

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0516808
Insp Area: 3
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 7838 OTHEL WY SAC
Parcel No: PARUNKN000 GLENWOOD LOT # 24

CONTRACTOR
MERCY HOUSING OF CALIFORNIA
3120 FREEBOARD DR. STE#202
WEST SACRAMENTO CA. 95691

OWNER

ARCHITECT

Nature of Work: MP 1124 1 STORY 8 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 001673 Date 05/20/11 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 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 project with a contractor(s) licensed pursuant to the Contractors License Law).

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

Date _____ Owner Signature _____

PAYED
CITY OF SACRAMENTO
NOV 02 2005
NEIGHBORHOODS PLANNING
AND PERMIT SERVICES

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 11/1/05 Applicant/Agent Signature Randy Underwood

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.

RM 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 ACE AMER. INS. CO. Policy Number WRC4434793 Exp Date 7/01/06

____ (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.

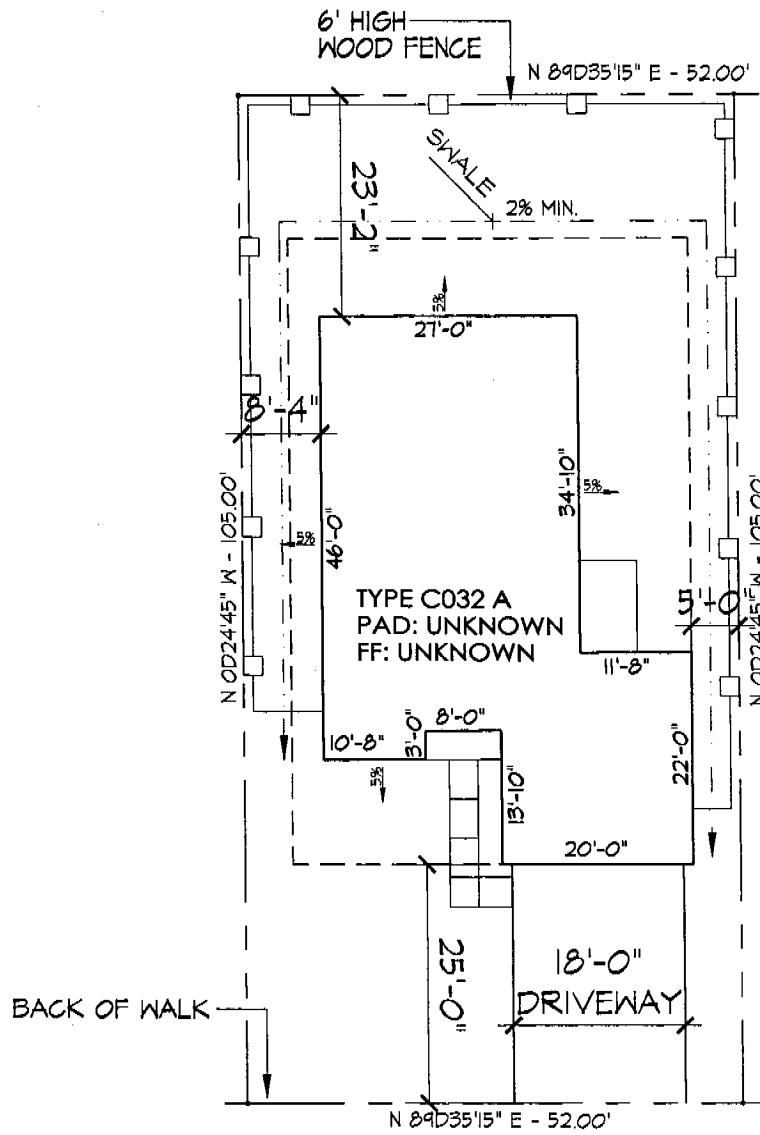
Date 11/1/05 Applicant Signature Randy Underwood

WARNING: FAILURE TO SECURE WORKERS 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.

SETBACKS

F	25'
S	5'
R	15'



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 same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

BUILDING SIZE: 1,564 S.F.
 LOT SIZE: 5,460 S.F.
 NET LOT COVERAGE: 29%

GLEN ELDER SUBDIVISION
 7838 OTHHEL WAY
 SACRAMENTO, CA 95828



Name JENNIFER GOYTIA
 House Sq. Ft. 1,124 S.F. Use SFR
 Garage Sq. Ft. 440 S.F. Lot 24
 Project GLEN ELDER Scale 1" = 20'-0"

MERCY HOUSING CALIFORNIA
 3120 Freeboard Drive, Suite 202
 West Sacramento, CA 95691 916-414-4400

7838 OTHER WAY LOT 24 #7838

INSTALLATION CERTIFICATE

CF-6R

Use of this form to satisfy the requirements of the Administrative Code is optional, but the information must be provided and posted.

