

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0602214

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

N

Site Address: 520 CANDELA CR SAC

Parcel No: CANDELA LOT #23 Housing (Y/N):

CONTRACTOR
JOHN LAING HOMES
1536 EUREKA RD STE 100
ROSEVILLE CA. 95661

OWNER

ARCHITECT

Nature of Work: MP1541 2 STORY 5 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 687596 Date 4-06-06 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt 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 _____

PAID
CITY OF SACRAMENTO
APR 06 2006

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 4-06-06 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 ZURICH AMERICAN INSURANCE COMP Policy Number wc367699401 Exp Date 05/15/2006

(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 4-06-06 Applicant Signature [Signature]

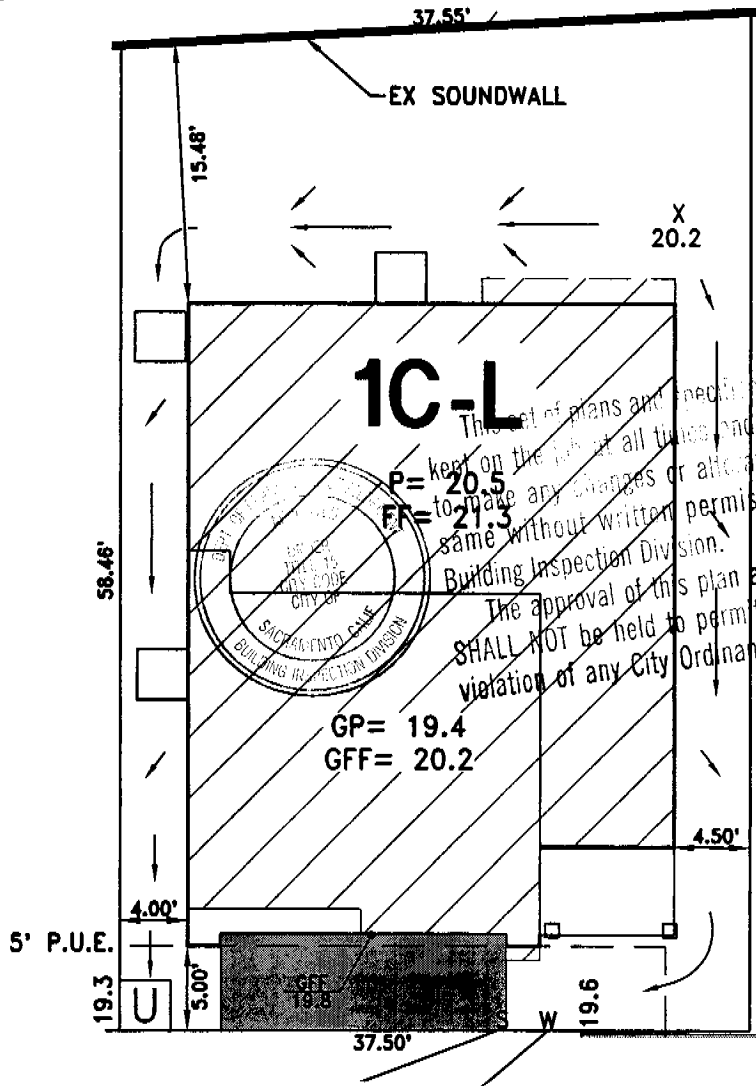
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

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 WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



EX WESTBOROUGH VILLAGE 1



LOT G
 This plot plan is subject to change and may not be 100% accurate until approval by the appropriate cities/counties.

LEGEND

- STREET LIGHT
- ▲ TRANSFORMER
- U UTILITY BOX
- SL STREET LIGHT SERVICE BOX
- # STREET SIGN
- FIRE HYDRANT
- DRAINAGE INLET
- BLOWOFF VALVE

A.P.N.: 225-210-023
 LOT AREA: 2229 S.F.
 ADDRESS: XX CANDELA CIRCLE 520

| | | | |
|---|---------------|----------------|-------------------------|
| PLOT PLAN LOT 23 WESTLAKE PARCEL 31 FOR JOHN LAING HOMES CITY OF SACRAMENTO CALIFORNIA | | | |
| WOOD RODGERS engineering - planning - mapping - surveying 1012 11th St. Suite 300 Modesto, CA 95354 Tel 209.549.7060 Fax 209.549.7064 | | | |
| DATE: JANUARY 2006 | DRAWN: OME | CHECKED: JR | PROJECT NO: 1122.059 |

j:\jobs\1122-Westlake-Parcel-31\Westlake-Parcel-31-0A\Civil\Plot Plans\Lot 23.dwg 1/06/06 4:01pm jaudebaugh

Installation Card

Job Address

Stucco System Tradename: KWIK KOTE

CANDELA | Lot: 0000023
520 CANDELA CIRCLE
SACRAMENTO

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evaluation Service, Inc.
Evaluation Report ESR-1711
Date of Job Completion _____

Stucco Contractor

Name: KENYON PLASTERING, INC.

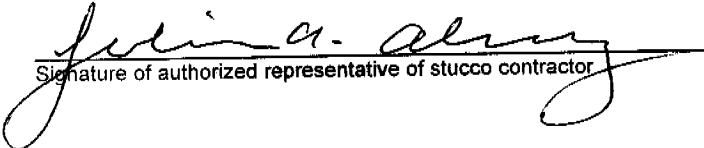
Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.


Signature of authorized representative of stucco contractor

7-18-06
Date

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 520 (Lot 23) Candela Circle Sacramento CA
Number Street City State

Ceilings:

Blow: Manufacturer Greenfiber Thickness 8.36" R / Value R-30
Square Feet 898 # Bags / Lbs. Per Bag 30

Batts: Manufacturer Johns Manville Thickness 10.25" R / Value R-30

Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

Exterior Walls:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Manufacturer Johns Manville Thickness 3.5" R / Value R-13

Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: John Laing Homes Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation LLC Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 7/14/06

520 CANDERA CIR
Site Address

John Laing Homes - Candela

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.) > CF-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) | |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|--------|
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 30,469 | 60,000 | Plan 1 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 30,895 | 60,000 | Plan 2 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 33,122 | 60,000 | Plan 3 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 33,192 | 60,000 | Plan 4 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 36,390 | 60,000 | Plan 5 |

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) | |
|------------------------------|--|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|--------|
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 17,265 | 40,700 | Plan 1 |
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 17,709 | 41,100 | Plan 2 |
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 19,630 | 34,900 | Plan 3 |
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 18,914 | 26,800 | Plan 4 |
| Condenser | York H*RD030 | 1 | 13.0 | Attic | R-4.2 | 22,153 | 34,900 | Plan 5 |

*TXV - Indicates Thermal Expansion Valve On Coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above 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

Beutler Corporation

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 |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|-----------------------------|
| NG | STATE 65.640ext | STD | | 1 | 40,000 | 40 | .62 | 3.20 | 16 |

- (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

INSTALLATION CERTIFICATE

CF-6R

520 CANDELA cor
Site Address

John Laing Candela Plan I

Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Value ¹ (\$ CF-1R value) ² | Product SHGC ¹ (\$ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Interior or Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|--|---|------------|---|-------------|---|------------------------------------|
| 1. XO | .35 | .33 | 2 | | 64 | | |
| 2. S/H | .35 | .29 | 2 | | 94 | | |
| 3. P/W | .33 | .36 | 2 | | 54 | | |
| 4. SGD | .34 | .33 | 2 | | 48 | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values for the total fenestration area are less than or equal to values 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 has a lower U-Value 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.

4
Item #s (if applicable)
Signature, Date
John Laing
1/5/06

Ultra Glass Inc. Distributor
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor
IWC windows + SGD

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

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

July 1, 1999

Comdela PAS

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) | | CF-4R |
|--|---------------------------|-------------------------|
| Project Address 570 Comdela Cr. Sacramento, CA 95835 | Builder Name W L Homes | |
| Builder Contact 1000512 Lot 23 | Telephone | Plan Number 1541 |
| HERS Rater Andre Douglas 916 847 6514 | Telephone | Sample Group Number |
| Compliance Method (Prescriptive) | | Climate Zone |
| Certifying Signature <i>[Signature]</i> | Date 7/24/06 | Sample House Number |
| Firm ACS | | HERS Provider Chools |
| Street Address: 9524 Mesquite Rd | | City/State/Zip: |

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: | | | |
|--|--|-----------------|---|
| | Duct Pressurization Test Results (CFM @ 25 Pa) | Measured Values | |
| 1 | Enter Tested Leakage Flow in CFM: | 59 | |
| 2 | Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM: | 998 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 3 | Pass if Leakage Percentage ≤ 6% [100 x <u>59</u> (Line # 1) / <u>998</u> (Line # 2)] | 5.9% | <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 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 type="checkbox"/> Pass <input type="checkbox"/> Fail |



Installation Certificate

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

520 Candela Circle Sacramento, Ca. 95835 Lot 23 Plan 1 (1541)

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: | 59 | |
| 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: | 998 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 3 | Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [59 (Line # 1) / 998 (Line # 2)]] | 5.9% | <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 ≤ 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: | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 9 | Pass if Leakage Percentage ≤ 15% [100 x [(Line # 5) / (Line #)]] | | <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 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

2/24/06

Signature

Date

Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)