CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9901408
Insp Area: 1
Thos Bros:
Sub-Type: NCOM
Housing (Y/N): N

Site Address: 300 RICHARDS BL SAC
Parcel No: 001-0210-027

CONTRACTOR
OTTO JOHN F
1717 2ND ST
SACRAMENTO CA 95814

OWNER
RICHARDS BOULEVARD PARTNERS
3184 J AIRWAY AVE
COSTA MESA CA 92626

ARCHITECT

Nature of Work: NEW 3 STORY SHELL OFFICE BUILDING

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 Coutts Bros 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 A, B License Number 178809 Date 8/17/01 Contractor Signature for John F. Otto

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 isexempt 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 8/17/01 Owner Signature for Richards Blvd. Partners

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 8/17/01 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 MAJESTIC INSURANCE Policy Number C200002519-01 Exp Date 07/01/2001

_____ (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 8/17/01 Applicant Signature

NEIGHBORHOOD SERVICES AND DEVELOPMENT SERVICES

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

APPLICATION FOR [redacted] BUILDING PERMIT 2-12-99

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

PLAN CHECK # 9901408 Insp. Area 1-C

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 300 RICHARDS BLVD. Suite

PARCEL # 001 0210 027

CONTACT	LICENSED CONTRACTOR Lic No. # 178809
Name MARK POEHLICK	Name J.F. OTTO
Address 1215 G STREET	Address 1717 SECOND STREET
SACRAMENTO, CA Zip 95814	SACRAMENTO, CA Zip 95812
Phone 916.443.0335 FAX 916.441.2823	Phone 916.441.6870 FAX 916.441.6138
ARCHITECT/ENGINEER	**OWNER/[redacted]**
Name DPA SACRAMENTO	Name RICHARDS BLVD. PARTNERS
Address 1215 G STREET	Address 3184 J AIRWAY AVE.
SACRAMENTO, CA Zip 95814	COSTA MESA, CA Zip 92626
Phone 916.443.0335 FAX 916.441.2823	Phone 916.446.0300 FAX 916.443.2935

→ Will the permittee have any employees on the jobsite? ☒ Yes ☐ No

→ If yes, WORKER'S COMPENSATION POLICY # WC2-161-036623-08 EXPIRATION DATE: 7/99

NAME OF INSURANCE COMPANY: LIBERTY MUTUAL

NATURE OF WORK IN DETAIL: NEW, 3 STORY OFFICE BUILDING (150,000 S.F.) SHELL ONLY, WITH SITE WORK.

X11, X12, X13; 200; 100

[redacted]204 X1.11, X1.12, X1.14, X1.15, X1.16, X1.19, X1.20, X1.27

DBA: VALUATION: $6,985,975.20

FLOOD STATUS: ( ) S.C.A.T.: X1.11, X1.12, X1.14, X1.15, X1.16, X1.19,

JOB DESCRIPTION: BLDG SHEL APT TI ~~X1.20 X1.27~~ RENO) SW FIRE ADD OTH

INSP. DISCIPLINES: BLDG MECH PLUMB ELEC SITE FIRE

# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N Spr	Alarm	Fed Code	Vio. File
				B-OFFICE	TYPE II F.R.				

E L P M E F S D R

COMMENTS:

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

BLDGFRM. (REV 05/98) ☐ WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS ☒ YES ☐ NO

TRANSMITTAL

LPA
SACRAMENTO, INC.

Architecture
Planning
Landscape Architecture
Interior Design

1215 G STREET
SACRAMENTO, CA 95814
PHONE 916.443.0335
FAX 916.441.2823

Date: 2-19-99

To:
City of Sacramento
City of Sacramento Building Department
1231 I Street, #200
Sacramento, CA 95814-2904
Fax: 916 264-7046

Regarding: Application for Building Permit
Project Number: 410005
Project Name: Discovery Centre

Sent Via: Hand Deliver
From the Desk of: Mark Hefling,
E-mail Address: MHEFLING@LPAsacramento.com

Message/Transmitting:

Please find attached an application for Building Permit, along with a copy of the water supply test from the City of Sacramento Department of Utilities. If you have any questions, please feel free to call either myself or Mark Posnick.

Thanks

Mark

PO# 9901403

970042

FAX

CITY OF SACRAMENTO
DEPARTMENT
OF UTILITIES

1395 35th Avenue
Sacramento, CA 95822-2911
916-264-1400
Fax: 916-264-1497

To: JOHN PITALO

Fax #: 567-0120

From: Joyce Pilgrim, 264-1430

Subject: **WATER SUPPLY TEST**

Date: September 2, 1998

Pages: TWO, including this cover sheet.

COMMENTS:

ADDRESS - 300 RICHARDS BLVD.
FILE # R98-0183
TEST # 98-183

Please call me if you have any questions.

Thanks,
Joyce

DEPARTMENT OF UTILITIES, CITY OF SACRAMENTO

CONTACT PERSON: John P. Pitalo	PHONE NO: 927-2400 FAX NO: 567 0120
COMPANY: Morton & Pitalo Inc	CELL PHONE NO:
COMPANY ADDRESS: 1781 Tribute Rd Ste 200	STREET ADDRESS OF TEST: 300 Richards Blvd
PURPOSE OF TEST: Proposed office bldg	

"No Fees Required"

The undersigned agrees to the following terms and conditions:

(1) The street address shown above is correct.

(2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.

(3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.

(4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
☐ I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.

(5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
☐ At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

X Print Name: John E. Pitalo X Signature: [signature] X Date: 7-22-98

ENGINEERING REQUEST DATE: 8-13-98 TEST NUMBER: 98-183

FIELD SCHEDULING

SCHEDULED DATE OF TEST:	SCHEDULED TIME OF TEST:	DATE OF TEST:	TIME OF TEST:
		7-14-98	9:45 AM

MAP NUMBER: WATER MAIN SIZE:

TEST CONDUCTED BY: STECKLINE - LOPEZ - Peraani

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT C_1	COEFFICIENT C_2	CALC. FLOW @ PRES. (GPM)	TOTAL FLOW (GPM)	FLOW @ 20 PSI (GPM)
RESIDUAL											
FLOWED											
RESIDUAL	51	1	57	48							
FLOWED	50	1			16	4½	0.90	0.83	1805	1805	
FLOWED	59	1			33	4½	0.90	0.83	2592	2592	
FLOWED									4397	4397	
FLOWED											

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{pitot}}$$

$$Q_{20} = Q_r \left(\frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

2400

WATER SUPPLY DATA SUMMARY

	ACTUAL	DESIGN (1)
STATIC PRES.	57 PSI	50 PSI
RESIDUAL PRES.	48 PSI	41 PSI
FLOW @ RESIDUAL PRES.	4400 GPM	4400 GPM
FLOW @ 20 PSI	— GPM	— GPM
RESIDUAL HYDRANT NO.		
RESIDUAL HYDRANT PREV.		

(1) The Design Water Supply Data reflects fluctuations and future changes on the water distribution system. It is to be used for design purposes only.

TOTAL P.03

Doc. #102

TOTAL P.02

09/02/98 14:52 ☎916 567 0120 MORTON & PITALO ☑003/003

City of Sacramento Development Services Division
Planning and Zoning Information Request

Project Address: 300 Richards Blvd.

Assessor's Parcel Number: 001-0210-027

Current Land Use:

Description of Request/Proposed Use: 3 Story office Bldg
150,000 S.F.

Zoning Designation: OB(PUD)SPD

Prior Applications for Project Site(P#,Z#,DRPB#): DR 98-190
P98-138

Comments: See Jeanne Corcoran

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: GRS 2-19-99

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

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: GROVE REALTY SERVICES Phone: (916) 446-0300

Site Address: 300 RICHARDS BLVD. Suite: _____
(Street) (Zip)

Business Owner/Representative: MARK A. WIESE Phone: 446-0300

Nature of Business: REAL ESTATE DEVELOPMENT

Property Owner: RICHARDS BLVD PARTNERS Phone: (714) 754-1420

Address: 3184-J AIRWAY AVE Suite: _____
(Street)

COSTA MESA CA 92626
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ✓ No ___ Is this permit for a shell building? Yes ___ No ___

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 ✓

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

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.

GROVE REALTY SERVICES

Applicant's Name: MARK A. WIESE
(Print)

(Signature) 8/5/01 (Date)

BID Use Only: Plan Ck# _____ Permit # 99-01401

OK to issue prmt? (Y) BJ 8/16/01 F.D. Appr Req'd? Yes (No)
init date

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 _____

RICHARD'S BOULEVARD
P.O. BOX 1960
NEWPORT BEACH CA 92658-8932

Wells Fargo Bank
Newport Beach Office
5 Corporate Plaza
Newport Beach
CA 92660

8012

16-0024
1210

PAY EXACTLY FIFTY NINE THOUSAND FOUR HUNDRED THIRTY FOUR DOLLARS AND 00 CENTS.

DATE 04/04/2001

AMOUNT $59,434.00

Memo: APN001-0210-027 REG SANI FEE

To the order of SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

⑈008012⑈ ⑆121000248⑆4643 10986⑈

SRCSD **Sacramento Regional County Sanitation District**

545 Armstrong Avenue
Suite 101
Mather, California
95655

Office: [916] 876-6063
Fax: [916] _____
Email: rossd@saccounty.net

Dolores Ross
Principal Engineering Technician
Customer Service/Sewer Fees

Technology in balance with nature

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE
PERMIT AND CALCULATION SHEET

OK 4-5-2001

APPLICATION NO:	BLDG PERMIT NO:
GENERAL INFORMATION City of Sac PC # 99-01408	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER PAID APR 05 2001 BY: DRoss THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF ☐	MF ☐
CSD-1		COMMERCIAL USE	UNITS
SRCSD	59,434+		
CONSTRUCTION		150,500± # office bldg	
IN-LIEU			
TOTAL FEE	#59,434+		

APN: 001-0210-027

DESCRIPTION/ SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS 300 RICHARDS BLVD

OWNER Richards Blvd. Partners

MAILING ADDRESS _____

CITY--STATE-ZIP _____ PHONE _____

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

APPLICANT SIGNATURE _____

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

Certification of Compliance

School District Development Fees

PART I To be completed by APPLICANT

Owner's Name & Address _____

Project Address 300 Richards Bl

Parcel Number _____ **Lot No.** _____

Subdivision Name _____ **Number of Units** _____

Applicant's Signature & Title _____

Date _____ **Phone No.** _____

NOTICE TO APPLICANT: *Pursuant to Goverment 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), whichewver is earlier.*

PART II To be completed by BUILDING DEPARTMENT

Plan Identification Number _____

Square Feet of Chargeable Building Area _____

Signature _____

Title _____ **Date** _____

Building Type (CHECK ONE)

