CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0611708
Insp Area: 4
Thos Bros: 256J4

Site Address: 500 BANKSIDE WY SAC St: #8
Parcel No: 201-1170-003 BLDG 8

Sub-Type: NAPT
Housing (Y/N): N

PAID
CITY OF SACRAMENTO
AUG 18 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

CONTRACTOR
HURLEY CONST., INC.
1801 1ST #202
SACRAMENTO, CA 95814

OWNER

ARCHITECT
CUNNINGHAM ENGINEERING
2940 SPAFFORD ST STE 200
DAVIS CA 95616

Nature of Work: BLDG 8/TYPE H - 12,069 SQ FT 3 STORY TRAINING FACILITY

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_____ nder'sAddress_____

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_____ License Number 710644 Date 8/18/06 Contractor Signature K. Green

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_____ Ower 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date_____ Aplicant/Agent Signature_____

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.

__Y__ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND Policy Number 498-0004747 Exp Date 11/01/2006

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

Date 8/18/06 Aplicant Signature K. Green

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.

2005 CERTIFICATE OF ACCEPTANCE (Part 1 of 2) LTG-1-A

PROJECT NAME		DATE
Westview Ranch Apts.		6.15.07
PROJECT ADDRESS		
500 Bankside Wy.		
TESTING AUTHORITY	TELEPHONE	Checked by/Date Enforcement Agency Use
Jeff Hulse Electric	1(530)-756-5147	

GENERAL INFORMATION Bldg #8

DATE OF BLDG. PERMIT	PERMIT #	BLDG. CONDITIONED FLOOR AREA	CLIMATE ZONE
08/18/2006	0611708		

BUILDING TYPE	☐ NONRESIDENTIAL	☐ HIGH RISE RESIDENTIAL		☐ HOTEL/MOTEL GUEST ROOM
PHASE OF CONSTRUCTION	☒ NEW CONSTRUCTION		☐ ADDITION ☐ ALTERATION	☐ UNCONDITIONED

STATEMENT OF ACCEPTANCE

This Certificate of Acceptance summarizes the results of the acceptance tests related to building lighting requirements per Title 24, Part 6. (Sections 119(d), 119(e), 131(d))

Please check one:

☐ I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for it's preparation; and that I am licensed in the State of California as a civil engineer or electrical engineer, or I am a licensed architect.

☒ I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 or 6737.3 to sign this document as the person responsible for its preparation; and that I am a licensed contractor performing this work.

☐ I affirm that I am eligible under the exemption to Division 3 of the business and Professions Code to sign this document because it pertains to a structure or type of work described pursuant to Business and Professions Code sections 5537, 5538, and 6737.1.

(These sections of the Business and Professions Code are printed in full in the Nonresidential Manual.)

TESTING AUTHORITY - NAME	SIGNATURE	DATE	LIC.#
Jeff Hulse Electric		6.15.07	323533

INSTRUCTIONS TO APPLICANT

For Detailed instructions on the use of this and all Energy efficiency Standards acceptance forms, please refer to the Nonresidential Manual published by the California Energy Commission.

Part 1 of 2 - Statement of Acceptance

Part 2 of 2 - Summary of Acceptance Tests

2005 CERTIFICATE OF ACCEPTANCE (Part 2 of 2)

LTG-1-A

PROJECT NAME: Westview Ranch Apts,

DATE: 6.15.07

SUMMARY OF ACCEPTANCE TESTS

SYSTEM ACCEPTANCE DOCUMENT Form 1 of 1	TESTING AUTHORITY	DATE OF TEST	PASS / FAIL	NOTES Bldg. Dept. Use
ALL SYSTEMS TESTED	Jeff Hulse Electric	6.15.07		

NOTE: Use additional sheets as necessary

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document

LTG-2-A

Form 1 of 1

PROJECT NAME: Westview Ranch Apts.	DATE: 6-15-07
PROJECT ADDRESS: 500 Bankside Wy Bldg #8	
TESTING AUTHORITY: Jeff Hulse Electric	TELEPHONE: (530) 756-5147
LIGHTING CONTROL SYSTEM NAME / DESIGNATION: Pass + Seymour CWP100	Checked by/Date Enforcement Agency Use

Intent: Lights are turned off when not needed per 119(d) & 131(d).

