

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603707

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3051 TICE CREEK WY SAC
Parcel No: RIVERDALE NORTH VILLAGE 2 LOT #44

CONTRACTOR
BEAZER HOMES
3721 DOUGLAS BL. STE. 100
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP1028 2 STORY 5 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 724191 Date 6/1/06 Contractor Signature N. Collins

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 _____

PAID
CITY OF SACRAMENTO
JUN 01 2006

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 6/1/06 Applicant/Agent Signature N. Collins

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

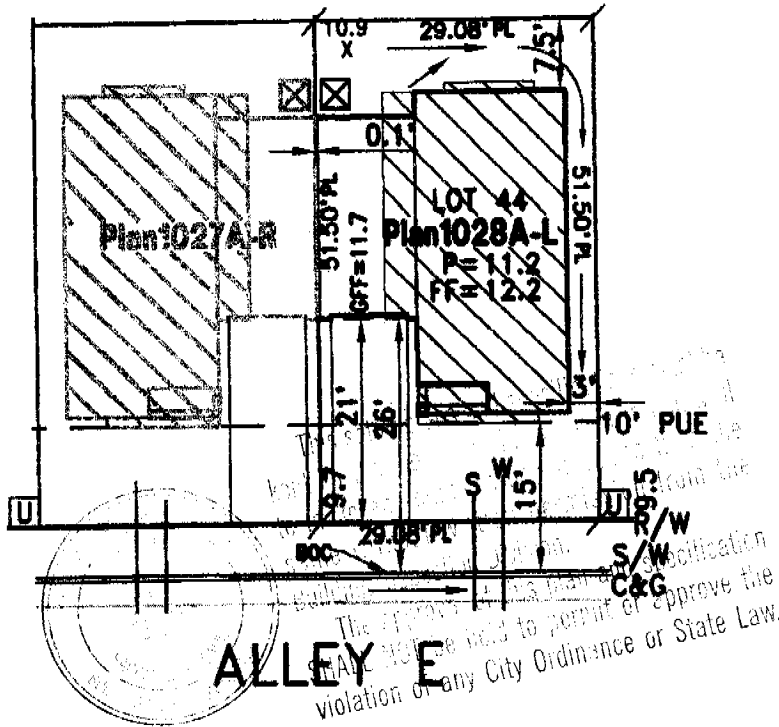
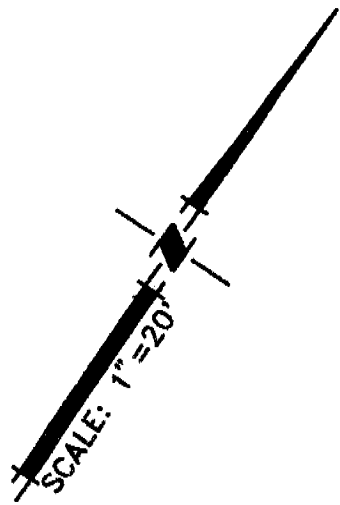
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6/1/06 Applicant Signature N. Collins

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.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



- UTILITY SERVICE BOX
- DRAIN INLET
- STREET LIGHT
- TRANSFORMER
- SERVICE POINT
- FIRE HYDRANT

ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	RS
Marketing	✓	(PB)
Admin.		
Accounting		

RIVERDALE VILLAGE 3
 "THE DISCOVERY COLLECTION" FOR BEAZER HOMES
 PLOT PLAN FOR LOT 44

A.P.N.:
 LOT AREA: 1497 SQ. FT.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING - PLANNING - MAPPING - SURVEYING
 3301 C STREET, BLDG. 100-B, SACRAMENTO, CA 95816
 PHONE: (916) 341-7750 FAX: (916) 341-7757

DATE: 03-10-06 DRAWN: GDM 1055.032

Permit # 0603707

3051
Ticc Creek

INSTALLATION CERTIFICATE

CF-6R

LOT - PLAN Beazer Homes - Discovery Collections Permit Number

Site Address:

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; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	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)	PLAN
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	22,803	60,000	1027
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	22,809	60,000	1028
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	24,323	60,000	1172
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	27,790	60,000	1198
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	24,432	60,000	1314
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	24,432	60,000	1568
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	29,289	60,000	1837

Cooling Equipment

Equip. Type (pkg. Heat pump)

Equip. Type (pkg. Heat pump)	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)	PLAN
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	15,861	20,800	1027
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	15,864	20,800	1028
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	16,293	20,800	1172
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	19,610	20,800	1198
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	17,276	20,800	1314
A/C	YORK #H*RD024	1	13.0	ATTIC	R-4.2	17,276	20,800	1568
A/C	YORK #H*RD030	1	13.0	ATTIC	R-4.2	20,711	26,900	1837

(1) > reads greater than or equal to.

