CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0612738
Insp Area: 3
Thos Bros: 318B5

Site Address: 5917 68TH ST SAC
Parcel No: 027-0307-013

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

CONTRACTOR
SHEEK A C /HEATING
3097 EXPLORER DR
SACRAMENTO CA 95827

OWNER
O BRIEN KYOKO
5917 68TH ST
SACRAMENTO, CA 95824

ARCHITECT

PAID
CITY OF SACRAMENTO
AUG 18 2006
NEW CITY HALL

Nature of Work: HVAC, C/O, PACKAGE,

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'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 C License Number 799585 Date 18 Aug 06 Contractor 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 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 18 Aug 06 Applicant/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.

_____ 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 1808802 Exp Date 12/01/2006

_____ (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 18 Aug 06 Applicant 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.

Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-808-1901

MINOR PERMIT APPLICATION

Date: 17 Aug 06

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

$ 185.76

Job Address: 5917 68th St Bldg Type: ☑ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited) Unit #____ Contract Price 3500.00

CONTACT INFO Name: Phone #: Email:

Property Owner: KYOKO O'Brien	**Contractor:** Sheets AC/Heating	License #:	799585
Address: 5917 68th St	Address: 3097 Explorer Dr		
City/State/Zip: Sac Ca.	City/State/Zip: Sac Ca		
Phone: 383 7366	Phone: 916 361-7298	Fax:	364-8849
	Pre-Registered? YES ☐ NO ☐	Registration #	

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: Replace Existing Hvac

☐ **Reroof** (excluding tile)
- ☐ Tear-Off
- ☐ Resheet

☐ House ☐ Garage

Stories: ____

Squares: ____

Material: ____

☐ **Siding**
- ☐ Wood
- ☐ T-111
- ☐ Horiz
- ☐ Vinyl
- ☐ Stucco

☐ **HVAC Installations**
(Residential Only)
☑ Change-out ☐ New
- ☐ Heat Pump
- ☑ Package
- ☐ Split system
- ☐ Roof mount
- ☐ Cut-in
- ☐ Heat pump or elect. unit to gas.
- ☐ Wall furnace
- ☐ Other (describe below)

Value of duct work:
Equipment: $____
Cut-in: $ 1500.00

☐ **Water Heater**
(Residential Only)
☐ Electric ☐ Gas
- ☐ Change-out
  - ☐ Electric to Gas
  - ☐ Relocate
  - ☐ New

☐ **Dry Rot or Termite Damage Repair**
- ☐ Flooring/Joists
- ☐ Mudsill/Studs
- ☐ Roof Structure
- ☐ Exterior

☐ **Minor Electric and/or Minor Plumbing**
(Residential Only)
- ☐ Electric Service Change
  # amps ____
  - ☐ New electric circuits
  - ☐ Re-wire
- ☐ Water Service Replacement
- ☐ Sewer Service Replacement
- ☐ Gas Line Replacement
- ☐ Re-plumb
  - ☐ Water ☐ Waste

☐ **Public Utilities Safety Inspection**

(Residential and single apartment units Only)

☐ SMUD ☐ PG&E

* **NOTE** *
Correction Notice items will require an additional building permit.

Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	**Permit #:** 0612738

5917 68th Street Sacramento CA 95824 06-12738

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) 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 Typ (pkg. heat pump	CEC Certified Mfr. Name, Model and Serial 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)
N/A	000	1	000 AFUE	Attic	R 4.2	0	0
	0						

Cooling Equipment

Equip Typ (pkg. heat pump	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.)1 >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
~~Split~~ Package	000	1	000 SEER	Attic	R 4.2	0	24000
	0		000 EER				
Coil	000						
	48SDN024060301						

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.

Signature, Date 9/4/06

Raymond Sheek HVAC

Installing Subcontractor (Co. Name) 20033

OR General Contractor (Co. Name) OR Owner 1007

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

5917 68th Street Sacramento CA 95824 06-12738

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:	147		
2 Fan Flow: Calculated (Nominal: ☒ Cooling ☐ Heating) or ☐ 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:	1600		
3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x [_____ (Line # 1) / _____ (Line # 2)]]		☐ Pass	☐ 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)			
8 Entire New Duct System - Pass If Leakage Percentage < 6% for Final or < 4% at Rough-in [100 x [_____ (Line # 5) / _____ Line # 2)]]		☐ Pass	☐ 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 [147 (Line # 5) / 1600 (Line # 2)]]	10.9	☒ Pass	☐ Fail
10 Pass if Leakage to Outside Percentage < 10% [100 x [_____ (Line # 7) / _____ (Line # 2)]]		☐ Pass	☐ Fail
11 Pass if Leakage Reduction Percentage > 60% [100 x [_____ (Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		☐ Pass	☐ Fail
12 Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		☐ Pass	☐ Fail
Pass if One of Lines # 9 through # 12 pass		☐ Pass	☐ 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.

Don Shuler 9/8/2006 Raymond Sheek HVAC 20033

Signature Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) 1007

5917 68th Street Sacramento CA 95824 06-12738

Site Address Permit Number

☒ THERMOSTATIC EXPANSION VALVE (TXV)

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

☐ Yes ☐ 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.		
	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 55oF 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
5917 68th Street	Sacramento CA 95824	06-12738
Site Address		Permit Number

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.

		Yes		No	System Passes

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

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 oF 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.

		Yes		No	System Passes

Don Sheek 9/8/2006

Signature, Date

Raymond Sheek HVAC

Installing Subcontractor (Co. Name) OR 20033

General Contractor (Co. Name) OR Owner 1007

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

CalCERTS - Certificate

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) **CF-4R**

5917 68th Street - Sacramento, CA 95824
Project Address

Raymond Sheek / 799585
Contractor Name / License No.

06-12738
Permit Number

Contractor Contact
Michael McDermott

Telephone
916-704-2610

42068
Sample Group Number

HERS Rater
Certifying Signature

Telephone
September 26, 2006
Date

CC14-1798382651
Certificate Number

Firm: Energy Analysis and Comfort Solutions, Inc.

HERS Provider: **CalCERTS**

Street Address: PO Box 2233

City/State/Zip: Orangevale / CA / 95662

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 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:**

	NEW CONSTRUCTION		
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	~~Enter Tested Leakage Flow in CFM:~~	N/A	
2	Fan Flow: Calculated (Nominal ◉ Cooling ○ Heating) or ○ Measured Enter Total Fan Flow in CFM:	Not Tested	
3	~~Pass if Leakage Percentage < 6% [100 x (Line 1 / Line 2)]:~~	N/A	N/A
	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.	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 < 6% [100 x (Line 5 / Line 2)]:	Not Tested	☐ Pass ☐ 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)]:	Not Tested	☑ Pass ☐ Fail
10	Pass if Leakage to Outside Percentage <= 10% [100 x (Line 7 / Line 2)]:	Not Tested	☐ Pass ☐ Fail
11	Pass if Leakage Reduction Percentage >= 60% [100 x (Line 6 / Line 4)] and Verification by Smoke Test and Visual Inspection	Not Tested	☐ Pass ☐ Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
	Pass if One of Lines #9 through #12 pass		☑ Pass ☐ Fail

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

5917 68th Street - Sacramento, CA 95824 *Project Address*	Raymond Sheek / 799585 *Contractor Name / License No.*
Contractor Contact	*Telephone* / *Permit Number*
Michael McDermott	916-704-2810 / 42068
HERS Rater	*Telephone* / *Sample Group Number*
Certifying Signature	September 26, 2006 / CC14-1798382651
	Date / *Certificate Number*
Firm: Energy Analysis and Comfort Solutions, Inc.	HERS Provider: **CalCERTS**
Street Address: PO Box 2233	City/State/Zip: Orangevale / CA / 95662

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).

☑ **THERMOSTATIC EXPANSION VALVE (TXV):**

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.		
	HVAC System TXV	☑ Pass ☐ Fail