

B

Type



Plans

BLD11-2612

Permit Number

3802

Street Number

Main St

Street Name

OCC

Community Code

074-300-035

APN

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Please Print Your Name: Patrick Slayter Date Applied: 3/30/10

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 3802 Main Street City: Occidental ZIP: 95472
 Cross-Street: Bohemian Hwy. APN: 074-300-035 Project Phone #: (707) 869-5977 Project Fax #: ()
 Directions: _____ Email address: _____ Unit #: _____ Lot #: _____
 Describe Project: Interior Remodel Living Area: _____ Contract Price: _____
MEDICAL CLINIC T.I. Garage: 1300 # Decks: REMODEL

OWNER NAME AND ADDRESS

APPLICANT NAME AND ADDRESS

Name: West County Health Centers Name: Patrick Slayter Architect
 Mailing Address: PO Box 1449 Mailing Address: 242 Murphy Avenue
 City: Guerneville State: CA ZIP: 95446 City: Sebastopol State: CA ZIP: 95472
 Day Ph: 707-869-5977 Fax: () Day Ph: 707-829-9090 Fax: (707) 829-9095

CONTRACTOR INFORMATION

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Company Name: _____ Name: Patrick Slayter Architect
 Address: _____ Address: see above
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
 Day Ph: () Fax: () Day Ph: () Fax: ()

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: STATE FUND
 Policy No.: 713-0009045

(This section need not be completed if the permit is for one hundred dollars (\$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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Exp. Date: 2/26/12 Applicant: [Signature]
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's 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 Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 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).):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or 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 or she did not build or improve for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.).

I am exempt under Sec. B & P.C. for this reason: architect

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov/calaw.html>.

Date: _____ Signature of Property Owner or Authorized Agent: [Signature]

LICENSED CONTRACTOR'S 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.

Lic. Class: B+HIC Lic. No.: 793341

Exp. Date: 6/5 Contractor: [Signature]

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. I hereby declare that demolition authorized by this permit is from construction that does does not contain asbestos, or that no demolition is authorized by this permit.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked.

PERMITTEE SIGNATURE: [Signature]
 ADDRESS: 242 Murphy Ave, Sebastopol 95472 CITY: _____ ZIP: _____
 Contractor Owner Other Licensed Professional architect
 License No.: 630700

THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

CONSTRUCTION LENDING DECLARATION

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.).

Lenders Name: _____ Lenders Address: _____

FOR DEPARTMENT USE

Zoning: RF RR Bb 10 HO No. Acres: 1.34
 Existing Use/Structures: medical clinic
 Proposed Use/Structures: 11-2030 ft added architec
 Zoning Min. Yard Requirements: Front 25 Left 25 Right 25 Back 25
 NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated. Mitigation Required Address subject to change
 Approval for Permit Issuance: _____ Approval for Occupancy: _____
 By: _____ Date: 3-30-10

Sewer Connection: Available Fees Paid
 Approved by: [Signature] Date: 3-30-10

Road Encroachment: Fees Paid
 Approved by: _____ Date: _____

Septic System Permit/Clearance # _____
 Approved by: _____ Date: _____

Flood Zone: Yes No 100 Year Flood Elevation: _____

Site Review _____
 Drainage Review: Approved by: _____ Date: _____

Fire: Approved by: [Signature] Date: 9/8/10 RD

Code Enforcement Violation Yes No Violation # _____
 This permit is limited to _____ days.

Work Authorized: interior remodel

<input checked="" type="checkbox"/> Plans Approved	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Alquist Priolo Report Available
<input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Pre FIRM	<input type="checkbox"/> Geotechnical report Available
Checked by: <u>Earl Smith</u> Date: <u>6/2/10</u>	Type of Construction: <u>VB</u>	Occupancy: <u>B</u>
Permit Issued for Issuance By: <u>[Signature]</u> Date: <u>6/2/10</u>	Auto. Fire Sprinklers Req'd: <u>1</u>	No. of Stories: <u>1</u>
	No. of Units: _____	Certificate of Occupancy: _____

PAYMENT REC'D
 \$ _____
 JUN 29 2011

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 Distribution: White - File Green - Applicant Blue - Assessor Cardstock - Inspector

JOB ADDRESS: 3802 MAIN ST
 PERMIT NUMBER: 092011-201124
 INSPECTION AREA: 8

Building/Grading Permit Application Submittal Checklist

CSS-003

3802 ~~3400~~ Main Street, Occidental
 Site Address
 Patrick Slayter, Architect
 Applicant Name
 242 Murphy Ave
 Mailing Address
 Sebastopol CA 95472
 City/Town State Zip
 707-829-9090 707-829-9095
 Phone Fax

BLD10-1124
 BLD/GRD Permit Number
 074-300-035
 Assessor Parcel Number
 Interior Remodel
 Project Description

Plan Check Comments/ Contact Person: Patrick Slayter Email _____
 Corrections: _____ Email Mail to above address Call to pick up (phone number 829-9090)

This form lists the items required for plancheck submittal. The fees received on this date 03/30/10 cover the cost of reviewing plans prior to permit issuance. **Before** a building permit can be issued, the required approvals listed below must be obtained and building permit fees, development fees, and any other applicable fees must be paid.

DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff

Required Plans for Building/Grading Plancheck:

- 4 complete sets of signed and / or stamped plans for building permits (additional sets may be required by other PRMD Divisions)
- 4 complete sets of signed and / or stamped plans for grading permits (additional sets may be required by other PRMD Divisions)

Mandatory Items for Building Permits

- Received
- Plot / Site Plan (form CSS-019)
 - Floor Plan (electrical, plumbing & mechanical)
 - Foundation Plan (footing details)
 - Elevations
 - Framing Plan
 - Cross Sections
 - Structural Details
 - Signed Drawings (stamped if engineered)

- Site Evaluation**
- Required
 - Waived (Per PRMD Policy 4-0-2)
 - Completed

Other Items Which May be Required for Building Permits

- Required # Received
- Title 24 Energy Calcs (2 signed, sets)
 - Engineering Calculations (2 signed, stamped sets)
 - Hydrology & Hydraulic Calcs (2 signed, stamped sets)
 - Geotechnical Report (2 signed, stamped sets)
 - Geotechnical Foundation Approval Letter
 - Truss Calcs and Layout (2 signed, stamped sets)
 - Flood Elevation Certificate
 - Letter of Authorization
 - Installation Manuals (2)
 - Special Inspection Form
 - Septic Remodel Worksheet (form WLS-029)
 - Conditions of Approval

Cubicle #	Required Approvals	Required for Permit Issuance	Plan Check Only Staff signature and date	Approved for Issuance Staff signature and date
12	Fire Services	SEND TO JERRY	SM	
14	Planning and Zoning File #:	<input type="checkbox"/> Affordable Housing/Work Force Housing Fees (see PRMD website)		CD 3-30-10
	Building	<input type="checkbox"/> Environmental Health: Food/Pool/Wine Tasting (707) 565-6565		
19	Public Sewer / Water			KML 3-30-10
	Road Encroachment			
	Well and Septic			
	Code Enforcement			
	Grading/Storm Water			

Required Development Fees:

- School Mitigation Fee for _____ square feet
Payable at: _____
- Fire Mitigation Fee (Windsor, Airport, etc.)
Payable at: _____
- Address Assignment/Correction Fee
- Residential Traffic Mitigation Fee
- Commercial/Industrial Traffic Mitigation Fee
- Park Mitigation Fee
- Affordable Housing/Work Force Housing Fees (see PRMD website
<http://www.sonoma-county.org/prmd/>)

Applicant Signature: [Signature] Staff Signature: Regina Date: 3/30/10

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1103



COUNTY OF SONOMA ^{NRQK 5/28/10 JB}
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 565-1900 FAX (707) 565-2210

Plan Check Revision & Clearance Notification

This form & redlined plans must be returned with resubmittals

Project Information:

Project address: 3208 Main St. Occidental
BLDID-1124
Building Permit Application # (Plancheck #)

Owner's Name: OAHC
Earl Smith
Plan Checker's Name

Pickup Phone# 707-829-9090 Mail to: _____
Applicant's Name: Patrick Slayter Address: _____
City, St Zip: _____

Comments: _____

Continuation sheet attached

PLEASE NOTE!

ALL CHECKED ITEMS MUST BE ADDRESSED OR YOUR RESUBMITTAL WILL NOT BE ACCEPTED.

Residential

4 complete sets of signed Plans

Commercial

4 complete sets of signed, stamped Plans

Plans

Redlined plans must be returned with resubmittals

- Rqd. Rcvd.
- Plans require correction. Revise original drawings per enclosed check prints. Return 3 revised sets of plans and ~~enclosed check print.~~
 - Plot/Site Plan; Floor Plan (Electrical, Plumbing, Mechanical); Foundation Plan; Elevations; Framing Plan; Cross Sections; Structural Details, Signed (and stamped if "engineered") by designer.
 - Title 24 Energy Calculations (2 signed, stamped sets)
 - Engineering Calculations with revisions (2 signed, stamped sets)
 - Geotechnical Report (2 signed, stamped copies)
 - Geotechnical Plan/Foundation Review & Approval Letter
 - Truss Calculations & Layout Plan (2 signed, stamped sets) (Architect/Engineer review Required)
 - Elevation Certificate (Sections A, B and C completed)
 - Grading Permit Required. Submit Separate Application.
 - Special Inspections Form, Completed and signed by Engineer or Architect. (Form enclosed)
 - Peer Reviewer must review and approve revision prior to resubmittal.
 - Comments
 -

PLEASE NOTE! Items marked below are required prior to building permit issuance.

Permit & Resource Management Dept.

- Rqd. Rcvd.
- Owner-Builder Form
 - Worker's Compensation verification
 - Zoning Clearance
 - Parcel Map Improvement Conditions
 - Grading Permit
 - Drainage Review
 - Residential Traffic Mitigation Fee
 - Commercial Traffic Mitigation Fee
 - Park Fee
 - Road Encroachment
 - Well & Septic
 - Sewer
 - Code Enforcement
 - Investigation Fees (Equal to total of bldg.,plmb.,elec.,mech. fees)
 - Penalties (Equal to total of bldg.,plmb.,elec.,mech. fees x _____)

Dept. Of Health Services

- Food Handling
- Hazardous Materials
- Public Pools & Spas

Special District

- Water _____
- Sewer _____

Fire Marshal

- F.S.S. Mitigation Approval Required (Residential)
- Review and Approval Letter (Non-Residential)

Air Pollution Control District

School Mitigation Fee

School District Name

Other

- Utility Certificate (City of Santa Rosa)
- Architectural Committee Approval
- Coastal Commission

Plans Examiner

Phone Number (after 1:30)

Date

[Signature] Date 5-28-10

8/17/11 JB



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 565-1900 FAX (707) 565-2210

Plan Check Revision & Clearance Notification
This form & redlined plans must be returned with resubmittals

Project Information:

3208 Main Street, Occidental
Project address
BLD10-1124 BCD 11-2612
Building Permit Application # (Plancheck #)

West County Health Services
Owner's Name
Earl Smith
Plan Checker's Name

Form with fields for Pickup, Phone#, Mail to, Applicant's Name, and City, St Zip.

Comments:

Continuation sheet attached

PLEASE NOTE!

ALL CHECKED ITEMS MUST BE ADDRESSED OR YOUR RESUBMITTAL WILL NOT BE ACCEPTED.

Residential

4 complete sets of signed Plans

Commercial

4 complete sets of signed, stamped Plans

Plans

Redlined plans must be returned with resubmittals

- List of required items for redlined plans, including Plans require correction, Plot/Site Plan, Title 24 Energy Calculations, etc.

PLEASE NOTE! Items marked below are required prior to building permit issuance.

Permit & Resource Management Dept.

- List of required items for Permit & Resource Management Dept., including Owner-Builder Form, Worker's Compensation verification, etc.

Dept. Of Health Services

- List of required items for Dept. Of Health Services, including Food Handling, Hazardous Materials, etc.

Plans Examiner Phone Number (after 1:30) Date



COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 565-1900 FAX (707) 565-2210

3/31/11 JB

Plan Check Revision & Clearance Notification

This form & redlined plans must be returned with resubmittals

Project Information:

Project address: 3208 Main Street, Occidental
BLD 10-1124
Building Permit Application # (Plancheck #)

Owner's Name: West County Health Centers
Plan Checker's Name: Earl Smith

<input type="checkbox"/> Pickup	<input checked="" type="checkbox"/> Phone#	<input type="checkbox"/> Mail to:	<u>Ph # 829 9090</u>
Applicant's Name: <u>Patrick Jaxter</u>		Address:	
		City, St Zip:	

Comments: Reduction in Sq footage.

Continuation sheet attached

PLEASE NOTE!

ALL CHECKED ITEMS MUST BE ADDRESSED OR YOUR RESUBMITTAL WILL NOT BE ACCEPTED.

