

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

**Permit No: 0004737**  
**Insp Area: 4**

**Site Address: 2594 RIO LINDA BL SAC**  
Parcel No: 265-0292-033

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

**CONTRACTOR**  
KLEEMAN ROEBELEN  
1241 HAWKS FLIEGHT CT  
EL DORADO HILLS CA

**OWNER**  
PAC BELL

**ARCHITECT**

**Nature of Work: 2ND FLOOR 18,603 SQ FT ADDITION ON TELECOMMUNICATION FACILITY**

**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 737562 Date 10-18-00 Contractor Signature E. DeBruin

**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 10-18-00 Applicant/Agent Signature E. DeBruin

**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 ST PAUL FIRE & MARINE Policy Number MVK8300449 Exp Date 07/01/2001

(This section need not be completed if the contractor 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 contractor 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 10-18-00 Applicant Signature E. DeBruin

**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  
DEVELOPMENT SERVICES DIVISION  
1231 I STREET, ROOM 200, SACRAMENTO, CA 95814

Prior to issuance of a permit, the applicant shall complete Part I of this form. Part II and Part III shall be completed by the project Architect/Engineer and the Development Services Department as a part of the plan review process. Before permit issuance all parties must sign this agreement. Please note that failure to comply with special inspection requirements could be expensive in terms of retrofit design and construction as well as delays in the project.

PART I - SPECIAL INSPECTION AND TESTING AGREEMENT

PROJECT NAME PACIFIC BELL WABASH BUILDING SECOND FLOOR ADDITION  
PROJECT ADDRESS 2594 RIO LINDA BLVD., SACRAMENTO, CA  
PLAN REVIEW NUMBER 00-04737

PERMIT NUMBER \_\_\_\_\_

OWNER'S NAME PACIFIC BELL

OWNER'S ADDRESS 3707 KINGS WAY, SUITE B-15

OWNER'S REPRESENTATIVE B.J. WILKOFF PHONE NUMBER 972-2479

TESTING/INSPECTION FIRM(S) ITEMS

1 KLEINFELDER  
3077 FITE CIRCLE, SACRAMENTO, CA 95827-1015

CONTACT PERSON: TED CIEN

2 \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PART II - SPECIAL INSPECTION AND TESTING AGREEMENT - INSPECTION REQUIRED

In accordance with Chapter 17 Section 1701 of the UBC, as adopted by this jurisdiction, SPECIAL INSPECTION is required as noted below:

PRECONSTRUCTION MEETING ( ) REQUIRED (X) WAVED

CODE SECTION	TYPE OF WORK	CONTINUOUS	PERIODIC
1701.5.1	CONCRETE		X
1701.5.2	BOLTS INSTALLED IN CONCRETE		X
1701.5.3	SPECIAL MOMENT - RESISTING CONCRETE FRAME		
1701.5.4	REINFORCING STEEL AND PRESTRESSING STEEL TENDONS		X
1701.5	STRUCTURE WELDING		X
1701.5.1	GENERAL		
	FIELD STRUCTURAL WELDING		X
	SHOP STRUCTURAL WELDING (REQUIRING SPECIAL INSPECTION)		
1701.5.2	SPECIAL MOMENT - RESISTING STEEL FRAMES		
1701.5.3	WELDING OF REINFORCING STEEL		
1701.5.6	HIGH STRENGTH BOLTING		X
1701.5.7	STRUCTURAL MASONRY		X
1701.5.8	REINFORCED GYPSUM CONCRETE		
1701.5.9	INSULATING CONCRETE FILL		
1701.5.10	SPRAY APPLIED FIREPROOFING		X
1701.5.11	PILING, DRILLED PIERS AND CAISSONS		
1701.5.12	SHOTCRETE		
1701.5.13	SPECIAL GRADING, EXCAVATION & FILLING		
1701.5.14	SMOKE CONTROL SYSTEM		
1701.5.15	SPECIAL CASES		
1702	STRUCTURAL OBSERVATION PER SECTION 307 REQUIRED: ( ) YES (X) NO		
SCC 8.26.1004	FLOOD PROOFING INSPECTION & CERTIFICATION		

OTHER: ERXY ANCHORS

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
1231 I STREET, ROOM 200, SACRAMENTO, CA 95814

SPECIAL INSPECTION AND TESTING AGREEMENT

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or any other person responsible for the work (such as an owner-builder/developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official, and other parties as listed. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	SIGNATURES	PHONE NUMBER
OWNER	<i>[Signature]</i>	916 972-2479
ARCHITECT	<i>[Signature]</i>	916 558-1900
ENGINEER	<i>[Signature]</i>	916 558-1900
CONTRACTOR		
DEVELOPER		
SPECIAL INSPECTOR		

**WARNING:** Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.

PART III • GEOTECHNICAL INSPECTION REQUIREMENTS

GEOTECHNICAL FIRM KLEINFELDER

GEOTECHNICAL FIRM ADDRESS 3077 FITE CIRCLE, SACRAMENTO PHONE NUMBER 366-1701

GEOTECHNICAL ENGINEER TIM WILLIAMS

REPORT NUMBER 23-484380

REPORT DATE July 10, 2000 RECEIPT NUMBER \_\_\_\_\_ REVISION DATES \_\_\_\_\_

SITE PREPARATION/FILL COMPACTION	TYPE OF WORK	REQUIRED
FOUNDATION OBSERVATION		
DRILLED PIERS AND CAISSONS		

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.  
**ACCEPTED FOR THE BUILDING DEPARTMENT**

PLAN CHECK ENGINEER (Please Print) LARRY LAU

PLAN CHECK ENGINEER SIGNATURE [Signature] DATE 10/2/00

- INSTRUCTIONS TO THE SPECIAL INSPECTOR
- 1 • PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
  - 2 • A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
  - 3 • UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE PROFESSIONAL ENGINEER

**CARTER AIR BALANCE COMPANY**  
**1130 FIRST STREET, SUITE 210**  
**NAPA, CA 94559**  
**Phone (707)252-4859 Fax (707)252-8351**

**TEST AND BALANCE ANALYSIS REPORT**

JOB: Pac Bell Wabash - 2nd. Floor Addition - 2594 Rio Linda

CONTRACTOR: Air Systems of Sacramento, Inc.

ENGINEER: Glumac International

ARCHITECT: Existing Building



DATE: July 6, 2001

TECHNICIAN: Larry Lee

APPROVED BY: Jeff Carter

# PAC BELL WABASH – 2<sup>ND</sup> FLOOR ADDITION 2594 RIO LINDA

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**AABC**

**Associated Air Balance Council**

**Annual Certificate**

*Awarded to*

**Jeff A. Carter**

*Carter Air Balance Company*

*In recognition of his qualifications, as a  
Certified Test and Balance Engineer  
under the rules, regulations, and requirements of the  
Associated Air Balance Council. The above named is fully  
authorized to perform total system balance in accordance  
with the standards, as established by the AABC and as a  
member of the Associated Air Balance Council, for the year*

**2001**

*This registration number 94-01-33, being issued this day  
January 1, 2001, is fully recognized by the bylaws and  
charter of this professional Association. This certificate is  
renewable on an annual basis after examination of the agency's  
record for the preceding year.*



*William A. Dorse*  
President

*Kenneth M. Sufka*  
Executive Director

# AABC National Performance Guaranty

Pursuant to the agreement between

CARTER AIR BALANCE COMPANY

AABC Certified Testing & Balancing Agency

and

AIR SYSTEMS OF SACRAMENTO, INC.

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 listed above 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.

Project Name Pacific Bell, Wabash Building, 2nd Floor

Address 2594 Rio Linda Boulevard

Sacramento, California

Name of Engineer Reinhold Gerber

Engineering Firm Glumac International

Address 10419 Old Placerville Rd., Ste. 250

Sacramento, CA 95827

Date July 11, 2001

TBE # 94-01-33

By 

AABC Certified TBE

JEFF A. CARTER



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

# CARTER AIR BALANCE COMPANY

1130 First Street, Suite 210

Napa, California 94559

Phone: 707-252-4859 Fax: 707-252-8351

## ABBREVIATIONS

BHP	BRAKE HORSEPOWER
CER	CEILING EXHAUST REGISTER
CRR	CEILING RETURN REGISTER
CSD	CEILING SUPPLY DIFFUSER
DD	DIRECT DRIVE
DFH	DIGITAL FLOW HOOD
DNA	DATA NOT AVAILABLE
DNL	DATA NOT LISTED
DNT	DATA NOT TAKEN
ESP	EXTERNAL STATIC PRESSURE
FH	FLOW HOOD
FLA	FULL LOAD AMPERAGE
HP	HORSEPOWER
L/S	LITERS PER SECOND
NA	NOT APPLICABLE
NI	NOT INSTALLED
NIC	NOT IN CONTRACT
NT	NOT TAKEN
NVL	NO VALID LOCATION
OSA	OUTSIDE AIR
Pa	PASCALS
RA	RETURN AIR
RPM	REVOLUTIONS PER MINUTE
SP	STATIC PRESSURE
TSP	TOTAL STATIC PRESSURE
WE	WALL EXHAUST REGISTER
WG	WATER GAUGE
WRR	WALL RETURN REGISTER
WSR	WALL SUPPLY REGISTER



**CARTER AIR BALANCE COMPANY**  
**1130 FIRST STREET, SUITE 210**  
**NAPA, CA 94559**  
**Phone (707)252-4859 Fax (707)252-8351**

GENERAL NOTE SHEET

JOB NAME: Pac Bell Wabash - 2nd Floor Addition

CONSULTING ENGINEER: Glumac International

ARCHITECT: Existing Building

CONTRACTOR: Air Systems of Sacramento, Inc.

- 1.) All four chiller systems were running during testing and balancing.
- 2.) Secondary chilled water pump controlling at 14 PSI to deliver design water flow to air handler AHU-5.
- 3.) Problem with Siemens Control on condenser water chilled control valve. Condenser control valve stays open too long when chiller is not running.

# CARTER AIR BALANCE COMPANY

## CIRCULATING WATER PUMP DATA

DATE: 7-6-01

PAGE: 2

JOB NAME: Second Floor Addition, Pac Bell Wabash ADDRESS: 2594 Rio Linda Boulevard  
 TESTED BY: Larry Lee

PUMP NO.	PUMP MFG	MODEL NO.	HP	VOLTS	PH	AMPS	SPEC REQ.		SUCTION PRESSURE	DISCHARGE PRESSURE	DISCHARGE DIFF.	TDH	GPM	SHUT OFF HEAD
							GPM	TDH						
PCHW	P-1	B&G	3	460	3	4.4	260	22	36	45	9	21'	275	24'
PCHW	P-2	B&G	3	460	3	4.4	260	22	36	45	9	21'	275	24'
PCHW	P-3	B&G	3	460	3	4.4	260	22	36	45	9	21'	275	24'
PCHW	P-4	B&G	3	460	3	4.4	260	22	36	45	9	21'	275	24'
CWP.	1	B&G	7.5	460	3	10.1	350	47	0	21	21	48'	375	52'
CWP.	2	B&G	7.5	460	3	10.1	350	47	0	21	21	48'	375	52'
CWP.	3	B&G	7.5	460	3	10.1	350	47	0	21	21	48'	375	52'
CWP.	4	B&G	7.5	460	3	10.1	350	47	0	21	21	48'	375	52'

**ACTUAL TEST DATA**

REMARKS:

DATE: 7-6-01  
 PAGE: 3

JOB NAME: Second Floor Addition, Pac Bell Wabash      ADDRESS: 2594 Rio Linda Boulevard      TESTED BY: Larry Lee

PUMP NO.	PUMP MFG	MODEL NO.	HP	VOLTS	PH	AMPS	SPEC REQ.		ACTUAL TEST DATA				SHUT OFF HEAD		
							GPM	TDH	SUCTION PRESSURE	DISCHARGE PRESSURE	DISCHARGE DIFF.	TDH		GPM	
SCHW P-1	B&G	VSC-6X8X9	30	460	3	34	1200	75	VFD INPUT	28	48	20	46	625	92'
SCHW P-2	B&G	VSC-6X8X9	30	460	3	34	1200	75	14 15 14	28	48	20	46	625	92'
									15 15 14						

REMARKS: Secondary chilled water pump set at 14 PSI during water balancing. All air handlers cooling coil total design water flow 630 GPM.

# CARTER AIR BALANCE COMPANY

DATE: 7-6-01

PAGE: 4

FLOW METER TYPE:

Chiller Pressure Drop

LOCATION	SIZE	SETTING	DESIGN PD.	GPM	TESTED PD.	GPM
CHILLER-ONE						
CONDENSER	4"	OPEN	11.0'	350	12.0'	365
EVAPORATOR	4"	40%	12.0'	257	13.0'	267
CHILLER-TWO						
CONDENSER	4"	OPEN	11.0'	350	12.0'	365
EVAPORATOR	4"	40%	12.0'	257	13.0'	267
CHILLER-THREE						
CONDENSER	4"	OPEN	11.0'	350	12.0'	365
EVAPORATOR	4"	40%	12.0'	257	13.0'	267
CHILLER-FOUR						
CONDENSER	4"	OPEN	14.5'	215	16.0'	226
EVAPORATOR	4"	40%	7.8'	180	10.0'	204
REMARKS: Existing chiller #4 condenser was set with bypass valve.						
All four chilled water systems were running during testing and balancing.						

# CARTER AIR BALANCE COMPANY

DATE: 7-6-01

FLOW METER TYPE: Triple Duty Valve

PAGE: 5

LOCATION	SIZE	SETTING	DESIGN PD.	GPM	TESTED PD.	GPM
SCHWP-1	8s	100%	3.0'	1200	2.25	650
SCHWP-2	8s	100%	3.0'	1200	2.25	650

REMARKS: Secondary chilled water pump system total present air handler cooling coil water flow 630 GPM.

# CARTER AIR BALANCE COMPANY

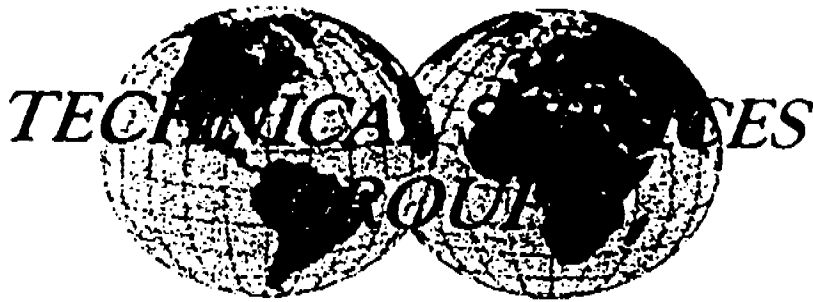
DATE: 7-6-01

PAGE: 6

FLOW METER TYPE: Rinco, Bell & Gossett and Griswold

LOCATION	SIZE	SETTING	DESIGN PD.	GPM	TESTED PD.	GPM
RINCO						
METER				50	5"	55
AHU-1	4"-643	25%	4"	35	4"	39
AHU-2	3"-722	25%	3"			
BELL & GOSSETT						
AHU-3	2.0	10	5.6'	45	6.0'	46
AHU-4	2.0	0	3.0'	45	4.0'	54
AHU-5	2.5	0	1.4'	50	1.7'	55
AHU-6	3.0	0	2.8'	125	3.1'	130
GRISWOLD						
AHU-7	4'	0	1-20	280	3	280

REMARKS: Secondary chilled water pump system set at 14 PSI for AHU-5 cooling coil water flow.