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.

[Signature] 8-31-05
Signature, Date

BEUTLER CORPORATION

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

Heater 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

(2) 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.

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

Facets & Shower Heads:

3051
Tice Creek

0603707

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **DISCOVERY COLLECTIONS**

Lot Numbers: 44

Date of Job Completion: September 1, 2006

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 Inspections.

September 26, 2006
Date


Signature of authorized representative of Plastering Contractor

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



JOB # 1001944

Installation Certificate

LOT # 3044

4700 Lang Avenue • McClellan, CA 95652
916.646.2222 • Contractor Lic. #162634

3051 Rice Creek way

Deegan Homes California

Site Address
Sacramento, CA 95834

Permit Number
discovery Collection PH4-A

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

Permit #
0603707

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:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	53	
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:	998	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [53 (Line # 1) / 998 (Line # 2)]]	5.3%	<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)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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 #)]]		<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

Signature

Date 09/21/06

Beutler
Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

Permit # 060 3707

Discovery Collection

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 3051 Tice Creekway Sacramento CA 95834	Builder Name Beuzer
Builder Contact Job # 1001944	Telephone Lot # 3044
HERS Rater Chris Perez	Telephone 916-817-6514
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature Chris Perez	Date 9-21-04
Firm ACS	Sample House Number
Street Address: 9524 mosquito rd	HERS Provider
	City/State/Zip: Placerville CA 95662

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 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 Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where 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.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

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

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:		
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values
1	Enter Tested Leakage Flow in CFM:	53
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	998
3	Pass if Leakage Percentage ≤ 6% [100 x [53 (Line # 1) / 998 (Line # 2)]]	5.3 <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"/> <input checked="" type="checkbox"/>
8	Entire 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		
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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

CERTIFICATION OF INSULATION

Permit # 0603707

305' /
TICC CHECK

PART I GENERAL	BEAZER		LOT # 3044		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675			
	Discovery		DATE INSULATION COMPLETED					
PART II AREAS INSULATED	WALLS		CEILING			FLOORS		
	(SQUARE FEET)		(SQUARE FEET)			(SQUARE FEET)		
	TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION		
	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
	FORM BATTS		FORM BATTS & BLOW			FORM BATTS		
	MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
	MANUFACTURER		MANUFACTURER			MANUFACTURER		
	CT OC JM		CT OC JM			CT OC JM		
	R-VALUE INSTALLED		R-VALUE INSTALLED			R-VALUE INSTALLED		APPLIED THICKNESS
	R-13/R-19 3 1/2" / 5 1/2"		R-30 10" / 12 1/2"					
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER		
						CT OC JM		
MATERIAL		MATERIAL		MANUFACTURER		MANUFACTURER		
				HILTI		HANDY FOAM		
THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS AND MANUFACTURER'S INSTRUCTIONS.								
SIGNATURE — INSULATION CONTRACTOR		SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE		
<i>[Signature]</i>		<i>[Signature]</i>		MANAGER		8/31/06		
REMARKS								

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

BEAZER HOMES

Site Address

THE DISCOVERY COLLECT 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; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

All PLANS

Heating Equipment

Equip. Type (pkg. heat pump)	CEC 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/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

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.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Eff.iciency ¹ (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
GAS	A.O. SMITH GVB-40	STD	N/A	1	40,000	40	.62	N/A	R-20

2 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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment 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 equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date: [Signature] 8/25/06

J.R. Pierce Plumbing Co. Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department Building Owner at Occupancy

Permit # 0603707

3051
Tice Creek

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

Beazer Discovery Collection, Plan 1028, All OTS

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).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	Alpine							
2.								
3.	SL	.35	.32					
4.								
5.	SH	.35	.32					
6.								
7.	PW	.34	.35					
8.								
9.	PD	.35	.34					
10.								
11.								
12.								
13.								
14.								
15.								

¹ Use values from a fenestration 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.

Michelle Prodo

8/11/04

Select Build Windows

Item #s
(if applicable)

Signature

Date

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

Item #s
(if applicable)

Signature

Date

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

Item #s
(if applicable)

Signature

Date

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

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