

TRANSMISSION VERIFICATION REPORT

TIME : 02/17/2006 12:58
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

| | |
|--------------|-----------------|
| DATE, TIME | 02/17 12:57 |
| FAX NO./NAME | 94568257 |
| DURATION | 00:01:16 |
| PAGE(S) | 03 |
| RESULT | OK |
| MODE | STANDARD ECM |

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

PAID
 CITY OF SACRAMENTO

FEB 17 2006

ISSUED
 CITY OF SACRAMENTO

NEW CITY HALL

FEB 17 2006

RECEIPT NUMBER: R0602757

TRANSACTION DATE: 02/17/2006
 TRANSACTION AMOUNT: 185.63
 NOTATION:

**DOWNTOWN PERMIT
 CENTER**

APD #: **0602150**
 SITE ADDRESS: 6941 FLINTWOOD WY SAC
 PARCEL: 029-0376-001

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: **ISSUED**

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

| Type | Method | Description | Pymt Amount |
|---------|----------|-------------|-------------|
| Payment | Credit C | TEETER | 185.63 |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|--------------------------|--------|-----------|-----------|--------------|
| 200 | Permit--Building-Res | 1100 | 175.00 | .00 | 175.00 |
| 206 | City Business Oper Tax | 1730 | 1.27 | .00 | 1.27 |
| 213 | General Plan Surcharge | 1760 | 2.36 | .00 | 2.36 |
| 259 | Bldg-Technology Surcharg | 1750 | 7.00 | .00 | 7.00 |

permit pkg

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R | |
|--|--|
| Project Address 6941 HINTWOOD WAY | Builder Name MCDONALD |
| Builder Contact VICKI BURLINGHAM 916 456-4738 | Plan Number |
| HERS Rater Debbie Thompson 916 835-4773 | Sample Group Number 2 of 2 |
| Compliance Method (Prescriptive) | Climate Zone 12 |
| Certifying Signature <i>[Signature]</i> | Date 2-2006 |
| Firm Capitol Energy Consultants | HERS Provider CalCerts |
| Street Address: 1709 Adonis Way | City/State/Zip: Sacramento, CA 95864 |

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

Residential Compliance Forms

April 2005

Approved AS A SAMPLE FROM OTHER

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8) CF-4R | |
|--|--|
| Project Address 6941 HINTWOOD WAY | Builder Name MCDONALD |
| Builder Contact VICKI BURLINGHAM 916 456-4738 Telephone | Plan Number |
| HERS Rater Debbie Thompson 916 835-4773 Telephone | Sample Group Number 2-07-2 |
| Compliance Method (Prescriptive) | Climate Zone 12 |
| Certifying Signature <i>[Signature]</i> Date 2-20-06 | Sample House Number 2 |
| Firm Capitol Energy Consultants | HERS Provider CalCerts |
| Street Address: 1709 Adonis Way | City/State/Zip: Sacramento, CA 95864 |

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

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix R1.

| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|------------------------------|-----------------------------|---|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | | | 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Yes is a pass | Pass | Fail |

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge for Split System Space Cooling Systems without Thermostatic Expansion Valves

| | |
|---------------------------------------|---------------------------|
| Indoor Unit Serial # | |
| Location | |
| Outdoor Unit Make | |
| Outdoor Unit Model | |
| Cooling Capacity | Btu/hr |
| Date of Verification | |
| Date of Refrigerant Gauge Calibration | (must be checked monthly) |
| Date of Thermocouple Calibration | (must be checked monthly) |

Standard Charge Measurement (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

| | |
|--|--|
| <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented. |
|--|--|

INSTALLATION CERTIFICATE

(Page 3 of 12) CF-6R

| | |
|---|---------------------------------|
| Site Address 6941 FINWOOD WAY | Permit Number 0602150 |
|---|---------------------------------|

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).

HVAC SYSTEMS:

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) |
|--------------------------------|--|------------------------------|---|-----------------------------------|------------------------------|-----------------------------|---------------------------------|
| FURNACE SPLIT | TRANE TDD100C948 | 1 | 80 | | 4.2 | | 100 K |
| EVAP COIL | TA15448 | | | | | | |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

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

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ 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.

| | |
|---|---------------|
| Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner | |
| Signature: <i>[Signature]</i> | Date: 2-16-06 |

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

| | | | |
|--------------|-------------------|---------------|---------|
| Site Address | 6941 HUNTWOOD WAY | Permit Number | 0602150 |
|--------------|-------------------|---------------|---------|

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

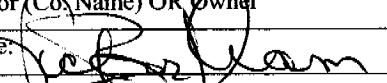
- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler 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: | | |
| 2 | Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" 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: | 2170 | ✓ ✓ |
| 3 | Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [_____ (Line # 1) / _____ (Line # 2)]] | | <input 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. | 800 | |
| 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. | 217 217 | |
| 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) | | ✓ ✓ |
| 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 [<u>217</u> (Line # 5) / <u>2170</u> (Line # 2)]] | 1070 | <input checked="" 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 |

, 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.

| | |
|--|---------------|
| Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner | |
| Signature:  | Date: 2-16-06 |

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

| | | |
|---------------------------------------|---------------------------------|-----------------------------|
| INSTALLATION CERTIFICATE | | (Page 5 of 12) CF-6R |
| Site Address 6941 HINTWOOD WAY | Permit Number 0602150 | |

THERMOSTATIC EXPANSION VALVE (TXV)
Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

| | | | | | |
|---|---|-----------------------------|---|-------------------------------------|--------------------------|
| ✓ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | Yes is a pass | Pass | Fail |

REFRIGERANT CHARGE MEASUREMENT
 Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

| | | |
|---------------------------------------|--|---------------------------|
| Outdoor Unit Serial # | | |
| Location | | |
| Outdoor Unit Make | | |
| Outdoor Unit Model | | |
| Cooling Capacity | | Btu/hr |
| Date of Verification | | |
| Date of Refrigerant Gauge Calibration | | (must be checked monthly) |
| Date of Thermocouple Calibration | | (must be checked monthly) |

Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):
Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

| | | |
|---|--|----|
| Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db) | | °F |
| Return (evaporator entering) air dry-bulb temperature (Treturn, db) | | °F |
| Return (evaporator entering) air wet-bulb temperature (Treturn, wb) | | °F |
| Evaporator saturation temperature (Tevaporator, sat) | | °F |
| Suction line temperature (Tsuction, db) | | °F |
| Condenser (entering) air dry-bulb temperature (Tcondenser, db) | | °F |

Superheat Charge Method Calculations for Refrigerant Charge

| | | |
|--|--|----|
| Actual Superheat = Tsuction, db – Tevaporator, sat | | °F |
| Target Superheat (from Table RD-2) | | °F |
| Actual Superheat – Target Superheat (System passes if between -5 and +5°F) | | °F |

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

| | | |
|---|--|----|
| Actual Temperature Split = T return, db Tsupply, db | | °F |
| Target Temperature Split (from Table RD3) | | °F |
| Actual Temperature Split Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F) | | °F |

INSTALLATION CERTIFICATE

(Page 6 of 12) CF-6R

Site Address **6941 HJNTWOOD WAY**

Permit Number
0602150

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

| | | | |
|-------------------------------------|------------------------------|-----------------------------|---------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | System Passes |
|-------------------------------------|------------------------------|-----------------------------|---------------|

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 °F)

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 °F or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.
Weigh-In Charging Method for Refrigerant Charge

| | | |
|---|--|----|
| Actual liquid line length: | | ft |
| Manufacturer's Standard liquid line length: | | ft |
| Difference (Actual - Standard): | | ft |
| Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces (+ = add) (- = remove) | | |

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

| |
|---|
| Calculated Airflow: Cooling Capacity (Btu/hr) _____ X 0.033 (cfm/Btu-hr) = _____ CFM |
| Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated airflow). |

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

| | | | |
|-------------------------------------|------------------------------|-----------------------------|---------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | System Passes |
|-------------------------------------|------------------------------|-----------------------------|---------------|

| | |
|---|----------------------|
| Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner | |
| Signature: <i>[Signature]</i> | Date: 2-16-06 |

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

| CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 1 of 5) | | CF-1R |
|--|---------------------------|-----------------------------|
| Project Title HVAC CHANGEOUT-VAN HORN | Date 2/16/06 | Building Permit # |
| Project Address 6941 FJNTWOOD WAY | | Plan Check / Date |
| SACRAMENTO, CA 95831 | | |
| Documentation Author VICKI BURLINGHAM | Telephone 916 456-4738 | Field Check / Date |
| Compliance Method (Prescriptive) | Climate Zone 12 | Enforcement Agency Use Only |

Alternative Component Package Method: (check one) C D D (Alternative)
 * Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

GENERAL INFORMATION

Total Conditioned Floor Area (CFA) _____ ft²

Average Ceiling Height: 8 ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C ---- (5% X CFA) _____ ft²

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C ----(20% X CFA) _____ ft²

Building Type: (check one or more) Single Family Multifamily Addition Alteration
 (If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories: _____ Number of Dwelling Units: _____

Floor Construction Type: _____ Slab/Raised Floor (circle one or both)

Front Orientation: _____ North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

RADIANT BARRIER (required in climate zones 2, 4, 8-15)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

| Component Type (Wall, Roof, Floor, Slab Edge, Doors) | Frame Type (Wood or Metal) | Cavity Insulation R-Value | Continuous Insulation R-Value | Assembly U-factor (for wood, metal frame and mass assemblies) ¹ | Joint Appendix IV Reference | Roof Radiant Barrier Installed Yes or No | Location Comments (attic, garage, typical, etc.) |
|--|----------------------------|---------------------------|-------------------------------|--|-----------------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 5) CF-1R

| | |
|-------------------------|-------------|
| <i>Project Title</i> | <i>Date</i> |
| HVAC CHANGEOUT-VAN HORN | 2/16/06 |

FENESTRATION PRODUCTS – U-FACTOR AND SHGC

✓ FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R –must be included for New Construction, Additions and Alterations.

| Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight) | Orientation, N, S, E, W ¹ | Area (ft ²) | U-factor ² | U-factor Source ³ | SHGC ⁴ | SHGC Source ⁵ | Exterior Shading/Overhangs ^{6,7} ✓ box if WS-3R is included |
|---|--------------------------------------|-------------------------|-----------------------|------------------------------|-------------------|--------------------------|---|
| | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> |

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A,
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

HVAC SYSTEMS

| Heating Equipment Type and Capacity (furnace, heat pump, boiler, etc.) | Minimum Efficiency (AFUE or HSPF) | Distribution Type and Location (ducts, attic, etc.) | Duct or Piping R-Value | Thermostat Type | Configuration (split or package) |
|--|-----------------------------------|---|------------------------|-----------------|----------------------------------|
| FURNACE GAS | 80 | | 4.2 | SETBACK | SPLIT |
| | | | | | |
| | | | | | |
| | | | | | |

| Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling) | Minimum Efficiency (SEER or EER) | Duct Location (attic, etc.) | Duct R-Value | Thermostat Type | Configuration (split or package) |
|---|----------------------------------|-----------------------------|--------------|-----------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 3 of 5) CF-1R

| | |
|-------------------------|-------------|
| <i>Project Title</i> | <i>Date</i> |
| HVAC CHANGEOUT-VAN HORN | 2/16/06 |

SEALED DUCTS and TXVs (or Alternative Measures)

A signed CF-4R Form must be provided to the building department for each home for which the following are required.

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.) |
| <input checked="" type="checkbox"/> | TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.) |
| <input type="checkbox"/> | Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.) |
| OR | |
| <input type="checkbox"/> | Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 151-C, Footnotes 7-14. |
| OR | |
| <input type="checkbox"/> | For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual and duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D. |

WATER HEATING SYSTEMS

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed. |
| <input type="checkbox"/> | Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically. |
| <input type="checkbox"/> | Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal. |
| <input type="checkbox"/> | Check box to verify that a time control is required for a recirculating system pump for a system serving multiple units |

Systems serving single dwelling units

| Water Heater Type/Fuel Type | Distribution Type | Number in System | Rated Input ¹ (kW or Btu/hr) | Tank Capacity (gallons) | Energy Factor ¹ or Thermal Efficiency | Standby ¹ Loss (%) | Tank External Insulation R-Value |
|-----------------------------|-------------------|------------------|---|-------------------------|--|-------------------------------|----------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

System serving multiple dwelling units

| Water Heater Type | Distribution Type | Number in System | Rated Input ¹ (kW or Btu/hr) | Tank Capacity (gallons) | Energy Factor ¹ or Thermal Efficiency | Standby ¹ Loss (%) | Tank External Insulation R-Value |
|-------------------|-------------------|------------------|---|-------------------------|--|-------------------------------|----------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1) For small gas storage water heaters (rated inputs 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 Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiencies.

Pipe Insulation (kitchen lines \geq 3/4 inches) All hot water pipes from the heating source to the kitchen fixtures that are 3/4 inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 4 of 5) CF-1R

| | |
|---|------------------------|
| <i>Project Title</i> HVAC CHANGEOUT-VAN HORN | <i>Date</i> 2/16/06 |
|---|------------------------|

SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION (add extra sheets if necessary)

Indicate which special features are part of this project. The list below only represents special features relevant to the prescriptive method.

| <input checked="" type="checkbox"/> | Feature | Required Forms (if applicable) | Description |
|-------------------------------------|---|--|-------------|
| <input type="checkbox"/> | Metal Framed Walls | CF-1R | |
| <input type="checkbox"/> | Radiant Barriers | CF-1R | |
| <input type="checkbox"/> | Exterior Shades | WS-4R | |
| <input type="checkbox"/> | Cool Roof | N/A; Attach CRRC Label to Forms. | |
| <input type="checkbox"/> | Dedicated Hydronic Heating System | Performance Calculation Required; Attach Run to Forms. | |
| <input type="checkbox"/> | Combined Hydronic System | Performance Calculation Required; Attach Run to Forms. | |
| <input type="checkbox"/> | Gas Cooling | Performance Calculation Required. | |
| <input type="checkbox"/> | Buried Ducts | N/A; Indicate on building plans. | |
| <input type="checkbox"/> | Kitchen Pipe Insulation | See Section 5.6.2 Distribution Systems in Residential Manual. | |
| <input type="checkbox"/> | Multiple Water Heaters Per Dwelling Unit | See Table 5-13 or use Performance Calculation and attach Run to Forms. | |
| <input type="checkbox"/> | Central Water Heating System Serving Multiple Dwellings | Performance Calculation and attach Run to Forms. | |
| <input type="checkbox"/> | Non-NAECA Large Water Heater | CF-1R | |
| <input type="checkbox"/> | Indirect Water Heater | See Table 5-13 or use Performance Calculation and attach Run to Forms | |
| <input type="checkbox"/> | Instantaneous Gas Water Heater | See Table 5-13 or use Performance Calculation and attach Run to Forms | |
| <input type="checkbox"/> | Solar Water Heating System | See Table 5-13 or use Performance Calculation and attach Run to Forms | |
| <input type="checkbox"/> | Wood Stove Boiler | Performance Calculation and attach Run to Forms | |

SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION

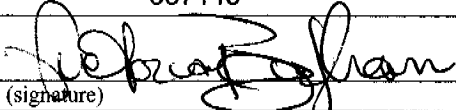
(add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

| <input checked="" type="checkbox"/> | Feature | Required Forms (if applicable) | Description |
|-------------------------------------|------------------------------|--------------------------------|-------------|
| <input checked="" type="checkbox"/> | Duct Sealing | CF-6R part 4 of 12 | |
| <input type="checkbox"/> | Refrigerant Charge | CF-6R part 5 of 12 | |
| <input checked="" type="checkbox"/> | Thermostatic Expansion Valve | CF-6R part 6 of 12 | |

| | |
|--|------------------------|
| CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 5 of 5) CF-1R | |
| Project Title HVAC CHANGEOUT-VAN HORN | Date 2/16/06 |

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

| Designer or Owner (per Business and Professions Code) | Documentation Author |
|---|-----------------------------|
| Name: VICKI BURLINGHAM | Name: SAME |
| Title/Firm: MCDONALD | Title/Firm: |
| Address: 3618 BROADWAY | Address: |
| SACRAMENTO, CA 95817 | |
| Telephone: 916 456-4738 | Telephone: |
| License #: 387145 | |
|  | |
| (signature) _____ (date) 2-16-06 | (signature) _____ (date) |

Enforcement Agency

| | |
|--|---|
| Name: _____ | Comments: _____ _____ _____ _____ _____ |
| Title: _____ | |
| Agency: _____ | |
| Telephone: _____ | |
| (signature / stamp) _____ (date) _____ | |

City of Sacramento



MANNING BUILDING DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit ISSUED

CITY OF SACRAMENTO

PAID

Office Use Only

CITY OF SACRAMENTO

FEB 17 2006

Date Issued: 2/17/06

Total Amount: _____

FEB 17 2006

DOWNTOWN PERMIT CENTER

NEW CITY HALL

Please Fill in the Following

Site Address: 6941 Flintwood Way

Nature of Work: HVAC C/O SPLIT

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: C-20 License Number: 38115 Date: 2/16/06 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 3 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 Professions 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 improvements 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: 2/16/06 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: Redwood Fire Solutions Policy Number: 10513-9032 Expiration Date: 1-06

(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 these provisions.

Date: 2/16/06 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.

Feb 16 2006 10:58AM -- MC DONALD PLUMBING CITY OF SACRAMENTO No. 0434448 P 2/16