

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0408362

Insp Area: 4

Thos Bros: 277F6

Site Address: 490 HAGGIN AV SAC

Parcel No: 262-0172-019

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

LOPEZ CARLOS J/MARIA M
520 HAGGIN AVE
SACRAMENTO CA 95832

ARCHITECT

Nature of Work: NEW 1 STORY SFD, 2561 SQ FT OF LIVING, W/ ATTACHED 564 SQ FT GARAGE, & 125 SQ FT COVERED PORCH

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 License Number Date Contractor Signature

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he/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) and that he/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 5-5-05 Owner Signature [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 5-5-05 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

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

Carrier Policy Number Exp Date

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5-5-05 Applicant Signature [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 FEE.

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

Department of Planning and Development
Building Inspection Division
Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 490 Haggin Ave A.P.N. 262-0172-019

Applicant Information

Name Carlos Lopez
Address 490 Haggin Ave
Sacramento, Calif 95832
Phone (916) 920-5114

Project Information (Check One)

Single Family Dwelling
Duplex
Triplex
Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
Does the site front on a paved road? Y N *
Is the site higher than the crown of adjacent road? Y N *
Is the proposed building site higher than the back of the sidewalk or curb? Y N *

Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk

The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *

Does an adjacent site drain across this parcel? Y * N

Does this site have an existing low area or drainage swale? Y * N

Will construction require cut or fill on site? (* >50FT3 or >2FT)
- How much cut? NO Yards N/A Depth Y N
- How much fill? NO Yards N/A Depth Y N

Has building site been previously been filled? Y * N

Will existing drainage be re-routed? Y * N

Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Tom Williams Title Design

Signature Carlos Lopez Date 1-8-05

Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Site used by drainage to street

Is the parcel to be built on part of a larger subdivision? Y N
Subdivision Name: _____

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: [Signature] Date: 1/31/05

Building permit #:

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

From: Kathy Crooks
To: Planning
Date: 8/17/04 10:30AM
Subject: Cleared Returned Check

Francisco J. Rocha came in and made good on returned check no. 1170 for \$8,142.62 - permit #0409984.

CC: Ranelle Woolums

*241 Cleveland Av
Area 4*

*490 Haggin Av
0408362*

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

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Name Carlos Lopez
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Phone (916) 920-5114

Project Information (Check One)

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Duplex
Triplex
Deep Lot Development

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Are there existing structures on site? Y N
Does the site front on a paved road? Y N *
Is the site higher than the crown of adjacent road? Y N *
Is the proposed building site higher than the back of the sidewalk or curb? Y N *
Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk
The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *
Does an adjacent site drain across this parcel? Y * N
Does this site have an existing low area or drainage swale? Y * N
Will construction require cut or fill on site? (* >50FT3 or >2FT)
- How much cut? NO Yards N/A Depth Y N
- How much fill? NO Yards N/A Depth Y N
Has building site been previously been filled? Y * N
Will existing drainage be re-routed? Y * N
Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Tom Williams Title Design
Signature Carlos Lopez Date 1-8-05
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ Acres.
If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N
If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Site nearby drainage to street
Is the parcel to be built on part of a larger subdivision? Y N
Subdivision Name: _____
If yes has an approved erosion and sediment control plan been provided? Y N
If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Is grading and drainage approval required prior to permit issuance? Y N
Approved by: [Signature] Date: 1/31/05
Building permit #: _____

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

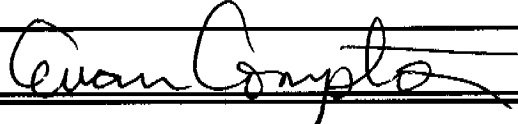
2561 φ
S64 φ

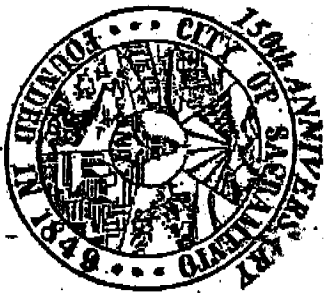
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0408362

City of Sacramento Planning Division

PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

| | | |
|--|--|------------------------------------|
| ADDRESS: ⁴⁹⁰ 0 Haggin Avenue | | APN: 262-0172-019 ⁽⁵⁰⁰⁾ |
| DRPB AREA / PUD / SPD: Expanded North Design Review | | ZONING: R-1 ^{HAGG} |
| EXISTING LAND USE: Vacant land | | |
| PROPOSED USE: New one-story single family home with attached garage. | | |
| PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW: | | |
| <input type="checkbox"/> | Planning review is NOT required. | |
| <input type="checkbox"/> | Use is NOT allowed; applicant CANNOT submit for plan check. | |
| <input type="checkbox"/> | Requires APPLICATION(s): PC ZA IR ER DR PB | |
| Required Planning application must be submitted <i>before</i> project can be submitted for plan check. | | |
| <input checked="" type="checkbox"/> | Application(s) IN PROGRESS: ER04-048 | |
| Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit. | | |
| <input type="checkbox"/> | Application(s) COMPLETED: | |
| Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period. | | |
| <input checked="" type="checkbox"/> | Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit. | |
| <input checked="" type="checkbox"/> | Meets setback & lot coverage requirements as shown on site plan provided. | |
| <input checked="" type="checkbox"/> | Plans to be submitted have been stamped/signed by Planning counter staff. | |
| <input type="checkbox"/> | Route to SITE for plan check and inspection. | |
| <input type="checkbox"/> | Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal. | |
| COMMENTS: Front setback area must be a minimum of 25 feet. (Unless setbacks of neighboring properties are noted on site plan and counter planner must verify.) Other setbacks okay. Lot coverage is less than 10%. | | |
| DATE: March 11, 2004 | BY: Evan Compton  | |



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Needs address

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (mixed)

JOB ADDRESS: 209 Harper Ln UNIT # _____ CONTRACT PRICE \$ _____

Property Owner: CHARLES LOPEZ
Address: HARPER AVE.
City/State/Zip: SACRAMENTO, CA 95833
Phone: (916) 920-5414

Contractor: TEDDY HAYES License # 817345
Address: _____
City/State/Zip: _____
Phone: 916 421-4881 FAX: (916) 421-4801

NATURE OF REQUEST: _____

Indicate from the selections below & provide details under description of work.

| | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE GARAGE <input type="checkbox"/> # STAIRS: <input type="checkbox"/> SQUARES <input type="checkbox"/> Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco <p>Note: Design Review approval may be required in certain areas.</p> | <input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) <p>Value of duct work: _____ Equipment: \$ _____ Out-let: \$ _____</p> <p>Note: Design Review approval may be required for rooftop units.</p> | <input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) <p>Note: Design Review approval may be required in certain areas.</p> | <input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste <input type="checkbox"/> SMUD <input type="checkbox"/> PGE <p>*NOTE: Correction Notice items will require an additional building permit</p> | <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) |
|--|---|--|---|--|

DESCRIPTION OF WORK:

15575 15 Varnot St. 25610, 5649, 1250

Parcel Add: 15 500 Area

DATE: _____

#0408362

Case Fee Summary

Case Number: SWD2005-00193
Location: CITY OF SACRAMENTO
Job Address: 490 HAGGIN AVE

Status: ACT

Issue Date: 3/10/2005

Date Printed: 3/10/2005

| Fee Type | Fee Due | Fee Paid | Date Paid |
|-------------------|---------------------|-------------------|-----------------|
| CSD 1 Fees | 1,350.00 | 0.00 | |
| Res Service Const | 4,570.00 | 0.00 | |
| SRCSO Sewer Fees | 2,314.00 | 0.00 | |
| Fees Due: | 8,234.00 | Fees Paid: | 0.00 |
| | Balance Due: | | 8,234.00 |

County of Sacramento
Accounting & Fiscal Services

*** Customer Receipt ***

Receipt #: 320050000000002513

Transaction Date / Time: 3/10/2005 3:19:58PM

Case #: SWD2005-00193

| Fee Type | Fee Amount |
|---------------------|-------------------|
| CSD 1 Fees | 1,350.00 |
| SRCSO Sewer Fees | 2,314.00 |
| Res Service Const | 4,570.00 |
| Total: Check | \$8,234.00 |

Bank #: 90-7526

Check #/Acct#: 1765

Received: In Person

Confirm No:

Amount Tendered: \$8,234.00

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

CP SEWER IMPACT FEE
3-10-05 PERMIT AND CALCULATION

APPLICATION NO: _____ BLDG PERMIT NO: SWD2005-0093

| | |
|---------------------------------------|--|
| GENERAL INFORMATION X X | THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER PAID MAR 10 2005 Per _____ THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE |
|---------------------------------------|--|

| FEE CALCULATION | | BUILDING USE | |
|---------------------------|---------|--|--|
| INSPECTION | | RESIDENTIAL SF <input checked="" type="checkbox"/> MF <input type="checkbox"/> | |
| CSD-1 | \$ 1350 | COMMERCIAL USE | |
| SRCSD 1ESD | \$ 2314 | 1.4" SVC | |
| CONSTRUCTION | \$ 4570 | | |
| IN-LIEU | | | |
| TOTAL FEE \$ 8,234 | | | |

APN: 262-0172-019

DESCRIPTION/
SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS 490 HAGGIN AVE

OWNER LOPEZ CARLOS / MARIA

MAILING ADDRESS 520 HAGGIN AVE

CITY-STATE-ZIP SAC CA 95833 PHONE 216-2993

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

APPLICANT SIGNATURE *Carlos Lopez*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

RECEIPT

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes) or no _____
2. I (have) have not) _____ signed an application for A building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

| Name | Address | Phone | Type of work |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

Signed FRANCESCO S. Motta

Job Address 241 Cleveland Ave

Permit No: 0409984



F. RODGERS SPECIALTY CONTRACTOR, INC.
THERMAL INSULATION & SPECIALTY CONTRACTOR

INSULATION
CERTIFICATE
12994

0412300

1300 S. RIVER ROAD, SUITE 125 • WEST SACRAMENTO, CA 95691
(916) 386-9500 • FAX (916) 386-9446

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

0408362 LOT # _____ TRACT # *CAE2205*

STREET *490 Higgins* CITY *SACRAMENTO*

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE *13*

CEILINGS:

BATTS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

BLOWN IN: MANUFACTURER _____ MINIMUM THICKNESS/TYPE _____ R-VALUE *40*

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SQUARE FOOTAGE COVERED _____ NUMBER OF BAGS USED *45*

FLOORS & OVERHANGS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

OTHER: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR F. RODGERS INSULATION INC.
CALIFORNIA CONTRACTORS LICENSE #499755

DATE *8/1/06*

[Signature] SIGNATURE _____ TITLE _____

White - Customer Copy Yellow - Invoice Copy Pink - Field Copy FRI 115-13

490 Haggin Avenue
 Site Address

0408362
 Permit Number

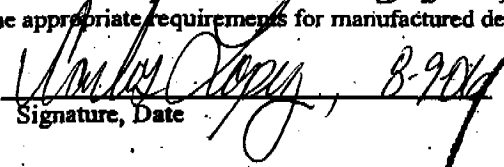
FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panels | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|--|--|-------------|---|-------------|-------------------------------------|------------------------------------|
| 1. Jeld Wen | 0.350 | 0.320 | 2 | 3 | 20.0 | Overhang | |
| 2. Jeld Wen | 0.510 | 0.670 | 2 | 2 | 1.7 | Overhang | |
| 3. RSL | 0.550 | 0.650 | 2 | 1 | 20.0 | Overhang | Door |
| 4. Jeld Wen | 0.510 | 0.670 | 2 | 1 | 7.5 | Overhang | |
| 5. Jeld Wen | 0.350 | 0.320 | 2 | 2 | 10.0 | Ext. Shading | |
| 6. Jeld Wen | 0.350 | 0.320 | 2 | 5 | 25.0 | Overhang | |
| 7. Jeld Wen | 0.350 | 0.320 | 2 | 1 | 10.0 | Overhang | |
| 8. Jeld Wen | 0.350 | 0.320 | 2 | 3 | 15.0 | Ext. Shading | |
| 9. Jeld Wen | 0.330 | 0.350 | 2 | 1 | 10.0 | Ext. Shading | |
| 10. Jeld Wen | 0.340 | 0.330 | 2 | 1 | 48.0 | Ext. Shading | Door |
| 11. RSL | 0.550 | 0.650 | 2 | 1 | 20.0 | Ext. Shading | Door |
| 12. Jeld Wen | 0.350 | 0.320 | 2 | 1 | 10.0 | Overhang | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products 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.

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.

| | | |
|----------------------------------|---|--|
| 22 Item #s (if applicable) | Signature, Date  | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor Owner |
| 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 |

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

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address 490 Haggin Avenue

Permit Number 0408362

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 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) |
|------------------------------|---|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| FURNACE | AIREASE JAK | 1 | 80.0 AFUE | Attic | R-4.2 | 100000 | 100000 |
| | HERS-PC-2 | | | | | | |

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) |
|------------------------------|---|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|
| AC Split | ARMSTRONG A/G JAK | 1 | 12.00 SEER | Attic | R-4.2 | 100000 | 100000 |
| | SCU12 G100A-2 | | | | | | |

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 of Part 6), where applicable.

Walter Lopez, 8-9-06
Signature, Date

OWNER
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 ² Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ² (EF, RE) | Standby ² Loss (%) | External Insulation R-value ² |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| GAS | American Water Heater | Std. | N/A | 1 | 40000 | 50 | 0.60 | N/A | N/A |
| | BF616SD1403N2 | | | | | | | | |

- 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.

Walter Lopez, 8-9-06
Signature, Date

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

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