prior Applications for Project Site(P#, Z#, DRPB#): M92-064
M94-051 Army Depot Overall

Comments: Okay w. Planning. Proposing less than 25% Office ~~in~~ for this building.

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] 6-29-01

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

MICROFILM AFTER FINAL

Revised 3/31/99

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT **DATE:** 8-30-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

5351 VALDEZ - Bldg 3

Has been conducted by Inspector

[redacted] C. Park

On

8-27-01

01-08288 | | CH sprinkler
Permit Number | Square Footage | Type of Inspection

They system is acceptable by this department.

By: Ross L. Woodman,
Fire Prevention Officer II

01-167
F.D. Reference Number

8351 Valdez Ave
P/C 0108288

AMPAM
American Plumbing & Mechanical, Inc.

Commercial Northwest

July 25, 2001

City of Sacramento

Plan Check Department:

It is not our intention to use the attic space above the offices for storage. We requested installing a plywood above the ceiling to keep out the noise of the warehouse.

If you have any questions, please don't hesitate to contact me.

Thank you,

James K. Buss, President
***AMPAM* Commercial Northwest**

California Contractors License # 794689
859 Stillwater, Suite 1 * West Sacramento, Ca. 95605
916-373-9100 * 916-373-9102 fax

MESA 3 — Mechanical Environmental Systems Analysis and Adjustment Agency
Bay Area: Ph: 408-928-3000 Fax: 408-928-3003
Sacramento: Ph: 916-774-7174 Fax: 916-783-6246
www.mesa3.com admin@mesa3.com

PRELIMINARY

Report Name _____ No. _____

Client Project AMPAM COMMERCIAL [illegible] OFFICE

Facility Name _____

Supply Fan

Fan: EC-1 Section: _____ Item: _____ Page: _____ of _____

Test Description				Design Plans	Design Submit	Test # 2 PRELIMINARY Date/By: 8/22/01 mm	Test # 4 FINAL MIN OSA Date/By: 8/29/01 mm	Test # Date/By
Fan	Manufacturer					YORK		
	Model Number					FCFP060H06B		
	Type or Size					FC		
	Volume Control Type					3 SPEED		
Motor	Manufacturer					4.0 SMITH		
	HP	RPM-hi	RPM-lo			3/4 —		
	Frame	Phase	SF			— 1 1.0		
	Volts					208 230		
	FLA					4.5 4.5		
	SFA							
Motor Sheave	Model or Size					DIRECT DRIVE		
	Bore or Bushing							
	Adj. % of Max							
Fan Sheave	Model or Size							
	Bore or Bushing							
Number Belts	Belt Size							
Centerline	% of Max Adj.							
Volume Control	Set Point	Indicated	Actual			— —		
	Position					MED SPEED		
Tested RPM	Motor					NVL		
	Fan					1		
Air Dist. Total	SAcfm	% des.						
Fan Air Flows	SAcfm	% des.		1300		1503	1440	
	RAcfm	% SA		1040		1503	1163	
	OAcfm	% SA		260		0	277	
Discharge SP	ESP	TSP				0.735	0.675	
Suction SP	ESP	TSP				0.335	0.259	
Total Resistance	ESP	TSP				1.070	0.932	
ΔP's								
Volts	T1-T2	T1-T3	T2-T3			212	212	
Voltage Corrected FLA								
Amps	T1	T2	T3			2.8	2.5	
Approximate BHP								
No Load Amps (if overloaded)								

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PRELIMINARY

Report Name _____ No. _____

Client Project AMPAM COMMERCIAL N.J. OFFICE

Facility Name _____

Air Distribution

Fan System: FC-1 Section: Item: Page: 1 of 2

Register I.D.	Type	Size or Model	Ak	Design FPM or ΔP	Design CFM	Date/By: 8/22/01 MM EQ# 830 Test # 1 - PRELIMINARY % Open	SP/VP	FPM/CFM$_v$	CFM$_c$	Analysis	Date/By: 8/22/01 MM EQ# 830 Test # 2 - PRELIMINARY % Open	SP/VP	FPM/CFM$_v$	CFM$_c$	Analysis	Note Code
1	CD	6"Φ			120	80%			128		100%			120	100%	
2	"	"			"	90%			116		90%			125	104%	
1-2 BRANCH		TOTAL			240	100%			244		100%			245		
3	CD	6"			120	60%			161		50%			132	110%	
4	"	"			"	80%			134		100%			110	92%	
5	"	"			"	80%			114		100%			130	108%	
3-5 BRANCH		TOTAL			360	100%			409		80%			372		
6	CD	8"Φ			250	60%			187		70%			235	94%	
7	"	6"Φ			"	70%			281		100%			272	109%	
8	"	"			"	70%			222		100%			233	93%	
9	"	"			150	80%			116		100%			146	97%	
6-9 BRANCH		TOTAL			900	75%			806		75%			886		
FC-1	TOTAL	SUPPLY			1500				1459			0.735		1503		
10	EG	24x24			410	NONE								497		
11	"	"			"	"								510		
FC-1	TOTAL	RETURN			820									1007		
OSA	DUCT	10"Φ OSA			680											
FC-1	TOTAL	OSA			680											

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Preliminary

Report Name _____ No. _____

Client Project AMPam Corporation [illegible]

Facility Name _____

Air Distribution

Fan System: EF-1 Section: _____ Item: _____ Page: 2 of 2

Register I.D.	Type	Size or Model	Ak	Design FPM or ΔP	Design CFM	Date/By: 8/22/01 mm EQ# 890 Test # 3 - Preliminary % Open	SP/VP	FPM/CFM$_u$	CFM$_c$	Analysis	Date/By: 8/22/01 mm EQ# 890 Test # 4 - Final % Open	SP/VP	FPM/CFM$_u$	CFM$_c$	Analysis	Note Code
1														115		
2														120		
														235		
3														126		
4														108	90%	
5														125		
														359		
6														225	90%	
7														257		
8														225	90%	
9														39		
														846		
					=									=		
					1500						0.675			440	90%	
10														341		
11					—									222		
														63		
04			0.565		200	62%	0.9%	633	344		50%	0.262	50°	77	100%	

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PRELIMINARY

Report Name _____ No. _____

Client Project AMPAM COMMERCIAL N... OFFICES

Facility Name _____

Supply Fan

Fan: FC-2A Section: Item: Page: of

Test Description				Design Plans	Design Submit	Test # 2 PRELIMINARY Date/By: 8/22/01 mm	Test # 4 FINAL MINOSA Date/By: 8/23/01 mm	Test # Date/By:
Fan	Manufacturer					YORK		
	Model Number					FZFP040 H06B		
	Type or Size					FC		
	Volume Control Type					3 SPEED		
Motor	Manufacturer					A.O. SMITH		
	HP	RPM-hi	RPM-lo			3/4 —		
	Frame	Phase	SF			— 1 1.0		
	Volts					208 230		
	FLA					4.5 4.5		
	SFA							
Motor Sheave	Model or Size					DIRECT DRIVE		
	Bore or Bushing							
	Adj. % of Max							
Fan Sheave	Model or Size							
	Bore or Bushing							
Number Belts	Belt Size							
Centerline	% of Max Adj.							
Volume Control	Set Point	Indicated	Actual			— — —		
	Position					LOW SPEED		
Tested RPM	Motor					NVL		
	Fan					1		
Air Dist. Total	SAcfm	% des.						
Fan Air Flows	SAcfm	% des.		800		1317	1303	
	RAcfm	% SA		620		1317	1101	
	OAcfm	% SA		180		0	193	
Discharge SP	ESP	TSP				0.662	0.649	
Suction SP	ESP	TSP				0.211	0.189	
Total Resistance	ESP	TSP				0.873	0.838	
ΔP's								
Volts	T1-T2	T1-T3	T2-T3			212	212	
Voltage Corrected FLA								
Amps	T1	T2	T3			2.5	2.1	
Approximate BHP								
No Load Amps (if overloaded)								

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Preliminary

Report Name _____ No. _____

Client Project AMPAM COMMERCIAL AND OFFICES

Facility Name _____

Air Distribution

Fan System: FC-2A Section: Item: Page: 1 of 2

Register I.D.	Type	Size or Model	Ak	Design FPM or ΔP	Design CFM	Date/By: 8/22/01 mm EQ# 8910 Test # 1 - Preliminary: % Open	SP/VP	FPM/CFM$_o$	CFM$_c$	Analysis	Date/By: 9/12/01 mm EQ# 870 Test # 2 - Preliminary: % Open	SP/VP	FPM/CFM$_o$	CFM$_c$	Analysis	Note Code
12	CD	6"ø			150	80%			153		100%			174	16%	
BRANCH	TOTAL				150	100%			153		100%			174		
13	CD	6"ø			120	80%			139		100%			157	31%	
14	↓	↓			↓	80%			158		80%			154	23%	
15	↓	8"ø			250	80%			288		100%			317	27%	
13 TO 15	BRANCH	TOTAL			490	90%			585		100%			628		
16	CD	6"ø			90	80%			148		50%			115	123%	
17	↓	↓			150	80%			177		100%			173	15%	
16 TO 17	BRANCH	TOTAL			240	100%			325		50%			288		
18	CD	6"ø			90	80%			161		80%			111	123%	
19	↓	↓			↓	90%			161		80%			116	129%	
					180	80%			322		50%			327		
					=				=					=		
FC-2A	TOTAL	SUPPLY			1060				1385	131%		0.662		1317	24%	
20	RG	24"x24"			910	NOISE								467		
21	↓	↓			↓	↓								402		
FC-2A	TOTAL	RETURN			820									869		
OSA	DUCT	10"ø	0.785		150											
FC-2A	TOTAL	OSA			150											

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Preliminary

Report Name _____ No. _____

Client Project AMPAM COMMERCIAL AND OFFICE

Facility Name _____

Supply Fan

Fan: FC-2B Section: _____ Item: _____ Page: _____ of _____

Test Description				Design Plans	Design Submit	Test # 4 FINAL MINOSA Date/By: 8/23/01 MM	Test # Date/By:	Test # Date/By:
Fan	Manufacturer					YORK		
	Model Number					F2FP060H06B		
	Type or Size					FC		
	Volume Control Type					3 SPEED		
Motor	Manufacturer					A.O. SMITH		
	HP	RPM-hi	RPM-lo			3/4 —		
	Frame	Phase	SF			— 1 1.0		
	Volts					208 230		
	FLA					4.4 4.4		
	SFA							
Motor Sheave	Model or Size					DIRECT DRIVE		
	Bore or Bushing							
	Adj. % of Max							
Fan Sheave	Model or Size							
	Bore or Bushing							
Number Belts	Belt Size							
Centerline	% of Max Adj.							
Volume Control	Set Point	Indicated	Actual			— — —		
	Position					LOW SPEED		
Tested RPM	Motor					NVL		
	Fan					1		
Air Dist. Total	SAcfm	% des.						
Fan Air Flows	SAcfm	% des.		1000		1203		
	RAcfm	% SA		760		946		
	OAcfm	% SA		240		257		
Discharge SP	ESP	TSP				0.582		
Suction SP	ESP	TSP				0.390		
Total Resistance	ESP	TSP				0.972		
ΔP's								
Volts	T1-T2	T1-T3	T2-T3			212		
Voltage Corrected FLA								
Amps	T1	T2	T3			2.0		
Approximate BHP								
No Load Amps (if overloaded)								

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Report Name _____ No. _____

Client Project AMPAM COMMERCIAL [illegible] OFFICE

Facility Name _____

Air Distribution

Fan System: FC-28 Section: Item: Page: 1 of 2

Register I.D.	Type	Size or Model	Ak	Design FPM or ΔP	Design CFM	Date/By: 8/22/01 MM Test # 1 – PRELIM/INARY % Open	SP/VP	FPM/CFM$_o$	CFM$_c$ / Analysis	Date/By: 8/22/01 [illegible] Test # 2 – PRE[illegible]INARY % Open	SP/VP	FPM/CFM$_o$	CFM$_c$ / Analysis	Note Code
22	CD	8"ϕ			175	80%			232	80%			288 165%	
23	↓	6"ϕ			120	80%			165	80%			172 143%	
24	↓	↓			↓	90%			153	100%			168 140%	
22~24 BRANCH TOTAL					415	90%			550	100%			628	
25	CD	8"ϕ			175	80%			370	50%			300 171%	
26	↓	6"ϕ			120	80%			202	80%			184 153%	
27	↓	↓			↓	90%			172	100%			169 141%	
25~27 BRANCH TOTAL					415	100%			744	60%			653	
					=				=				=	
FC-28 TOTAL SUPPLY					830				1294 152%		2.460		1281 154%	
28	RG	24x24			205	NODE							344	
29	↓	↓			↓	↓							171	
30					410								92	
31					205								78	
32	↓	↓			↓	↓							69	
FC-28 TOTAL RETURN					1230									
OSA	DUCT	10"ϕ	OSA		240									
FC-28 TOTAL OSA					240									

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www.mesa3.com admin@mesa3.com

PRELIMINARY

Report Name _____ No. _____

Client Project AmPam Commercial ... OFFICE

Facility Name _____

Air Distribution

Fan System: FC-20 Section: Item: Page: 2 of 2

Register I.D.	Type	Size or Model	Ak	Design FPM or ΔP	Design CFM	Date/By: 8/23/01 mm EQ# 890 Test # 3 – PRELIMINARY % Open	SP/VP	FPM/CFM$_u$	CFM$_c$	Analysis	Date/By: 9/23/01 mm EQ# 890 Test # 4 – FINAL % Open	SP/VP	FPM/CFM$_u$	CFM$_c$	Analysis	Note Code
22														270		
23														102		
24														158		
														570		
25														281		
26														113		
27														159		
														613		
					2									=		
					830							0.582		703	145%	
28					98			126			40%			85		
29					1			113			50%			119		
30					196			185			Note			147		
31					99			155			↓			103		
32					1			139						132		
				990	1350			721						1346	136%	
DSA			0.545		240	100%	0.033	292	162		100%	0.058	472	57	19%	

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PRELIMINARY

Report Name _____ No. _____

Client Project AmPam Commercial [illegible] Office

Facility Name _____

Air Distribution

Fan System: EC-2A Section: Item: Page 2 of 2

Register I.D.	Type	Size or Model	Ak	Design FPM or ΔP	Design CFM	Date/By: 8/20/01 EQ# 890 Test # 3 - PRELIMINARY % Open	SP/VP	FPM/CFM$_u$	CFM$_c$	Analysis	Date/By: 8/20/01 EQ# 890 Test # 4 - FINAL % Open	SP/VP	FPM/	CFM$_c$	Analysis	Note Code
12														172		
														172		
13														55		
14														52		
15														314		
														621		
16														114		
17														71		
														285		
18														110		
19														115		
					=									225		
														=		
		Supply			1000							0.649		303	123%	
20														686		
21					—									415		
														101		
OSA			0.545	100		55%	0.060	388	21		50%	0.050	35	93	62%	

Reviewed By: _____ Date: _____