Residential

4 complete sets of signed Plans

Commercial

4 complete sets of signed, stamped Plans

Plans

Redlined plans must be returned with resubmittals

Plans require correction. Revise original drawings per enclosed check prints. Return 3 revised sets of plans and ~~enclosed check print.~~

- Plot/Site Plan; Floor Plan (Electrical, Plumbing, Mechanical); Foundation Plan; Elevations; Framing Plan; Cross Sections; Structural Details, Signed (and stamped if "engineered") by designer.
- Title 24 Energy Calculations (2 signed, stamped sets)
- Engineering Calculations with revisions (2 signed, stamped sets)
- Geotechnical Report (2 signed, stamped copies)
- Geotechnical Plan/Foundation Review & Approval Letter
- Truss Calculations & Layout Plan (2 signed, stamped sets) (Architect/Engineer review Required)
- Elevation Certificate (Sections A, B and C completed)
- Grading Permit Required. Submit Separate Application.
- Special Inspections Form, Completed and signed by Engineer or Architect. (Form enclosed)
- Peer Reviewer must review and approve revision prior to resubmittal.
-
-

PLEASE NOTE! Items marked below are required prior to building permit issuance.

Permit & Resource Management Dept.

- Owner-Builder Form
- Worker's Compensation verification
- Zoning Clearance
- Parcel Map Improvement Conditions
- Grading Permit
- Drainage Review
- Residential Traffic Mitigation Fee
- Commercial Traffic Mitigation Fee
- Park Fee
- Road Encroachment
- Well & Septic
- Sewer
- Code Enforcement
- Investigation Fees
(Equal to total of bldg.,plmb.,elec.,mech. fees)
- Penalties
(Equal to total of bldg.,plmb.,elec.,mech. fees x _____)

Dept. Of Health Services

- Food Handling
 - Hazardous Materials
 - Public Pools & Spas
- Special District**
- Water _____
 - Sewer _____

Fire Marshal

- F.S.S. Mitigation Approval Required (Residential)
- Review and Approval Letter (Non-Residential)

Air Pollution Control District

-
- School Mitigation Fee**
-
- School District Name _____

Other

- Utility Certificate (City of Santa Rosa)
- Architectural Committee Approval
- Coastal Commission

Plans Examiner _____

Phone Number (after 1:30) _____

[Signature]
Date: 3-30-11



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-2210

August 31, 2011

Patrick Slayter
P.O. Box 941
Sebastopol, Ca. 95473

Re: county #BLD11-2612

Dear Sir,

The Application for Unreasonable Hardship for the health center remodel at 3802 Main St. has been received by our office. Since then, I have talked to you on the phone and been told that this Application is no longer needed. Your stated intention is to provide all interior upgrades listed on Don Folsom's field correction list. You also explained that the building exterior is not part of the tenant's lease and is thus beyond their control. Nevertheless, our interpretation of the building code requires that the owner of the property is obligated to make the exterior improvements found on Don's letter. It may be that unreasonable hardship exists, in which case the exterior work could be postponed to some future date. You may want to check into this possibility, and resubmit the Application if appropriate.

If you need further clarification or direction on this, please feel free to call me at the phone number listed below.

Thank you,

Earl Smith
PRMD Plans Examiner
707 565-3829

Application for Unreasonable Hardship Determination for Accessibility Upgrades - Over Valuation Threshold

BPC-032

Purpose: When improvements are made to existing commercial and multi-family structures, Section 202 of the 2010 California Building Code (CBC) allows for an exception in-lieu of bringing the entire structure up to compliance with current code standards for accessibility. To qualify for the exemptions, an unreasonable hardship must exist, and the project's total valuation (including the cumulative valuation projects within a 3 year period) must exceed the current year's valuation threshold. Refer to PRMD policies 9-4-8 'Accessibility Detail Requirements on Tenant Improvement Plans' and 9-4-13 'Accessibility Detail Requirements on Tenant Improvement Plans for County of Sonoma Agency Projects'.

VALUATION THRESHOLD AMOUNT: \$132,536

YEAR: 2011

To Apply: The owner/applicant shall have their design professional (licensed architect or civil engineer) complete and submit this form to PRMD Plan Check staff who will forward the hardship request to the Building Official for a determination. A review fee is required for this service.

PROJECT INFORMATION

July 28, 2011
Date
BLD10-1124
Building Permit Number
West County Health Centers, Kathy Davis
Owner/Applicant
707 - 869 - 5977
Telephone number

3208 Main Street
Site Address
Occidental 94365
City
Patrick Slayter, Architect C30700
Design Professional
707 - 829 - 9090
Telephone number

Definition of Unreasonable Hardship

CBC SECTION 202 Unreasonable Hardship exists when the enforcing agency finds that compliance with the building standards would make the specific work of the project affected by the building standard unfeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of all construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility which would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities.

List applicable sections below for which either an unreasonable hardship exception or a request for equivalent facilitation is being requested:

Chapter 11 Applicable Section	Requires Determination of Unreasonable Hardship	OR	Request for Equivalent Facilitation
1133B.2.4.3 (Item #11)	X		
1133B.2.4.1 (Item #13)	X		
1133B.5.5 (Item #16, #17 & #18)	X		
1133B.5.6 (Item #19)	X		
1129B.3.4 (Item #21)	X		

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-2210

UNREASONABLE HARDSHIP DETERMINATION (add additional sheets as required)

1. Total Cost of providing access (attach itemized cost estimate): \$ 12,200

2. Total project construction cost: \$ 172,000

3. Describe the impact of the proposed improvements on the financial feasibility of project:

West County Health Center is a non-profit community health provider with seven clinics throughout west Sonoma County. This construction project is financed using grant funds provided by the federal government; without these funds the project would not occur. The project has been undertaken to increase the ability of the Occidental clinic to provide low-cost health services.

4. Describe the nature of the access features that would be gained or lost:

This remodel will increase the overall accessibility of this facility; providing a fully accessible restroom (where before there was not), providing fully accessible patient exam rooms and staff areas. There is no area where accessibility will be reduced in any way.

5a. What is the nature of the use of the facility under construction?

The facility under consideration is in use as a medical clinic, serving the greater Occidental area.

5b. What is the availability of facility or facilities to persons with disabilities?

The existing facility has a limited number of accessible examination rooms, this remodel will provide additional accessible examination rooms. The existing Laboratory area was not fully accessible, this remodel will provide a fully accessible Laboratory. The existing public restroom was not fully accessible, this remodel will provide a fully accessible restroom.

EQUIVALENT FACILITATION REQUESTED TO BE PROVIDED

Describe in detail, the means by which equivalent facilitation will be provided (reference applicable details on construction documents):

Equivalent facilitation shall be provided through the increased overall accessibility of this facility which has been in use for several years, by users of all abilities, without complaint.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 5th day of August, 2011

West County Health Centers

Owner/Applicant (please print)

Patrick Slayter, Architect C30700

Design Professional (please print)

fo. Kathy Davis (PES)

PK SLYE

Signature

08/05/11

Date

Signature

08/05/11

Date

Note: The County will not check the plans for compliance with the Americans with Disabilities Act (ADA). It is the Owner's responsibility to insure compliance with these regulations. The County does not have any legal authority to enforce or interpret the ADA regulations with regard to private facility plan checks (**except to the extent that it enforces Civil Code sections 54 and 54.1 as to facilities it owns or leases**). Note, however, that the State of California has incorporated many, **but not all**, of the ADA provisions into Title 24 effective April 1, 1994.

