

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0517251
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 3012 BUCHMAN CR SAC
Parcel No: RIVERDALE NORTH VIL 2 LOT 3

CONTRACTOR
BEAZER HOMES
3721 DOUGLAS BL. STE. 100
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 1473 2 STORY 6 RM SFR

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 724191 Date 12/22/05 Contractor Signature N. Collins

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

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

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12/22/05 Applicant/Agent Signature N. Collins

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

____ (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 12/22/05 Applicant Signature N. Collins

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 NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

PAID
CITY OF SACRAMENTO
DEC 22 2005
NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES



Installation Certificate

4700 Lang Avenue • McClellan, CA 95652
916.646.2222 • Contractor Lic. #162634

0517251

0517254

Site Address 3012 Buchanan Street / Plan 1195 / Sacramento CA 95834 / Lot # 2 / Beazer Homes American Permit Number _____
INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	58	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	998 BTU	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [58 (Line # 1) / 998 (Line # 2)]]	5.8%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [100 x [(Line # 5) / Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% [100 x [(Line # 5) / (Line # 4)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

Beuter
Signature

3/22/06
Date

Beuter
Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

March 2005

American 3/22/06
 Project Title Date
3012 Buchman St Sacramento, Ca **Beazer Homes**
 Project Address Builder Name
45100025 lot #2 95834 **1195**
 Builder Contact Telephone Plan Number
Josh McConnell **916 847 6517**
 HERS Rater Telephone Sample Group Number
JM **3/22/06**
 Certifying Signature Date Sample House Number
 Firm: **ACS** HERS Provider:
 Street Address: **4524 Mosquito rd** City/State/Zip: **Placerville, Ca 95667**
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa) Measured values

Test Leakage in CFM) 58

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 498 FAU

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.9%

Check Box for Pass or Fail (Pass = 6% or less) Pass Fail

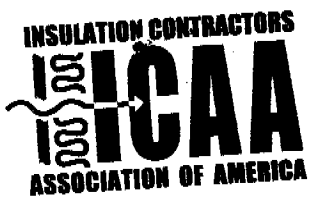
THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection

Yes is a pass Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)
 2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = _____ Pass Fail
- Yes for both 1 and 2 is a Pass



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

0517251

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Beazer Home LOT # 3 TRACT # American
STREET 3012 BUCHMAN CITY Natomas

EXTERIOR WALLS:
MANUFACTURER FR THICKNESS/TYPE 3 3/8 R-VALUE 13/19

CEILINGS:
BATTs:
MANUFACTURER FR THICKNESS/TYPE 10 1/4 R-VALUE 30
BLOWN IN:
MANUFACTURER CT THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 870 NUMBER OF BAGS USED 15

FLOORS:
MANUFACTURER THICKNESS/TYPE R-VALUE
SLAB ON GRADE:
MANUFACTURER THICKNESS/TYPE R-VALUE

WIDTH OF INSULATION INCHES
FOUNDATION WALLS:
MANUFACTURER THICKNESS/TYPE R-VALUE

GENERAL CONTRACTOR
CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING
CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201 DATE 3-6-04

A. Gordon SIGNATURE TITLE

Site Address

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York, #LY8S040A12	1	0.80	Attic	R-6.0	25,259	40,000	PLAN 1007
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-6.0	28,259	60,000	PLAN 1007/ OPT
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-6.0	27,354	60,000	PLAN 1385
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	31,992	60,000	PLAN 1559
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	33,117	60,000	PLAN 1775
Furnace	YORK, #LY8S060A12	1	0.80	Attic	R-4.2	34,131	60,000	PLAN/ SITTING

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	16,882	20,800	PLAN 1007
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	18,286	20,800	PLAN 1007/ OPT
A/C	YORK, #H1RD024	1	13.0	Attic	R-6.0	17,603	20,800	PLAN 1385
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	21,364	26,900	PLAN 1559
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	23,377	26,900	PLAN 1775
A/C	YORK, #H1RD030	1	13.0	Attic	R-4.2	24,020	26,900	PLAN/ SITTING

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Beutler Corporation
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Beazer Homes 3022 Buchman St American Collection
 Site Address 0517251 Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

Plans 1360 and 1473

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GDYS-40</u>	<u>Direct Vent</u>	<u>N/A</u>	<u>1</u>	<u>34,000</u>	<u>40</u>	<u>.59</u>	<u>N/A</u>	<u>R-16</u>

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Frank Chant 3/21/06
 Signature, Date

J.R. Pierce Plumbing Co.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy

2012 Buchman Str

INSTALLATION CERTIFICATE (Page 2 of 12) CF-6R

Site Address: THE AMERICAN COLLECTOR AT RIVERDALE NORTH - BEAZER Permit Number: 0517251

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (or CF-1R value) ²	Product SHGC ¹ (or CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO NO GLAZING	.35	.32	2				
2.	XO GR105	.35	.29	2				
3.	SH NO GLAZING	.35	.32	2				
4.	SH GLAZING	.35	.29	2				
5.	PW NO GLAZING	.34	.35	2				
6.	PW GLAZING	.34	.31	2				
7.	PATIO DOORS	.35	.34	2				
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

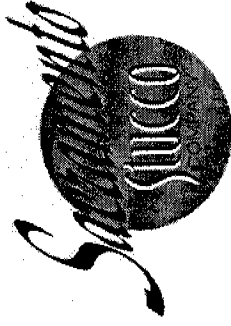
¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

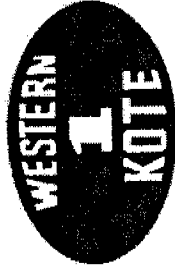
Item #s (if applicable) 1-7	Signature <i>Dennis M...</i>	Date 3/30/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy



INSTALLATION CARD

Western 1 Kote Exterior Stucco System
Sacramento Stucco Company



Job Address
BEAZER HOMES
AMERICAN COLLECTION
LOT: 3

ICC Evaluation Services, Inc.
Evaluation Report ESR-1607

Date of Job Completion: March 10, 2006

3012 Buchman Str. 0517251

Plastering Contractor

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO CA 95826

Telephone No.: PHONE: (916) 383-6699 FAX: (916) 383-6668

Approved contractor number as
issued by coating manufacturer: 511

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

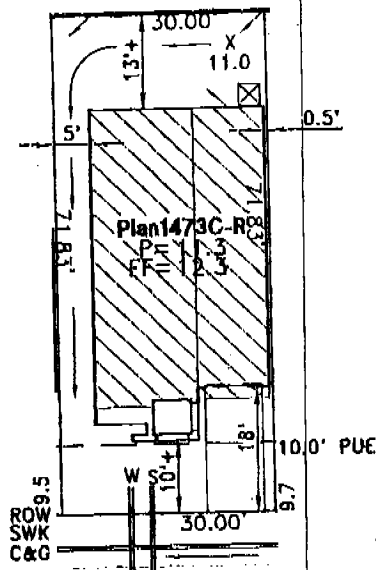

Signature of authorized representative or plastering contractor

March 24, 2006
Date

This installation card must be presented to the building inspector after completion of work and before final inspection

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

SCALE: 1"=20'



BUCHMAN STREET

- - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- ▲ - TRANSFORMER
- - SERVICE POINT
- ⊙ - FIRE HYDRANT

RIVERDALE NORTH VILLAGE 2
 "THE AMERICAN COLLECTION" FOR BEAZER HOMES
 PLOT PLAN FOR LOT 03

A.P.N.:
 LOT AREA: 2154 S.F.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 engineering - planning - mapping - surveying
 3301 F STREET, SUITE 1009, SACRAMENTO, CA 95816
 phone: (916) 341-7760 fax: (916) 341-7767
 DATE: 08-29-05 DRAWN: GDM 1055.029



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the original without the written permission from the City Engineer. No part of this plan and specification shall be held to permit or approve the violation of any City Ordinance or State Law.

ROUTING/APPROVAL		INITIALS
President	✓	
Project Development		
Construction	✓	RS
Marketing		
Admin.		
Drawings		



Installation Certificate

4700 Lang Avenue • McClellan, CA 95652
916.646.2222 • Contractor Lic. # 162634

0517251

Site Address 3018 Buchman Street / Plan 1473 Permit Number _____
Sacramento CA 95834 Lot # 3 (Beazer Homes American)

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	68	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	208 Btu ✓ ✓	
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [<u>60</u> (Line # 1) / <u>208</u> (Line # 2)]]	6%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [_____ (Line # 4) Minus _____ (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [100 x [_____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% [100 x [_____ (Line # 5) / _____ (Line # _____)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [_____ (Line # 7) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [_____ (Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

[Signature]
Signature

3/24/08
Date

Beutler
Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

March 2005

Project Title: American Date: 3/24/06
 Project Address: 3018 Buchman St, Sacramento, CA 95834 Builder Name: Beazer Homes
45100025 Lot 3 Plan Number: 1473
 Builder Contact: Andre Douglas Telephone: 916 847 6514
 HERS Rater: [Signature] Telephone: 3/24/06 Sample Group Number: _____
 Certifying Signature: _____ Date: _____ Sample House Number: _____
 Firm: ACS HERS Provider: Cheers
 Street Address: 9524 Mosquito Rd City/State/Zip: Placerville, CA 95667
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 60
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1000

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%

Check Box for Pass or Fail (Pass = 6% or less)

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
 Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.
 Measured Fan Flow = _____

Pass Fail

Yes for both 1 and 2 is a Pass