( ) *Residential*
( ) *Apartment / Condominium*
(X) *Commercial / Industrial*

PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District

District Certification No. 1Hb - 01

EXEMPT _____

Comments _____

RESIDENTIAL / APARTMENT / CONDOMINIUM

_____ Sq. Ft. X $_____ = $ _____

COMMERCIAL / INDUSTRIAL

15,600 Sq. Ft. X $ .32 = $ 5,008.00

OTHER FEE: TYPE _____

_____ Sq. Ft. X $_____ = $ _____

TOTAL FEES COLLECTED ..... = $ 5008.00

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 Goverment Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

GRANT Authorized School District Official ROBLA

Signature _____

Title _____

Date _____

Signature _____

Title _____

Date _____

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

GJUHSD: Facilities Planning and Construction Department
Certificate of Compliance Form (rev. 4/97) bep

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

RPT TO: SACRAMENTO BLDG INSP DEPT

1231 I STREET, NO. 200

SACRAMENTO CA 95814

PROJECT NO.: 0010607
* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD

SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17465
Sample date : 10/04/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0001
Cast time : 7:30am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29643/1045
Test tech : ERIC STOERMER

Slump, ASTM C143 : 6.50in
Air temp : 65deg F
Mix temp : 71deg F
Air content, ASTM C173 :
Fresh unit wt, ASTM C138: 119. pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR METAL DECK 10 / 11 - E / F

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00215		H	6.00 x 12.00	28.27			L		
00216	10/11/01	7	6.00 x 12.00	28.27	67000		L	A	2370
00217	11/01/01	28	6.00 x 12.00	28.27	93000		L	A	3290
00218	11/01/01	28	6.00 x 12.00	28.27	95000		L	A	3360
								Avg	3330

Samples FAIL TO MEET specified 28 - day requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

RPT TO: SACRAMENTO BLDG INSP DEPT

1231 I STREET, NO. 200

SACRAMENTO CA 95814

PROJECT NO.: 0010607
* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD

SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17470
Sample date : 10/05/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0002
Cast time : 7:55am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29696/1011
Test tech : ERIC STOERMER

Slump, ASTM C143 : 7.50in
Air temp : deg F
Mix temp : 71deg F
Air content, ASTM C173 : 2.0%
Fresh unit wt, ASTM C138: pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR DECK E / F @ 5 / 6

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00243		H	6.00 x 12.00	28.27			L		
00244	10/12/01	7	6.00 x 12.00	28.27	59000		L	A	2090
00245	11/02/01	28	6.00 x 12.00	28.27	83000		L	A	2940
00246	11/02/01	28	6.00 x 12.00	28.27	86000		L	A	3040
								Avg	= 2990

Samples FAIL TO MEET specified 28 - day requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #2
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

RPT TO: SACRAMENTO BLDG INSP DEPT

1231 I STREET, NO. 200

SACRAMENTO CA 95814

PROJECT NO.: 0010607
* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD

SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17469
Sample date : 10/05/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0001
Cast time : 7:10am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29691/1045
Test tech : ERIC STOERMER

Slump, ASTM C143 : 7.00in
Air temp : 65deg F
Mix temp : 70deg F
Air content, ASTM C173 : 2.0%
Fresh unit wt, ASTM C138: 119. pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR METAL DECK B - C / 5 - 6

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00247		H	6.00 x 12.00	28.27			L		
00248	10/12/01	7	6.00 x 12.00	28.27	55000		L	A	1950
00249	11/02/01	28	6.00 x 12.00	28.27	85000		L	A	3010
00250	11/02/01	28	6.00 x 12.00	28.27	87000		L	A	3080
								Avg	= 3050

Samples FAIL TO MEET specified 28 - day requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

RPT TO: SACRAMENTO BLDG INSP DEPT

1231 I STREET, NO. 200

SACRAMENTO CA 95814

PROJECT NO.: 0010607
* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD

SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17466
Sample date : 10/04/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0002
Cast time : 0:00am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29655/1025
Test tech : ERIC STOERMER

Slump, ASTM C143 : 6.50in
Air temp : 69deg F
Mix temp : 72deg F
Air content, ASTM C173 :
Fresh unit wt, ASTM C138: 119. pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR METAL DECK C / D - 9 / 10

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00219		H	6.00 x 12.00	28.27			L		
00220	10/11/01	7	6.00 x 12.00	28.27	76000		L	A	2690
00221	11/01/01	28	6.00 x 12.00	28.27	108000		L	A	3820
00222	11/01/01	28	6.00 x 12.00	28.27	110000		L	A	3890
									Avg = 3860

Samples MEET specified 28 - day strength requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

RPT TO: SACRAMENTO BLDG INSP DEPT

1231 I STREET, NO. 200

SACRAMENTO CA 95814

PROJECT NO.: 0010607
* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD

SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17467
Sample date : 10/04/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0003
Cast time :10:40am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29677/1081
Test tech : ERIC STOERMER

Slump, ASTM C143 : 6.00in
Air temp : 70deg F
Mix temp : 73deg F
Air content, ASTM C173 :
Fresh unit wt, ASTM C138: 117. pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR METAL DECK 7 / 8 - G / H

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00223		H	6.00 x 12.00	28.27			L		
00224	10/11/01	7	6.00 x 12.00	28.27	80000		L	A	2830
00225	11/01/01	28	6.00 x 12.00	28.27	118000		L	A	4170
00226	11/01/01	28	6.00 x 12.00	28.27	116500		L	A	4120
									Avg = 4150

Samples MEET specified 28 - day strength requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