----- **DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff** -----

An application for a hardship exception has been filed with this office. The following action was taken:

- The above named project has been **denied** an unreasonable hardship exemption under Section 1134B.2.1 2010 CBC. Reason(s): _____
- The above named project has been **granted** an unreasonable hardship exemption from the requirements of the State of California CCR-Title 24 (Regulation for the Accommodation for the Disabled) pursuant to Section 1134B.2.1 2010 CBC.

Conditions of Approval:

Date of Approval / Denial

BLD Permit Number

DeWayne Starnes, Building Official - Signature

Exam Room 6 (Room 116)

1. Furniture lay-out. No furniture (including exam tables) can be placed in the shaded areas of the approved plans, inside and outside of doors and or rooms that we are working on during this project.

Solution: No furniture shall be placed in the shaded areas depicted on the plans.
Cost: \$0
Status: To be completed

Front Restroom (Patient Restroom, Room 121)

2. The existing sign on the outside of the restroom door will need to be mounted on the wall next to the door and a new sign (as shown in detail 5, page A3) will have to be mounted on the outside of the door.

Solution: Move existing sign.
Cost: \$0
Status: To be completed

3. The coat hook on the inside of the door will have to be moved down, or a second, lower, coat hook added.

Solution: Move existing hook.
Cost: \$0
Status: To be completed

4. The sink will have to be raised one inch.

Solution: Raise sink one inch.
Cost: \$300 (est.)
Status: To be completed

5. The 2'-4" (28") clearance between the sink and the toilet as shown on the plans, is to the toilet TANK, not the toilet bowl. There is not enough clearance between the existing sink and the existing toilet. We can move the sink to the right one inch AND install a toilet with a narrower tank (if one exists) or install a narrower sink.

Solution: Replace sink with a new narrower fixture.
Cost: \$250 (est.)
Status: To be completed

6. There needs to be 4' of clear space in front of the toilet. The existing toilet does not meet this requirement. The new toilet will have to have an elongated bowl, but not stick out from the back wall as much as the current toilet. The flush lever needs to be on the "open side" of the toilet (it is currently on the wrong side of the toilet.) The seat of the new toilet needs to have an open front. The toilet needs to be caulked to the floor.

Solution: Replace toilet with a new compliant fixture. Caulk fixture to floor.
Cost: \$400 (est.)
Status: To be completed

7. The mirror over the sink has to move down so the viewable portion of the mirror is 40" off the floor.

Solution: Move mirror down, repair finishes.
Cost: \$100 (est.)
Status: To be completed

8. We cannot re-use the existing towel dispenser because the built-in mirror of the towel dispenser does not meet 11b requirements for a secondary mirror. We could cover up the mirror and re-use the towel dispenser as shown on page A4 of the plans, or install a different towel dispenser.

Solution: Cover existing secondary mirror, removing it from use.
Cost: \$50 (est)
Status: To be completed

9. The toilet paper holders need to be 36" from the back wall and 12" from the front of the toilet.

Solution: Move existing toilet paper dispenser, repair finishes.
Cost: \$100 (est)
Status: To be completed

Patient Hallway (Room 120)

10. Nothing can protrude more than 4" from the wall, from between 27" above the floor and 80" above the floor (fire extinguisher and the hand cleaner dispensers).

Solution: Move hand cleaner dispenser. Construct niche for fire extinguisher.
Cost: \$250 (est)
Status: To be completed

Waiting Room (Room 122) & Entry Deck

11. The door leading from the Patient Hallway to the Waiting Room has to have 18" of clearance on the lever side (pull side) of the door. The existing door does not meet this requirement. The lock on the lever of this door needs to be a pushbutton and not (as it is currently) a turn button. (This may be true for ALL levers on the doors that we will work on in this contract.)

Solution: Move existing door, repair finishes. Replace door hardware.
Cost: \$500 (est)
Status: Waiver Requested

12. The exterior door leading from the Waiting Room to the outside deck needs a kickplate on the inside of the door to provide a smooth push surface. The interconnected latch on this door no longer operates as an interconnected latch and needs to be replaced.

Solution: Install kickplate. Repair or replace door hardware.
Cost: \$400 (est)
Status: To be completed

13. The height difference between the top of the deck outside the front door and the top of the door threshold is $\frac{3}{4}$ ". It needs to be less than $\frac{1}{2}$ ". The Trex deck boards outside the front door can be removed and shimmed up to provide a ramp up to the front door no steeper than 1" in 12".

Solution: Remove, shim and replace exiting deck boards to create a short ramp less than 1:12.
Cost: \$300 (est)
Status: Waiver Requested

14. Inside the front door there needs to be a tactile exit sign with Braille, 60" off the floor.

Solution: Install exit sign.
Cost: \$100 (est)
Status: To be completed

15. The northernmost window in the Lab, the one closest to the exterior door, needs to be a tempered glass window.

Solution: Replace existing window, repair interior and exterior finishes.
Cost: \$500 (est)
Status: Waiver Requested

16. The sloping welded steel handrail on all of the wheelchair ramps have to extend level for 12" at the top and the bottom of each ramp section.

Solution: Extend handrails at two locations, repair finish.
Cost: \$750 (est)
Status: Waiver Requested

17. The batts on the siding on the outside of the Lab, along the wheelchair ramp handrail, have to be sanded smooth and re-primed and painted. There cannot be any abrasive surfaces along the handrail.

Solution: Sand battens smooth, prime and paint. Repair handrail finish as required.
Cost: \$500 (est)
Status: Waiver Requested

18. The downspout on the wheelchair ramp outside the Lab cannot fill up the space between the batt and the guardrail. We need 1 1/2" clearance inside the handrail.

Solution: Relocate downspout, prime and paint. Repair wall finish as required.
Cost: \$750 (est)
Status: Waiver Requested

19. We may need an additional wheelguard on one side of the wheelchair ramp.

Solution: Install wheelguard as required.
Cost: \$500 (est)
Status: Waiver Requested

20. The plants on the corner than cover up the wheelchair ramp handrail have to be trimmed back. The bamboo along the wheelchair sidewalk has to be trimmed back to the edge of the sidewalk.

Solution: Prune plants as required.
Cost: \$50 (est)
Status: To be completed

21. The handicapped parking stall is not wide enough. It needs to be 9' wide. The van loading/unloading space is not wide enough. It needs to be 8' wide. The parking stall and the loading/unloading space slope too much. They cannot slope more than 2%. 1% is better.

Solution: Construct new concrete retaining curb, backfill and install new asphaltic concrete finish with less than 2% slope at contained area. Install guardrails as required. Restripe parking stall to compliant width.
Cost: \$6000 (est)
Status: Waiver Requested for slope requirement. Restripe to be completed.

22. The handicapped loading/unloading space needs to be outlined in blue, with a 12" tall "NO PARKING" painted on the asphalt.

Solution: Paint new handicapped parking space symbols and striping.
Cost: \$250 (est)
Status: To be completed

23. The handicapped parking stall has to be marked with the Handicapped Parking; \$250 fine; Van Accessible, and tow-away signs per page A1 of the plans (which had been eliminated from Area D of the contract.)

Solution: Install 'Van Accessible', 'Tow Away' and '\$250 Fine' signs at handicapped parking stall.
Cost: \$150 (est)
Status: To be completed

Total estimated cost: \$12,200

Fixture Count Checklist

Application # BLD 10-1124

Plumbing

(Note: Fire Sprinkler systems are calculated based on sq. footage of building.)

- Plumbing Fixture, Trap, or Set of Fixtures on 1 Trap (ea) 5
- Rainwater Systems (each drain, inside building) (ca) _____
- Water Heater and/or Vent (ca) _____
- Industrial Waste Pretreatment Interceptor (incl. trap & vent; include indiv. grease traps) (ea) _____
- Install/Alter/Repair of water piping/treatment equipment (ea) _____
- Repair/Alteration of Drainage/Vent Piping (ea. fixture) (ea) _____
- Lawn Sprinkler System on any 1 Meter (incl. backflow dev.) (ea) _____
- Atm-Type Vacuum Breakers not incl. in Rainwater Systems (ea) _____
- Backflow Preventers (not vacuum breakers) 2" and smaller (ea) _____
- Backflow Preventers (not vacuum breakers) greater than 2" (ca) _____
- Gas Piping Systems (number of outlets) (ca) _____

Mechanical

- FAU/Gravity-type furnace system (incl. "unitary" systems) 100,000 BTU/h or less (ea) _____
- FAU/Gravity-type furnace system (incl. "unitary" systems) over 100,000 BTU/h (ea) _____
- Floor Furnace and vent (ca) _____
- Suspended Heater/Recessed Wall Heater/Floor Mounted Unit Heater (ea) _____
- Relocation or Replacement of an Appliance Vent only → Floor Register → (ea) 2
- Repair/Alteration/Addition to Heat/Cool Unit/Controls (ea) _____
- Install/Relocate Boiler, Compressor or Absorption Systems:
 - 0 to 3 HP, up to and including 100,000 BTU/h (ea) _____
 - Over 3 HP thru 15 HP, over 100,000 thru 500,000 BTU/h (ea) _____
 - Over 15 HP thru 30 HP, over 500,000 thru 1,000,000 BTU/h (ca) _____
 - Over 30 HP thru 50 HP, over 1,000,000 thru 1,750,000 BTU/h (ca) _____
 - Over 50 HP, over 1,750,000 BTU/h (ca) _____
- Air Handling unit to and including 10,000 cfm (ea) _____
- Air Handling unit over 10,000 cfm (ea) _____
- Evaporative Cooler (other than portable type) (ea) _____
- Ventilation Fan connected to a single duct (ea) _____
- Ventilation Systems not already under permit (ea) _____
- Hood served by mechanical exhaust including ducts (ea) _____
- Install/Relocate Domestic-type Incinerator (ea) _____
- Install/Relocate Commercial/Industrial Incinerator (ca) _____
- Other appliances or equipment regulated by code but not listed above (describe): (ca) _____

Electrical

- Receptacle, Switch & Lighting Outlets (ca) 85
- Lighting Fixtures, Sockets, Other Lamp-holding devices (ca) 39
- Pole or Platform mounted Lighting Fixtures (ca) _____
- Theatrical-type Lighting Fixture or Assembly (ea) _____
- Appliances: Fixed Residential type 1 HP or less, or outlets for same (ca) _____
- Appliances: Residential and Non-Res. over 1 HP, 1 KW or 1 KVA (ea) _____
- Power Apparatus:
 - For motors, generators, transformers, rectifiers, synchronous converters, capacitors, industrial heating, air conditioners & heat pumps, cooking or baking equipment, and other apparatus as follows (ratings in horsepower "HP", kilowatts "KW", kilovolt-amperes ("KVA") or kilovolt amperes-reactive "KVAR"):*
 - Up to and including 1 HP/KW/KVA/KVAR (ea) _____
 - Over 1 thru 10 (ca) _____
 - Over 10 thru 50 (ca) _____
 - Over 50 thru 100 (ea) _____
 - Over 100 (ea) _____
- Busways: Trolley & Plug-in type Busways (installed length) (ft.) _____
- Signs: Signs, Lighting & Marquees supplied by 1 branch circuit (ca) _____
- Signs: Additional Branch Circuits in same lighting system (ca) _____
- Services: 600 volts or less & not over 200 amps rating (ea) _____
- Services: 600 volts or less & over 200 amps to 1000 amps rating (ea) _____
- Services: Over 600 volts or over 1000 amps rating (ea) _____
- Sump Pumps (ca) _____
- Other apparatus regulated by code and not listed above (include distribution panels, transfer switches and motor control panels) (ca) _____

PATRICK SLAYTER

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PO Box 2853
Arnold, CA 95223
707-829-9090 V
707-829-9095 F
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NRQK
5/12/10 JS

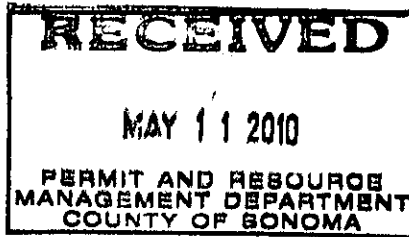


May 10, 2010

TO: Earl Smith
Plans Examiner
Sonoma County PRMD

Re: BLD10-1124
Occidental Area Health Center

Enclosed: (3) copies revised plans
(1) copy completed Fixture Count Checklist



Plan Check Revisions

1. The existing floor plan has been provided, see sheet A3.
2. The wall legend has been noted, see sheet A4.
3. The summation of the installed lighting has been noted, see sheet A6.
4. The general note regarding accessibility inspection has been added to the plans, see sheet A4.
5. The door side clearance has been increased to comply with CBC 1133B.2.4.3, see sheet A4.
6. The new sink in Exam Room #2 has been relocated, see sheet A4.
7. The door in the existing western portion of the Lab Hallway (110-C) is an existing building element and no work is planned in this area. The new hallway and door in the eastern portion of the Lab Hallway have been modified to comply with CBC1133B.2.4.3, see sheet A4.
8. Under CBC1105B, exception 1, with the existence of equivalent facilitation, an exception is requested for storage room accessibility. Also, under CBC1126B:1, only one of each type of storage is required to be accessible; in this case there are storage cabinets in the Lab which are accessible.
9. The new pocket door (#7) at the Nurse's Office has been noted with the requested verbiage, see sheet A4.
10. Countertop heights have been noted at the check-in area, see sheet A4.
11. The existing parking and path of travel has been documented, see Site Plan, sheet A1. The existing patient restroom requires the relocation of the existing door to meet compliance. The existing fixtures and fittings are in compliance with current ADA requirements. See sheet A4 for details.
12. The existing patient restroom door swing direction was originally shown incorrectly; this has been corrected, see sheet A3.
13. The Electrical Notes have been revised, see sheet A6.
14. The completed Fixture Count Checklist is included with the revised documents.

