



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

INSULATION
 CERTIFICATE

42993

0614068

1900 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:

LOT # 11 TRACT # 10710 Sacramento

STREET 10 Carione CITY SACRAMENTO

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 13/19

CEILINGS:

BATTS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 38

BLOWN IN: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 38

SQUARE FOOTAGE COVERED 1050 NUMBER OF BAGS USED 25

FLOORS & OVERHANGS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 19

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

GENERAL CONTRACTOR _____
 CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____
 INSULATION CONTRACTOR F. RODGERS INSULATION INC.
 CALIFORNIA CONTRACTORS LICENSE #499755

DATE 7-27-07

SIGNATURE _____ TITLE _____

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

LOT 11 STUCCO
CERT



Installation Card

Job Address

VILLA TERRASSA | Lot 000011
10 CARIONE COURT
WEST SAC

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evaluation Service, Inc.
Evaluation Report ESR-1711
Date of Job Completion

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/348-8191

Approved Contract Number as issued by KWIK KOTE: 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.


Signature of authorized representative of stucco contractor

11-16-07
Date

InstCard.frx

INSTALLATION CERTIFICATE

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CF-6R

Order: **REGIS HOMES - VILLA TERRESSA**

Permit Number **06/4068**

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(b).

WJ 11

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr. name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) (CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	Plan numbers
Furnace	LENNOX, #G40UH-36A-070	1	0.80	ATTIC	R-4.2	25,549	70,000	1
Furnace	LENNOX, #G40UH-36A-070	1	0.80	ATTIC	R-4.2	27,388	70,000	2
Furnace	LENNOX, #G40UH-36A-070	1	0.80	ATTIC	R-6.0	27,502	70,000	3
Furnace	LENNOX, #G40UH-36A-070	1	0.80	ATTIC	R-6.0	31,301	70,000	4

Cooling Equipment

Coil	Aspen, #CB30A3X	1	WTVX	ATTIC	R-4.2			1
Coil	Aspen, #CB30A3X	1	WTVX	ATTIC	R-4.2			2
Coil	Aspen, #CB30A3X	1	WTVX	ATTIC	R-6.0			3
Coil	Aspen, #CB38A3X	1	WTVX	ATTIC	R-6.0			4

Equip. Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) (CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	Plan numbers
Condenser	LENNOX, #13ACC030	1	13	ATTIC	R-4.2	22,749	25,100	1
Condenser	LENNOX, #13ACC030	1	13	ATTIC	R-4.2	24,312	25,100	2
Condenser	LENNOX, #13ACC030	1	13	ATTIC	R-6.0	23,787	25,100	3
Condenser	LENNOX, #13ACC036	1	13	ATTIC	R-6.0	28,672	30,500	4

1. \geq reads greater than or equal to what is indicated on the CF-1R value.

Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

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] 11-16-07
 Signature, Date

Beutler Corporation

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

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