RPT TO: SACRAMENTO BLDG INSP DEPT

1231 I STREET, NO. 200

SACRAMENTO CA 95814

PROJECT NO.: 0010607
* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD

SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17468
Sample date : 10/04/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0004
Cast time :11:35am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29680/1054
Test tech : ERIC STOERMER

Slump, ASTM C143 : 6.50in
Air temp : 75deg F
Mix temp : 74deg F
Air content, ASTM C173 : 2.0%
Fresh unit wt, ASTM C138: pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR METAL DECK 6 / 7 - G

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00227		H	6.00 x 12.00	28.27			L		
00228	10/11/01	7	6.00 x 12.00	28.27	71500		L	A	2530
00229	11/01/01	28	6.00 x 12.00	28.27	101500		L	A	3590
00230	11/01/01	28	6.00 x 12.00	28.27	102000		L	A	3610
									Avg = 3600

Samples MEET specified 28 - day strength requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

PROJECT NO.: 0010607

RPT TO: SACRAMENTO BLDG INSP DEPT
1231 I STREET, NO. 200
SACRAMENTO CA 95814

* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD
SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17471
Sample date : 10/05/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0003
Cast time : 0:00am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29710/1066
Test tech : ERIC STOERMER

Slump, ASTM C143 : 5.00in
Air temp : 73deg F
Mix temp : 73deg F
Air content, ASTM C173 : 2.0%
Fresh unit wt, ASTM C138: pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR DECK D-E / 4-5

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00251		H	6.00 x 12.00	28.27			L		
00252	10/12/01	7	6.00 x 12.00	28.27	80000		L	A	2830
00253	11/02/01	28	6.00 x 12.00	28.27	111000		L	A	3930
00254	11/02/01	28	6.00 x 12.00	28.27	111000		L	A	3930
								Avg =	3930

Samples MEET specified 28 - day strength requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

PROJECT NO.: 0010607

RPT TO: SACRAMENTO BLDG INSP DEPT
1231 I STREET, NO. 200
SACRAMENTO CA 95814

* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD
SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17472
Sample date : 10/05/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0004
Cast time :11:15am
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29722/ 11
Test tech : ERIC STOERMER

Slump, ASTM C143 : 5.50in
Air temp : 77deg F
Mix temp : 74deg F
Air content, ASTM C173 : 2.0%
Fresh unit wt, ASTM C138: pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR DECK D-E / 1-2

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00255		H	6.00 x 12.00	28.27			L		
00256	10/12/01	7	6.00 x 12.00	28.27	80000		L	A	2830
00257	11/02/01	28	6.00 x 12.00	28.27	121000		L	A	4280
00258	11/02/01	28	6.00 x 12.00	28.27	120500		L	A	4260
								Avg =	4270

Samples MEET specified 28 - day strength requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

Signet
Testing
Labs, Inc.

1417 N Market Blvd #1
Sacramento CA 95834
(916) 568-5858

CONCRETE COMPRESSION TEST REPORT

PROJECT NO.: 0010607

RPT TO: SACRAMENTO BLDG INSP DEPT
1231 I STREET, NO. 200
SACRAMENTO CA 95814

* PROJECT DETAIL INFORMATION *
DISCOVERY CENTRE
300 RICHARDS BLVD
SACRAMENTO CA
PERMIT #: /
APPL # :

MIX DATA

Lab Number : 17473
Sample date : 10/05/01
Material type : CIP CONCRETE COMPRESSION TEST
Supplier : AR READY MIX
Admixture :

Mix number : 6048202
Size agg : 3/8
Spec Strength: 3500psi @ 28 Days
Cement factor: 6.00 sack

SAMPLE DATA

Set number : 0005
Cast time :12:00pm
Fld Inspector : GARRETT HARVEY
Ticket/Truck : 29726/1013
Test tech : ERIC STOERMER

Slump, ASTM C143 : 6.50in
Air temp : 75deg F
Mix temp : 73deg F
Air content, ASTM C173 :
Fresh unit wt, ASTM C138: pcf
Dry unit wt, ASTM C567 : pcf

PLACEMENT LOCATION: 3RD FLOOR DECK F-G / 5-6

TEST DATA

SAMPLE NO	TEST DATE	AGE	DIMENSIONS (in.)	AREA (sq in)	LOAD (lbs)	CORR FACT	CURE TYPE	FRAC TYPE	COMPRES STR(psi)
00259		H	6.00 x 12.00	28.27			L		
00260	10/12/01	7	6.00 x 12.00	28.27	65000		L	A	2300
00261	11/02/01	28	6.00 x 12.00	28.27	102000		L	A	3610
00262	11/02/01	28	6.00 x 12.00	28.27	104500		L	A	3700
								Avg =	3660

Samples MEET specified 28 - day strength requirement at 28 days.

Comments:

Samples tested in accordance with ASTM C39

LEGEND

Curing type: L = lab, F = field
Fracture types: A=cone, B=cone and split, C=cone and shear, D=shear, E=columnar

cc: RICHARDS BLVD PARTNERS
LPA SACRAMENTO
JOHN F OTTO INC
BEVIER STRUCTURAL ENGINEERS
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

Respectfully submitted,
SIGNET, Sacramento Division

Alice Lee

ALICE LEE 11/02/01
PROJECT MANAGER

RUSKIN

November 20, 2001

Attn: Rick Zgragan
Norman Wright Mechanical
Sacramento, CA

Dear Rick,

Our installation instruction for the shaft wall design U438 and U497 limit the maximum installation size to 48x36. However, attached is another supplemental installation instruction allowing fire rated dampers to be installed in all metal stud partitions up to a maximum size of 48x36 or 36x48.