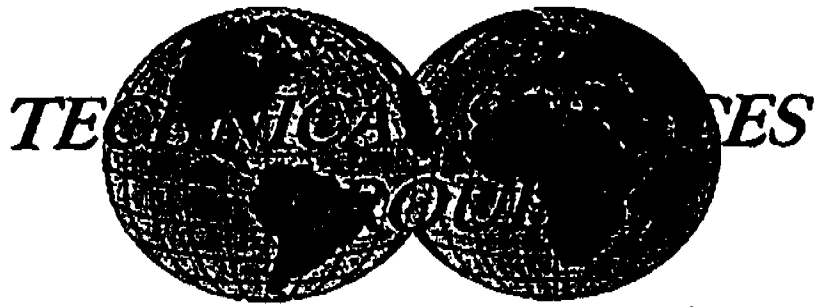


2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

## Certificate of Calibration

<b>CARTER AIR BALANCE</b>			
<b>P.O. BOX 179</b>			
<b>NAPA</b>			
<b>CA</b>	<b>94558</b>		
<i>Customer ID #</i>	<b>2762</b>	<i>Rated Accuracy</i>	<b>&gt;1RPM</b>
<i>File #</i>	<b>510</b>	<i>Pass/Fail as Found</i>	<b>PASS</b>
<i>Instrument Type</i>	<b>DIGITAL TACHOMETER</b>	<i>Pass/Fail as Left</i>	<b>PASS</b>
		<i>1st Mfg. S/N</i>	<b>49811030</b>
<i>Range</i>	<b>20,000</b>		
<i>Units</i>	<b>RPM</b>		
<i>Resolution</i>	<b>+/-1 RPM</b>	<i>2nd S.N</i>	<b>N/A</b>
<i>Mfg.</i>	<b>SHIMPO</b>		
<i>Model</i>	<b>DT205B</b>	<i>Cal Date</i>	<b>11/27/00</b>
<i>Cal By</i>	<b>R.K. STRAHL</b>	<i>Cal Due</i>	<b>11/27/01</b>
		<i>Notes</i>	
<i>Current Cal Cycle (Months)</i>	<b>12</b>		
<i>Previous Cal Cycle</i>	<b>N/A</b>		
<i>Standards Used</i>	<b>FLUKE 1953 A S/N 2285049 NIST 2451H742203 DUE JUNE 6, 2001</b>		

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI/ NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

# Certificate of Calibration

**CARTER AIR BALANCE**  
**P.O. BOX 179**  
**NAPA**  
**CA 94558**

<i>Customer ID #</i>	2762	<i>Rated Accuracy</i>	SEE DATA SHEET
<i>File #</i>	510	<i>Pass/Fail as Found</i>	PASS
<i>Instrument Type</i>	DIGITAL MICRO MANOMETER	<i>Pass/Fail as Left</i>	PASS
<i>Range</i>	SEE DATA SHEET	<i>1st (Mfg) S/N</i>	M96699
<i>Units</i>	SEE DATA SHEET	<i>2nd S/N</i>	N/A
<i>Resolution</i>	SEE DATA SHEET	<b>ISO 9000 COMPLIANT</b>	
<i>Mfg</i>	SHORTRIDGE		
<i>Model</i>	ADM860	<i>Cal Date</i>	12/13/00
<i>Cal By</i>	R.K. STRAHL	<i>Cal Due</i>	12/13/01
<i>Curent Cal Cycle (Months)</i>	12	<i>Notes</i>	
<i>Previous Cal Cycle</i>	12		
<i>Standards Used</i>	AMETEK DM-T-150 S/N 8681 DUE 12/18/01 NIST# TN-65077.001		

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**



TECHNICAL SERVICES

2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

# Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID # 2762

File # 510

Instrument Type FLOW HOOD

Range 2.500

Units CFM

Resolution

Mfg. SHORTRIDGE

Model CFM88

Cal By R.K. STRAHL

Current Cal Cycle (Months) 12

Previous Cal Cycle 12

Standards Used DO-ALL 54-R-379 DUE  
7/19/2001 NIST 821-259564

Rated Accuracy SEE DATA SHEET

Pass/Fail as Found FAIL

Pass/Fail as Left PASS

1st (Mfg) S/N M88776

2nd S/N N/A

ISO 9000  
COMPLIANT

Cal Date 2/22/01

Cal Due 2/22/02

Notes DAMAGED. REPAIRED HOOD/ EPOXY

TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT  
HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTRUMENT  
OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012  
AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED,  
MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE  
OR 1 MINOR DIVISION.

TECHNICAL SERVICES GROUP YES

2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

# Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID # 2762

File # 510

Instrument Type FLOW HOOD

Range SEE DATA SHEET

Units SEE DATA SHEET

Resolution SEE DATA SHEET

Mfg. ALNOR

Model BALOMETER

Cal By MIKE MCCONNELL  
90765

Current Cal Cycle (Months) 12

Previous Cal Cycle 12

Standards Used DO-ALL 54-R 379 DUE  
7/19/2001 NIST 821-259564

Rated Accuracy SEE DATA SHEET

Pass/Fail as Found PASS

Pass/Fail as Left PASS

1st (Mfg) S/N BR107516

2nd S/N N/A

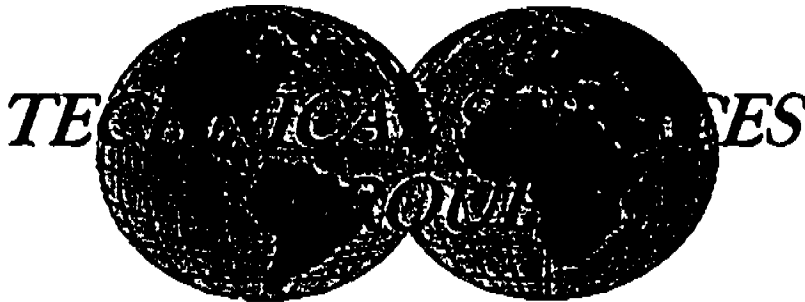
Cal Date 2/27/01

Cal Due 2/27/02

Notes

ISO 9000 COMPLIANT

TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

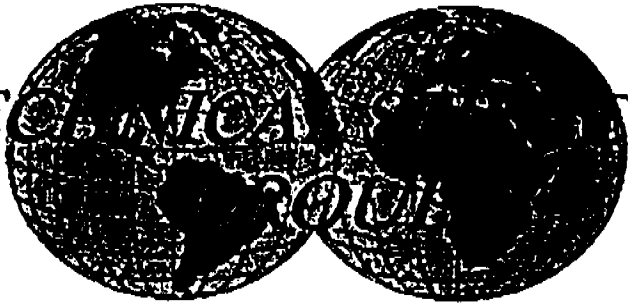
# Certificate of Calibration

**CARTER AIR BALANCE**  
**P.O. BOX 179**  
**NAPA**  
**CA 94558**

Customer ID #	2762	Rated Accuracy	SEE DATA SHEET
File #	510	Pass/Fail as Found	PASS
Instrument Type	ANEMOMETER	Pass/Fail as Left	PASS
Range	3000	1st (Mfg) S/N	D1586
Units	FPM	2nd S/N	N/A
Resolution	1	<b>ISO 9000 COMPLIANT</b>	
Mfg.	ALNOR		
Model	COMPUFLOW	Cal Date	12/14/00
Cal By	MIKE MCCONNELL	Cal Due	12/14/01
	90765	Notes	
Current Cal Cycle (Months)	12		
Previous Cal Cycle	12		
Standards Used	DO-ALL 54-R-379 DUE 7/19/2001 NIST 821-259564		

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**

# TECHNICAL SERVICES



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

## Certificate of Calibration

CARTER AIR BALANCE

P.O. BOX 179

NAPA

CA 94558

Customer ID # 2762 Rated Accuracy SEE DATA SHEET

File # 510 Pass/Fail as Found PASS

Instrument Type AC CURRENT PROBE Pass/Fail as Left PASS

1st (Mfg) S/N 1311

Range SEE DATA SHEET

Units SEE DATA SHEET

Resolution SEE DATA SHEET

Mfg. FLUKE

Model 801-400

Cal By REX EDORA 90807

Cal Date 12/13/00

Notes

Cal Due 12/13/01

Current Cal Cycle (Months) 12

Previous Cal Cycle 12

Standards Used FLUKE 515A 10520 DUE 6/5/01  
NIST H742201

ISO 9000  
2nd S/N

COMPLIANT

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

## Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID # 2762

Rated Accuracy **+/-1%**

File # 510

Pass/Fail as Found **PASS**

Instrument Type **DIFF. PRESSURE GAUGE**

Pass/Fail as Left **PASS**

1st (Mfg) S/N **1377**

Range **0-400**

Units **IN. H 20**

2nd S/N **1377**

Resolution **+/-2%**

Mfg. **ITT BARTON**

Model **N/A**

Cal Date **10/11/00**

Cal By **ROBERT LWIN WONG  
0831**

Cal Due **10/11/01**

Notes

**DAMAGED. REPAIRED. REPLACED COVER AND GLASS AND FIXED THE DIAL**

Current Cal Cycle (Months) **12**

Previous Cal Cycle **12**

Standards Used **AMETEK DM-T-150 S/N 8681  
DUE 12/18/01 NIST# JN-  
65077.001**

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

## Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID #	2762	Rated Accuracy	<b>+/-1%</b>
File #	510	Pass/Fail as Found	<b>PASS</b>
Instrument Type	<b>DIFF. PRESSURE GAUGE</b>	Pass/Fail as Left	<b>PASS</b>
Range	<b>0-50</b>	1st (Mfg) S/N	<b>29928</b>
Units	<b>IN. H2O</b>	2nd S/N	<b>1590</b>
Resolution	<b>+/-1%</b>		
Mfg.	<b>RINGO ENG.</b>		
Model	<b>N/A</b>	Cal Date	<b>12/15/00</b>
Cal By	<b>ROBERT LWIN WONG</b>	Cal Due	<b>12/15/01</b>
	<b>0831</b>	Notes	
Current Cal Cycle (Months)	<b>12</b>		
Previous Cal Cycle	<b>12</b>		
Standards Used	<b>AMETEK DM-T-150 S/N 8681 DUE 12/18/01 NIST# TN 65077.001</b>		

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI/ NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**

TECHNICAL SERVICES

2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

# Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID # 2762

File # 510

Instrument Type **DIFF. PRESSURE GAUGE**

Range 0-400

Units IN.H2O

Resolution  $\pm 1-2\%$

Mfg. **ITT BARTON**

Model N/A

Cal By **ROBERT LWIN WONG**  
0831

Current Cal Cycle (Months) 12

Previous Cal Cycle 12

Standards Used **AMETEK DM-1-150 S/N 8681**  
**DUE 12/18/01 NIST # TN-**  
**65077.001**

Rated Accuracy **SEE DATA SHEET**

Pass/Fail as Found **PASS**

Pass/Fail as Left **PASS**

1st (Mfg) S/N **2590**

2nd S/N **2100**

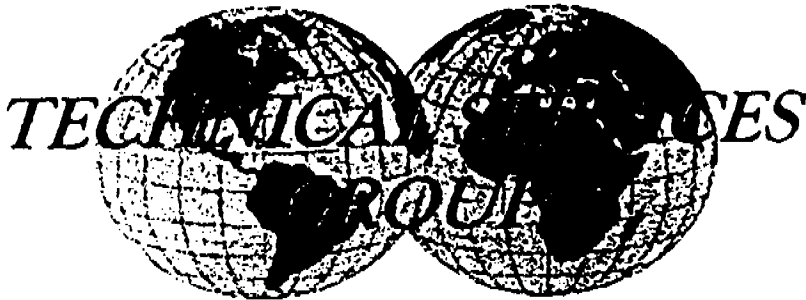
**ISO 9000 COMPLIANT**

Cal Date **2/23/01**

Cal Due **2/23/02**

Notes

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL BUREAU OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

## Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID # 2762

Rated Accuracy **+/-1%**

File # 510

Pass/Fail as Found **PASS**

Instrument Type **DIFF. PRESSURE GAUGE**

Pass/Fail as Left **PASS**

1st Mfg S/N **33079**

Range **0-50**

Units **FT. OF WATER**

2nd S/N **1589**

Resolution **+/-1%**

Mfg **MERIAM**

Model **N/A**

Cal Date **12/15/00**

Cal By **ROBERT LWIN WONG  
0831**

Cal Due **12/15/01**

Notes

Current Cal Cycle (Months) **12**

Previous Cal Cycle **12**

Standards Used **AMETEK DM-T-150 S/N 8681  
DUE 12/18/01 NIST# TN-  
65077.001**

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TE  YES

2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

# Certificate of Calibration

**CARTER AIR BALANCE**

**P.O. BOX 179**

**NAPA**

**CA 94558**

Customer ID # 2762

Rated Accuracy ~~±1.5%~~

File # 510

Pass/Fail as Found **PASS**

Instrument Type **DIFF. PRESSURE GAUGE**

Pass/Fail as Left **PASS**

1st (Mfg) S/N **N/A**

Range **0-100**

Units **IN.H2O**

Resolution **±1-2%**

**ISO 9000**  
2nd S/N **2102**

Mfg. **ITT BARTON**

**COMPLIANT**

Model **N/A**

Cal Date **2/23/01**

Cal By **ROBERT LWIN WONG**  
**0831**

Notes **Cal Due 2/23/02**

Curent Cal Cycle (Months) **12**

Previous Cal Cycle **12**

Standards Used **AMETEK DM-T-150 S/N 8681**  
**DUE 12/18/01 NIST# TN**  
**65077.001**

**TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI / NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.**

# TECHNICAL SERVICES



2900 Main St Alameda CA 94501 Phone (510)522-8326 Fax (510)522-313

## Certificate of Calibration

CARTER AIR BALANCE

P.O. BOX 179

NAPA

CA 94558

Customer ID # 2762

File # 510

Instrument Type DIFF. PRESSURE GAUGE

Range 0-400

Units IN. H 20

Resolution  $\pm 1-2\%$

Mfg. ITT BARTON

Model N/A

Cal By ROBERT LWIN WONG  
0831

Current Cal Cycle (Months) 12

Previous Cal Cycle 12

Standards Used AMETEK DM-T-150 S/N 8681  
DUE 12/18/01 NIST# TN-  
65077.001

Rated Accuracy  $\pm 1\%$

Pass/Fail as Found PASS

Pass/Fail as Left PASS

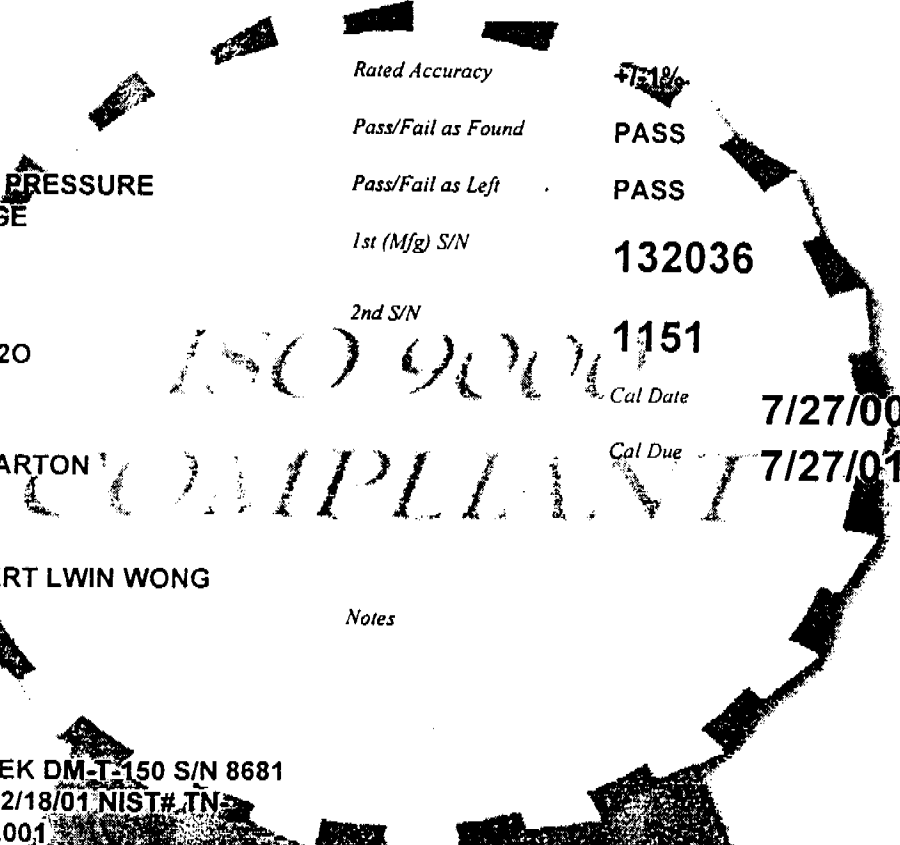
1st (Mfg) S/N 132036

2nd S/N 1151

Cal Date 7/27/00

Cal Due 7/27/01

Notes



TECHNICAL SERVICES GROUP CERTIFIES THAT THIS INSTRUMENT HAS BEEN CALIBRATED TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY AND CONFORMS TO ISO 10012 AND ANSI/NCSL Z-540. UNLESS OTHERWISE SPECIFIED MEASUREMENT UNCERTAINTIES ARE LESS THAN 1/4 OF TOLERANCE OR 1 MINOR DIVISION.

COUNTY SANITATION DISTRICT NO. 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE**  
 PERMIT AND CALCULATION SHEET

APPLICATION NO:  
 GENERAL INFORMATION

BLDG PERMIT NO: CITY  
 THIS PERMIT GOOD ONLY WHEN  
 VALIDATED BY THE CASHIER

263873 1/17/00

THIS PERMIT TO CONNECT EXPIRES  
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	
CSD-1	
SRCSD	
CONSTRUCTION	
IN-LIEU	
<b>TOTAL FEE</b>	<b>4,472</b>

RESIDENTIAL  SF  MF   
 COMMERCIAL USE  UNITS  
18,600 sq ft  
addition

APN: 265-0292-033

DESCRIPTION/  
 SUBDIVISION

PROPERTY ADDRESS

OWNER

MAILING ADDRESS

CITY-STATE-ZIP

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

CONSOLIDATED-UTILITY BILLING USE ONLY

INSPECTOR'S COPY

ACCT \_\_\_\_\_

INPUT \_\_\_\_\_

START \_\_\_\_\_

LOT:  
3594 Rio Linda Blvd, SAC  
Pacific Bell  
3707 Kings Way  
SAC, CA 95801

*[Handwritten Signature]*

**CITY OF SACRAMENTO  
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION  
1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0004737 Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas

ADDRESS Pacific Bell Wabash Bldg., 2594 Rio Linda Blvd., Sacto, 95815 Suite N/A  
PARCEL # APN 265-0292-033

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>737562</u>	
Name <u>Paul Martin, Architect</u>	Address <u>LBDG, 1919 19th St, Sacto, CA 95814</u>	Name <u>Kleeman-Roebeelen</u>	Address <u>1241 Hawks Flight Court, El Dorado Hills</u>
Phone <u>(916) 558-1900</u> FAX <u>(916) 558-1919</u>	E-mail <u>N/A</u>	Phone <u>(916) 939-0500</u> FAX <u>(916) 939-1169</u>	E-mail <u>N/A</u>
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>Timothy J. Fry, P.E., Principal</u>	Address <u>1919 19th St, Sacto, CA 95814</u>	Name <u>Pacific Bell, B.J. Wilkoff</u>	Address <u>3707 Kings Way, Sacto, CA</u>
Phone <u>(916) 558-1900</u> FAX <u>(916) 558-1919</u>	E-mail <u>N/A</u>	Phone <u>(916) 972-2458</u> FAX <u>(916) 971-9670</u>	E-mail <u>N/A</u>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Self Insured (Pacific Bell)  
→ WORKER'S COMPENSATION POLICY # Self-Ins. Certif No. 03-0054- EXPIRATION DATE: N/A  
00-086

NATURE OF WORK IN DETAIL: 17,000 sq.ft. addition to existing telecommunications equipment facility. Steel and masonry construction, Type II, 1-hour.

OCCUPANT/TENANT: Pacific Bell VALUATION: \$5.3M approximately

FLOOD STATUS:		<u>S.C.A.T. XI, 100, 101, 200, 201, X99, XI1, XI2, XI3, XI6</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <u>SW</u>	SW	FIRE <u>(ADD)</u>	OTH
INSPECTION DISCIPLINES		<u>(BLDG)</u>	<u>(MECH)</u>	<u>(PLUMB)</u>	<u>(ELEC)</u>	<u>(SITE)</u>	<u>(FIRE)</u>		
# Stories	1st flr Area	<u>18,603</u>	Use Zone	Occp Group	Const type	Fire Req <u>(Y)</u> N	Fed Code	Vio. File	
		<u>17000</u>			<u>II 1hr</u>	<u>(SPR)</u> <u>(ALARM)</u>	<u>16</u>	<u>(H)</u> <u>(Quad)</u>	
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>(S)</u>	<u>(D)</u>	PW	<u>(UTIL)</u>
							<u>SB</u>		

COMMENTS:

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

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

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

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2594 Pio Linda Bl.