Please contact my office should you have any further questions.

Best

Patrick Slayter, Architect

PATRICK SLAYTER

#C30700
242 Murphy Avenue
Sebastopol, CA 95472
PO Box 2853
Arnold, CA 95223
707-829-9090 V
707-829-9095 F
ps@slayterarchitect.com



May 28, 2010

To: Earl Smith
Plans Examiner
Sonoma County PRMD

Re: BLD10-1124
Occidental Area Health Center

Enclosed: (3) copies revised plans
(2) copies Energy Compliance Documents

Plan Check Revisions

3. The compliance forms required for this project are included with this package. Please note there has been a slight revision to include occupancy sensors in a number of spaces to increase energy savings.
7. The double double-acting panels have been removed and in their place is a single, latchless double acting full height door. Please see sheet A4.
8. The Lab Storage door has been changed to a pocket door, please see sheet A4.
11.
 - A. The requested verbiage has been added; please see detail 1/A1.
 - B. The required clearance has been noted; please see detail 1/A1.
 - C. A note with the maximum allowable parking space and loading aisle slope has been added to the plans; please see sheet A1.
 - D. A note with the maximum allowable pedestrian paths of travel and cross slope have been added to the plans; please see sheet A1.
 - E. Interior elevations for the existing Restroom have been added; please see sheet A4.
 - F. Per our telephone conversation, the existing restroom facilities have been relabeled as "Front" and "Back". The existing Front Restroom will be brought into full compliance with current accessibility standards and is available for both staff and patients.
12. Per our telephone conversation the Back (formerly labeled "Staff") Restroom is not required to be made accessible.

Please contact my office should you have any further questions.

Best,


Patrick Slayter, Architect

BUILDING ENERGY ANALYSIS REPORT

PROJECT:

Occidental Area Health Center
PO Box 1449
Occidenta, CA 94365

Project Designer:

Patrick Slayter Architect
242 Murphy Ave.
Sebastopol, CA 95472
707-829-9090

Report Prepared by:

Demian Vonder Kuhlen
Energy Modeling Services
1545 Creekside Drive
Petaluma, CA 94954
707-773-7071

THESE ATTACHMENTS ARE PART
OF THE APPROVED PLANS.
* DO NOT REMOVE THEM *

JUN 02 2010

PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
BUILDING PLAN CHECK

PERMIT # _____

Job Number:

10002

Date:

5/27/2010

The EnergyPro computer program has been used to perform the calculations summarized in this compliance report. This program has approval and is authorized by the California Energy Commission for use with both the Residential and Nonresidential 2008 Building Energy Efficiency Standards.

This program developed by EnergySoft, LLC - www.energysoft.com.

TABLE OF CONTENTS

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Form LTG-2-C Lighting Controls Credit Worksheet	7
Form LTG-3-C Indoor Lighting Power Allowance	8
Form LTG-MM Lighting Mandatory Measures	9

CERTIFICATE OF COMPLIANCE

(Part 1 of 4)

LTG-1C


Project Name <i>Occidental Area Health Center</i>			Date <i>5/27/2010</i>
Project Address <i>PO Box 1449 Occidenta</i>	Climate Zone <i>2</i>	Total Cond. Floor Area <i>1,619</i>	Unconditioned Floor Area <i>0</i>

GENERAL INFORMATION

Building Type:	<input checked="" type="checkbox"/> Nonresidential	<input type="checkbox"/> High-Rise Residential	<input type="checkbox"/> Hotel/Motel Guest Room
	<input type="checkbox"/> School	<input type="checkbox"/> Relocatable Public School	<input checked="" type="checkbox"/> Conditioned Spaces
			<input type="checkbox"/> Unconditioned Spaces
Phase of Construction:	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
Method of Compliance:	<input type="checkbox"/> Complete Building	<input checked="" type="checkbox"/> Area Category	<input type="checkbox"/> Tailored


Documentation Author's Declaration Statement

I certify that this Certificate of Compliance documentation is accurate and complete.

Name <i>Demian Vonder Kuhlen</i>	Signature 
Company <i>Energy Modeling Services</i>	Date <i>5/27/2010</i>
Address <i>1545 Creekside Drive</i>	CEA # CEPE #
City/State/Zip <i>Petaluma, CA 94954</i>	Phone <i>707-773-7071</i>

The Principal Lighting Designer's Declaration Statement

- I am eligible under Division 3 of the California Business and Professional Code to accept responsibility for the lighting design.
- This Certificate of Compliance identifies the lighting features and performance specifications required for compliance with Title 24, Pages 1 and 6 of the California Code of Regulations.
- The design features represented on this Certificate of Compliance are consistent with the information provided to document this design on the other applicable compliance forms, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.

Name	Signature 
Company <i>Patrick Sleyter Architect</i>	Phone <i>829-9010</i>
Address <i>242 Murphy Ave</i>	License # <i>630700</i>
City/State/Zip <i>Sebastopol, CA 95472</i>	Date <i>5/28/10</i>

Lighting Mandatory Measures

Indicate location on building plans of Mandatory Measures Note Block: _____

LIGHTING COMPLIANCE FORMS & WORKSHEETS (check box if worksheets is included)

For detailed instructions on the use of this and all Energy Efficiency Standards compliance forms; please refer to the Nonresidential Manual published by the California Energy Commission.

<input checked="" type="checkbox"/> LTG-1C Pages 1 through 4	Certificate of Compliance. All Pages required on plans for all submittals.
<input checked="" type="checkbox"/> LTG-2C	Lighting Controls Credit Worksheet
<input checked="" type="checkbox"/> LTG-3C	Indoor Lighting Power Allowance
<input type="checkbox"/> LTG-4C Pages 1 through 4	Tailored Method Worksheet
<input type="checkbox"/> LTG-5C Pages 1 and 2	Line Voltage Track Lighting Worksheet

CERTIFICATE OF COMPLIANCE (Part 4 of 4) **LTG-1C**

Project Name: *Occidental Area Health Center* Date: *5/27/2010*

CONDITIONED AND UNCONDITIONED SPACE LIGHTING MUST NOT BE COMBINED FOR COMPLIANCE

Indoor Lighting Power for Conditioned Spaces		Indoor Lighting Power for Unconditioned Spaces	
	Watts		Watts
Installed Lighting (from Conditioned LTG-1C, Page 2)	1,725	Installed Lighting (from Unconditioned LTG-1C, Page 2)	0
Lighting Control Credit Conditioned Spaces (from LTG-2C)	- 104	Lighting Control Credit Unconditioned Spaces (from LTG-2C)	- 0
Adjusted Installed Lighting Power	= 1,621	Adjusted Installed Lighting Power	= 0
Complies if Installed ≤ Allowed		Complies if Installed ≤ Allowed	
Allowed Lighting Power Conditioned Spaces (from LTG-3C or PERF-1)	1,623	Allowed Lighting Power Unconditioned Spaces (from LTG-3C)	0

Required Acceptance Tests

Designer:

This form is to be used by the designer and attached to the plans. Listed below is the acceptance test for the Lighting system, **LTG-2A**. The designer is required to check the acceptance tests and list all control devices serving the building or space shall be certified as meeting the Acceptance Requirements for Code Compliance. If all the lighting system or control of a certain type requires a test, list the different lighting and the number of systems. The NA7 Section in the Appendix of the Nonresidential Reference Appendices Manual describes the test. Since this form will be part of the plans, completion of this section will allow the responsible party to budget for the scope of work appropriately. **Forms can be grouped by type of Luminaire controlled.**

Enforcement Agency:

Systems Acceptance. Before Occupancy Permit is granted for a newly constructed building or space or when ever new lighting system with controls is installed in the building or space shall be certified as meeting the Acceptance Requirements. The **LTG-2A** form is not considered a complete form and is not to be accepted by the enforcement agency unless the boxes are checked and/or filled and signed. In addition, a Certificate of Acceptance forms shall be submitted to the enforcement agency that certifies plans, specifications, installation certificates, and operating and maintenance information meet the requirements of §10-103(b) of Title 24 Part 6. The field inspector must receive the properly filled out and signed forms before the building can receive final occupancy. A copy of the **LTG-2A** for each different lighting luminaire control(s) must be provided to the owner of the building for their records.

Controls for Credits				LTG-2A
Equipment Requiring Testing	Description	Number of Luminaire controls	Location	Controls and Sensors and Automatic Daylighting Controls Acceptance
Occ Sensor - <= 250 sqft	(2) 4 ft Fluorescent T8 Rapid Start Ele	2	Staff Room	<input checked="" type="checkbox"/>
Occ Sensor - <= 250 sqft	(2) 4 ft Fluorescent T8 Rapid Start Ele	1	Office Manager	<input checked="" type="checkbox"/>
Occ Sensor - <= 250 sqft	(1) 26w Compact Fluorescent Triple 4	1	Office Manager	<input checked="" type="checkbox"/>
Occ Sensor - <= 250 sqft	(2) 4 ft Fluorescent T8 Rapid Start Ele	2	Group Consultation	<input checked="" type="checkbox"/>
Occ Sensor - <= 250 sqft	(2) 4 ft Fluorescent T8 Rapid Start Ele	4	Exam	<input checked="" type="checkbox"/>
Occ Sensor - Storage	(1) 4 ft Fluorescent T8 Rapid Start Ele	1	Lab Storage	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

LIGHTING MANDATORY MEASURES: NONRESIDENTIAL**LTG-MM**

Project Name

Occidental Area Health Center

Date

5/27/2010

Indoor Lighting Measures:**§131(d): Shut-off Controls**

- For every floor, all interior lighting systems shall be equipped with a separate automatic control to shut off the lighting.
1. This automatic control shall meet the requirements of Section 119 and may be an occupancy sensor, automatic time switch, or other device capable of automatically shutting off the lighting.
 2. Override for Building Lighting Shut-off: The automatic building shut-off system is provided with a manual, accessible override switch in sight of the lights. The area of override is not to exceed 5,000 square feet.

§119(h): Automatic Control Devices Certified: All automatic control devices specified are certified, all alternate equipment shall be certified and installed as directed by the manufacturer.

§111: Fluorescent Ballast and Luminaires Certified: All fluorescent fixtures specified for the project are certified and listed in the Directory. All installed fixtures shall be certified.

§131(a): Individual Room/Area Controls: Each room and area in this building is equipped with a separate switch or occupancy sensor device for each area with floor-to-ceiling walls.

§131(b): Uniform Reduction for Individual Rooms: All rooms and areas greater than 100 square feet and more than 0.8 watts per square foot of lighting load shall be controlled with bi-level switching for uniform reduction of lighting within the room.

§131(c): Daylight Area Control: All rooms with windows and skylights that are greater than 250 square feet and that allow for the effective use of daylight in the area shall have 50% of the lamps in each daylit area controlled by a separate switch; or the effective use of daylight cannot be accomplished because the windows are continuously shaded by a building on the adjacent lot. Diagram of shading during different times of the year is included on plans.

§131(c): Display Lighting. Display lighting shall be separately switched on circuits that are 20 amps or less.6.

Outdoor Lighting Measures:

§130(c)1: Mandatory lighting power determination for medium base sockets without permanently installed ballasts

§132(a): All permanently installed luminaires with lamps rated over 100 Watts either have a lamp efficacy of at least 60 lumens per Watt or are controlled by a motion sensor.

§132(b): All Luminaires with lamps rated greater than 175 Watts in hardscape area, including parking lots, building entrances, canopies, and all outdoor sales areas meet the Cutoff Requirements.

§132(c)1: All permanently installed outdoor lighting meets the control requirements listed.

§132(c): Building facades, parking lots, garages, canopies, and outdoor sales areas meet the Multi-Level Lighting Requirements listed.

DEL CARLO ENGINEERING

PO BOX 14581
SANTA ROSA, CA 95402
707-570-1946
ddcpe@sbcglobal.net

MEM RE: Occidental Area Health Center Minor Structural Alterations

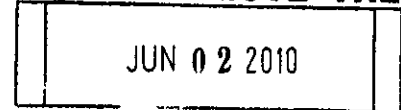
March 18, 2010

Pat Slayter
242 Murphy Ave
Sebastopol, CA 95472

Job #: 10.0000

THESE ATTACHMENTS ARE PART
OF THE APPROVED PLANS.

*** DO NOT REMOVE THEM ***



PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
BUILDING PLAN CHECK

PERMIT # _____

Per your request I have reviewed the proposed alterations to the Occidental Area Health Center structure. They comprise 1) the shortening of an existing shear wall along line G (exam room 1) and; 2) the revisions to wall framing at line D.3 at line 5 (check in area). Please see attached copies of portions of original calculations for grid lines.

Item 1

The shear demand at the walls in question is 185plf. With the revisions it increases to 238 plf. The capacity of the existing shear wall assembly is 260 plf => OK. The shortening of the wall length increases potential uplift marginally from 1488# to 1537# so (e) HTT22 at end of wall is OK.

