

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0207729
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N):

Site Address: 7768 AMHERST ST SAC
Parcel No: 052-0180-011 STEAMBOAT BEND UNIT 1 LOT 11
N

CONTRACTOR
HOFMANN CONSTRUCTION
PO BOX 907
CONCORD CA 94522

OWNER

ARCHITECT

Nature of Work: NSFR MP1536 7 RMS

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 B1 License Number 189167 Date 7/2/02 Contractor Signature A. Huston Walker

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 7/2/02 Applicant/Agent Signature A. Huston Walker

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 1633130 Exp Date 04/01/2003

_____, (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 7/2/02 Applicant Signature A. Huston Walker

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.



Option One

CONSULTING ENGINEERS

Structural Observation Report

Model Plan 1536B, Lot 11

PROJECT	: "Steamboat Bend" SFD	Option One JN:	1201-0818
LOCATION	: Sacramento, CA	Delta:	4
DEVELOPER/OWNER	: Hofmann Construction Company Concord, CA		
ARCHITECT	: Water E. Eagle & Associates, Inc.	Architect JN:	Hofmann-01657
ATTENTION	: Juan Alcala, Project Superintendent	Telephone No.:	(925) 383-6905
DATE	: September 3, 2002	Facsimile No.:	
WEATHER COND.	: Sunny (warm/clear)	Hardware:	Simpson

Structural observation is the visual observation of the structural systems, including, but not limited to the elements and connections at significant stages of construction, and the completed structure systems for general conformance to the approved plans and specifications. Structural observation uses visual means and it is non-continuous and focuses on the building's structural systems rather on the use of particular materials, processes, workmanship, and methods and means of construction. It does not provide the quality assurance of continuous inspection. It does not include or waive the responsibility for progress, called or continuous inspections by the building inspector or deputy inspector. However, structural observation does provide additional review of the field construction to substantially increase the likelihood that the structural systems will be in general conformance with the approved plans and specifications.

Option One Consulting Engineers observed the construction of model plan 1536B of Hofmann Construction Company, project located in Sacramento, California. The observation was performed on September 3, 2000. Project superintendent shall make available a copy of this observation report to concrete and framing contractors, building inspector, and special deputy inspector.

The items listed below were observed to be either incomplete or incorrectly installed per the approved construction documents. Refer to the attached drawings for location and/or description of items below. Plans have been clouded with delta "4" annotation for reference.

Roof Framing Elements

Item No.	Description of Observed Deficiency and/or Resolution of Non-conforming Items
1	Use detail "15/SD2" at opening on shear wall at left of Kitchen. Also, refer to RFI #2.

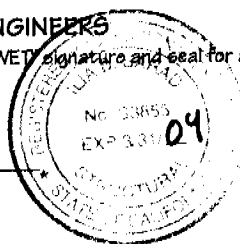
If you should have any questions and need additional clarification on items listed below, please do not hesitate to contact our office at (949) 553-1916 or send your comments and suggestions to us via facsimile at (949) 553-9720.

Respectfully Submitted By

OPTION ONE CONSULTING ENGINEERS

This document must bear an original "WET" signature and seal for all submittal purposes.


Principal



F:\300's\0818\08180851.doc
Option One

Page 1

9/5/2002

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 7768 Amherst Street Assessor Parcel # 052-0180-011-0000
Lot Number: 11 Subdivision Steamboat Bend Unit 1

OWNER INFORMATION:

Legal Property Owner: The Hofmann Company Phone # 925-682-4830
Owner Address: PO Box 907 City Concord State CA Zip 94522

CONTRACTOR INFORMATION:

Contractor: Hofmann Construction Lic. # 189167 Phone # 925-682-4830 Fax 925-682-4771

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 1 No. of Rooms: 8 Street Width: 56
1st Floor Area 1536 2nd Floor Area 0 Basement 0 Roof Material COMPOSITION SHINGLES

AREA IN SQUARE FOOT OF:

Dwelling/Living 1536
Garage/Storage 506
Decks/Balconies 25
Carports 0

SCOPE OF WORK: SINGLE FAMILY RESIDENCE & HOUSE AND GARAGE
MP # 0201353

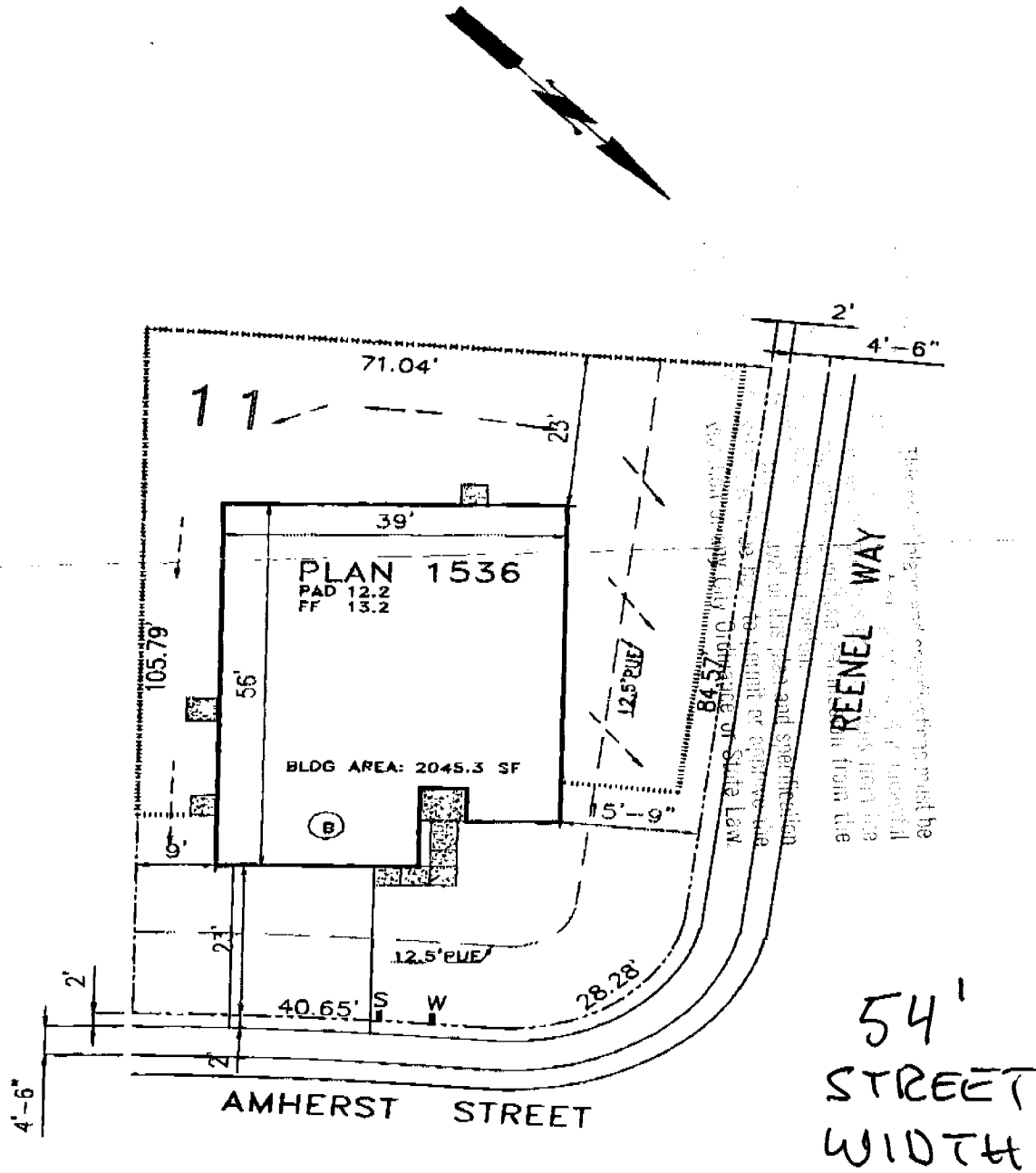
FOR OFFICE USE ONLY

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Information Above Complete | <input type="checkbox"/> AR Flood Waiver Required | <input type="checkbox"/> Planning Approval |
| <input type="checkbox"/> Violation Files Checked | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval |
| <input type="checkbox"/> Standard Setbacks | <input type="checkbox"/> Water Development Infill Area | <input type="checkbox"/> Special Fee Districts Apply: |
| <input type="checkbox"/> County Sewer | | |

~THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT~

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION

a) Assessor's Parcel Number	c) Owners Name
b) New Floor Area	d) Project Address



ADDRESS: 7768 AMHERST ST.
SACRAMENTO CA. 95832-1176

LOT AREA: 6,799.58 SF
BLDG COVERAGE: 2,045.3 SF
% LOT COVERAGE: 30.01%

6/7/02
PLOT PLAN
SCALE: 1"=20'-0" STEAMBOAT BEND
LOT 11 SUB UNIT No. 1
STEAMBOAT BEND
SACRAMENTO
HOFMANN CONST. CO.

L# 11
Site Address

7768 AMHERST STREET

Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 70

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 1178 FAN

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 6%

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 (or Commission approved equivalent) 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.]

[Signature] 11-27-02

BEUTLER

Tests

Signature, Date

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name)

Performed

COPY TO:

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

January 4, 2001

EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE

INSPECTION	INSPECTOR	DATE
FOUNDATION FORMS	PER PERMIT	10-07-02
UPPER GROUND	J. J. J.	10-07-02
CONCRETE SLAB FORMS	J. J. J.	10-07-02
FLUKE UNDERFLOOR/SUB	J. J. J.	10-07-02
MECH UNDERFLOOR/SUB	J. J. J.	10-07-02
ELECT UNDERGROUND	J. J. J.	10-07-02
ELECT CONDUIT/SUB	J. J. J.	10-07-02
FOR JOISTS OR GIRDERS	J. J. J.	10-07-02
INSULATION FLOOR	J. J. J.	10-07-02
TOP MECHANICAL/WALL/CELL	J. J. J.	10-07-02
ROUGH ELECTRICAL/WALL/CELL	J. J. J.	10-07-02
FRAME	J. J. J.	10-07-02
ROOF FINISH/VAL. CORAL & PITS	J. J. J.	10-07-02
EXTENSION DIVISION	J. J. J.	10-07-02
RT. LATE (S) SHALL BE WAIVED	J. J. J.	10-07-02
SEWER SERVICE UNDERGROUND CONDUIT	J. J. J.	10-07-02
WATER SERVICE	J. J. J.	10-07-02
SPRINKLER SYSTEM	J. J. J.	10-07-02
GAS TEST	J. J. J.	10-07-02
TEMP GAS ISSUED	J. J. J.	10-07-02
POWER POLE	J. J. J.	10-07-02
TEMP POWER 120V-2	J. J. J.	10-07-02
SWIMMING POOLS ONLY		
PAT GAS TEST	J. J. J.	10-07-02
PLUMBING PRE-QUALITE	J. J. J.	10-07-02
PLUMBING PRE-DECK	J. J. J.	10-07-02
ELECTRICAL PRE-QUALITE	J. J. J.	10-07-02
ELECTRICAL PRE-DECK	J. J. J.	10-07-02
ELECTRICAL UNDERGRD	J. J. J.	10-07-02
EMERGENCY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL		
DATE	SIGNED:	

BUILDING SITE ADDRESS
7768 AMHERST ST
CITY OF SACRAMENTO

ASSIGNOR
PARCEL NO: 052-0180-011

NAME OF APPLICANT
HOFMANN CO.

ADDRESS
LOT 11 STREAMBOLT BEND 1

APPLICANT
HOFMANN CO.

NO. OF STORIES **NO. OF ROOMS** **ROOF COVERING AREA** **1ST FLOOR** **TOTAL AREA** **GARAGE AREA** **PATIO AREA** **USE ZONE** **STREET NO.**

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL:
MP1536 MODEL

FLOOD STATUS: () SPECIAL CONDITIONS () AT-RISK

CITY OF SACRAMENTO **INSPECTIONS** **294-6191**

WORKERS COMPENSATION DECLARATION

I hereby affirm under penalty of perjury use of the following declaration:

I have and will maintain a certificate of contract or self-insurance 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 policy number is: **CITY OF SACRAMENTO**

City: **Policy Number:** **DATE:** **APPLICANT:** **(Signature)**

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES.

VALUATION	ISSUED BY:	DATE ISSUED	BUILDING PERMIT FEE	PLAN CHECK FEE	PROJ. FEE	CITY FEE	CITY RATE	WATER FEE	SEWER FEE	REG. FEE	RESIDENTIAL	CONTR. TAX
\$ 103,500	J. J. J.	10-07-02	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

DATE: **SIGNED:** **APPLICANT:** **(Signature)**

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES.

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Project Title: Steenhoff Job# 12100m2 11-27-2
 Date: 11-27-2
 Project Address: L-11 7768 Amherst Builder Name: HOFFMAN
 Builder Contact: RSC/ue Telephone: 532-8447 Plan Number: 15316
 HERS Rater: _____ Telephone: _____ Sample Group Number: _____
 Certifying Signature: _____ Date: _____ Sample House Number: _____
 Firm: NCHC HERS Provider: _____
 Street Address: POB 3030 CHCA 95611 City/State/Zip: _____
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- 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 as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa) Measured values

Test Leakage in CFM: 70

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here: 1179 FAV

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%

Check Box for Pass or Fail. (Pass = 6% or less)

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent.

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection. Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

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 = _____

Pass Fail

Yes for both 1 and 2 is a Pass

Blowerdoor - 1093 CFM @ 2.7 SLA

January 5, 2001

Project Title: Hoffmann/Steamboat Plan Number: 1536 Date: 11-27-2
 Sample Group Number: C-11 7768 Amherst Sample House Number: _____

MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT

Diagnostic Testing Results

Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater

1093 CFM @ 50 Pa
2.7 SEA

- 1. Yes No Is measured envelope leakage less than or equal to the required level from CF-1R?
- 2. Yes No Is Mechanical Ventilation shown as required on the CF-1R?
- 2a. Yes No If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?
- 2b. Yes No Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R.
- 3. Yes No Check this box yes if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no, mechanical ventilation is required.)
- 4. Yes No Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.

Pass Fail

Pass if:
 a. Yes in line 1 and line 3, or
 b. Yes in line 1 and line 2, 2a, and 2b, or
 c. Yes in line 1 and Yes in line 4.

Otherwise fail.

January 4, 2001

Hofmann Company - Steamboat Bend - Plan 15V - Elev All

0207729

Site Address 7768 HAMHERST ST.

Permit Number

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-T (← CF-1R Value) ¹	Product SHGC-T (← CF-1R Value) ²	# of Panels	Total Quantity of Like Product (Optional)	Total Square Feet	Labels of Exterior Shading Devices or Overhang	Comments- Special Features
Phillips 800 S & N (Low E)	Slider	.36	.33					U-Values based on
Phillips 800 S & N (Low E)	Single Hung	.36	.33					Products supplied
Phillips 800 S & N (Low E)	Fixed	.33	.36					by Insight Glass
Phillips 800 S & N (Low E)	Patio Door	.35	.35					Only 11
								U-Values On fenestration
								Products supplied by
								where not available.

1. Manufactured Fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 11B of the Energy Efficiency Standards

¹ Installed U-value must be less than or equal to value from CF-1R. Installed SHGC must be less than or equal to value from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R.

² 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 more efficient than that specified in the certificate or 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.

[Signature] 2/22/05

Items #s
(if applicable)

Signature, Date

Insight Glass Inc.

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

Items #s
(if applicable)

Signature, Date

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

Items #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

Compliance Form

July 1, 1999

Lot-11

Plan 1536

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

776B AMHERST

0207729

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

Table with 8 columns: Equip. Type (Oil, Gas, etc.), CEC Certified Mfr Name and Model Number, # of Junctions, Efficiency (AFUE, etc.), Duct Location (Attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (A/C, etc.), CEC Certified Compressor Mfr Name and Model Number, # of Junctions, Efficiency (SEER, etc.), Duct Location (Attic, etc.), Duct or Piping R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr)

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

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

WATER HEATING SYSTEMS:

Table with 11 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Piped, etc.), If Recy. condition, Control Type, # of Junctions, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, UEF), Standby Loss (Btu/hr), Annual Intermittent Recycle

2. For small gas storage (total water 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-17 exterior insulation is mandatory for storage water heaters with an energy factor of less than 0.50.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 8, 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.

Robert C. ... 2/22/05

Antidoh Plumbing Inc. Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

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

L# 11
Site Address

7768 AMHERST STREET # 020729
Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 70

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 1178 FAS

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 6%

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 (or Commission approved equivalent) 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

Signature, Date

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

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

[Signature] 11-27-2

BEUTLER

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Stearns Boat Job # 12100m2 11-27-2
 Project Title Date
 L-11 7768 Amherst # 0207729 HOFFMAN
 Project Address Builder Name
 Builder Contact Telephone Plan Number
 RICK WEAVER 532-8947
 HERS Rater Telephone Sample Group Number
 Certifying Signature Date Sample House Number
 Firm: NCAAC HERS Provider:
 Street Address: PO# 3030 CH, CA 95611 City/State/Zip:
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- 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 as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 70
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1178 FAV

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%
 Check Box for Pass or Fail (Pass = 6% or less)

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
 Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

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 = _____

Pass Fail

Yes for both 1 and 2 is a Pass

Blowerdoor - 1093 CFM = 2.7 SLA

January 5, 2001

Project Title: Hoffman/Steamboat Plan Number: 1536 Date: 11-27-2
 Sample Group Number: L-11 7768 Amherst #0207729 Sample House Number: _____

MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT

Diagnostic Testing Results

Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater

1093 CFM =
2.75EA

1. Yes No Is measured envelope leakage less than or equal to the required level from CF-1R?
2. Yes No Is Mechanical Ventilation shown as required on the CF-1R?
- 2a. Yes No If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?
- 2b. Yes No Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R.
3. Yes No Check this box yes if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R
(If this box is checked no, mechanical ventilation is required.)
4. Yes No Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.

Pass Fail

Pass if:

- a. Yes in line 1 and line 3, or
- b. Yes in line 1 and line 2, 2a, and 2b, or
- c. Yes in line 1 and Yes in line 4.

Otherwise fail.

INSTALLATION CERTIFICATE

CF-6R

Lot-11

Hofmann Company - Steamboat Bend - Plan 153 - Elev All

0207729

Site Address 7768 AMHERST ST. #0207729

Permit Number

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-1 (\leq CF-1R Value) ¹	Product SHGC-1 (\leq CF-1R Value) ²	# of Panes	Total Quantity of Like Product (Optional)	Total Square Feet	Interior or Exterior Shading Device or Overhang	Comments- Special Features
Philips 800 S & N (Low E)	Slider	.36	.33					U-Values based on
Philips 800 S & N (Low E)	Single Hung	.36	.33					Products supplied
Philips 800 S & N (Low E)	Fixed	.33	.36					by Insight Glass
Philips 800 S & N (Low E)	Patio Door	.35	.35					Only !!
								U-Values On fenestration
								Products supplied by
								others are not available.

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 value 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. The undersigned verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is equivalent to or more efficient than that specified in the certificate or 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.

ANM 2/22/05
Signature, Date

Items #s
(if applicable)

Insight Glass Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Items #s Signature, Date
(if applicable)

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

Items #s Signature, Date
(if applicable)

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

Compliance Forms

Feb 22 2005 2:29PM Insight Glass

lot-11

Plan 1536

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

7768 AMHETS1

0207729

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 numbr)	CEC Certified Mfr Name and Model 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)

Cooling Equipment

Equip. Type (pkg heat numbr)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (CF-1R value)	Duct Location (attic, etc)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

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, Date

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 Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, EF ₂)	Standby Loss (%)	External Insulation R-value ¹
NATURAL GAS	65L50X02TG 50 GAL	STORAGE		1	40,000	50	16.2	3.05	R-16

- 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-17 external insulation is mandatory for storage water heaters with an energy factor of less than 0.50

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.

Robert C. Kinn
Signature, Date 2/22/05

Antidich Plumbing Inc
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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