0516808

Site Address

Permit Number

An installation certificate is required to be posted at the building site prior to the issuance of the occupancy permit; this form may be used to meet these requirements. All appliance categories listed below are the actual equipment installed. Note that the efficiency and type of the appliance installed must be equivalent or better than the appliance specified on the certificate of compliance (Form CF-1R). This certificate (or its equivalent) shall be prepared and signed by the person(s) assuming overall responsibility for the appliance installation. Refer to the reverse side of this certificate for an explanation of information required.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

HVAC SYSTEMS:

Heating Equipment

Heating Equip. Type (Packaged heat pump, etc)	CEC Certified Manuf. Make & Model Number	Actual Efficiency (AFUE, etc)	Distribution Type and Location	Duct or Piping R-value	Heating Load Before Oversizing (Btu/h)	Heating Equipment Capacity (Btu/h)

Cooling Equipment

Cooling Equipment Type (Packaged heat pump, etc)	CEC Certified Compressor Unit Manuf. Make & Model Number	Actual Efficiency (SEER)	Duct Location	Duct R-value

Signature, Date

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

WATER HEATING SYSTEMS

Distrib. System Type	Water Heater Type	CEC Certified Manuf. Make & Model #	Energy Factor/Eff.	Tank Volume (gallons)	Insul. R-value	Internal Insul. R-value	Standby Loss (G)	Pilot Light (Btu/h)	Rated Input (kW/Btu)	Solar/Wood Credits
Tank	Bradford White	M440T6fbn	n/a	40gal		2" cfc			32,000	

FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commission's Directory Of Certified Faucets And Showerheads, pursuant to Title 24, Part 8, Subchapter 2, Section 111.

Signature, Date

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

LOT 24

INSTALLATION CERTIFICATE (Page 4 of 12) **CF-6R**

Site Address: **LOT #1 7801 OTHEL WAY, SAC. (A. GLENWOOD SUBDIVISION GROUP #1)** Permit Number: _____

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT
 The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:
 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 on new ducts.

DUCT LEAKAGE REDUCTION

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

NEW CONSTRUCTION:

Line #	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	Pass/Fail
1	Enter Total Leakage Flow in CFM:	SCF	
2	Fan Flow: Calculated (Nominal) <input checked="" type="checkbox"/> Cooling <input 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/(Btu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1,000 CFM	<input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handler: $(100 \times [1,000 \text{ (Line # 1)}] / [995 \text{ (Line # 2)}])$	995 CFM	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Total Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Total 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 Total Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/>
8	Enter New Duct System - Pass if Leakage Percentage < 6% for Final $(100 \times [\text{Line # 5}] / [\text{Line # 2}])$		<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% $(100 \times [\text{Line # 5}] / [\text{Line # 2}])$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% $(100 \times [\text{Line # 7}] / [\text{Line # 2}])$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% $(100 \times [\text{Line # 6}] / [\text{Line # 4}])$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection Pass if One of Lines # 9 through # 11 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 1, the undersigned, also certify that the newly installed or retrofitted Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: **TOTAL HEATING & AIR CONDITIONING**

Signature: *[Signature]* Date: **12-4-06**

Copies to: BUILDING DEPARTMENT, HERE AFTER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

JUN 19 2006 11:00AM HP LASERJET FAX

P. 2

JUN-16-2006 02:45PM FROM-IBERUE CONSTRUCTION

510-284-1802

T-100 P.004/004 P-200

(PAGE 4 OF 14) L.E.-OK

Site Address: **Mercy Housing - Power Inn Project** Permit Number: **0516808**

An installation certificate is required to be posted in the building and remains 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 or occupant, per Section 10-103(a).

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (if CF-1R value) ²	Product SHGC ¹ (if CF-1R value) ²	# of Panels	Total Quantity of Like Product (Columns)	Area Square Feet	Exterior Shading Device or Overhang	Conditions/Location/ Special Features
1.	XP-SH060	.34	.28					
2.	511-Vertical	.34	.28					
3.	EXPO-11000	.32	.30					
4.	EXPO-11000	.34	.30					
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹ Use values from a manufacturer's 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 # (if applicable)	Signature <i>[Signature]</i>	Date 11-1-06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor MEDALLION INDUSTRIES
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies for Building Department, TRADE RATER (if applicable), Building Owner or Occupant

LOT 24

INSTALLATION CERTIFICATE		(Page 3 of 12) CF-6R
Site Address LOT #1 (ALEXANDER) SUBDIVISION GROUP #1	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) 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 (e.g. heat pump)	CFC 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/h)	Heating Capacity (Btu/h)
SPLIT SYSTEM	CARRIER 1050 B12L FURNACE	13	90%	ATTIC	R-6.0	50,000	50,000

Cooling Equipment

Equip Type (e.g. heat pump)	CFC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) ¹ (CF-1R value)	Duct Location (Attic, etc.)	Duct R-value	Cooling Load (Btu/h)	Cooling Capacity (Btu/h)
SPLIT SYSTEM	CARRIER 1050 B12L FURNACE	8	13	ATTIC	6.0	30,000	20,000
SPLIT SYSTEM	CARRIER 1050 B12L FURNACE	5	13	ATTIC	6.0	24,000	24,000

1. \geq 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.

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.

Installing Subcontractor (Cn. Name) OR General Contractor (Cn. Name) OR Owner STEVE HORTON	TOTAL HEATING & AIR CONDITIONING
Signature: [Signature]	Date: 17-06-06

Copies to: BUILDING DEPARTMENT, BUREAU OF APPLICABLE BUILDING OWNER AT OCCUPANCY

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 24 POWER INN SACRAMENTO CA
NUMBER CITY STATE

CEILINGS:

BLOW:	MANUFACTURER	<u>GREENFIBER</u>	THICKNESS	<u>10.3"</u>	R/VALUE	<u>38</u>
	MANUFACTURER	<u>GREENFIBER</u>	THICKNESS		R/VALUE	
BATTS:	MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>13"</u>		<u>38</u>
		<u>KNAUF</u>				

EXTERIOR WALLS:

MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>3.5"</u>	R/VALUE	<u>13</u>
	<u>KNAUF</u>				

FLOOR INSULATION:

MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>N/A</u>	R/VALUE	<u>N/A</u>
	<u>KNAUF</u>				

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: MERCY HOUSING LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthrie TITLE _____ AUTH. AGENT _____ DATE 12/7/2006

BECKY GUTHERZ