

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0601174

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3075 BRUNET LN SAC

Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #140

CONTRACTOR

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

OWNER

ARCHITECT

Nature of Work: MP 1120 1 STORY 6 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 2/14/06 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 _____

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 2/14/06 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

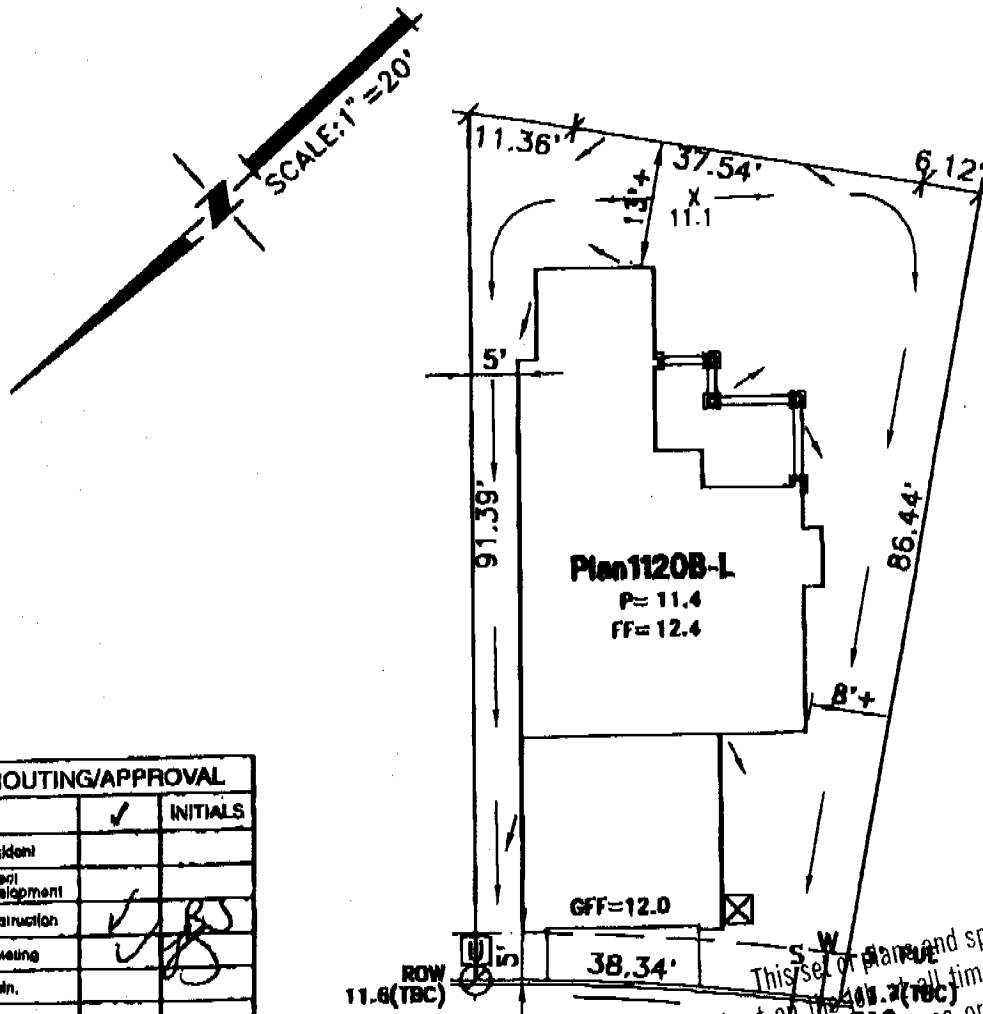
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 2/14/06 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.

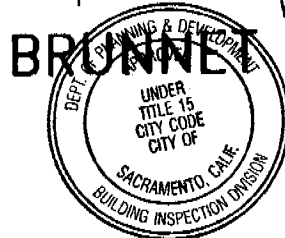
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

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.



| ROUTING/APPROVAL | | |
|---------------------|---|----------|
| | ✓ | INITIALS |
| President | | |
| Project Development | | |
| Construction | ✓ | JRS |
| Marketing | ✓ | JRS |
| Admin. | | |
| Accounting | | |

- ▲ - TRANSFORMER
- - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- - SERVICE POINT
- ⊙ - FIRE HYDRANT
- GFF = GARAGE FINISHED FLOOR



This set of plans and specifications must be kept on the premises 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.

RIVERDALE VILLAGE 1
 "THE LANDING" FOR BEAZER HOMES
 PLOT PLAN FOR LOT 140

A.P.N.:
 LOT AREA: 4109 S.F.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING - PLANNING - MAPPING - SURVEYING
 2201 D STREET, BLDG. 100-9, SACRAMENTO, CA 95816
 PHONE: (916) 341-7260 FAX: (916) 341-7267

| | | |
|----------|------------|----------|
| 12-15-05 | DRAWN: GDM | 1055.031 |
|----------|------------|----------|

J:\Jobs\1055-Riverdale-Riverdale-V1\Civil\Plotplan\Lot_140.dwg 12/30/05 10:13am gmckoin

060117.4

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **THE LANDING @ RIVERDALE**

Lot Numbers: 140 Date of Job Completion: May 9, 2006

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.


Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

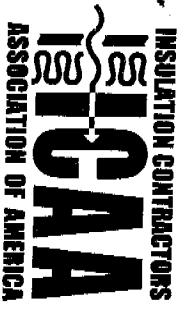
Contractor Number of Diamond Wall System: 2175

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.

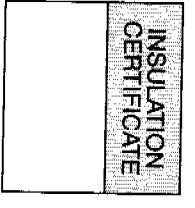
June 23, 2006
Date


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.



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

BEZLER Home LOT # 156 TRACT # 140000

STREET 2075 BENNETT LANE CITY NORWAS

EXTERIOR WALLS:

MANUFACTURER EG THICKNESS/TYPE 3/8 R-VALUE 13/15

CEILING:

BATTS: MANUFACTURER EG THICKNESS/TYPE 10 R-VALUE 30

BLOWN IN: MANUFACTURER CF THICKNESS/TYPE 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1000 FLOORS: NUMBER OF BAGS USED 18

MANUFACTURER THICKNESS/TYPE R-VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R-VALUE

MANUFACTURER THICKNESS/TYPE R-VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R-VALUE

MANUFACTURER THICKNESS/TYPE R-VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #

DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #0055201

DATE 5-16-04

SIGNATURE TITLE

INSTALLATION CERTIFICATE

LANDING @ RIVERDALE NORTH CF-6R

LOT - ALL

Beazer Homes - RIVERDALE LANDING

Site Address

LANDING @ RIVERDALE NORTH 40X90

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:

Heating Equipment

Table with columns: 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), and Permit Number. Rows include FURNACE YORK #LY8S040A12 through #LY8S060A12.

Table with columns: 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), and Permit Number. Rows include A/C YORK #H1RD024 and #H1RD030.

* = TXV valve installed with coil

PLAN 1871

(1) > reads greater than or equal to.

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.

Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with columns: 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:

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

I, the undersigned, 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.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

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

Handwritten signature and date: 1/20/06

INSTALLATION CERTIFICATE

(Page 1 of 12)

CF-6R

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).

WATER HEATING SYSTEMS:

| Heater Type | CEE-Certified Mfr Name & Model Number | Distribution Type (Std, Point-of-Use, etc) | Recirculation Control Type | # of Identical Systems | Rated Input (kW or Btu/hr) ¹ | Tank Volume (gallons) | Efficiency (EF, RE) ² | Standby Loss (%) ² | Insulation R-value ² |
|-------------|---------------------------------------|--|----------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|---------------------------------|
| GAS | A.O. Smith GVR-50TM | Std. | N/A | N/A | 40,000 | 50 | .62 | N/A | N/A |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

- 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 (EF). For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Thermal Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Kitchen Piping:

If indicated on the CF-1R, all hot water piping $\geq 3/4$ inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Faucets & Shower Heads:

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

Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)

- All hot water piping in main circulating loop is insulated to requirements of §150(j)
- Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

I, the undersigned, 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.

Tom Brown
Signature, Date

BZ Plumbing Co., Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

1120 Plan A, B, C EUS

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

Site Address

Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|--|--|------------|---|-------------|-------------------------------------|------------------------------------|
| 1. <u>XO</u> | <u>.35</u> | <u>.32</u> | <u>2</u> | | | | |
| 2. <u>PW</u> | <u>.33</u> | <u>.31</u> | <u>2</u> | | | | |
| 3. <u>SH</u> | <u>.35</u> | <u>.32</u> | <u>2</u> | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products 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.

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 #s (if applicable) | <u>1-17-06</u> Signature, Date | <u>John P. The Design Window Co.</u> 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 Provider (if applicable)
Building Owner at Occupancy

Sub-Landing @ Riverdale North

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R | |
|--|---|
| Project Address 3075 Brunnet Lane Sacramento Ca 95834 | Builder Name Beazer Homes |
| Builder Contact Job # 1000537 | Telephone Lot # 140 |
| HERS Rater Chris Perez | Telephone 916-847-4514 |
| Compliance Method (Prescriptive) | Climate Zone |
| Certifying Signature Chris Perez | Date 5-30-04 |
| Firm ACS | Sample House Number |
| 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 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: | 45 | |
| 2 | Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured Enter Total Fan Flow in CFM: | 918 FAN | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 3 | Pass if Leakage Percentage ≤ 6% [100 x [45 (Line # 1) / 918 (Line # 2)]] | 4.5% | <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 | | | |
| 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 |
| 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 |

Job # 1000537

Beaver Landing

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

Lot # 140 Plan # 1120 3075 Brunnet Lane Sacramento, Ca. 95834
Site Address Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 45

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity
in Thousands of Btu/hr, enter calculated value here 998 fan.
If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 4.5%
Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:
Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test
 Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve (or Commission approved
equivalent) is installed and Access is provided for inspection
Yes is a pass

Pass Fail

DUCT DESIGN

- Yes No ACCA Manual D Design calculations have been completed.
Duct Design is on the plans and duct installation matches
plans.
- Yes No TXV is installed or Fan flow has been verified. If no TXV,
verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in
conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R
signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for
compliance credit.]

TD
Tests
Performed

[Signature] 5/30/06
Signature, Date

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

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