

Installation Certificate CF-6R

Site Address **Lot 5A, 25B, 26A - Astoria place**

0508771

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).

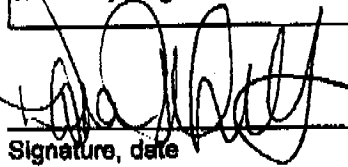
Heating Equipment

<u>Equip Type</u>	<u>CEC Certified Mfr. Name & Model #</u>	<u># of identical Systems</u>	<u>Efficiency AFUE</u>	<u>Duct Location</u>	<u>Duct Piping R-Val</u>	<u>Heating Load</u>	<u>Heating Capacity</u>
Furnace	Goodman GP9S060B12	1	92%	Attic	R.4	75,000	70,000

Cooling Equipment

<u>Equip Type</u>	<u>CEC Certified Comp. Unit Mfr. Name & #</u>	<u># of identical Systems</u>	<u>Efficiency Seer</u>	<u>Duct Location</u>	<u>Duct Piping R-Val</u>	<u>Cooling Load</u>	<u>Cooling Capacity</u>
Condenser	Goodman AC030X12	1	12	Attic	R.4	30,000	22,000

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 building, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.



1/23/00

Astro Air Design, Inc.

Signature, date

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

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 26A ASTORIA PLACE SACRAMENTO CA 0508771
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" RVALUE 38
GREEN FIBER THICKNESS _____ RVALUE _____
 BATTS: MANUFACTURER KNAUF THICKNESS 13" RVALUE 38
KNAUF _____ _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" RVALUE 13
KNAUF _____ _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" RVALUE 19
KNAUF _____ _____

AIR INFILTRATION:

(TITLE 24)
 YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: JOHN DETERDING COMPANY LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 2/16/2006
 BECKY GUTHERTZ

INSTALLATION CERTIFICATE

(Page 2 of 7)

CF-6R

Site Address: Astoria Place Plan 5 Permit Number: 0508771

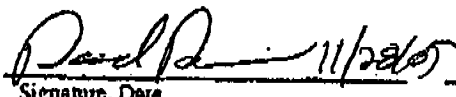
FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value (U) CF-IR label	Product SHGC (S) CF-IR label	# of Panes	Total Quantity of Like Product (Columns 2-4)	Square Feet	Interior or Exterior Shading Device or Overhang	Contractor/Installer/ Special Finish
1. <u>YO</u>	<u>3.5</u>	<u>0.2</u>	<u>2</u>		<u>25</u>		
2. <u>SH</u>	<u>3.5</u>	<u>0.2</u>	<u>2</u>		<u>143.5</u>		
3. <u>FT</u>	<u>3.4</u>	<u>0.3</u>	<u>3</u>		<u>8</u>		
4. <u>SGD</u>	<u>3.4</u>	<u>0.2</u>	<u>3</u>		<u>40</u>		
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-value must be less than or equal to values from CF-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (interior, exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-values for the total fenestration area are less than or equal to values from CF-IR.

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-Value and lower SHGC than that specified in the certificate of compliance (Form CF-IR) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item # (if applicable)	Signature, Date  11/28/05	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (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

July 1, 1999

INSTALLATION CERTIFICATE

0508771

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; 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 number)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (>CF-1R value)	Duct Location (atlc. eq.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

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

1. \geq 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

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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, EER)	Standby ² Loss (%)	External Insulation R-value ³
NATURAL	STATE GSG40Y0CTG	STORAGE		2	40000	40	57	350	R-7

- 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 0.53.

Faucets & Shower Heads:

All faucets 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.

Chris Bunge
Signature, Date

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

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

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

2210 Dorothy June Way
Sacto Ca

ICBO Report #4004

/ 0508771

Date of Job Completion 12-20-05

PLASTERING CONTRACTOR:

Name: Woody Poynter Lath and PlasteringAddress: P.O. Box 1220 Sloughhouse Ca 95683Telephone No: 916-354-9684Contractor Number of Diamond Wall System 2106

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.