However, since then we received approval and the literature has been created for sizes up to 90x49 or 49x90. This new approval includes any UL metal stud partition and will be installed as the attached detail, except the new maximum size listed above.

If I can be of further assistance please call.

Sincerely,

David W. Wall
Sales Application Engineer

3900 Dr. Greaves Rd. • Kansas City, MO 64030 • (816) 761-7476 • FAX (816) 765-8955
Website: www.Ruskin.com • E-Mail: Ruskin@Ruskin.com

RUSKIN

November 9, 2001

Attn: Rick Zgragan
Norman Wright Mechanical
Sacramento, CA

Dear Rick,

I am responding to your telephone call concerning the application of angle on one side of a wall. Our single angle one side installation instruction supplement supersedes the U438 and U497 installation instruction. An angle installed on one side of **any** wall opening with a damper sized 90x49 or 49x90 and below is acceptable per the one side mounting angle instruction supplement.

However, since if you are installing a fire or fire/smoke damper in a U438 or U497 installation, you will still need to frame out the opening per U438 / U497 installation instruction.

If I can be of further assistance please call.

Sincerely,

David W. Wall
Sales Application Engineer

3900 Dr. Greaves Rd. • Kansas City, MO 64030 • (816) 761-7476 • FAX (816) 765-8955
Website: www.Ruskin.com • E-Mail: Ruskin@Ruskin.com

RUSKIN®

3900 Dr. Greaves Rd. • Kansas City, MO 64030 • (816) 761-7476 • FAX (816) 766-8965

SINGLE ONE SIDE MOUNTING ANGLE INSTALLATION
FOR FIRE AND FIRE/SMOKE DAMPERS
INSTALLATION INSTRUCTIONS SUPPLEMENT

APPLICATION

Ruskin 1½ hour fire and fire/smoke dampers are approved with mounting angles installed on only "one side" of a fire rated wall. This results in a quick, easy installation of the damper. Traditional installations require mounting angles installed on both sides of the fire rated partition. "One side" mounting angles, like the Ruskin FAST angle, can be installed directly against the metal stud beneath the fire rated gypsum board in metal stud wall applications. Consult Ruskin for the availability of the FAST "one side" mounting angle.

MAXIMUM SIZE

90"w x 49"h (2286 x 1245)
or 49"w x 90"h (1245 x 2286).

GENERAL INSTALLATION

1. Refer to the wood stud framing details installation supplement and the damper installation instructions for framing and installation information. Substitute these instructions for the mounting angle part of the damper installation instructions.
2. No expansion gap is required when installing dampers in accordance with these instructions.
3. One side mounting angles shall be a minimum of 1½" x 1½" x 20 gage (38 x 38 x .9) steel and shall overlap the wall or stud a minimum of 1" (25).
4. One side mounting angles are fastened directly to the metal stud and damper sleeve according to the figures at right and according to the following:

   Metal Stud Walls – No. 10 (M5) bolts, sheet metal screws, ½" (13) long tack welds or 3/16" (5) diameter steel rivets. Fasteners shall be maximum 12" (305) o.c. A minimum of two fasteners per side, top and bottom is required.

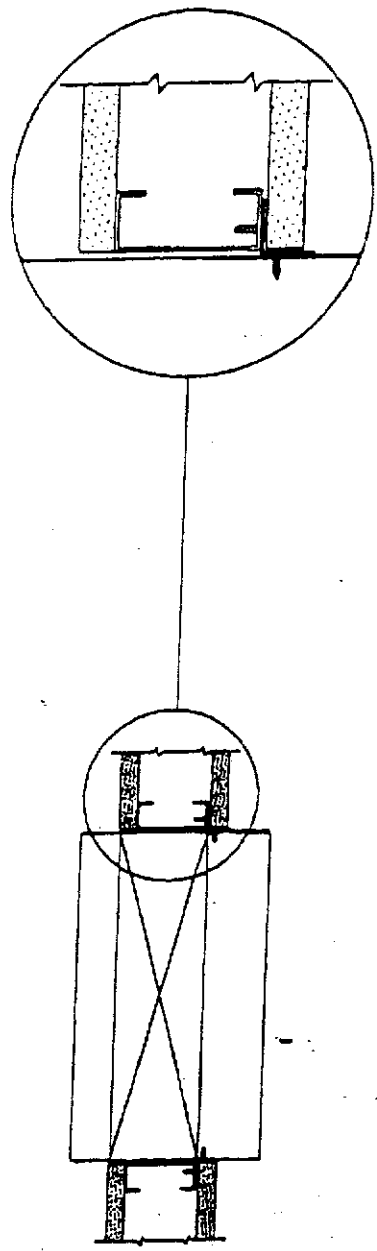


FIGURE 1

CLASSIFIED UL SEE COMPLETE MARKING ON PRODUCT

RUSKIN®

3900 Dr. Greaves Rd. • Kansas City, MO 64030 • (816) 761-7476 • FAX (816) 765-8955

SINGLE ONE SIDE MOUNTING ANGLE INSTALLATION
FOR FIRE AND FIRE/SMOKE DAMPERS
INSTALLATION INSTRUCTIONS SUPPLEMENT

APPLICATION

Ruskin 1 1/2 hour fire and fire/smoke dampers are approved with mounting angles installed on only "one side" of a fire rated wall. This results in a quick, easy installation of the damper. Traditional installations require mounting angles installed on both sides of the fire rated partition. "One side" mounting angles are for use in metal stud, wood stud and concrete/masonry walls. Consult Ruskin for the availability of the FAST "one side" mounting angle.

