

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0612492
Insp Area: 4
Thos Bros: 276J6

Site Address: 210 SOARING HAWK LN SAC

Sub-Type: NSFR

Parcel No: 274-0650-012

TREASURE HOMES @ WILLOW CREEK LOT 12

Housing (Y/N):

N PAID

CITY OF SACRAMENTO

ARCHITECT

CONTRACTOR
TREASURE HOMES
1386 LEAD HILL BLVD. #300
ROSEVILLE, CA. 95661

OWNER

AUG 22 2006

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: MP 2153 2 STORY 8 ROOM

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 3 License Number 770778 Date 10/31/07 Contractor Signature James Housley

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 8/22/06 Applicant/Agent Signature James Housley

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 STATE FUND Policy Number 1579166-2005 Exp Date 02/01/2008

____ (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.

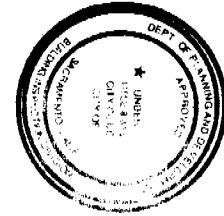
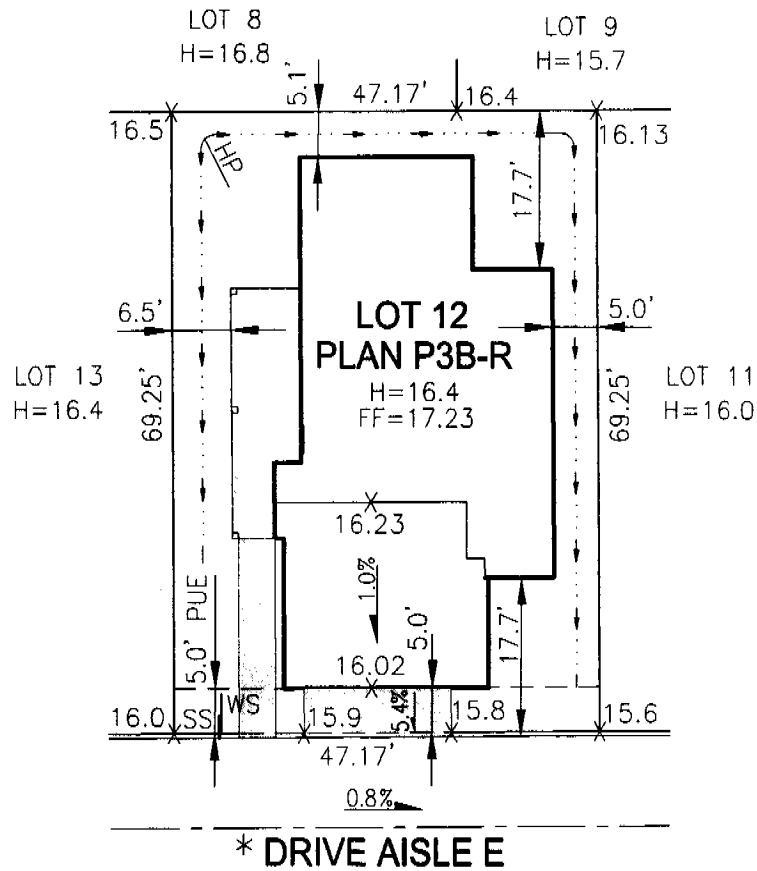
Date 8/22/06 Applicant Signature James Housley

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.



SCALE: 1"=20'



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.

A.P.N.:
 ADDRESS: 210 SOARING HAWK LANE
 REDUCED HOUSE AREA: 1514 SF
 LOT AREA: 3,266 SF
 LOT COVERAGE: 46.36%

* REFER TO CIVIL IMPROVEMENT PLANS—NOT AN ACTUAL STREET NAME.

NOTE:
 YARD SWALES SHALL BE AT 1.0% MINIMUM.

