

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

Permit No: 0602234

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3130 TORLAND ST SAC

Parcel No: RIVERDALE NORTH VILLAGE #2 LOT #68  
CITY OF SACRAMENTO

PAID

MAR 10 2006

**CONTRACTOR**  
BEAZER HOMES  
3721 DOUGLAS BL. STE. 100  
ROSEVILLE CA 95661

**OWNER**

**ARCHITECT**

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Nature of Work: MP 1194 2 STORY 6 RM SFR

**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 B License Number 724191 Date 3/10/06 Contractor Signature N. Collins

**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 \_\_\_\_\_ 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 3/10/06 Applicant/Agent Signature N. Collins

**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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

\_\_\_\_\_, (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.

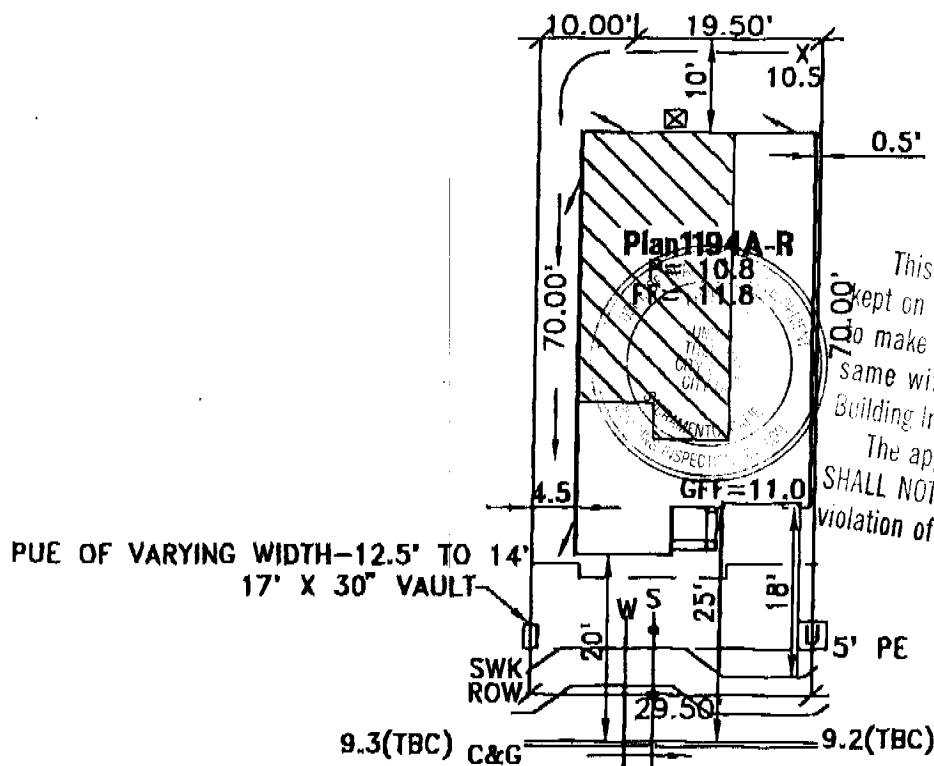
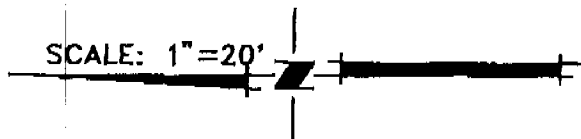
Date 3/10/06 Applicant Signature N. Collins

**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.**

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

SCALE: 1"=20'



This set of plans and specifications must be kept on the job site until the project is complete. No changes or alterations shall be made without the written consent of the Building Inspector. The approval of this set of plans and specifications SHALL NOT be held to constitute approval of any City Ordinance or State Law.

TORLAND STREET

- - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- ▲ - TRANSFORMER
- SI - SERVICE POINT
- ⊙ - FIRE HYDRANT

ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	RS
Marketing	✓	RS
Admin.		
Accounting		

**RIVERDALE VILLAGE 2**  
 "THE AMERICAN COLLECTION" FOR BEAZER HOMES  
 PLOT PLAN FOR LOT 68

A.P.N.:  
 LOT AREA: 2065 S.F.  
 ADDRESS: 3130 TORLAND STREET  
 CITY OF SACRAMENTO, CALIFORNIA

**WOOD RODGERS**  
 ENGINEERING - PLANNING - MAPPING - SURVEYING  
 3301 D STREET, SUITE 100-B, SACRAMENTO, CA 95816  
 PHONE: (916) 341-7766 FAX: (916) 341-7767

01-06-06	DRAWN:GDM	1055.031
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INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

0602237

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

Boyer LOT # 48 TRACT # American

STREET 3130 Terlan St CITY Martinsburg

EXTERIOR WALLS:

MANUFACTURER [Signature] THICKNESS/TYPE 3/4 R- VALUE 15/8

CEILINGS:

BATTIS: MANUFACTURER [Signature] THICKNESS/TYPE 10 R- VALUE 30

BLOWN IN: MANUFACTURER [Signature] THICKNESS/TYPE 12 R- VALUE 30

SQUARE FOOTAGE COVERED 128 NUMBER OF BAGS USED 13

FLOORS: MANUFACTURER THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE # DATE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING TITLE

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 6-27-08

NEVADA CONTRACTORS LICENSE #0055201 DATE 6-27-08

Signature: A. [Signature] Title: Justin Hark

Beazer Homes 3130 Torland American Collection  
 Site Address 0602234 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).

Plans-816, 1194, 1195

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ 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.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  reads greater than or equal to.  
 I, the undersigned, verify that equipment listed above is: 1) 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 \_\_\_\_\_ 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 <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GVR-40</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>40</u>	<u>.62</u>	<u>N/A</u>	<u>R-20</u>

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.

**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.

Brian David 3/21/06  
 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**

3130 Torland 6602234

CF-6R

Beazer Homes - American Collection at Riverdale North

Permit Number

**Site Address**

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.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	YORK #LY8S040A12	1	80%	ATTIC	4.2	23,409	40,000	PLAN 816
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	27,902	60,000	PLAN 1194
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	26,552	60,000	PLAN 1195
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	4.2	27,647	60,000	PLAN 1360
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	29,182	60,000	PLAN 1473
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	30,126	60,000	PLAN 1473 + SF

**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Unit Mfr Name and Model #	Compressor	# 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	YORK # H* RD024 *		1	13.0	ATTIC	4.2	14,865	20,800	PLAN 816
A/C	YORK # H* RD030 *		1	13.0	ATTIC	6.0	17,720	26,900	PLAN 1194
A/C	YORK # H* RD030 *		1	13.0	ATTIC	6.0	17,286	26,900	PLAN 1195
A/C	YORK # H* RD030 *		1	13.0	ATTIC	4.2	17,019	26,900	PLAN 1360
A/C	YORK # H* RD030 *		1	13.0	ATTIC	6.0	18,470	26,900	PLAN 1473
A/C	YORK # H* RD030 *		1	13.0	ATTIC	6.0	19,506	26,900	PLAN 1473 + SF

\* = TXV valve installed as part of the coil

(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.

\_\_\_\_\_  
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
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(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)  
OR General Contractor (Co. Name) OR Owner

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

3130 Torland 0602234

<b>INSTALLATION CERTIFICATE</b>	<b>(Page 2 of 12) CF-6R</b>
Site Address <b>THE AMERICAN COLLECTORS AT ROXBOROUGH NORTH - BEAZER</b>	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) 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).

**FENESTRATION/GLAZING:**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (= CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (= CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO NO GLAZ	.35	.32	2				
2.	KD GR105	.35	.29	2				
3.	SH NO GLAZ	.35	.32	2				
4.	SH GLAZ	.35	.29	2				
5.	PW NO GLAZ	.34	.35	2				
6.	PW GLAZ	.34	.31	2				
7.	PARTO DOORS	.35	.34	2				
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

- <sup>1</sup> Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.
- <sup>2</sup> 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. If using default table SHGC values from §116 identify whether tinted or not.

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
1-7		3/30/06	
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

0602234

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Project Title: American Date: 7/18/06  
 Project Address: 3130 Torland St Sacto, Ca 95834 Builder Name: Beazer  
 Builder Contact: 604#68 Telephone: 916 847 6514 Plan Number: 1194  
 HERS Rater: [Signature] Telephone: 7/18/06 Sample Group Number: \_\_\_\_\_  
 Certifying Signature: [Signature] Date: \_\_\_\_\_ Sample House Number: \_\_\_\_\_  
 Firm: ACS HERS Provider: \_\_\_\_\_  
 Street Address: 9524 City/State/Zip: Placerville, Ca 95667  
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- 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 as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa) Measured values

Test Leakage in CFM) 58

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998FAU

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.8%

Check Box for Pass or Fail (Pass = 6% or less)  Pass  Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass  Pass  Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)
  2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = \_\_\_\_\_  Pass  Fail
- Yes for both 1 and 2 is a Pass



Beazer/American

CF-6R

# Installation Certificate

4700 Lang Avenue • McClellan, CA 95652  
916.646.2222 • Contractor Lic. #162634

3130 Torland St Sacto, Ca 95834 Lot #68 Plan #1194  
Site Address Permit Number

## INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

### 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:	58
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input 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:	995 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ for Final or $\leq 4\%$ at Rough-in: [100 x [ 58 (Line # 1) / 995 (Line # 2) ]]	5.8% <input checked="" 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.	
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.	
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 $\leq 6\%$ for Final or $\leq 4\%$ 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 $\leq 15\%$ [100 x [ (Line # 5) / (Line # ) ]]	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [100 x [ (Line # 7) / (Line # 2) ]]	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [100 x [ (Line # 6) / (Line # 4) ]]	<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 type="checkbox"/> Pass <input type="checkbox"/> Fail		

I, 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

Signature: [Signature] Date: 7/18/06 Installing Subcontractor (Co. Name) or General Contractor (Co. Name): Beutler



3130 Torland  
0602234

**OMEGA PRODUCTS INTERNATIONAL, INC.**

**DIAMOND WALL INSULATING STUCCO SYSTEM**

ICBO Report # 4004

Builder: **BEAZER HOMES**  
Project Name: **AMERICAN COLLECTIONS**

Lot Numbers: 2068

Date of Job Completion: June 25, 2006

**PLASTERING CONTRACTOR:**

Name: **STUCCO WORKS, INC.**

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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

July 11, 2006  
Date

  
Signature of authorized representative of Plastering Contractor

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