MAXIMUM SIZE

90"w x 49"h (2286 x 1245)
or 49"w x 90"h (1245 x 2286).

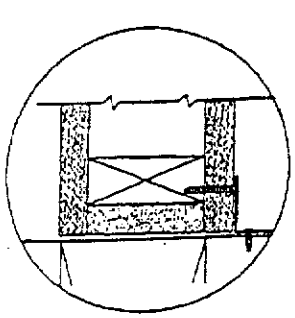
GENERAL INSTALLATION

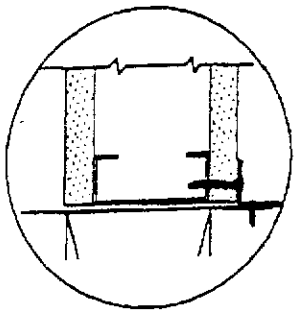
1. Refer to the metal stud and wood stud framing details installation supplements and the damper installation instructions for framing and installation information. Substitute these instructions for the mounting angle part of the damper installation instructions.
2. No expansion gap is required when installing dampers in accordance with these instructions.
3. One side mounting angles shall be a minimum of 1 1/2" x 1 1/2" x 20 gage (38 x 38 x .9) steel and shall overlap the wall or stud a minimum of 1" (25).
4. One side mounting angles are fastened directly to the wall and damper sleeve according to the figures at right and according to the following:

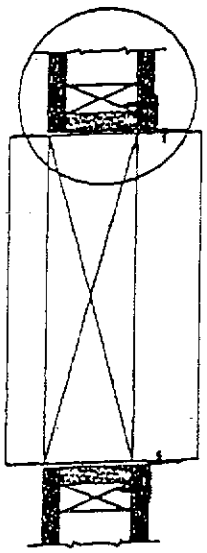
Concrete/Masonry Walls – No. 10 (M5) self tapping concrete anchors. Fasteners shall be maximum 12" (305) o.c.

Metal Stud Walls – No. 10 (M5) bolts, sheet metal screws, 1/2" (13) long tack welds or 3/16" (5) diameter steel rivets. Fasteners shall be maximum 12" (305) o.c. A minimum of two fasteners per side, top and bottom is required.

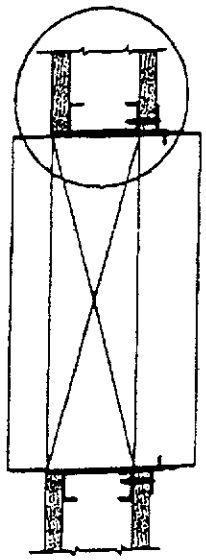
Wood Stud Walls – No. 10 (M5) bolts, steel screws, 1/2" (13) long tack welds or 3/16" (5) diameter steel rivets. Fasteners shall be maximum 6" (152) o.c. A minimum of two fasteners per side, top and bottom is required.