Item 2

The change in wall layout requires a header and posts to carry portions of the existing roof framing. The header will be about 5' max in length. The D+L roof loading acts as a point load at about mid-span and is $237\text{plf} \times 8' = 1896\#$.
 $S_{req} = (1896 \times 5 \times 12) / (4 \times 1.25 \times 900) = 26\text{ in}^3$. A 4x12 DF#2 beam will be more than adequate. Provide a 16" sq x 12" deep pad below post at each end.

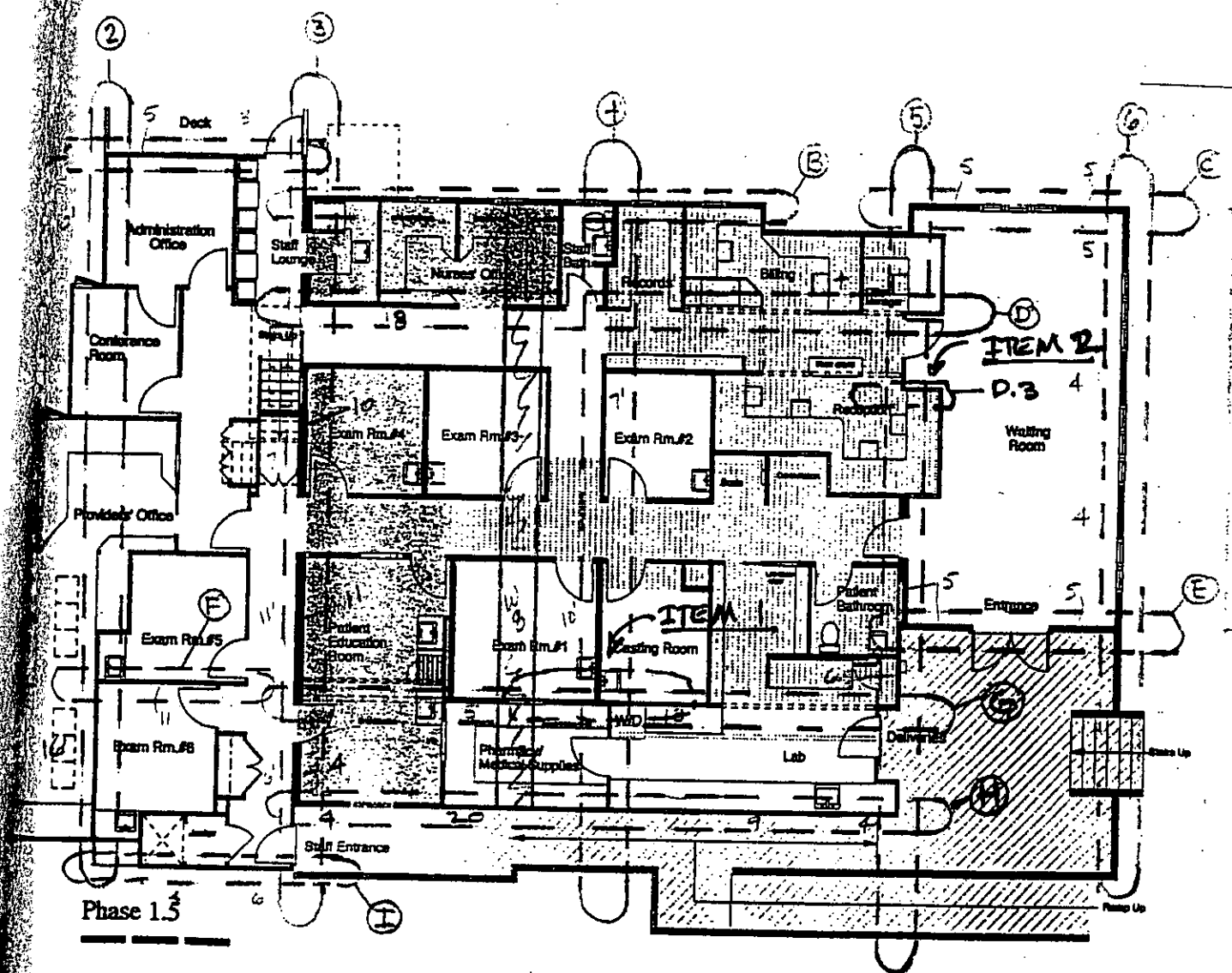
Please call me with any questions you may have.

Thank you,

Daniel Del Carlo, PE #65118



226



W1 W2 W3 W4 W5 W6 W7 W8 W9 W10 W11 W12 W13 W14 W15 W16 W17 W18 W19 W20 W21 W22 W23 W24 W25 W26 W27 W28 W29 W30 W31 W32 W33 W34 W35 W36 W37 W38 W39 W40 W41 W42 W43 W44 W45 W46 W47 W48 W49 W50 W51 W52 W53 W54 W55 W56 W57 W58 W59 W60 W61 W62 W63 W64 W65 W66 W67 W68 W69 W70 W71 W72 W73 W74 W75 W76 W77 W78 W79 W80 W81 W82 W83 W84 W85 W86 W87 W88 W89 W90 W91 W92 W93 W94 W95 W96 W97 W98 W99 W100

North →

FF Framing

North wing

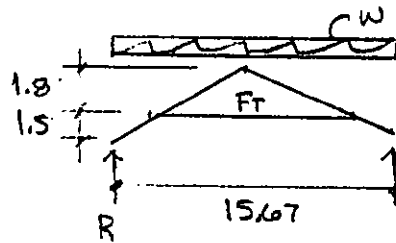
Beam span = 8' ←

THESE BM'S LOAD
~~BM @ ITEM 2~~
 $P_{DL} = 237 \text{ PLF} \times 8'$
 $= 1896 \#$
use 6x6 #1

$W = (15+16) \left(\frac{9.5}{2} \right) + 15(7) = 237$ $M = 1896$
 $V = 948$

South wing

Field framed trusses @ 24' oc



$W = (15+16)(2) = 62$

$R = 485$ $F_t = 2114$ 21-16d nails each end

alternate ridge beams

span = 15'

$W = (15+16)(16/2) = 248$

$M = 6975$
 $V = 1860$

SZ 28
 $\Delta_D = \frac{76}{I} = .25$ $3\frac{1}{8} \times 10.5 \text{ glb}$
no camb.
or 1600'k

span = 22'

$M = 15,004$
 $V = 2728$

SZ 60

$\Delta_D = \frac{351}{I} = .47'' = 2/555$

$3\frac{1}{8} \times 15$
or $5\frac{1}{8} \times 12$ w/ 1600'k camb

supporting header

span = 4'

$P = 248 \left(\frac{40}{2} \right) = 4960$

$M = 4960$
 $V = 2480$

4x12 or
6x10