Construction Inspection

1 Instrumentation to perform test includes, but not limited to:
- a. Light meter
- (b) Hand-held amperage and voltage meter
- c. Power meter

2 Occupancy Sensor Construction Inspection
- ☒ Occupancy sensor has been located to minimize false signals
- ☒ Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
- N/A ☐ Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source

3 Manual Daylighting Controls Construction Inspection
- N/A ☐ If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems

4 Automatic Time Switch Controls Construction Inspection
- a. Automatic time switch control is programmed for (check all):
  - ☒ Weekdays
  - ☒ Weekend
  - ☒ Holidays
- b. Document for the owner automatic time switch programming (check all):
  - ☒ Weekdays settings
  - ☒ Weekend settings
  - ☒ Holidays settings
  - ☒ Set-up settings
  - ☒ Preference program setting
- ☒ Verify the correct time and date is properly set in the time switch
- N/A ☐ Verify the battery is installed and energized
- ☒ Override time limit is no more than 2 hours

Certification Statement: I certify that all statements are true on this LTG-2-A form including the PASS/FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: ELIJAH PROK

Company: Jeff Hulse Electric

Signature: [signature] Date: 6-15-07

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document

LTG-2-A

Form 1 of 1

PROJECT NAME: Westview Ranch Apts. Bldg #8

DATE: 6-15-07

A. Select Acceptance Test (Indicate lighting control systems Names/Designations by the applicable tests below)

☒	1	Occupancy Sensor	Pass + Seymour CWP10CW
☒	2	Manual Daylighting Controls	Pass + Seymour T600EW
☒	3	Automatic Time Switch Controls	Intermatic K4221C

B. Equipment Testing Requirements	Applicable Lighting Control Systems		
Check and verify those items applicable to selected system:	1	2	3
Occupancy Sensor - Step 1: Simulate an unoccupied condition			
a. Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 119(d)	(Y) / N		
b. The occupant sensor does not trigger a false "on" from movement in an area adjacent to the controlled space or from HVAC operation	(Y) / N		
c. Signal sensitivity is adequate to achieve desired control	(Y) / N		
Step 2: Simulate an occupied condition			
a. Status indicator or annunciator operates correctly	(Y) / N		
b. Lights controlled by occupancy sensors turn on when immediately upon an occupied condition *OR* (this requirement is mutually exclusive with Step 2.c.)	(Y) / (N)		
c. Sensor indicates space is "occupied" and lights turn on manually	Y / (N)		
Step 3: System returned to initial operating conditions	(Y) / N		
Manual Daylighting Controls - Step 1: Manual switching control			
a. At least 50% of lighting power in daylit areas is separately controlled from other lights		N/A Y / N	
b. The amount of light delivered to the space is uniformly reduced		Y / N	
Step 2: System returned to initial operating conditions		Y / N	
Automatic Time Switch Controls - Step 1: Simulate occupied condition			
a. All lights can be turned on and off by their respective area control switch			(Y) / N
b. Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located			(Y) / N
Step 2: Simulate unoccupied condition			
a. All non-exempt lighting turn off per Section 131(d)1			(Y) / N
b. Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs			Y / N N/A
c. All non-exempt lighting turns off			(Y) / N
Step 3: System returned to initial operating conditions			(Y) / N

Note: Shaded areas do not apply for particular test procedure

C. PASS / FAIL Evaluation (check one):	
☒	PASS: All applicable **Construction Inspection** responses are complete and all applicable **Equipment Testing Requirements** responses are positive (Y - yes)
☐	FAIL: Any applicable **Construction Inspection** responses are incomplete *OR* there is one or more negative (N - no) responses in any applicable **Equipment Testing Requirements** section. Provide explanation below. Use and attach additional pages if necessary.