LEGEND:	
SEWER SERVICE	SS
WATER SERVICE	WS
FIRE HYDRANT	●
HOUSE PAD ELEV.	H=13.4
FINISH FLOOR ELEV.	FF=14.2
LIP OF GUTTER	LIP
DRIVEWAY/WALKWAY	▤▤▤▤▤▤
SLOPE	▽▽▽▽▽▽
PATIO AREA	▧
TOP BACK CURB	TBC
TOP BACK WALK	TBW
RIGHT OF WAY	R/W
HIGH POINT	HP
FINISHED ELEV.	15.5 X
YARD SWALE	—
SOUND WALL	▬
FENCE	—x—x—x—x—
DRAIN INLET	DI



Stantec

NOTE:
 The information on this plot plan is for reference with respect to the general location of the proposed building on the lot. This plot plan is not to be used for staking the house location. The accuracy of the plot plan is not guaranteed. Dimensions are approximate and may change without notice. Stantec accepts no liability for staking errors caused due to using this plot plan for staking purposes.

Client/Project
 TREASURE HOMES
 AT WILLOWCREEK
 CITY OF SACRAMENTO, CA

Title
**LOT 12
 PLAN P3B-R**
 DEC 2005
 1844_38302

V:\S2845\active\184425\DWG\12a.dwg (12a.dwg) 12/29/05 8:42:00 AM

December 2005

Residential Compliance Forms

NEW CONSTRUCTION:		Measured Values	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1	Enter Tested Leakage Flow in CFM:	67	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
2	Fan Flow: Calculated (Nominal): <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating or <input type="checkbox"/> Measured	1193	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
3	Pass if Leakage Percentage < 6% [100 x (Line # 1) / 1193 (Line # 2)]	51.6%	<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 CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: 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"/> Pass <input type="checkbox"/> Fail
8	Enter New Duct System - Pass if Leakage Percentage < 6% [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 # 2)]		<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
Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection			
Pass if One of Lines # 9 through # 12 pass			

Duct Diagnostic Leakage Testing Results

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

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

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 HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

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

New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).

New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

HERS RATER COMPLIANCE STATEMENT

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

Project Address	310 Soaring Hawk Way Sacramento, CA 95833
Builder or Installer Contact	Production
Builder or Installer Telephone	
Plan/Permit (Additions or Alterations) Number	Plan-1 (1036)
HERS Rater	Chris Peret
HERS Rater Telephone	916-897-6514
HERS Rater Sample Group Number	NA
Compliance Method (Prescriptive)	
Certifying Signature	Chris Peret
Date	7-18-07
Sample House Number	NA
Firm	ACS
Street Address	9524 Woodside Rd
City/State/Zip	Pacerville CA 95667
HERS Provider	GHEDS

CF-4R

(Page 1 of 8)

Sub: Alan Leaf

06/24/07

06/18/07

0612492

Lot #12

sub-fallen leaf

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 210 Scaring Hawk way Sacramento, CA 95833	Builder Name Production	
Builder Contact John 1000 507	Telephone	Plan Number Plan-1 C1026
HERS Rater Chris Perez	Telephone 916-247-6514	Sample Group Number NA
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature Chris Perez	Date 7-16-07	Sample House Number NA
Firm ACS		HERS Provider CHEERS
Street Address: 9524 Mosquito rd		City/State/Zip: Placerville CA 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

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

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge for Split System Space Cooling Systems without Thermostatic Expansion Valves

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

Standard Charge Measurement (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
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Job # 1000507

Production / Fall 2007 @ Riverbend PH3

INSTALLATION CERTIFICATE

(Page 4 of 12) CF-6R

219 Soaring Hawk Way / Sacramento, CA 95833

Permit Number 6A#12

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

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

0612492

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:

	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	92	CFM
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:	1627	FAN ✓ ✓
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [(Line # 1) / (Line # 2)]]	5.6%	<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)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [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 Test or Verification Standards for compliance:

9	Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]	<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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Bentley
Signature:	Date: 07/18/07

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Job # 100507 Production/Fallen Leaf @ Riverbend PH3

