





**F. RODGERS INSULATION, INC.**

Thermal Insulation Contractors  
Residential

INSULATION  
CERTIFICATE

09671

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550  
(925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691  
(916) 386-9400 • FAX (916) 386-9446

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

BROWN LOT # 66 TRACT # PHOENIX  
STREET \_\_\_\_\_ CITY SAC

EXTERIOR WALLS:  
MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 13

CEILINGS:  
BATTIS:  
MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 30

BLOWN IN:  
MANUFACTURER o/c THICKNESS/TYPE 1 3/4" R-VALUE 30

SQUARE FOOTAGE COVERED 1625 NUMBER OF BAGS USED 25

FLOORS & OVERHANGS:  
MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 19

OTHER:  
MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 19

GENERAL CONTRACTOR \_\_\_\_\_  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL  
CALIFORNIA CONTRACTORS LICENSE #771285

B. J. [Signature] DATE 4-13-05  
SIGNATURE TITLE

White - Customer Copy    Yellow - Invoice Copy    Pink - Field Copy    Gold - Office Copy

TYPE 4

Site Address 126 Caswick Edges

Permit Number 0500280

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.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	York 6Y90060B1Z JPH	3	90		4.2	55	60
	" 6Y 9506 B1Z DNM	1	90		4.2	55	60

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	York HRD 024	2	13 SEER		4.2	20.3	18.17
	" HRD 036	2	13 SEER		4.2	24.6	20.1

1.  $\geq$  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] 3/13/05  
Signature, Date

BROWN CONSTRUCTION INC.  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
Gas	Rheem 41VR40N	STD	NA	4	40,000	40	.62		R-20

- 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.

**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] 3/13/05  
Signature, Date

BROWN CONSTRUCTION INC.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

TYPE 4

Site Address 126 Creek Edge

Permit Number 0520281

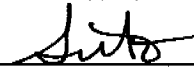
**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>ALPINE</u>							
2. <u>270 SERIES</u>	<u>.50</u>	<u>2</u>		<u>19</u>	<u>284</u>		
3. <u>770 SERIES</u>	<u>.50</u>	<u>2</u>		<u>2</u>	<u>12</u>		
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

	 <u>3/3/05</u>	<u>BROWN CONSTRUCTION INC.</u>
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

# SIGNET

Testing Labs, Inc.

DATE: 2-24-05  
 PROJECT NO. 16415  
 PROJECT: PHOENIX PARK  
 LOCATION: ELK GROVE

DSA FILE/APPL. NO. \_\_\_\_\_  
 OSHPD NO. \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_  
 WEATHER: CLEAR TEMP: 60

**PROOF LOAD**     **TORQUE**     **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: 12 TON 5N246 GAGE: SN 751 TORQUE WRENCH: \_\_\_\_\_  
 RAM: \_\_\_\_\_ GAGE: \_\_\_\_\_ TORQUE WRENCH: \_\_\_\_\_

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>UNIT 66 4-D</u>	<u>2 1/2" 5/8"</u>	<u>16</u>	<u>100%</u>	<u>3040</u>	<u>1100</u>	<u>16</u>	<u>0</u>	<u>0</u>
<u>126 CASSELL CR.</u>	<u>ALLTHREAD HOLD DOWNS</u>							

Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_

Visual inspection was performed on \_\_\_\_\_

Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_

All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: \_\_\_\_\_

Inspector: Joshua R. Yielating

3121 Diablo Avenue  
Hayward CA 94545

4741 Pell Drive #8  
Sacramento CA 95838

520 Mercantile Street #A  
Cotati, CA 94931

310 W 5th Street #203  
Santa Ana CA 92701

JOB SITE COPY

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

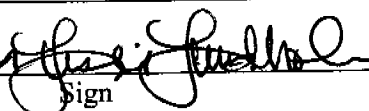
Building Address: 126 CREEKS EDGE WAY Permit No.: 0500281

Building Use: APARTMENTS Occupancy: R1

Building Owner: CITY OF SACRAMENTO Construction Type: VN

Owner Address: SACRAMENTO, CA Sprinkled?  Yes  No

Portion of Building Occupied: ENTIRE Area: 3,300 Sq. Ft.

07/27/05 LESLIE LUNDHOLM  RON BEEHLER  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: SMB ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**