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Automatic Daylighting Controls Acceptance Document

LTG-3-A

Form 1 of 1

PROJECT NAME: Westview Ranch Apts,	DATE: 6-15-07
PROJECT ADDRESS: 500 Bankside Wy Bldg #8	
TESTING AUTHORITY: Jeff Hulse Electric	TELEPHONE: (530) 756-5147
AUTOMATIC DAYLIGHTING CONTROL NAME / DESIGNATION: Intermatic K4221C	Checked by/Date Enforcement Agency Use

Intent: Verify operation of daylighting systems meet 119(e)2.

Construction Inspection

1 Instrumentation to perform test includes, but not limited to:
- a. Light meter
- (b.) Hand-held amperage and voltage meter
- c. Power meter

2 Documentation of all control devices (photocells) have been properly located including:
- a. Factory-calibrated (proof required)
  - ☒ Factory-calibration certificate attached
- b. Field-calibrated
  - ☐ Setpoint properly set
  - ☐ Lighting threshold

3 Documentation has been provided by the installer for:
- ☐ Setpoints for each device
- ☐ Settings for each device
- ☒ Programming for each device

4 Luminaires controlled by automatic daylighting controls are only in daylit areas; and
- ☒ Separately circuited for daylit areas by windows and daylit areas under skylights

Certification Statement: I certify that all statements are true on this LTG-3-A form including the (PASS)/FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: ELIJAH PROK

Company: Jeff Hulse Electric

Signature: [signature] Date: 6-15-07

2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Automatic Daylighting Controls Acceptance Document

LTG-3-A

Form 1 of 1

PROJECT NAME: Westview Ranch Apts. Bldg #8

DATE: 6.15.07

A. Control System (check all applicable systems and list lighting control systems Names/Designations)

☐	1	Continuous Dimming Control Systems N/A
☐	2	Stepped Dimming Control Systems N/A
☐	3	Stepped Switching Control Systems N/A

B. Equipment Testing Requirements N/A		Applicable Control System		
Check and verify those applicable to specific simulation mode:		1	2	3
Step 1: Simulate bright conditions				
a.	Measured lighting power at fully dimmed condition kW =			
b.	Rated lighting power at full light output kW =			
c.	Lighting power reduced by at least 50% in daylit area by windows and at least 65% in daylit areas under skylights.	Y / N		
d.	Only luminaries in daylit zone are affected by daylight control	Y / N	Y / N	Y / N
e.	Automatic daylight control system reduces the amount of light delivered to the space uniformly	Y / N		
f.	Dimming control system provides reduced flicker operation over the entire operating range per Standards Section 119(e)2.	Y / N		
g.	Lumen measurements in the space, location of measurements and specific device settings, program setting and other measurements are documented	Y / N	Y / N	Y / N
h.	Automatic daylight control system reduces the amount of light delivered to the space relatively uniformly as per Section 131(b)		Y / N	
i.	Lighting power reduced by at least 50% in daylit area by windows and at least 65% in daylit areas under skylights.		Y / N	Y / N
j.	Automatic daylight control system reduces the amount of light delivered to the space per manufacturer's specifications for power level versus light level		Y / N	Y / N
k.	Minimum time delay between step changes is 3 minutes to prevent short cycling		Y / N	
l.	Lighting power reduction is at least 50% under fully switched conditions per Standards Section 119(e)1			Y / N
m.	Single- or multiple-stepped switching controls provide a dead band of at least three minutes between switching threshold to prevent short cycling			Y / N
Step 2: Simulate dark conditions				
a.	Dimming control system provides reduced flicker operation over the entire operating range per Standards Section 119(e)2.	Y / N	Y / N	
b.	Lumen measurements in the space, location of measurements and specific device settings, program setting and other measurements are documented	Y / N	Y / N	Y / N
c.	Automatic daylight control system increases the amount of light delivered to the space uniformly	Y / N	Y / N	Y / N
d.	Minimum time delay between step changes is 3 minutes to prevent short cycling		Y / N	
e.	Single- or multiple-stepped switching controls provide a dead band of at least three minutes between switching threshold to prevent short cycling			Y / N
Step 3: System returned to initial operating conditions		Y / N	Y / N	Y / N