INSTALLATION CERTIFICATE
 Site Address: Soaring Hawk Way / Sacramento, CA 95835
 Permit Number: 61712

THERMOSTATIC EXPANSION VALVE (TXV)
 Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

REFRIGERANT CHARGE MEASUREMENT
 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 55°F and above):
 Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

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

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db - Tevaporator, 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 = Treturn, db - Tsupply, db		
Target Temperature Split (from Table RD3)		
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +5°F or, upon remeasurement, if between -3°F and -100°F)		

Boelter 07/18/05

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004
Date of Job Completion

2/19/07

Job Address
Treasurer H. Folger, Inc.
210 500 Stg Hawk Lane
Lot #12

0212492

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as issued by coating manufacturer: _____
Applicator # 318

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 _____
Date _____

This installation card must be presented to the building inspector after completion of work and before final inspection.
FIGURE 3

Insulation Certificate

0612492

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: 210 (Lot 12) Soaring Hawk Lane Sacramento CA
Number Street City State

Ceilings:

Blow: Manufacturer Greenfiber Thickness 15.75" F.G. R/ Value R-38
Square Feet 1305 # Bags / Lbs. Per Bag 29

Batts: Manufacturer Johns Manville Thickness 13" R/ Value R-38
Batts: Manufacturer Johns Manville Thickness N/A R/ Value N/A

Exterior Walls:

Manufacturer Johns Manville Thickness 3.5" R/ Value R-13
Manufacturer Johns Manville Thickness N/A R/ Value N/A

Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R/ Value R-19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Treasure Homes Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 886354

By: Olga Nervez Title: Admin. Assistant Date: 02/21/07

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

Site Address: 210 Soalemz/Arch h

Permit Number: 0612492

FENESTRATION / GLAZING (LOWE):

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (CF-1R value) ²	Site Built Products		Quantity (Options)	Total Square Feet	Comments/ Special Features
			# of Panels	Default U-Value ²			
1. VINYL / WINDOWS	FIXED	.33					EXCEEDS CF-1R REQUIREMENTS
2. VINYL / WINDOWS	SH	.37					EXCEEDS CF-1R REQUIREMENTS
3. VINYL / WINDOWS	XO	.37					EXCEEDS CF-1R REQUIREMENTS
4. VINYL / PATIO DOORS	XO	.35					EXCEEDS CF-1R REQUIREMENTS
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #'s (if applicable) _____
Signature, Date [Signature]

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

Item #'s (if applicable) _____
Signature, Date _____

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

Item #'s (if applicable) _____
Signature, Date _____

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

COPY TO: Building Department
Building Owner at Occupancy

DECLARATION CERTIFICATE

CF-6R

Treasure Homes - Willow Creek

Permit Number

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

HEATING SYSTEMS:

Equipment

Eq. (Type)	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)	
	York GY9S060B12	1	0.90	Attic	R-6.0	27,526	60,000	Plan 1
	York GY9S060B12	1	0.90	Attic	R-6.0	33,887	60,000	Plan 2
	York GY9S080C16	1	0.90	Attic	R-6.0	44,696	80,000	Plan 3
	York GY9S080C16	1	0.90	Attic	R-6.0	41,622	80,000	Plan 4

Equipment

Eq. (Type)	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)	
Water	York H*RD030 *	1	13.0	Attic	R-6.0	21,020	26,900	Plan 1
Water	York H*RD036 *	1	13.0	Attic	R-6.0	25,578	30,500	Plan 2
Water	York H*RD048 *	1	13.0	Attic	R-6.0	32,293	41,900	Plan 3
Water	York H*RD048 *	1	13.0	Attic	R-6.0	33,432	41,900	Plan 4

*TXV - Indicates Thermal Expansion Valve On Coil

Reads greater than or equal to. Designated, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more 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.

Henry Jones 7-13-05
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

R HEATING SYSTEMS:

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

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. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Water Heaters & Shower Heads:

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

Designated, 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.