Assessor's Parcel Number: 265-0292-033

Previous Use: (E) Telecomm. eqpt. facility

Description of Request/Proposed Use: \_\_\_\_\_

17,000 s.f. addition

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

Prior Applications for Project Site(P#, Z#, DRPB#): DR 99-110, PPS-093 Zoning Designation: C-2

Comments: Subject to conditions of Special Permit + Design Review

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: W. J. Bourne 5/2/00

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

MICROFILM AFTER FINAL



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

**OCTOBER 11, 2000**  
**RECEIVING FAX: 916-558-1919**  
**SENDING FAX: 916-875-6253**

**TO: PAUL MARTIN**

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

**RE: SEWER FACILITY IMPACT FEES**  
**2594 RIO LINDA BLVD.**

**APN: 265-0292-033**  
**Plan Check # 000-4737**

The Sewer Facility Impact Fees due for an 18,600 sq. ft. second-story addition to the existing building at the above address are as follows:

**Impact to Sacramento Regional County Sanitation District    \$ 4,472**

The above fees are based on storage/warehouse use and are effective through February 28, 2001. Please present a copy of this letter and your check payable to the County of Sacramento at 827 Seventh St., Rm. 105, Window 11. If you have any questions regarding the above, please feel free to call me at 875-6679.

cc: Sean Burke  
 City of Sacramento

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

***www.srcsd.com***

e-mail: [rossd@pwa.co.sacramento.ca.us](mailto:rossd@pwa.co.sacramento.ca.us)



**Lionakis Beaumont  
Design Group Inc.**

1919 Nineteenth Street  
Sacramento, CA 95814  
Phone: 916-558-1900  
Fax: 916-558-1919  
Web: www.lbdg.com

May 2, 2000

City of Sacramento  
Building Inspection Division  
1231 I Street  
Sacramento, CA 95814

Ref: Pacific Bell Wabash Building  
2594 Rio Linda Boulevard, Sacramento, CA

To Whom It May Concern:

At this time we would like to address some important issues regarding this submittal.

1. We request that the fire sprinkler system requirements for buildings over 5,000 square feet be waived based on the 1998 CBC, Section 904.4, Paragraph 4, Items 4.1 through 4.4. Also note that the batteries to be installed in the new battery room are of calcium carbide and therefore would create a hazard when applying water. Your jurisdiction has recently approved this request for the same building type in the North Natomas area (Plan Check No. 6361).
2. We request that wheelchair accessibility requirements be waived based on CBC Section 1105.3.4.2, Exception 1, "Facilities located in operational areas which would not have any reasonable availability to or usage by persons who use wheelchairs for mobility are not subject to the wheelchair accessibility requirements of these regulations."

Thank you for your time and consideration. If you have any questions contact this office.

Yours truly,

Paul D. Martin, A.I.A.  
Project Architect

PDM/saj

# Certification of Compliance

## School District Development Fees

### PART I To be completed by APPLICANT

Owner's Name & Address \_\_\_\_\_  
 Project Address 2594 Rio Lindar Bl  
 Parcel Number \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Number of Units \_\_\_\_\_  
 Applicant's Signature & Title \_\_\_\_\_  
 Date \_\_\_\_\_ Phone No. \_\_\_\_\_

**NOTICE TO APPLICANT:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

### PART II To be completed by BUILDING DEPARTMENT

Plan Identification Number 0000157 Building Type (CHECK ONE)  
 Square Feet of Chargeable Building Area \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

Residential  
 Apartment / Condominium  
 Commercial / Industrial

### PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No.	<u>00001</u>
EXEMPT	_____
Comments	_____
RESIDENTIAL / APARTMENT / CONDOMINIUM	
Sq. Ft. X \$	= \$ _____
COMMERCIAL / INDUSTRIAL	
Sq. Ft. X \$	= \$ _____
OTHER FEE: TYPE _____	
Sq. Ft. X \$	= \$ _____
TOTAL FEES COLLECTED ..... = \$ <u>6138.99</u>	

Robla Elementary School District	
District Certification No.	_____
EXEMPT	_____
Comments	_____
RESIDENTIAL / APARTMENT / CONDOMINIUM	
Sq. Ft. X \$	= \$ _____
COMMERCIAL / INDUSTRIAL	
Sq. Ft. X \$	= \$ _____
OTHER FEE: TYPE _____	
Sq. Ft. X \$	= \$ _____
TOTAL FEES COLLECTED ..... = \$ _____	

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

<b>GRANT</b>	<i>Authorized School District Official</i>	<b>ROBLA</b>
Signature _____	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date _____	Date _____	Date _____

Original: Grant Joint Union High School District  
 1st Copy: Robla Elementary School District  
 2nd Copy: Building Department  
 3rd Copy: Applicant



**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: PACIFIC BELL Phone: \_\_\_\_\_  
 Site Address: 2594 RIO LINDA BLVD, SAC Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: B.J. Wilkoff Phone: \_\_\_\_\_  
 Nature of Business: TELECOMMUNICATIONS  
 Property Owner: PACIFIC BELL Phone: \_\_\_\_\_  
 Address: 3707 Kings Way Suite: B-15  
(Street) (City) (State) (Zip)  
SACRAMENTO CA 95821

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS:**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

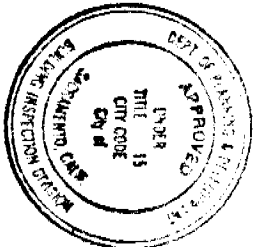
IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

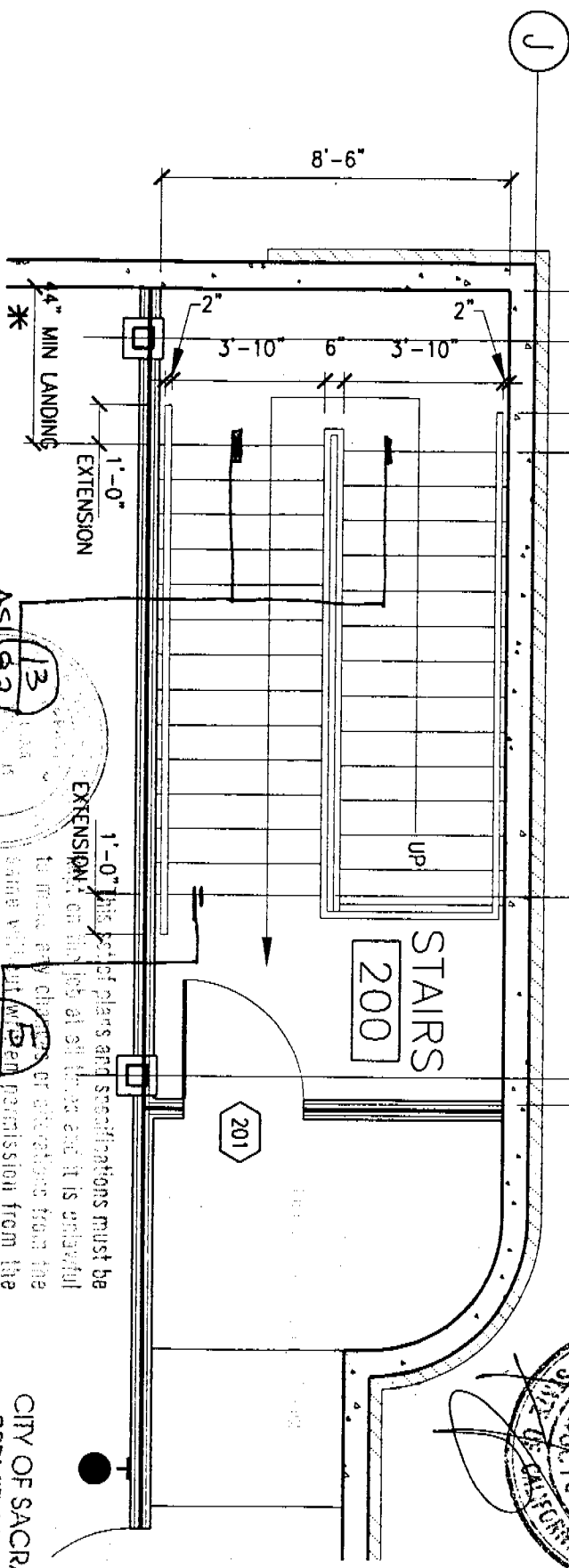
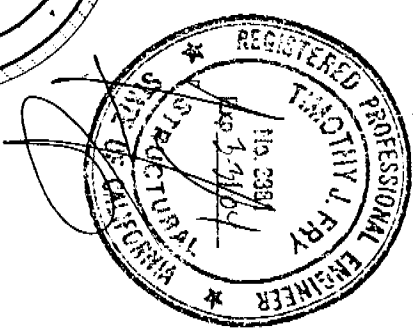
Applicant's Name: ELIZABETH DEBRUHL  
(Print)  
Elizabeth DeBruhl 10-18-00  
(Signature) (Date)

BID Use Only: Plan Ck# <u>0009737</u> Permit # _____ OK to issue print? Y <u>JB</u> <u>10/18/00</u> F.D. Appr Req'd? Yes No <small>init / date</small>	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	



This set of plans and specifications must be kept on the job at all times and it is prohibited to make (8) changes or alterations from the same without written permission from the Building Inspection Division.  
The approval of this plan and specification SHALL NOT be held to permit or accept any violation of any City Ordinance or State Law.

7  
5'-0" \* \* \*



12 STAIR PLAN  
SCALE: 1/4" = 1'-0"

13  
AS1 8.2  
1'-0" EXTENSION  
1'-0" EXTENSION  
AS1 8.1  
AS1 8.1

CITY OF SACRAMENTO  
PERMIT ASSISTANCE  
APR 11 2001

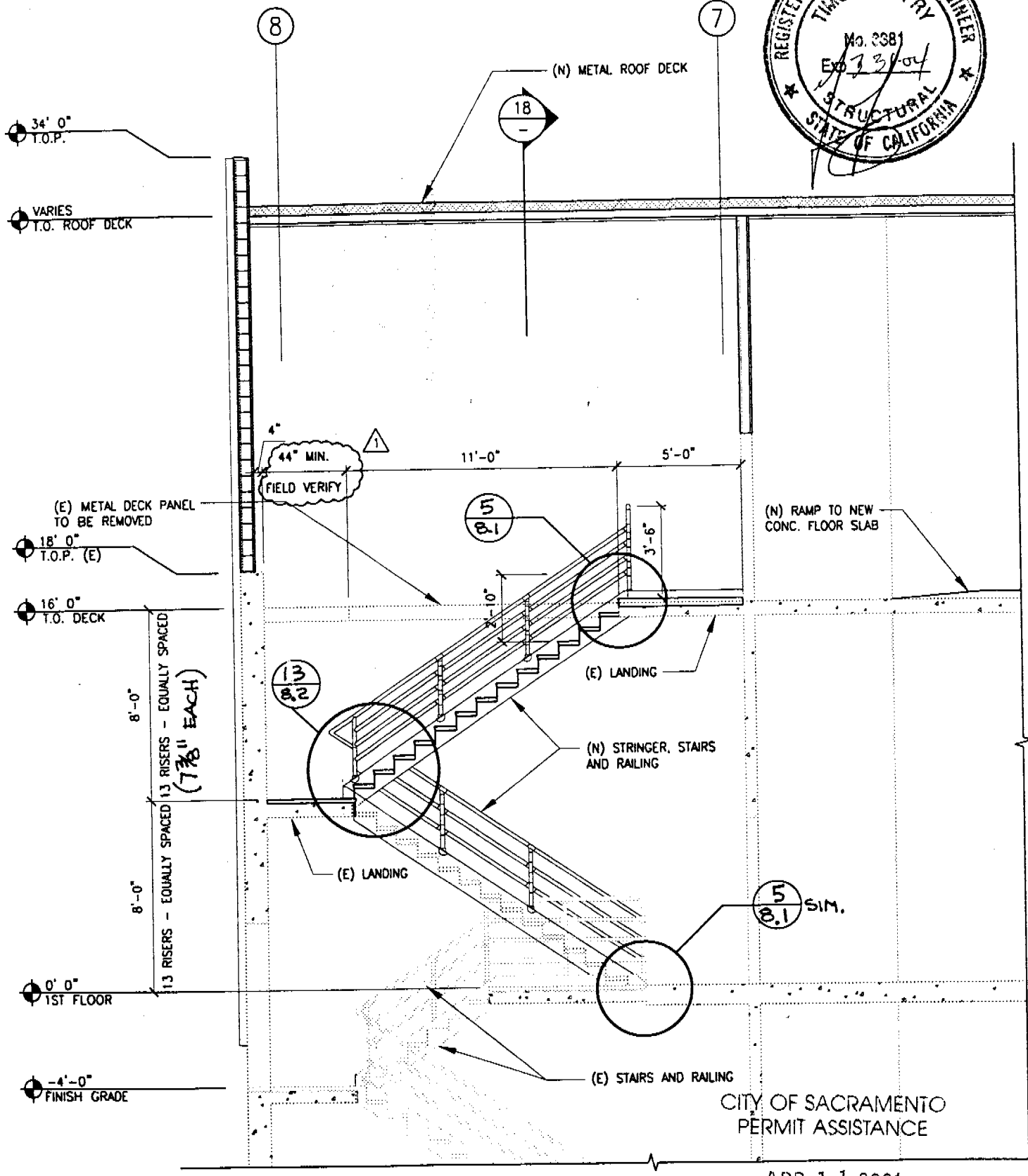
RECEIVED

\* LANDING WAS FIELD MEASURED AS 42" 2" WAS ADDED TO LANDING PER NEW STRUCTURAL DETAIL 13/AS1-8.2 (ATTACHED).

† (12) EQUAL TREADS OF 11" EACH WERE FABRICATED AND DELIVERED TO SITE.

\* \* 5'-2" DESIGN DIMENSION CHANGED TO 5'-0" TO ALLOW FOR THE 2" SHIFT.

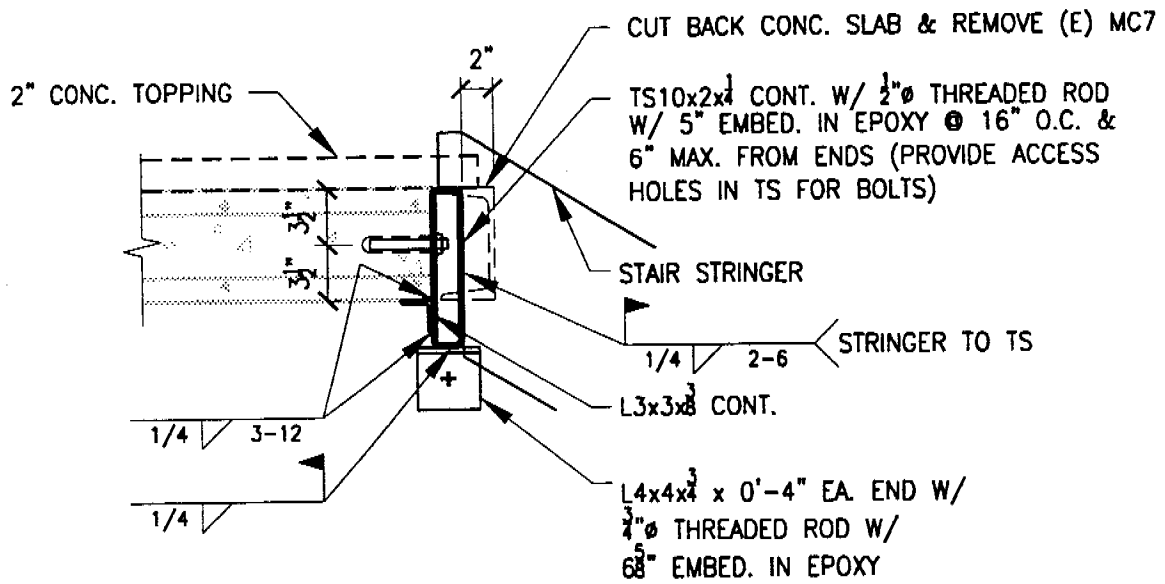
*Handwritten signature*  
Bill Set



10 STAIR SECTION  
SCALE: 1/4"=1'-0"

RECEIVED

PL# 0004737



5

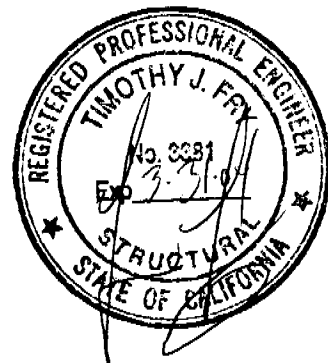
**DETAIL**

SCALE: 1" = 1'-0"

CITY OF SACRAMENTO  
PERMIT ASSISTANCE

APR 11 2001

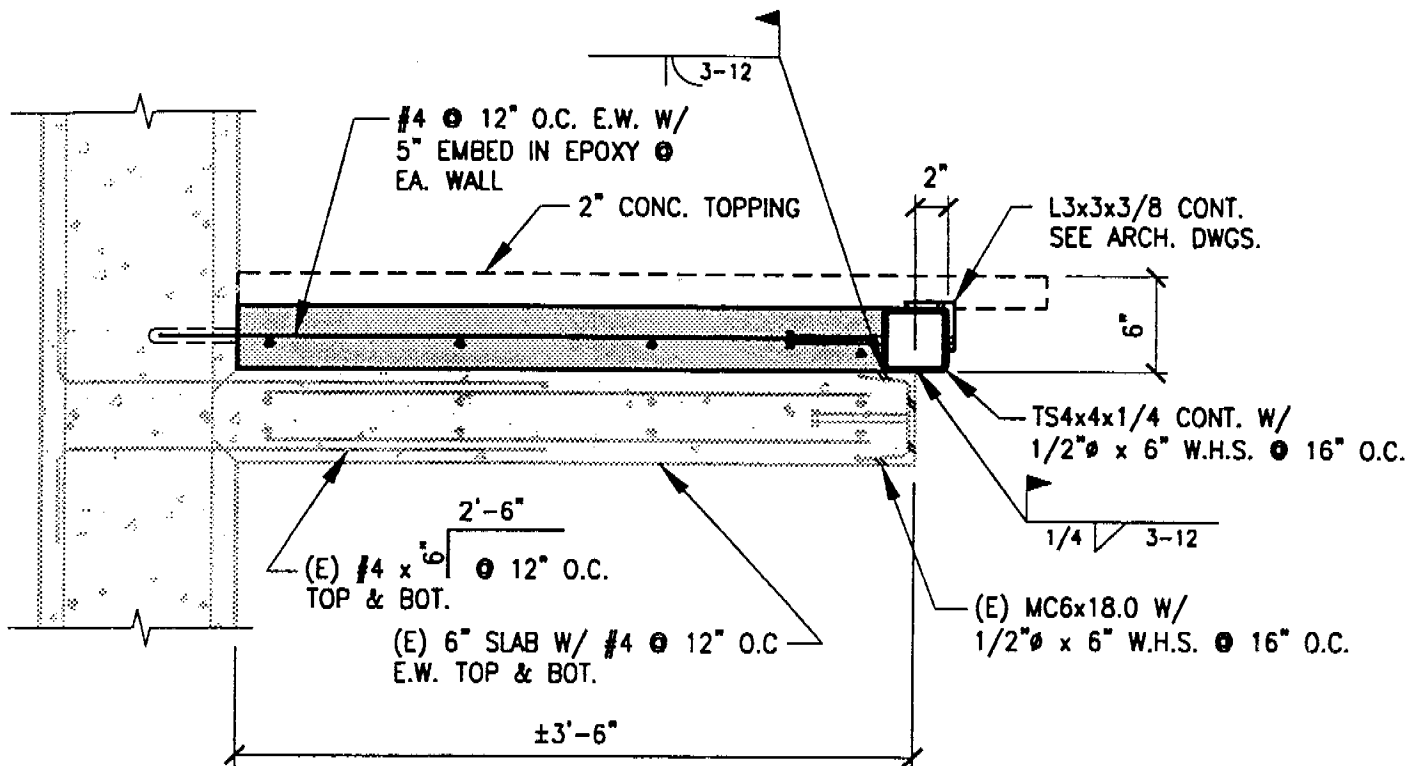
**RECEIVED**



**LIONAKIS BEAUMONT  
DESIGN GROUP INC**

Project WABASH BUILDING ADDITION, PACIFIC BELL			
Job No. 99200.058	Revision	Scale AS NOTED	Drwg. ASI-8.1
Date 03/20/01	Reference NEW DETAIL 5 / S5.3		

Permit 0004737



13

DETAIL

SCALE: 1" = 1'-0"

CITY OF SACRAMENTO  
PERMIT ASSISTANCE

APR 11 2001

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LIONAKIS BEAUMONT  
DESIGN GROUP INC


Project WABASH BUILDING ADDITION, PACIFIC BELL			
Job No. 99200.058	Revision	Scale AS NOTED	Drwg. AS1-8.2
Date 03/20/01	Reference NEW DETAIL 13 / S5.3		

# 0004737

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address:	<u>2594 RIO LINDA BLVD.</u>	Permit No.:	<u>0004737</u> <u>004737</u>
Building Use:	<u>TELECOMMUNICATION FACILITY</u>	Occupancy:	<u>S1</u>
Building Owner:	<u>PACIFIC BELL</u>	Construction Type:	<u>II 1HR</u>
Owner Address:	<u>3707 KINGSWAY #A-5</u> <u>SACRAMENTO, CA. 95762</u>	Sprinkled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	<u>2<sup>ND</sup> FLOOR ADDITION</u>	Area:	<u>18,603</u> Sq. Ft.
Date	<u>7-31-03</u>	By: (Print)	<u>DENNIS RICHARDSON</u> CHIEF BUILDING OFFICIAL
		Sign	

[ Finaled By: DKS,GRS,JB,AAC,RW ]

*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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**