

Jared

CITY OF SACRAMENTO CASHIER'S WORKSHEET

PAID
CITY OF SACRAMENTO

OCT 20 2006

RECEIPT NUMBER: R0619466

TRANSACTION DATE: 10/20/2006
TRANSACTION AMOUNT: 190.88
NOTATION:

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

APD #: 0616419
SITE ADDRESS: 1801 11TH AV SAC
PARCEL: 012-0382-021

Mixed Income Housing
Fee Program
??

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED *JL*

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	190.88

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.57	.00	3.57
213	General Plan Surcharge	1760	5.31	.00	5.31
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO

OCT 20 2006

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

FAXED

Building Permit **OCT 06**



Inspection Request # (916) 264-7622

***** Office Use Only ***** **PAID**

Permit No: 0616419
Date Issued: _____
Total Amount: _____
Insp Area #: _____

CITY OF SACRAMENTO
OCT 20 2006

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

***** Please Fill in the Following *****

Site Address: 1601 11th Ave Sacramento, CA 95818
Nature of Work: SPLIT SYSTEM CHANGE OUT LIKE FOR LIKE

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 C-20 License Number 582046 Date OCT 6-06 Signature Warren Whisitt

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 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 (\$500.00);

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 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/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 Oct 6-06 Applicant/Agent Signature Warren Whisitt

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 KIKSINIA SURETY CO.
Policy Number WA50012675-01 Expiration Date 11-07

(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 Oct 6-06 Applicant Signature Warren Whisitt

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.

PBF10004

FAXED

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Warren Wrisht Phone: (916) 452-2477

Project Address: _____

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Warren Wrisht Date: Oct 6-06

For City Staff use only

Counter Staff _____

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area



FAXED

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-966-EZ-PERMIT
Inspection: 1-916-808-7622



Fax # 916-808-1901

Downtown Permit Center, New City Hall
815 I Street, 3rd Floor, Sacramento, CA 95814

North Permit Center
2101 Arroyo Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

Activity # 0166419

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Date: _____

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to good fee.

Permits requiring Plan Review are not eligible for FAXBACK

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

CREDIT CARD INFORMATION ON FILE? Yes No

Job Address: 1801 11th Ave Sac Ca 95818 Unit # _____

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

Contact Person: Carol Tauscher Contract Price \$ 8918.00

Property Owner: Carol Tauscher Contractor: DANNY WYSH License # 582046

Address: 1801 11th Ave City/State/Zip: SACRAMENTO CA 95818

City/State/Zip: SACRAMENTO CA 95818 Phone: 916 452-2477 Fax: 916 452-2477

Phone: 916 552-6833 City/State/Zip: SACRAMENTO CA 95818 Phone: 916 452-2477 Fax: 916 452-3439

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
Description of Work: SPLIT SYSTEM CHANGEOUT LIKE FOR LIKE

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Re-shed <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input checked="" type="checkbox"/> HVAC Installations <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" 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) Value of duct work: <u>4000</u> Equipment \$ _____ Cut-in: \$ _____	<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 Termite <input type="checkbox"/> Damage Repair (Describe Locations Below)	<input checked="" 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"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMCUD <input type="checkbox"/> PG&E
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*Design Review approval may be required.

*Design Review approval may be required.

*Design Review approval may be required.

NOTE:
Correction Notice items will require an additional building permit.

PBF10002

OCT-20-2006 01:00P FROM:

TO:8088370

P.2

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

Carol Taugher
 Project Title
 1801 11th Ave Sacramento Ca 95818
 Project Address
 Warren Wright 916-452-2477
 Documentation Author Telephone

10/23/2006
 Date

Building Permit # 0616419
Plan Check / Date
Field Check / Date

Prescriptive
 Compliance Method (Prescriptive) 12 Climate Zone

Enforcement Agency Use Only

Alternative Component Package Method: (check one) _____ C D _____ D (Alternative)
 Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

GENERAL INFORMATION

Total Conditioned Floor Area (CFA) 1850 ft² Average Ceiling Height: 8 ft
 Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C — (5% X CFA) N/A ft²
 Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C — (20% X CFA) N/A ft²

Building Type: Single Family Detach Project Type: Alteration

(If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories: 1 Number of Dwelling Units: 1

Floor Construction Type: Raised

Floor Orientation: S = 180 North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

Radiant Barrier (required in climate zones 2, 4, 8-15)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge)	Frame Type (Wood or)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly Ufactor (for wood, metal frame and mass assemblies)	Joint Appendix IV Reference	Roof Radiant Barrier Installed (Yes/No)	Location/Comments (attic, garage, typical, etc.)

