

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0608546

Insp Area: 2

Thos Bros: 337J3

Site Address: 5090 TANGERINE AV SAC

Parcel No: 118-0052-011

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

ALE YEAR HEAT AND AIR  
801 PLAZA AV  
SACRAMENTO CA 95815

OWNER

FARRINGTON JOSEPH E  
5090 TANGERINE AV  
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: C/O GROUND MOUNT PACKAGE HVAC

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 CE/CP/CEC License Number 406061 Date 6/12/06 Contractor Signature [Signature]

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 from 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);

CITY OF SACRAMENTO  
JUN 12 2006  
NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 improvement is not 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 6/12/06 Applicant/Agent Signature [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.

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 COMPENSATION INS FUND Policy Number 238-0000340 Exp Date 04/01/2007

(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.

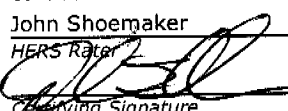
Date 6/12/06 Applicant Signature [Signature]

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.

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8)**

**CF-4R**

<b>5090 Tangerine Avenue - Sacramento, CA 95823</b>		Perfection Home Systems Inc. / 464658
<i>Project Address</i>		<i>Contractor Name / License No.</i>
		0608546
<i>Contractor Contact</i>	<i>Telephone</i>	<i>Permit Number</i>
John Shoemaker	916-565-0658	36862
<i>HERS Rater</i>	<i>Telephone</i>	<i>Sample Group Number</i>
	August 25, 2006	CC14-1798377603
<i>Operating Signature</i>	<i>Date</i>	<i>Certificate Number</i>
Firm: Perfection Home Systems Inc.	HERS Provider: <b>CalCERTS</b>	
Street Address: 2430 Grand Ave #D	City/State/Zip: Sacramento / CA / 95838	

Copies to: **Homeowner, HERS Provider and Building Department**

This CF-4R has been registered with the CalCERTS® registry in accordance with the **Title 24 & Title 20** of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

**HERS RATER COMPLIANCE STATEMENT**

The house was  Tested  Approved as part of sample testing, but was not tested.  
 As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of the CF-6R (Installation Certificate).

**HIGH EER AIR CONDITIONER: Main System**

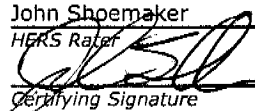
*Procedures for verification are available in RACM, Appendix RI.*

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	EER values of installed systems match the CF-1R
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	For split systems, indoor coil is matched to outdoor coil
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Delay Relay Verified (If Required)

Main System HVAC System: **Yes to 1 and 2; and 3 (If Required) is a pass**  Pass  Fail

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

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Firm: Perfection Home Systems Inc.	HERS Provider: <b>CalCERTS</b>	
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**THERMOSTATIC EXPANSION VALVE (TXV):** Main System

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

Main System HVAC System TXV	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)**

**CF-4R**

**5090 Tangerine Avenue - Sacramento, CA 95823**

Perfection Home Systems Inc. / 464658

Project Address

Contractor Name / License No.

0608546

Contractor Contact

Telephone

Permit Number

John Shoemaker

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HERS Rater

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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 the 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 drawbands 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: Main System**

<b>NEW CONSTRUCTION</b>			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	N/A	
2	Fan Flow: Calculated (Nominal <input checked="" type="radio"/> Cooling <input type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	Not Tested	
3	Pass if Leakage Percentage $\leq 6\% [ 100 \times ( \text{Line 1} / \text{Line 2} ) ]$ :	N/A	N/A
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
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.	Not Tested	
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.	Not Tested	
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)	Not Tested	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)	Not Tested	
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\% [ 100 \times ( \text{Line 5} / \text{Line 2} ) ]$ :	Not Tested	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>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:</b>			
9	Pass if Leakage Percentage $\leq 15\% [ 100 \times ( \text{Line 5} / \text{Line 2} ) ]$ :	Not Tested	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\% [ 100 \times ( \text{Line 7} / \text{Line 2} ) ]$ :	Not Tested	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\% [ 100 \times ( \text{Line 6} / \text{Line 4} ) ]$ and Verification by Smoke Test and Visual Inspection	Not Tested	<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
	<b>Pass if One of Lines #9 through #12 pass</b>		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail