

CITY OF SACRAMENTO  
New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: 0615739  
Insp Area: 3  
Thos Bros: 318B3

Site Address: 152 BRADY CT SAC  
Parcel No: 021-0171-036

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

CONTRACTOR  
NEW CENTURY AIR  
3129 FITE CIR #130  
SACRAMENTO CA 95827

OWNER  
HOLMES CHARLES A  
152 BRADY CT  
SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: HVAC CHANGE OUT PACKAGE UNIT

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that the 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 C20 License Number 718740 Date 2-28-08 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 \_\_\_\_\_

**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 10-23-08 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.

[Initials] 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:

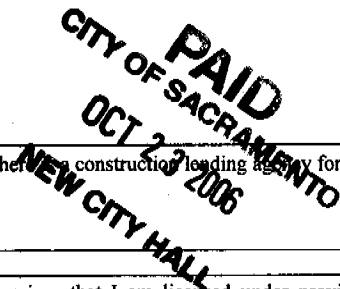
Carrier STATE FUND Policy Number 1616422 Exp Date 01/01/2007

\_\_\_\_ (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 10-23-08 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.**



HOLMES, CHARLES A.

10/6/2006

Project Title

Date

152 BRADY CT SACRAMENTO CA 95820

Project Address

Joe Worrell 916-362-2822

Documentation Author

Telephone

Prescriptive 12

Compliance Method (Prescriptive)

Climate Zone

0615739
Building Permit #
Plan Check / Date
Field Check / Date

Enforcement Agency Use Only

Alternative Component Package Method: (check one) \_\_\_\_\_ C  D \_\_\_\_\_ D (Alternative)  
 Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)  
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

**GENERAL INFORMATION**

Total Conditioned Floor Area (CFA) 1350 ft<sup>2</sup> Average Ceiling Height: 8 ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C --- (5% X CFA) N/A ft<sup>2</sup>

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C --- (20% X CFA) N/A ft<sup>2</sup>

Building Type: Single Family Detach Project Type: Alteration

(If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories: 1 Number of Dwelling Units: 1

Floor Construction Type: Raised

Floor Orientation: SE = 135 North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

Radiant Barrier (required in climate zones 2, 4, 8-15)

**OPAQUE SURFACES INCLUDING OPAQUE DOORS**

Component Type (Wall, Roof, Floor, Slab Edge,	Frame Type (Wood or	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly Ufactor (for wood, metal frame and mass assemblies)	Joint Appendix IV Reference	Roof Radiant Barrier Installed (Yes/No)	Location/Comments (attic, garage, typical, etc.)

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

10/6/2006

Date

**FENESTRATION PRODUCTS - U-FACTOR AND SHGC**

FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R -must be included for New Construction, Additions and Alterations

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Orientation (N, S, E, W) 1	Area (ft <sup>2</sup> )	U-factor 2	U-factor Source 3	SHGC 4	SHGC Source 5	Exterior Shading/Overhangs 6, 7 Check Box if WS-3R Is
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual.
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A.
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

**HVAC SYSTEMS**

Heating Equipment Type and Capacity (furnace, heat pump, broiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (Split or Package)
Furnace	80.00 AFUE	Attic	4.20	Programmable	Package
75 kBTU					

Cooling Equipment Type and Capacity (A/C, heat pump, evap)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (Split or Package)
A/C	14.00 SEER	Attic	4.20	Programmable	Package
36 kBTU	12.00 EER				

# CERTIFICATE OF COMPLIANCE: RESIDENTIAL

HOLMES, CHARLES A.  
Project Title

152 BRADY CT

10/6/2006  
Date

## SEALED DUCTS and TXVs (or Alternative Measures)

A signed CF-4R Form must be provided to the building department for each home for which the following are required.

- Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)
- TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)
- Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)

OR

- Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 151-C, Footnotes 7-14.

OR

- For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual and duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D.

## WATER HEATING SYSTEMS

- Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed.
- Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically.
- Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal.
- Check box to verify that a time control is required for a recirculating system pump for a system serving multiple units.

### Systems serving single dwelling units

Water Heater Type/ Fuel Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor or Thermal Eff. 1	Standby Loss (%) 1	Tank External Insulation

### Systems serving multiple dwelling units

Water Heater Type/ Fuel Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity	Energy Factor or Thermal Eff. 1	Standby Loss (%) 1	Tank External Insulation

1. For small gas storage water heaters (rated inputs 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 Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiencies.

Pipe Insulation (kitchen lines > 3/4 inches) All hot water pipes from the heating source to the kitchen fixtures that are 3/4 inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

# CERTIFICATE OF COMPLIANCE: RESIDENTIAL

HOLMES, CHARLES A.

3129 Fite Cir #130

10/6/2006

Date

Project Title

**SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION (add extra sheets if necessary)**  
 Indicate which special features are part of this project. The list below represents special features relevant to the Prescriptive and Performance Method.

	Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	Metal Framed Walls	CF-1R	
<input type="checkbox"/>	Radiant Barriers	CF-1R	
<input type="checkbox"/>	Exterior Shades	WS-4R N/A; Performance Calculation	
<input type="checkbox"/>	Cool Roof	Required. Attach CRRC Label to Form	
<input type="checkbox"/>	Dedicated Hydronic Heating	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Combined Hydronic System	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Gas Cooling	N/A; Performance Calculation Required	
<input type="checkbox"/>	Buried Ducts	N/A; Indicate on building plans.	
<input type="checkbox"/>	Kitchen Pipe Insulation	See Section 5.6.2 Distribution Systems in Residential Manual.	
<input type="checkbox"/>	Multiple Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Central Water Heating System	Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Non-NAECA Large Water Heater	CF-1R	
<input type="checkbox"/>	Indirect Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Instantaneous Gas Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Solar Water Heating System	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Wood Stove Boiler	Performance Calculation and attach Run to Forms	

**SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION**  
 (add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

	Feature	Required Forms (if applicable)	Description
	Duct Sealing	CF-6R part 4 of 12	
	Refrigerant Charge	CF-6R part 5 of 12	
	Thermostatic Expansion Valve	CF-6R part 6 of 12	

HOLMES, CHARLES A.

152 BRADY CT

10/6/2006

ProjectTitle

Date

**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

**Designer or Owner (per Business and Professions Code)**

**Documentation Author**

<b>Name:</b> Joe Worrell	<b>Name:</b> Joe Worrell
<b>Title/Firm:</b> New Century Air Systems	<b>Title/Firm:</b> New Century Air Systems
<b>Address:</b> 3129 Fite Cir #130 Sacramento CA 95827	<b>Address:</b> 3129 Fite Cir #130 Sacramento CA 95827
<b>Telephone:</b> 916-362-2822	<b>Telephone:</b> 916-362-2822
<b>License #:</b> 718740	
X	X
<b>Signature and Date</b>	<b>Signature and Date</b>

**Enforcement Agency**

<b>Name:</b>	<b>Comments:</b>
<b>Title/Firm:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
X	
<b>Signature / Stamp and Date</b>	

# INSTALLATION CERTIFICATE

152 BRADY CT  
Site Address

SACRAMENTO

CA

95820

Permit Number:

0615739

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

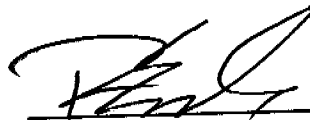
Equip. Type (pkg. heat)	CEC Certified Mfg. Name, Model, and Serial No.	# of Identical Systems	Efficiency (AFUE, etc) <sup>1</sup> >(CF-1R value)	Duct Location	Duct or Piping R-Value	Heating Load (kBtu/hr)	Heating Capacity (kBtu/hr)
Package	TRANE	1	80.00 AFUE	Attic	4		75
Furnace	YCY036G1						

#### Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfg. Name, Model, and Serial No.	# of Identical Systems	Efficiency (AFUE, etc) <sup>1</sup> >(CF-1R value)	Duct Location	Duct or Piping R-Value	Cooling Load (kBtu/hr)	Cooling Capacity (kBtu/hr)
Package		1	14.00 SEER	Attic	4		36
A/C			12.00 EER				
Coil							

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.

II, 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.

 11-02-2006  
Signature and Date

New Century Air Systems

Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

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

5023-28

152 BRADY CT  
Site Address

SACRAMENTO

CA

95820

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:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1 Enter Tested Leakage Flow in CFM:			
2 Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input 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:		1200	
3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x [ _____ (Line #1) / _____ (Line #2)]]			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
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.		90	
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]]			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out</b>			
9 Pass if Leakage Percentage < 15% [100 x [ <u>90</u> (Line #5) / <u>1200</u> Line #2]]		7.5%	<input checked="" 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 Pass if One of Lines # 9 through # 12 pass			<input checked="" 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

*[Signature]* 11-02-2006  
Signature Date

New Century Air Systems

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

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5023-28