

TRANSMISSION VERIFICATION REPORT

TIME : 07/31/2006 08:35
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	07/31 08:33
FAX NO./NAME	94523439
DURATION	00:01:10
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0613911
 TRANSACTION DATE: 07/31/2006
 TRANSACTION AMOUNT: 190.64
 NOTATION:

ISSUED
CITY OF SACRAMENTO
 JUL 31 2006 *LMC*
DOWNTOWN PERMIT
CENTER

PAID
CITY OF SACRAMENTO
 JUL 31 2006
NEW CITY HALL

APD #: **0611545**
 SITE ADDRESS: 2751 14TH ST SAC
 PARCEL: 012-0031-019

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

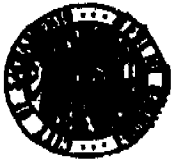
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

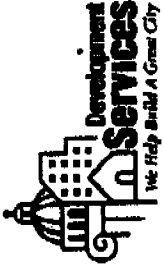
Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	190.64

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	3.33	.00	3.33
213	General Plan Surcharge	1760	5.31	.00	5.31
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-808-6650 OR 1-800-EZ-PERMIT
 Inspector: 1-916-808-7822



Fax # 916-808-1901 Downtown Permit Center, New City Hall
 9151 Street, 3rd Floor, Sacramento, CA 95814

Fax # 916-808-3370 North Permit Center
 2101 Arroyo Blvd., Suite 200, Sacramento, CA 95834

Activity # _____

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)

Date: 7/27/06

TO: 8081901

06/1595

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 quad 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 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 2751 14th Street Sacto, CA. 95818 Unit # _____ Contract Price: \$ 8,334.33
 Contact Person: Warren Wright Contact Phone: (916) 452-2477
 Property Owner: Andy Rolletti Contractor: Garick Service Co. License # 582046
 Address: 2751 14th Street Address: 2122 X Street
 City/State/Zip: Sacramento, CA. 95818 City/State/Zip: Sacramento, CA. 95818
 Phone: (916) 787-6959 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: HVAC-Split System Change out like for like

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <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 *Design Review approval may be required.	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <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: _____ Equipment \$ <u>2,677.00</u> Cut-in: \$ _____ *Design Review approval may be required.	<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 Damage Repair (Describe Locations Below) *Design Review approval may be required.	<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"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE: Correction Notice items will require an additional building permit.
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PBF10002

JUL-27-2006 07:51A FROM:

P.1

PAID
City of Sacramento **CITY OF SACRAMENTO**

Building Permit ISSUED
CITY OF SACRAMENTO



JUL 31 2006

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

JUL 31 2006
DOWNTOWN PERMIT CENTER

Inspection Request # (916) 264-7622

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

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

Site Address: 2751 14th Street Sacramento CA 95818
Nature of Work: HVAC 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 7/27/06 Signature Warren T. Wright

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 an 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 an 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 7/27/06 Applicant/Agent Signature Warren T. Wright

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 Virginia Surety Co.
Policy Number WV50012675-01 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 7/27/06 Applicant Signature Warren T. Wright

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

Andy Roller
 Project Title
 2751 14th Street Sacramento CA 95818
 Project Address
 Warren Wright 916-452-2477
 Documentation Author Telephone
 Prescriptive 12
 Compliance Method (Prescriptive) Climate Zone

8/1/06
 Date
 Building Permit #
 06 11545
 Plan Check / Date
 Field Check / Date
 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) 1700 ft² Average Ceiling Height: 8 ft
 Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C --- (5% X CFA) NA ft²
 Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C --- (20% X CFA) NA ft²
 Building Type: (check one or more) Single Family Multifamily Addition 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 Slab/Raised Floor (circle one or both)
 Front 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, 8-16)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies) 1	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or 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.

Andy Roller

2751 14th Street

8/1/06

Project Title

Date

FENESTRATION PRODUCTS - U-FACTOR AND SHGC

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

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Orientation N, S, E, W1	Area (ft2)	U-factor2	U-factor Source3	SHGC4	SHGC Source5	Exterior Shading/Overhangs6, 7 Ck box if WS-3R is included	

- 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 §161(7)9C and in Section 3.2.3 of the Residential Manual
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A.
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC 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.

HVAC SYSTEMS

Heating Equipment Type and Capacity <small>furnace, heat pump, boiler, etc.</small>	Minimum Efficiency <small>(AFUE or HSPF)</small>	Distribution Type and Location <small>(ducts, attic, etc.)</small>	Duct or Piping R-Value	Thermostat Type	Configuration <small>(split or package)</small>
Furnace	94.50 AFUE	Basement	R 4.2	Programmable	Split
90 kBTU					

Cooling Equipment Type and Capacity <small>(A/C, Heat Pump, Evap Cool)</small>	Minimum Efficiency <small>(SEER or EER)</small>	Duct Location <small>(attic, etc.)</small>	Duct R-Value	Thermostat Type	Configuration <small>(split or package)</small>
A/C	14.00 SEER 12.00 EER	Basement	R 4.2	Programmable	Split
48 kBTU					

Andy Roller

2751 14th Street

8/1/06

Project Title

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.)

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 160(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, 60 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 ¹ (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor ¹ or Thermal Efficiency	Standby ¹ Loss (%)	Tank External Insulation R-Value

System serving multiple dwelling units

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

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 Efficiencies.

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 160 (j) 2 A or 160 (j) 2 B.

Andy Roller
Project Title

2751 14th Street

8/1/06
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"/>	Metal Framed Walls	CF-1R	
<input type="checkbox"/>	Radiant Barriers	CF-1R	
<input type="checkbox"/>	Exterior Shades	WS-4R N/A; Performance Calculation	
<input type="checkbox"/>	Cool Roof	Required. Attach CRRC Label to Forms.	
<input type="checkbox"/>	Dedicated Hydronic Heating System	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Combined Hydronic System	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Gas Cooling	N/A; Performance Calculation Required.	
<input type="checkbox"/>	Buried Ducts	N/A; Indicate on building plans.	
<input type="checkbox"/>	Kitchen Pipe Insulation	See Section 5.6.2 Distribution Systems in Residential Manual.	
<input type="checkbox"/>	Multiple Water Heaters Per Dwelling Unit	See Table 5-13 or use Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Central Water Heating System Serving Multiple Dwellings	Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Non-NABCA Large Water Heater	CF-1R	
<input type="checkbox"/>	Indirect Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Instantaneous Gas Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Solar Water Heating System	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Wood Stove Boiler	Performance Calculation and attach Run to Forms	

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"/>	Duct Sealing	CF-6R part 4 of 12	
<input type="checkbox"/>	Refrigerant Charge	CF-6R part 5 of 12	
<input type="checkbox"/>	Thermostatic Expansion Valve	CF-6R part 6 of 12	

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

CF-4R

2751 14th Street - Sacramento, CA 95818

Garick A/C / 582046

Project Address

Contractor Name / License No.

Contractor Contact

0611545

John Gustason

916-768-9459

Permit Number

37740

HERS Rater

Telephone

Sample Group Number

August 18, 2006

CC14-1798378322

Certifying Signature

Date

Certificate Number

Firm:

Energy Analysis and Comfort Solutions, Inc.

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).

THERMOSTATIC 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

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)

CF-4R

2751 14th Street - Sacramento, CA 95818

Project Address

Garick A/C / 582046

Contractor Name / License No.

Contractor Contact

Telephone

0611545

Permit Number

John Gustason

916-768-9459

37740

HERS Rater

Telephone

Sample Group Number

John Gustason
Certifying Signature

August 18, 2006

CC14-1798378322

Date

Certificate Number

Firm:

**Energy Analysis and Comfort Solutions,
Inc.**

HERS Provider: **CalCERTS**

Street Address:

PO Box 2233

City/State/Zip: **Orangevale / CA / 95662**

Copies to: Homeowner, HERS Provider and Building Department

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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).

HIGH EER AIR CONDITIONERS:

Procedures for verification are available in RACM, Appendix RJ.

1.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EER values of installed systems match the CF-1R
2.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	For split systems, indoor coil is matched to outdoor coil
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Delay Relay Verified (If Required)
HVAC System: Yes to 1 and 2; and 3 (If Required) is a pass		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

INSTALLATION CERTIFICATE

(Page 3 of 12)

CF- 6R

2751 14th Street

Sacramento CA 95818

0611645

Site Address

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 (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial 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)
Split	LENNOX	1	94.50 AFUE	Basement	R 4.2	0	90000
	G61MPV-90C-090						

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split	LENNOX	1	14.00 SEER	Basement	R 4.2	0	48000
	13ACX-04B-230		12.00 EER				
Coil	Same as Condenser Mfr						
	CX-34-49C						

1. > 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) 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 or Part 6), where applicable.

 8/18/06

Signature, Date

Garick A/C

Installing Subcontractor (Co. Name)

40015

OR General Contractor (Co. Name) OR Owner

1104

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

INSTALLATION CERTIFICATE

(Page 4 of 12)

CF-6R

2761 14th Street

Sacramento CA 95815

0611845

Site Address

Permit Number

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

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- 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

DUCT LEAKAGE REDUCTION

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

NEW CONSTRUCTION:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1 Enter Tested Leakage Flow in CFM:			
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/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:		1600	
3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x (Line # 1) / (Line # 2)]			<input 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:		188	
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 or < 4% at Rough-in [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)]		11.8%	<input checked="" 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 > 50% [100 x (Line # 5) / (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			<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 (a) of the 2006 Building Energy Efficiency Standards.

Signature: [Signature] Date: 8/18/06 Garick A/C
 Installing Subcontractor (Co. Name) OR 40015
 General Contractor (Co. Name) 1104

INSTALLATION CERTIFICATE

(Page 6 of 12)

CF-6R

2761 14th Street

Sacramento CA 95818

0811646

Site Address

Permit Number

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.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	System Passes
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Alternate Charge Measurement Procedure (outdoor air dry-bulb below 66 oF)

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 66 oF or above, installer shall use the Standard Charge Measure Procedure:

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

Weigh-In Charging Method for Refrigerant Charge

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

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

Calculated Airflow: Cooling Capacity (BTU/hr)	X 0.833 (cfm/Btu-hr) =	CFM
Measured Airflow is	CFM (Measured airflow must be greater than the calculated airflow).	

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.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	System Passes
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 8/18/06

Garick A/C

Installing Subcontractor (Co. Name) OR

40015

General Contractor (Co. Name) OR Owner

1104

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