C. PASS / FAIL Evaluation (check one):

☒	PASS: All applicable **Construction Inspection** responses are complete and all applicable **Equipment Testing Requirements** responses are positive (Y - yes)
☐	FAIL: Any applicable **Construction Inspection** responses are incomplete *OR* there is one or more negative (N - no) responses in any applicable **Equipment Testing Requirements** section. Attach additional pages with explanation.

INSTALLATION CERTIFICATE (Page 1 of 7) CF-6R

500 Bankside Way Bldgs 1,2,3,4,5,6,8,11 — 0611708
Site Address — Permit Number
Westview Ranch Apts. Bldg #8

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 Number	# of Identical Systems	Efficiency (AFUE, etc.)[1] [eCF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Hydro	Allstyle VF24	12	100.0 AFUE	Hallway	R-6	27,300	27,300

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.)[1] [eCF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Fan Coil	Fedders C24ACD1VF	12	13 SEER	Hallways	R-6	20,700	20,700

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.

Gilbert N Oman 5/4/07
Signature, Date

Gilbert N Oman (Hasco Inc.)
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, RE)	Standby[2] Loss (%)	External Insulation R-value[3]
Gas	Rheem Gulf-40	Standard		12	40,000	40	.62	20%	16
Gas	A.O. Smith BTH-200	Standard		1	200,000	91	.82	2%	12

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.

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.

4-16-07
Signature, Date

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

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

INSTALLATION CERTIFICATE

 CF-6R

500 Bankside Wy Westview Ranch Apts Bldg #8 — Site Address

06/1708 — Permit Number

FENESTRATION/GLAZING:

Building Type "H" Bldg # 1, 2, 5, (8)

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor[1] (or CF-1R value)[2]	Product SHGC[1] (or CF-1R value)[2]	# of Units	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. Cascade Windows							Low-E Glass
2. Vinyl Series							
3. Sliders	.35	.30	2		Ø		
4.							
5. Single Hungs	.35	.30	2		432		
6.							
7. Fixed	.32	.34	2		90		
8.							
9. Patio Doors	.33	.33	2		544		
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)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
1-9	3/26/07	The Door + Window Co.

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

INSTALLATION CERTIFICATE (Page 3 of 7) CF-6R

500 Bankside Wy Bldg #8 — Site Address

0611708 — Permit Number

DUCT DIAGNOSTICS

This building obtained compliance credit for:

- ☐ Duct sealing
- ☐ Duct Area Reduction
- ☐ ACCA Manual D design and installation

CREDIT FOR REDUCED DUCT SURFACE AREA OR LOCATION

Duct Location*	Exterior Surface Area (CF-1R)	Measured Exterior Surface Area
☐ Attic		
☐ Crawlspace		
☐ Basement		
☒ Other _____	Conditioned.	

*Ignore ducts in conditioned space. Only a check is required for location credit.

ACCA Design

- ☒ Duct Design on Plans
- ☒ Installed duct diameters match plans
- ☒ TXV installed
- ☒ Access to TXV valve (if installed)
- ☐ No TXV, Fan air flow (CFM) _____

Duct Sealing

- ☒ Duct Leakage Measured
- ☐ Measured leakage (CFM) ~ 6 %
- HVAC Fan air flow (CFM) _____ (measured or calculated as
- ☐ CFM = 0.7 x A_{floor} for CZ 8 through 15
- ☐ CFM = 0.5 x A_{floor} for CZ 1 through 7 & 16

or, if the equipment size is known, the larger of 1 or 2.

1. ☒ CFM = 400 x *Cooling Capacity in* Tons or
2. ☐ CFM = 21.7 x *Heating Capacity in Thousands of Btu per hour*)

Leakage divided by HVAC Fan air flow _____ (must be ≤ 0.06)

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:

☒ Duct Fan Pressurization at rough-in measured leakage CFM) 25 CHECK AFTER FINISHING WALL::

☐ Pressure pan test ☐ House pressurization test ☒ Visual Inspection of Duct Connections

Provide Follow-up Test Results or Inspection Results on a Separate Page

☐ This certifies that the duct surface area and duct locations were verified.

When compliance credit is claimed for duct surface area reductions and duct location improvements beyond those covered by default assumptions, builder employees or subcontractors shall certify that they have verified that the duct surface area and locations match those on the plans and shall indicate the duct surface area in each duct location on the CF-6R.

☐ This is to certify 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.]

5/4/07	[signature]	Hasco Inc.
Tests Performed	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)

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

INSTALLATION CERTIFICATE (Page 4 of 7) CF-6R

1500 Bankside Wy Bldg #8 — Site Address

0611708 — Permit Number

BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

This building obtained compliance credit for: ☐ Envelope sealing using diagnostic testing (CF-1R)

Diagnostic Testing Results N/A

	Needed for Compliance (from CF-1R)	Measured Blowerdoor Test Results
Building Envelope Leakage (CFM @ 50 Pa)		
Leakage level equivalent to an SLA of 3.0 from CF-1R		
Minimum Building Leakage equivalent to an SLA of 1.5 from CF-1R (CFM @ 50 Pa)		

☐ Yes ☐ No Is design leakage less than the SLA 3.0 equivalent (from CF-1R)?

☐ Yes ☐ No Is mechanical ventilation installed? (Required if design is less than 3.0 SLA)

☐ Yes ☐ No Is measured leakage (without fans operating) less than minimum in the above Table (1.5 SLA from CF-1R)?

☐ Yes ☐ No Is mechanical supply ventilation installed to assure house pressure does not go below minus 5 Pascal relative to outside ambient with all exhaust fans operating?

Mechanical Ventilation – Fill in Table if mechanical ventilation is installed N/A

	Used for Compliance (from CF-1R)	Measured Actual
Continuous Mechanical Ventilation (CFM)[1]		
Continuous Mechanical Supply Ventilation (CFM) Required to maintain -5 Pa if building envelope leakage is less than minimum (see above)		
Total Power Consumption of Continuous Mechanical Ventilation (Watts)[2]		

☐ This certifies that the building envelope leakage was verified.

When compliance credit is claimed for building leakage reduction below default assumptions, builder employees or subcontractors shall certify that they have verified that the building leakage level matches that used for compliance on the CF-1R and shall document the leakage levels required for compliance and the tested infiltration values on the CF-6R.

☐ This is to certify 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.]

Test Performed | Signature | Date | Testing Subcontractor (Co. Name) OR General Contractor (Co. Name)

COPY TO: Building Department
HERS Provider (if applicable)

[1] When mechanical ventilation is required, CFM less than 0.047 CFM per square foot of conditioned floor area indicates failure to achieve compliance.

[2] As determined from label on fan or manufacturers literature.