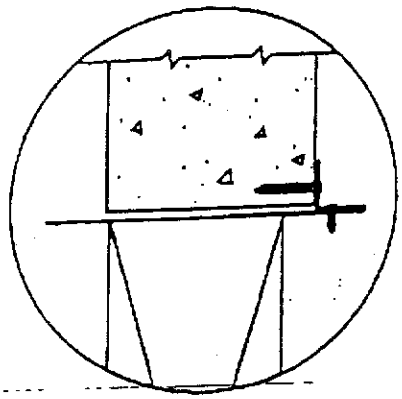




Wood Stud



Metal Stud



Concrete/Masonry

CLASSIFIED UL SEE COMPLETE MARKING ON PRODUCT

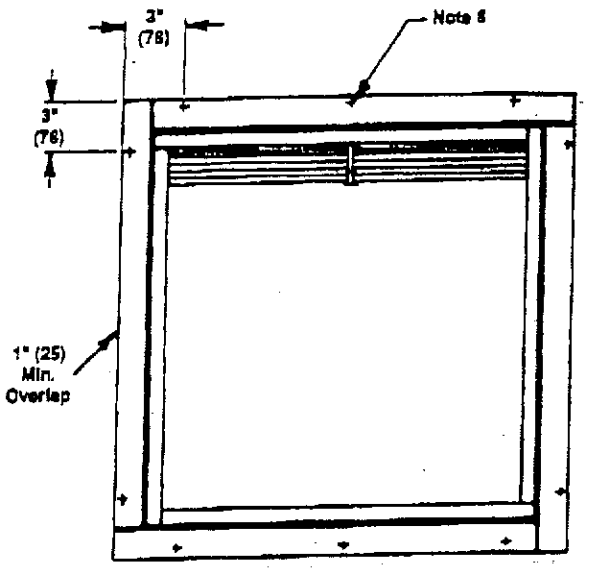
RUSKIN®

8900 Dr. Greaves Rd. • Kansas City, MO 64030 • (816) 761-7476 • FAX (816) 765-8955

SHAFT WALL METAL STUD FRAMING FOR WALL DESIGNS U438 AND U497
INSTALLATION INSTRUCTIONS SUPPLEMENT

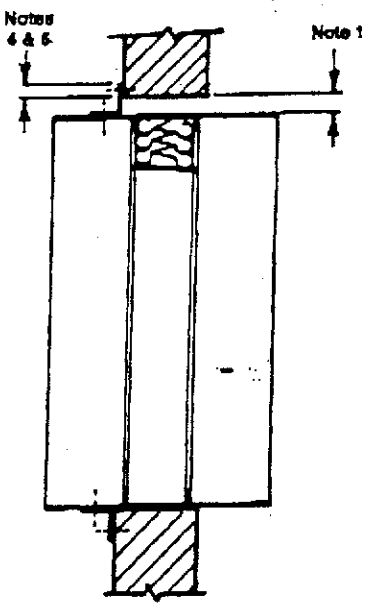
APPLICATION

These installations are for curtain type IBD and multiple blade fire dampers and fire/smoke damper installations in shaft wall designs U438 and U497. They differ from conventional fire damper installations in that they require mounting angles on only one side of the wall which are fastened to the wall as well as the damper. The maximum damper size for one side angle is 48"w x 36"h (1219 x 914). Dampers larger than 48"w x 36"h (1219 x 914) require mounting angles on both sides of the wall which are fastened only to the sleeve.



GENERAL INSTALLATION

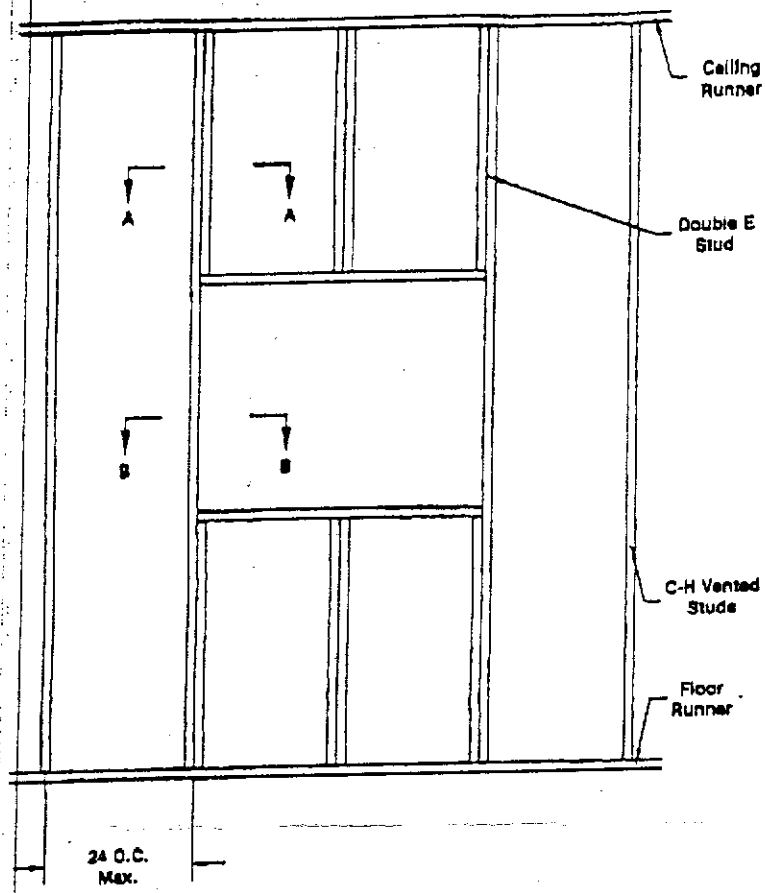
1. Opening in wall shall be a minimum 1/8" (3) per foot larger than overall size of damper and sleeve assembly for galvanized steel dampers and a minimum 3/16" (5) per foot for stainless steel dampers. Maximum opening not to exceed 1/8" (3) per foot plus two inches for galvanized steel dampers and 3/16" (5) per foot plus two inches for stainless steel dampers. Opening shall not be less than 1/4" (6) larger for any size damper and sleeve assembly.
2. Sleeve gage shall be at least equal to the gage of the duct as defined by the appropriate SMACNA duct construction standard and described in NFPA 90A when one or more of the following duct-sleeve connections are used (S-and-Drivemate No. 14880, breakaway ductmate, plain "S" slip, hemmed "S" slip, standing "S" slip, reinforced standing "S" slip, inside slip joint, and double "S" slip.)
3. If any other duct-sleeve connections are used, sleeve shall be minimum of 16 gage (1.6) for dampers up to 36" w x 24"h (914 x 610) and 14 gage (1.9) if damper width exceeds 36" (914) or height exceeds 24" (610).
4. Mounting angles shall be a minimum of 1 1/2" x 1 1/2" x 20 gage (38 x 38 x 1.0) and fastened with #10 bolts or screws, 1/2" (13) lg. welds, or 3/16" (5) rivets to sleeve at a maximum spacing of 6" (152) O.E. not more than 2" (51) from each end with a minimum of two connections in each side, top and bottom (see illustration). Ruskin Picture Frame Mounting Angle can be used in lieu of conventional mounting angles. NOTE: Mounting angles are required on one side of wall only.
5. When multiple damper assemblies are joined or fastening damper to sleeve dampers shall be fastened with no. 10 bolt or screws, 3/16" (5) rivet or 1/2" (13) lg. weld staggered intermittently, and spaced 12" (305) maximum c-c for galvanized and 6" (152) maximum c-c for stainless steel.
6. Mounting angles screw to wall with #10 screws. Use a minimum of two fasteners per side. For dampers over 21" (533) wide, use three fasteners minimum at top and bottom sides.
7. See framing detail on back of page for opening preparation.