12-21-05

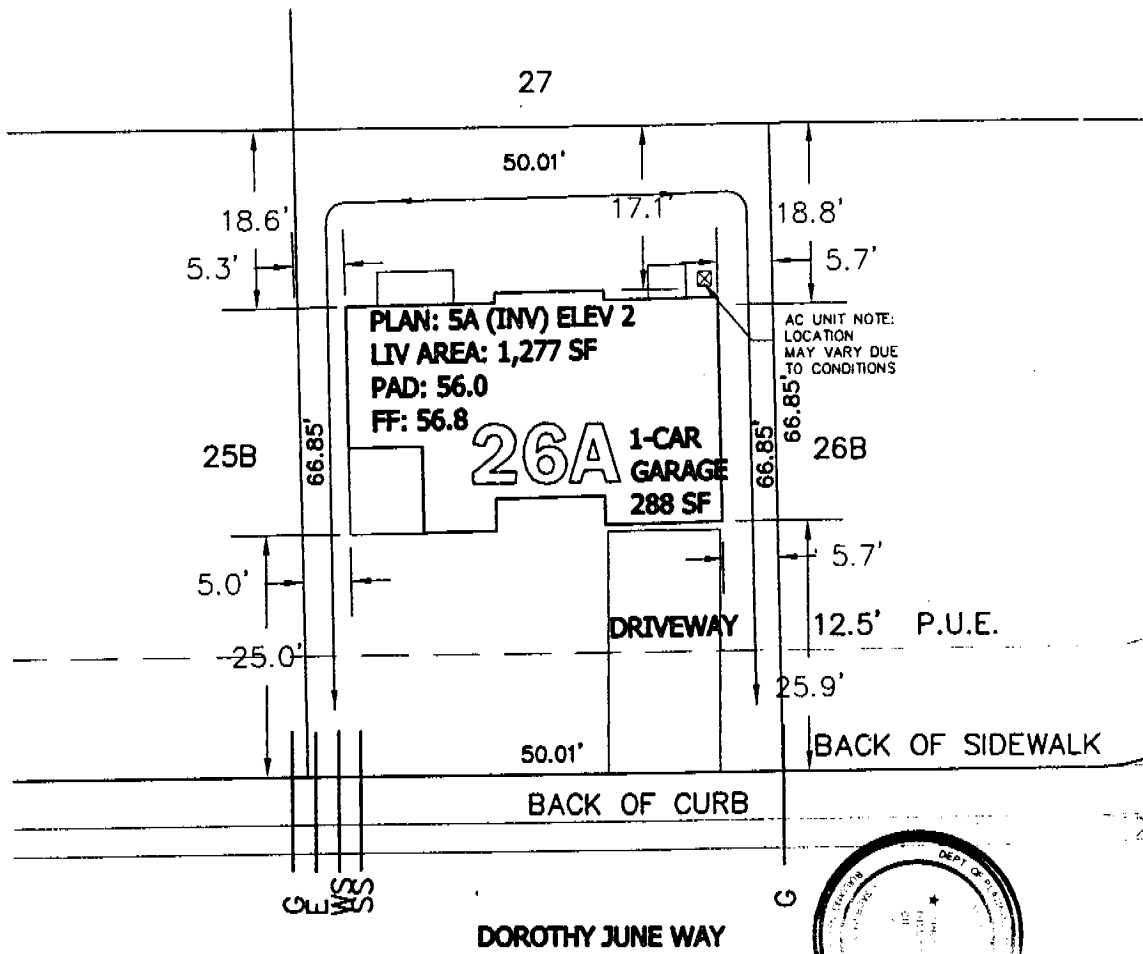
Date

Woody Poynter
Signature of authorized representative of
Plastering Contractor

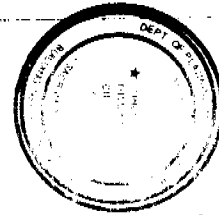
This installation card must be presented to the building inspector after completion of work and before final inspection.

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THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL, ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINOR SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.



AC UNIT NOTE:
LOCATION
MAY VARY DUE
TO CONDITIONS



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.

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setbacks dimensions and elevations as shown may be adjusted to fit field conditions.

REVISION:	DATE:	LOT AREA: 3,342 SF	DATE: 03/18/05
		ACTUAL LOT COVERAGE: 824 SF = 25%	DRAWN BY: CD/RG
		NO. OF BEDROOMS/BATHS: 3 / 2-1/2	SCALE: 1"=20'-0"
JOHN DETERDING Company 5916 Palm Drive PO Box 1608 Carmichael, California 95609-1608 tel 916.483.7386 fax 916.483.7389		PLOT PLAN FOR ASTORIA PLACE ASTORIA PLACE PARTNERS, LLC P.O. Box 2823 Carmichael, CA 95608-2823 Phone 916.944-4274 Fax 916.944-4278	
		DORMAN ASSOCIATES INC. CHRIS DORMAN, AIA 822 D STREET SUITE 5 SAN RAFAEL, CA 94901 415.457.2085 415.457.2081 FAX CD@DORMANARCHITECT.COM	LOT: 26A APN 205-0201-042