INSTALLATION CERTIFICATE (Page 5 of 7) CF-6R

500 Bankside Wy Bldg # 8 — Site Address

0611708 — Permit Number

The following is an explanation of many of the input values required on this form:

HVAC SYSTEMS

Heating Equipment Type must be one of the following:

Furnace:	Gas (including Liquefied Petroleum Gases) or oil-fired central furnace & space heater
Boiler:	Gas or oil-fired boiler
PckgHeatPump:	Packaged central heat pump
SplitHeatPump:	Split central heat pump
RoomHeatPump:	Room heat pump
LgPkgHeatPump:	Large packaged heat pump (≥ 65,000 Btu/hr output)
Electric:	Electric resistance heating (fixed HSPF = 3.413); radiant electric resistance (fixed HSPF = 3.55)
CombinedHydro:	Reference water heater under water heating systems below

CEC Certified Manufacturer Name & Model Number from applicable Commission approved appliance directory.
# of Identical Systems is for those systems with the same efficiency, duct location, duct R-value and capacity.
Efficiency from applicable Commission certified appliance directory.
Duct (or Piping) Location is attic, crawl space, CVC crawl space, conditioned space, unconditioned space or none.
Duct (or Piping) R-Value from Directory of Certified Insulation Materials and/or manufacturer's data.
Heating/Cooling Load refer to Commission approved load calculation procedure.
Heating/Cooling Capacity from the applicable Commission certified appliance directory. Note: location elevations over 2,000 ft above sea level require a derating of output capacity (refer to manufacturer's literature).

Cooling Equipment Type must be one of the following:

SplitAirCond:	Split system air conditioner
PckgAirCond:	Packaged air conditioner
Split Heat Pump:	Split system heat pump
PckgHeatPump:	Packaged heat pump
RoomHeatPump:	Room heat pump
LgPkgHeatPump:	Large packaged heat pump (≥ 65,000 Btu/hr output). Substitute EER for SEER when SEER is not available
RoomAirCond:	Room air conditioner. Minimum SEER varies*
LgPkgAirCond:	Large packaged air conditioner (≥ 65,000 Btu/hr output). Substitute EER for SEER when SEER is not available
EvapDirect:	Direct evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 11.0; duct location = attic; duct insulation R-value = 4.2
EvapIndirect:	Indirect evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 13.0; duct location = attic; duct insulation R-value = 4.2

*Refer to Energy Commission publication *Appliance Efficiency Regulations*, P400-92-029

CF-6R

INSTALLATION CERTIFICATE

500 Bankside Wy Bldg #8
Site Address

0611708
Permit Number

The following is an explanation of many of the input values required on this form:

WATER HEATING SYSTEMS

Distribution Systems Refer to *Residential Manual* for more details:

Standard:	Standard – Supply pressure based system, no pumps
Pipe Insulation:	Pipe Insulation on all 3/4-inch pipes
POU/HWR:	Point of Use/Hot Water Recovery System
Recirc/NoControl:	Recirculation loop with no controls
Recirc/Timer:	Recirculation loop with a timer
Recirc/Temp:	Recirculation loop with temperature control
Recirc/Time+Temp:	Recirculation loop with a timer and temperature control
Recirc/Demand:	Recirculation loop with demand control

Water Heater Type	Information Needed: Energy Factor	Recovery Efficiency	Standby Loss	Rated Input
Storage Gas, Oil or Electric	Yes	No	No	No
Heat Pump	Yes	No	No	No
Instantaneous Gas	No	Yes	No	No
Instantaneous Electric	Yes	No	No	No
Large Storage Gas	No	Yes	Yes	Yes
Indirect Gas (Boiler)	No	Yes (AFUE)	No	Yes

FENESTRATION/GLAZING

Fenestration:	Windows, sliding glass doors, French doors, skylights, garden windows, and any door with more than one square foot of glass
Operator Type:	Slider, hinged, fixed
U-Value:	Installed U-value must be less than or equal to value from CF-1R OR Installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R
SHGC:	Installed SHGC must be less than or equal to value from CF-1R OR Installed weighted SHGC for the total fenestration area is less than or equal to value from CF-1R OR An interior shading device, overhang, or exterior shading device is installed consistent with the CF-1R
Shading Device:	Include when the building complied using an ***interior*** shading device: blinds, opaque roller shades, blinds (do not list draperies), an ***exterior*** shading device: woven sunscreen, louvered sunscreen, low sun angle sunscreen, roll-down awning, roll-down blinds or slats (do not list bug screen), or an overhang (include depth in feet)

INSTALLATION CERTIFICATE

CF-6R

500 Bunkside Wy Bldg #8
Site Address

0611708
Permit Number

The following is an explanation of many of the input values required on the Diagnostic portion of this form (page 3 of 6):

TYPE OF CREDIT

Refer to *Residential Manual* Chapters 4 and 5 for more details:

Reduced Duct Surface Area:	Calculated as the outside area of the duct. Areas must be measured and verified by a HERS rater.
Improved Duct Location:	Supply duct located in other than attic, as verified by location of registers (does not require HERS rater verification).
Catastrophic Leakage:	Pressure pan test readings must be less than 1.5 Pascal at a house pressure of 25 Pascal.
TXV:	Access cover required to facilitate verification.
Infiltration Reduction:	Infiltration is measured without mechanical ventilation operating. Mechanical ventilation is required for very tight house construction when credits for infiltration reduction using diagnostic testing are being used for achieving compliance. These very tight houses are defined as those with SLA of less than 1.5. The compliance documentation (CF-1R) will contain the measured CFM target value from a blower door test at 50 Pascal pressure difference that represents this SLA of 1.5. Mechanical ventilation is also required if the builder chooses to design the building to use mechanical ventilation and claims a credit for infiltration below an SLA of 3.0. The compliance documentation (CF-1R) will contain the measured CFM target value that represents this 3.0 SLA. If the builder claims credit in a design for infiltration reduction that is at an SLA of 3.0 or higher, and the actual measured SLA is 1.5 or greater, then mechanical ventilation is not required. If the SLA in this case were below 1.5, then mitigation (such as mechanical ventilation) would be required.

CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT

Hurley Court
LOT # 8
5000 Bankside
Westview Ranch Apts

SACRAMENTO BUILDING PRODUCTS

- ☐ P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- ☐ 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- ☐ P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- ☐ P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- ☐ 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART II AREAS INSULATED

	WALLS	CEILINGS	FLOORS
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
TYPE OF INSULATION			
MATERIAL	FIBERGLASS	FIBERGLASS	FIBERGLASS
FORM	BATTS	BATTS & BLOW	BATTS
MANUFACTURER'S PRODUCT I.D.			
MANUFACTURER	CT / OC / JM	CT / OC / JM	CT / OC / JM
BAGS			
R - VALUE INSTALLED	R-19	R-30	
APPLIED THICKNESS	3.5 5.5	11.5	
MIN. INSTALLED WEIGHT PER SQUARE FOOT			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R VALUE	MANUFACTURER
FIBERGLASS	BATTS		CT / OC / JM

AIR INFILTRATION SEALANT

MATERIAL	MANUFACTURER	
Foam	HILTI	HANDY FOAM

PART III CERTIFICATION

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE 6/4/07
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS

Card Print Date: 01/17/2007 No.: 200-933160

KWIKKOTE™
STUCCO SYSTEM

Installation Card

Job Address

WESTVIEW RANCH APT | Lot: BLDG008

500 BANKSIDE WAY

SACRAMENTO

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evalutaion Service, Inc.
Evaluation Report ESR-1711
Date of Job Completion 5-2-07

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evalutation report specified above and the KWIK KOTE instructions.

Signature of authorized representative of stucco contractor

5-17-07
Date

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address:	500 BANKSIDE WY	Permit No:	0611708
Site Location:	BLDG 8	Occupancy:	R1
Building Use:	Apts 5+	Construction Type:	
Building Owner:		Sprinkled?	
		Area (sqft):	
Portion of Building Occupied:	ENTIRE		
Exception(s):	NONE		

07/12/2007 Carolyn Cooper for **Carl Hefner**

Date By: (Print) (Sign) ASSISTANT BUILDING OFFICIAL

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of the violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE