

# CERTIFICATION OF INSULATION

0411307

PART I GENERAL INFORMATION

**CAMBRIDGE**

LOT # **98**

- 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 1831, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

**NORTH POINTE @ NATOMAS**

DATE INSULATION COMPLETED

WALLS			CEILING			FLOORS		
( ) SQUARE FEET			( ) SQUARE FEET			( ) SQUARE FEET		
MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>		
FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
CT	OC	JM	CT	OC	JM	CT	OC	JM
			BAGS					
13 19	35 55	38	12"-14 7/8"	-	-	-	-	-
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE		
						MANUFACTURER		
						CT	OC	JM
MATERIAL						MANUFACTURER		
						<b>HILTI</b>	<b>HANDY FOAM</b>	
SIGNATURE -- INSULATION CONTRACTOR			<b>J.C.</b>			TITLE <b>MANAGER</b>		DATE <b>11/16/04</b>
SIGNATURE -- GENERAL CONTRACTOR						TITLE		DATE
REMARKS								

ATTIC COPY

Cambridge Homes - Parkside - All Plans  
 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 pump)	CEC Certified Mfr Name & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) (> CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

*Cooling Equipment*

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

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment installed; (2) is 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) the equipment 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:**

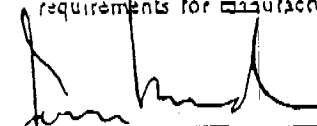
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	1/ Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value
Gas	Rheem 42VR50-40F	SJD	N/A	2	40,000	50	.62		R-20

For small gas storage (rated input ≤ 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor.  
 For large gas storage water heaters (rated input > 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.  
 For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment installed; (2) is 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

  
 Signature, Date

J.R. Pierce Plumbing Co.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

*Plan 4*

CF-6R

**Cambridge Homes (Northpointe)**

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 pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) $\geq$ CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	GMT090-4	1	80%	ATTIC	R-4.2	49,006	72,000	Plan 1
FURNACE	GMT115-5	1	80%	ATTIC	R-4.2	46,587	80,000	Plan 2
FURNACE	GMT115-5	1	80%	ATTIC	R-4.2	55,543	80,000	Plan 3
FURNACE	GMT115-5	1	80%	ATTIC	R-4.2	66,083	80,000	Plan 4
* TXV VALVE INSTALLED AS PART OF THE COIL								

**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) $>$ CF-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	CLJO48	1	80%	ATTIC	R-4.2	41,908	41,700	Plan 1
A/C	CLJO48	1	80%	ATTIC	R-4.2	38,761	39,500	Plan 2
A/C	CLJO48	1	80%	ATTIC	R-4.2	37,470	49,000	Plan 3
A/C	CLJO60	1	80%	ATTIC	R-4.2	48,454	49,000	Plan 4

(1)  $\geq$  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.

Signature, Date

**BEUTLER CORPORATION**

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std, point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.

(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Facets & Shower Heads:**

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

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)

CAMBRIDGE NORTHPOINT 4 PLAN

Site Address

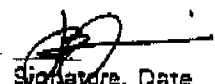
Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
		Products Labelled U-value (≤ CF-1R value) <sup>2</sup>	# of Panels	Default U-Value <sup>2</sup>			
1. 6210	SH	.35				323.5	
2. 6340	PW	.34				128.5	
3. 6110	HV	.35				84.5	
4. 5621	SGD	.35				48	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>2</sup> Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

4  
Item #s (if applicable)            2/16/05  
Signature, Date      Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

\_\_\_\_\_  
Item #s (if applicable)      \_\_\_\_\_  
Signature, Date      Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

\_\_\_\_\_  
Item #s (if applicable)      \_\_\_\_\_  
Signature, Date      Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

0411307

No. 200-923122

# KwikKote

## Stucco System Installation Card

Job Name: PARKSIDE @ NORTHPOINTE  
Address: 5584 JERRY LITELL WAY  
          , CA  
Lot #: 0000098

Stucco System Trade Name: KWIK KOTE  
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion:

Home Builder: CAMBRIDGE HOMES  
Address: 1816 TRIBUTE ROAD   STE. 100  
          SACRAMENTO, CA

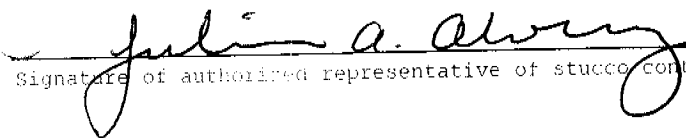
Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
          North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 09/27/2004

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

  
\_\_\_\_\_  
Signature of authorized representative of stucco contractor

11-19-04  
\_\_\_\_\_  
Date