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

48 KBTU	12.00 EER				
A/C	15.50 SEER	4.20	Attic		
Cooling Equipment Type (A/C, heat pump, evap and Capacity)	Minimum Efficiency (SEER or EER)	Duct R-Value	Duct Location (attic, etc.)	Thermostat Type	Configuration (Split or Package)
				Programmable	Split

90 KBTU	94.50 AFUE	4.20	Attic		
Heating Equipment Type (furnace, boiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Duct or Piping R-Value	Distribution Type and Location (ducts, attic, etc.)	Thermostat Type	Configuration (Split or Package)
				Programmable	Split

HVAC SYSTEMS

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(9)C and in Section 3.2.3 of the Residential Manual.
- 2) Enter values in this column are either NFRG Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRG or Table 116A.
- 4) Enter values in this column from NFRG or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRG or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

Fenestration #Type/Pos. (Front, Left, Rear, Right, Skylight)	Orientation (N, S, E, W)	Area (ft ²)	U-factor 2	U-factor Source 3	SHGC 4	SHGC Source 5	Exterior Shading/Overhangs 6, 7 Check Box if WS-3R is
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R - must be included for New Construction, Additions and Alterations

FENESTRATION PRODUCTS - U-FACTOR AND SHGC

Carol Taugher
1801 11th Ave

Date
10/23/2006

CF-1R (Page 2 of 5)

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

CF-1R

(Page 3 of 5)

Carol Taugher
1801 11th Ave

10/23/2006
Date

SEALED DUCTS and TXVs (or Alternative Measures)

A signed CF-1R Form must be provided to the building department for each home for which the following are required.

<input type="checkbox"/>	Sealed Ducts (all climate zones) (installer testing and certification and HERS rater field verification required.)
<input type="checkbox"/>	TXVs, readily accessible (climate zones 2 and 8-15 only) (installer testing and certification and HERS Rater field verification required.)
<input type="checkbox"/>	Refrigerant Charge (climate zones 2 and 8-15 only) (installer testing and certification and HERS Rater field verification required.)

No duct parts installed

OR

<input type="checkbox"/>	Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 161-C, Footnotes 7-14.
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OR

<input type="checkbox"/>	For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual and duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D.
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WATER HEATING SYSTEMS

<input type="checkbox"/>	Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed.
<input type="checkbox"/>	Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically.
<input type="checkbox"/>	Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal.
<input type="checkbox"/>	Check box to verify that a time control is required for a recirculating system pump for a system serving multiple units.

Systems serving single dwelling units

Water Heater Type/Fuel Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor or Thermal Eff. 1	Standby Loss (%) 1	Tank External Insulation

Systems serving multiple dwelling units

Water Heater Type/Fuel Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity	Energy Factor or Thermal Eff. 1	Standby Loss (%) 1	Tank External Insulation

1. For small gas storage water heaters (rated inputs 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 Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiency.
 Pipe Insulation (Kitchen lines > 3/4 inches) All hot water pipes from the heating source to the kitchen fixtures that are 1/2 inches or greater in diameter shall be thermally insulated as specified by Section 150 (I) 2 A or 150 (I) 2 B.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

CF-1R

(Page 4 of 5)

Carol Taugher
Project Title

2122 X Street

10/23/2006
Date

SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION (add extra sheets if necessary)
Indicate which special features are part of this project. The list below represents special features relevant to the Prescriptive and Performance Method.

Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	CF-1R	Metal Framed Walls
<input type="checkbox"/>	CF-1R	Radiant Barriers
<input type="checkbox"/>	WS-4R N/A; Performance Calculation	Exterior Shades
<input type="checkbox"/>	Required. Attach CRRC Label to Form	Cool Roof
<input type="checkbox"/>	Performance Calculation Required; Attach Run to Forms.	Dedicated Hydronic Heating
<input type="checkbox"/>	Performance Calculation Required; Attach Run to Forms.	Combined Hydronic System
<input type="checkbox"/>	N/A; Performance Calculation Required	Gas Cooling
<input type="checkbox"/>	N/A; Indicate on building plans.	Buried Ducts
<input type="checkbox"/>	See Section 5.6.2 Distribution Systems in Residential Manual.	Kitchen Pipe Insulation
<input type="checkbox"/>	See Table 5-13 or use Performance Calculation and attach Run to Forms	Multiple Water Heater
<input type="checkbox"/>	Performance Calculation and attach Run to Forms	Central Water Heating System
<input type="checkbox"/>	Non-NAECA Large Water Heater	Non-NAECA Large Water Heater
<input type="checkbox"/>	See Table 5-13 or use Performance Calculation and attach Run to Forms	Indirect Water Heater
<input type="checkbox"/>	See Table 5-13 or use Performance Calculation and attach Run to Forms	Instantaneous Gas Water Heater
<input type="checkbox"/>	See Table 5-13 or use Performance Calculation and attach Run to Forms	Solar Water Heating System
<input type="checkbox"/>	Wood Stove Boiler	Wood Stove Boiler

SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION
(add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	CF-6R part 4 of 12	Duct Sealing
<input type="checkbox"/>	CF-6R part 5 of 12	Refrigerant Charge
<input type="checkbox"/>	CF-6R part 6 of 12	Thermostatic Expansion Valve

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

Carol Taugher
Project Title

1801 11th Ave

10/23/2006
Date

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)

Documentation Author

Name: Warren Wright	Name: Warren Wright
Title/Firm: Garck	Title/Firm: Garck
Address: 2122 X Street Sacramento CA 95818	Address: 2122 X Street Sacramento CA 95818
Telephone: 916-452-2477	Telephone: 916-452-2477
License #: 582046	
X Warren T. Wright 11/1/06	X Warren T. Wright 11/1/06
Signature and Date	Signature and Date

Enforcement Agency

Name:	Comments:
Title/Firm:	
Address:	
Telephone:	
X	
Signature / Stamp and Date	

Oct 31 2006 8:12AM

916-575-9855

P. 10

INSTALLATION CERTIFICATE

(Page 3 of 12)

CF-6R

1801 11th Ave

Sacramento

Ca

95818

Permit Number: 0616419

Site Address

An installation certificate is required to be posted at the building site or made available for all appropriate inspectors. (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).

HVAC SYSTEMS:

Heating Equipment

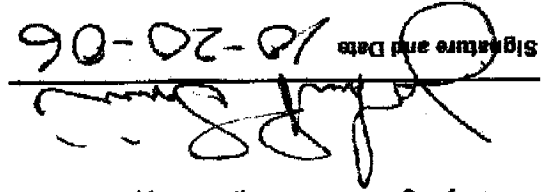
Equip. Type (pkg, heat pump)	CEC Certified Mfg. Name, Model, and Serial No.	# of Identical Systems	Efficiency (AFUE, etc) (>CF-1R value)	Duct Location	Duct or Piping R-Value	Heating Load (kBtu/h)	Heating Capacity (kBtu/h)
Split	LENNOX	1	94.50 AFUE	Attic	4	60421	90
Furnace	G81MPV 60C 090						
	5906H16113						

Cooling Equipment

Equip. Type (pkg, heat pump)	CEC Certified Mfg. Name, Model, and Serial No.	# of Identical Systems	Efficiency (EER, etc) (>CF-1R value)	Duct Location	Duct or Piping R-Value	Cooling Load (kBtu/h)	Cooling Capacity (kBtu/h)
Split	LENNOX	1	15.50 SEER	Attic	4	65328	48
A/C	XC18-048		12.00 EER				
	680BK05361						
Coil	ASPEN						
	CC60A34210R						

* - symbol 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.

If the undersigned, verify that equipment listed above is: 1) in 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 and Date:  10-20-06

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

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

6022-14

INSTALLATION CERTIFICATE

CF-6R

(Page 4 of 12)

1801 11th Ave Sacramento Ca 95818 Permit Number: 0616419 Site Address

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

NO TEST

- 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.
- Respect 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:

1	Enter Tested Leakage Flow in CFM:	Measured Values
2	Fan Flow: Calculated (Nonleak) <input type="checkbox"/> Cooling <input type="checkbox"/> Heating, or <input type="checkbox"/> Measured	
3	If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 1.7 cfm/doorway x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	
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 #6) Minus (Line #5) (Only if Applicable)	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)	
8	Enter New Duct System - Pass (Leakage Percentage < 6% for Final or < 4% at Rough-in (100 x Line #8) / (Line #2))	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

ALTERATIONS: Duct System and/or HVAC Equipment Change-Out

9	Pass (Leakage Percentage < 15% (100 x (Line #8) / (Line #2)))	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass (Leakage to Outside Percentage < 10% (100 x (Line #7) / (Line #2)))	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass (Leakage Reduction Percentage > 60% (100 x (Line #6) / (Line #5)))	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass (Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out

1	The undersigned, verify that the above diagnostic test results were performed in accordance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or altered Air-Distribution System Ducts, Plenums and Registers, with mandatory requirements specified in Section 150 (m) of the 2006 Building Energy Efficiency	
Pass if One of Lines # 9 through # 12 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

5022-14 Installing Subcontractor (Co. Name) OR (General Contractor (Co. Name)) Date Signature

10-20-06

INSTALLATION CERTIFICATE

1801 11th Ave Sacramento Ca 95818
 Site Address Permit Number: 0618419

THERMOSTATIC EXPANSION VALVE (TXV)
 Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix R.
 Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes is a Pass <input checked="" type="checkbox"/>	Yes is a Pass <input type="checkbox"/>
Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>

REFRIGERANT CHARGE MEASUREMENT PROCEDURE
 Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

Standard Charge Measurement Procedure (outdoor air dry-bulb 66°F and above):
 Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix R22.
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this

Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Supply, db)	
Return (evaporator entering) air dry-bulb temperature (Return, db)	
Return (evaporator entering) air wet-bulb temperature (Return, wb)	
Evaporator saturation temperature (Evaporator, sat)	
Suction line temperature (Suction, db)	
Condenser (entering) air dry-bulb temperature (Condenser, db)	

Supplement Charge Method Calculations for Refrigerant Charge

Actual Superheat = Suction, db - Evaporator, sat	
Target Superheat (from Table RD-2)	
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)	

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

Actual Temperature Split = T return, db - Supply, db	
Target Temperature Split (from Table RD3)	
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +10°F)	

or, upon re-assessment if between -3°F and -100°F

INSTALLATION CERTIFICATE

(Page 5 of 12) CF-5R

1801 11th Ave Sacramento Ca 95818 Permit Number: 0618419 Site Address

Standard Charge Measurement Summary: System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

System Passes Yes No

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 65°F)
 Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-5R before starting this procedure. If outdoor air dry-bulb is 65°F or above, installer shall use the Standard Charge Measure Procedure.

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Actual liquid line length:	R
Manufacturer's Standard liquid line length:	R
Difference (Actual - Standard):	R
Manufacturer's correction (ounces per foot) X difference in length =	
ounces	
(+ = add) (- = remove)	

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix

Calculated Airflow: Cooling Capacity (Btu/hr) X 0.033 (cfm/Btu-hr) CFM

Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated)

Alternate Charge Measurement Summary: System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

System Passes Yes No

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

Signature: _____
 Date: 10-20-06

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

5022-14

CF-4R CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8)

1801 11th Ave - Sacramento, Ca 95818

Sartek / 582046 Contractor Name / License No. 616419

616419 Telephone Permit Number

916-768-9459 Telephone Contractor Contact

44915 Telephone HERS Rater

John Gustason HERS Rater

Energy Analysis and Comfort Solutions, Inc. Certifying Signature

PO Box 2233 Street Address: HERS Provider: CaCERTS

City/State/zip: Orangetvale / CA / 95662

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CaCERTS® registry in accordance with the Title 24 & Title 20 of the CCR.

CaCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was [X] 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

[X] The installer has provided a copy of the CF-6R (Installation Certificate).

[X] HIGH PER AIR CONDITIONER:

Procedures for verification are available in RACM, Appendix R1.

1 [X] Yes [] No EER values of installed systems match the CF-1R

2 [X] Yes [] No For split systems, indoor coil is matched to outdoor coil

3 [] Yes [X] No Time Delay Relay Verified (if Required)

HVAC System: Yes to 1 and 2; and 3 (if Required) is a pass [X] Pass [] Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3-4 of 8)
CF-4R

1801 11th Ave - Sacramento, Ca 95818
Garick / 582046
Contractor Name / License No.

616419
Permit Number

916-768-9459
Telephone

44915
Sample Group Number

October 20, 2006
Date

CC14-1798385497
Certificate Number

HERS Provider: CalCERTS

Street Address: PO Box 2233
City/State/zip: Orangevale / CA / 95662

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 of the CCR.

CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of the CF-6R (Installation Certificate).

HERMOSTATIC EXPANSION VALVE (TXV):

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

HVAC System TXV Pass Fail