

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0512941

Insp Area: 4

Thos Bros: 277J4

Site Address: 1122 RIVERA DR SAC

Parcel No: 251-0311-053

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

VILCHITSA ALEKSANDR
7213 DIEPPE WAY
SACRAMENTO, CA 95842

ARCHITECT

Nature of Work: NEW SFR - 1739 SQ FT LIVING - 328 SQ FT GARAGE - 88 SQ FT PORCH--IN DESIGN REVIEW AREA

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 License Number Date 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);

NL 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 01.03.06 Owner Signature Nikolay Tselchik

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 01.03.06 Applicant/Agent Signature Nikolay Tselchik

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 Policy Number Exp Date

NL (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 01.03.06 Applicant Signature Nikolay Tselchik

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.



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

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

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 251-0311-053 PERMIT # 0512941
SITE ADDRESS 1122 Biowa Dr ACREAGE _____

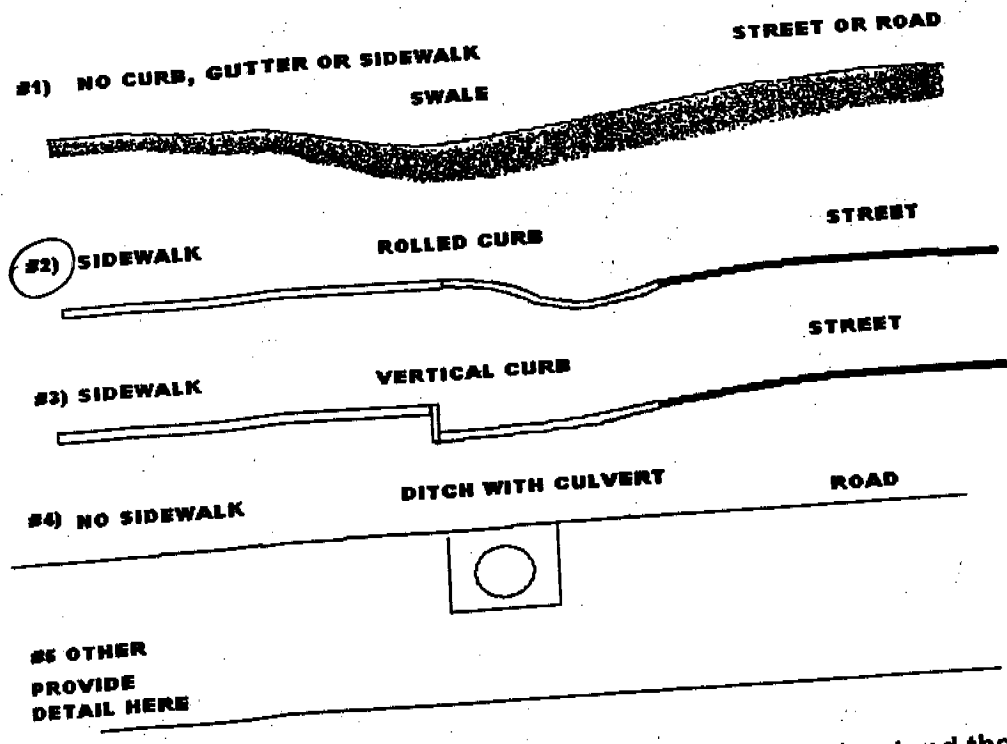
The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | |
|--|------------------------------------|--|
| 1. Are there existing structures on the site? | <input checked="" type="radio"/> Y | <input type="radio"/> N |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | <input type="radio"/> Y | <input checked="" type="radio"/> N |
| 3. Will the existing access to this parcel be changed in any way for this project? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | <input type="radio"/> N |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N N/A |
| 10. Is there a drainage ditch or culvert at the street? | <input type="radio"/> Y | <input checked="" type="radio"/> N N/A |
| 11. Does the lot drain from back to front? | <input type="radio"/> Y | <input checked="" type="radio"/> N |
| 12. Does the lot drain from front to rear? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 13. Does another lot drain across this parcel? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 14. Does the lot drain from side to side? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 15. Does the site have an existing low area or drainage swale? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 16. Does the drainage swale drain to an adjacent parcel? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N N/A |
| 17. Does the drainage swale drain to the street? | <input type="radio"/> Y | <input checked="" type="radio"/> N N/A |
| 18. Will existing drainage be re-routed? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 19. Will drainage ditches or culverts be constructed or modified? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N N/A |
| 20. Did this project require approval from the Zoning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 21. Did the project require approval from the Planning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

- 22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? *Y N
- 23. Is this a corner lot? *Y N
- 24. Is the posted speed limit on this street greater than 25 MPH? *Y N
- 25. Is this parcel located on a four-lane street? Y N/A
- 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? Y N/A
- 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? Y N/A
- 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? Y N/A

CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.



The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED *N. V. V. V. V. V.* DATE 12.07.05
 TITLE _____
 PHONE NO. (916) 947-6202



CITY OF SACRAMENTO

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Sacramento, CA 95814

North Permit Center
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Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner NIKOLAY LESHEVICH (Printed name) [Signature] (Signature)

Date 11.03.06 Case No. _____ Permit No. 0512941

Job Address 1122 RIVERA DR.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.



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SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 251-0311-053 PERMIT # 0512941
 SITE ADDRESS 1122 Biwaxa Dr ACREAGE _____

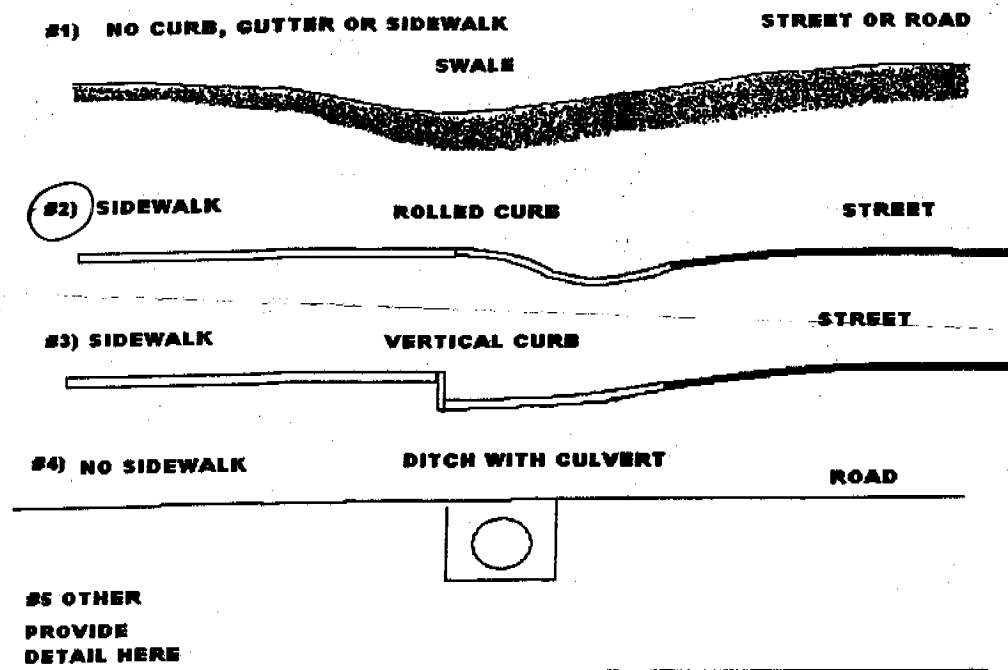
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| 21. Did the project require approval from the Planning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

- | | | | |
|---|----|--------------------------|-----|
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The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED Nikolay Velichko DATE 12.07.05
 TITLE _____
 PHONE NO. (916) 947-6202

[Handwritten Signature]

ADDRESS: 7478 SANDALWOOD DRIVE, SUITE 500
 CITY: CITRUS HEIGHTS
 STATE: CA
 ZIP CODE: 95621
 DATE: 11/17/05
 TELEPHONE: (916) 725-5551

TITLE: PRESIDENT
 COMPANY NAME: AREA WEST ENGINEERS, INC.
 CERTIFIER'S NAME: RICHARD ROZUMOWICZ
 LICENSE NUMBER: RCE 28217

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

i) Total area of all permanent openings (flood vents) in C3 in m² (sq. in.)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
 g) Highest adjacent (finished) grade (HAG)
 f) Lowest adjacent (finished) grade (LAG)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)
 d) Attached garage (top of slab)
 c) Bottom of lowest horizontal structural member (V zones only)
 b) Top of next higher floor
 a) Top of bottom floor (including basement or enclosure)

Elevation reference mark used 277-418. Does the elevation reference mark used appear on the FIRM? Yes No

Datum: NGVD 29 Conversion/Comments: _____

Section D or Section G, as appropriate, to document the datum conversion.

Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Complete Items C3-e) below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, AP/AE, AP/A1-A30, AP/AH, AP/AO accurately represents the building, provide a sketch or photograph.)

C2. Building Diagram Number: _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram is available, a new Building Diagram will be required when construction of the building is complete.)

C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction



copy

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIRM FIS Profile Community Determined

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise Protected Area (OPA)? Yes No Designation Date: _____

B4. MAP AND PANEL NUMBER: 060266 0005	B5. SUFFIX: F	B6. FIRM INDEX DATE: 7/6/1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE:	B8. FLOOD ZONE(S): AE	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding): 35.0
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B1. NFP COMMUNITY NAME & COMMUNITY NUMBER: CITY OF SACRAMENTO 060266 0005
 B2. COUNTY NAME: SACRAMENTO
 B3. STATE: CALIFORNIA

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

LATITUDE/LONGITUDE (OPTIONAL): (##-##-## or ##.###) or (###.###) or (###.###)

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GFS (Type): _____ USGS Quad Map Other: _____

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
 RESIDENTIAL

APN: 251-0311-053

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): _____

SACRAMENTO
 CITY
 STATE: CA
 ZIP CODE: 95638

1122 RIVERA DRIVE
 BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 ALEXANDR VILCHITS
 BUILDING OWNER'S NAME
 Policy Number
 Company NAIC Number

SECTION A - PROPERTY OWNER INFORMATION

Important: Read the instructions on pages 1 - 7.

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

Replaces all previous editions

Check here if attachments
 COMMENTS
 SIGNATURE
 DATE
 TELEPHONE
 COMMUNITY NAME
 TITLE
 LOCAL OFFICIAL'S NAME

G7. This permit has been issued for: New Construction Substantial Improvement
 G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m)
 Datum: _____
 G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m)
 Datum: _____

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
 G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
 G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

COMMENTS
 SIGNATURE
 DATE
 TELEPHONE
 ADDRESS
 CITY
 STATE
 ZIP CODE

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVES NAME
 The property owner or owner's authorized representative who completes Sections A, B, C (Items C3h and C3i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Yes No Unknown. The local official must certify this information in Section G.
 E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? natural grade, if available).
 E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft.(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use grade. Complete items C3h and C3i on front of form.
 E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent natural grade, if available).
 E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use represents the building, provide a sketch or photograph.)
 E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately Section C must be completed.

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

THE HOUSE IS UNDER CONSTRUCTION. THE FORMS ARE SET AT ELEV: 36.00' PER OUR STAKE
 COMMENTS

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

CITY	SACRAMENTO
STATE	CA
ZIP CODE	95838
Company NAIC Number	
POLICY NUMBER	
For Insurance Company Use:	

IMPORTANT: In these spaces, copy the correct ending information from Section A.
 BUILDING STREET ADDRESS (including Apt, Unit, Suite, and Adj. No.) OR P.O. ROUTE AND BOX NO. 1122 RIVERA DRIVE

0512941

INSTALLATION CERTIFICATE

(Page 3 of 13)

CF-6R

1122 RIVERA DR SACRAMENTO, CA 95838
Site Address Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) _____

Fan Flow

If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here _____

If fan flow is measured, enter measured value here _____

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = _____

Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:

Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve is installed and Access is provided for inspection

Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No

ACCA Manual D Design calculations have been completed, Duct Design is on the plans and duct installation matches plans.

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 = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests Performed COPY TO:

Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

CPJ 9-9-06
Signature, Date

DYNAMIC MECHANICAL
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name)

INSTALLATION CERTIFICATE

1122 RIVERA DR. SACRAMENTO, CA 95838
 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 Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
SPLIT	GOODMAN GM980704 BX	1	80%	ATTIC	R-6	70,000	70,000

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SPLIT	GOODMAN GSC13036LA	1	13 SEER	ATTIC	R-6	30,000	36,000

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.

CMJ 9-9-06
 Signature, Date

DYNAMIC MECHANICAL
 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³

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

Faucets & Shower Heads:

All faucets 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

TOM ENGEL DEVELOPMENTS, INC.

CALIFORNIA CONTRACTORS LICENSE #419797

P.O. Box 1436 • Roseville, CA 95661-1436

(916) 786-2064 / (916) 969-6191

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:

TRACT Rombik, LLC LOT _____
STREET 1122 RIVERA AVENUE CITY RIO LINDA, CA

EXTERIOR WALLS:
MANUFACTURER CT THICKNESS 3/2 R-VALUE 13

CEILING AREA- BAITS
MANUFACTURER CT THICKNESS 12/2 R-VALUE 38

CEILINGS- BLOWN IN
MANUFACTURER INSULSAFE 4 THICKNESS 143/4 R-VALUE 38
SQUARE FOOTAGE 1645 NUMBER OF BAGS USED 37

FLOOR AREA:
MANUFACTURER _____ THICKNESS _____ R-VALUE _____

EXTERIOR KNEEWALL:
MANUFACTURER CT THICKNESS 3/2 R-VALUE 13

INTERIOR KNEEWALL:
MANUFACTURER _____ THICKNESS _____ R-VALUE _____

APPLIED CAULK & SEALANT TO ALL EXTERIOR OPENINGS & PENETRATIONS

YES NO _____

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE Mary Mangiamano TITLE BOOKKEEPER DATE 5-20-2006
INSULATION CONT SIGNATURE _____ TITLE _____ DATE _____

INSTALLATION CARD
WESTERN 1-KOTE
Sacramento Stucco Company, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-38

Job Address

1198 Rivera Dr.
Sacramento, CA 95838

Date of Job Completion 8/1/06

Plastering Contractor

Name: Western One Kote Stucco System

Address: _____

Telephone Number: (916) _____

Approved contractor number as issued by coating manufacturer: _____

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 instructions.

[Signature] _____ 9/18/06
Signature of authorized representative or Date
plastering contractor

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