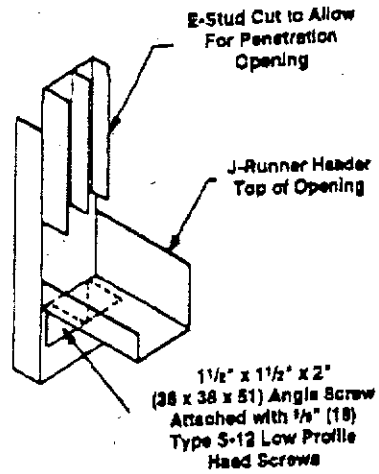


NOTE: Dimensions shown in parentheses ( ) indicate millimeters.

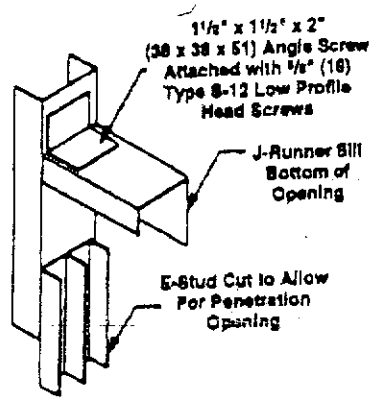
SEE DETAILS ON
UL CLASSIFICATION
MARKING ON ENCLOSED
PRODUCT

FRAMING DETAILS – U438



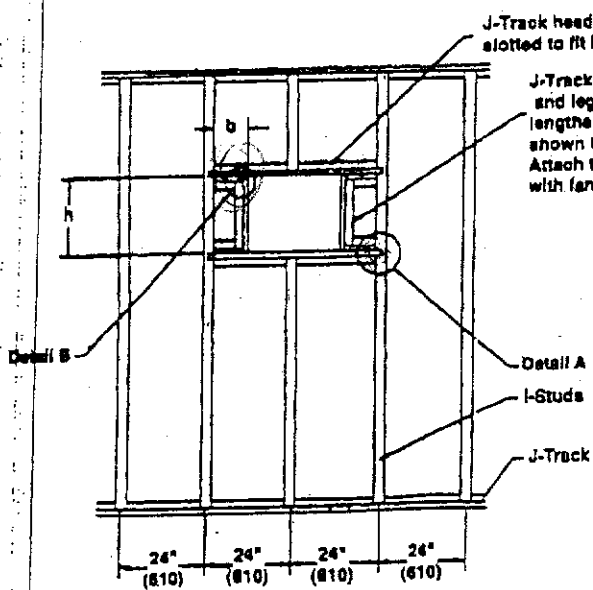


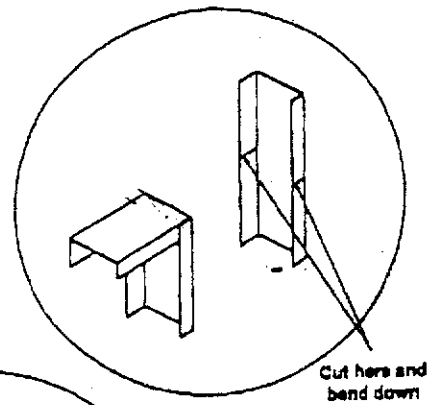
SECTION A-A



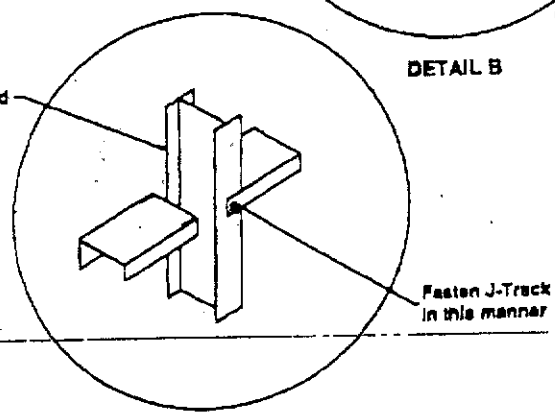
SECTION B-B

FRAMING DETAILS – U497





DETAIL B



DETAIL A

RUSKIN®
3900 Dr. Greaves Rd.
Kansas City, MO 64030
(816) 761-7476
FAX (816) 765-8955
www.ruskin.com

G•R•O•V•E

REALTY SERVICES, INC.

City of Sacramento
Building Department
231 I Street
Sacramento, CA 95814

Re: 300 Richards Boulevard
Sacramento, California

Gentlemen:

As the representative of Richards Boulevard Partners, owner of the Discovery Centre project being built at the above referenced location, please be advised that the required electric vehicle charger & pedestal will be installed on site in the parking lot upon the completion of the tenant improvements of the building.

Sincerely,

Ernest Gallardo,
CFO and Project Manager

Cc: Ron Lukin, J.F. Otto, Inc.

MICROFILM AT FINAL

3184-J AIRWAY AVENUE • COSTA MESA, CA 92626 • FAX 714 754.1728 • 714 754.1420
300 RICHARDS BLVD. • SACRAMENTO, CA 95814 • FAX 916 443.2935 • 916 446.0300

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 808-5716

Building Address: 300 RICHARDS BL Permit No.: 9901408

Building Use: OFFICE Occupancy: B

Building Owner: CITY OF SACRAMENTO Construction Type: II-FR

Owner Address: SACRAMENTO, CA Sprinkled? [X] Yes [ ] No

Portion of Building Occupied: ENTIRE Area: 151600 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:
FOR USE BY CITY POLICE AS A K9 TRAINING LOCATION

1/31/07 CARL HEFTNER **ROBERT LEE CHASE, AIA**
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals: MW,SLG,JBB,MJG,CP]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE