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'sAddress_____

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 Watkins

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/2/02 Applicant/Agent Signature A Huston Watkins

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 Watkins

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

Option One
Consulting Engineers
20311 Acacia St., Suite 240, Newport Beach, Ca. 92660
Tel 949.553.1916
Fax 949.553.9720

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 R1A 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 SHAKE

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

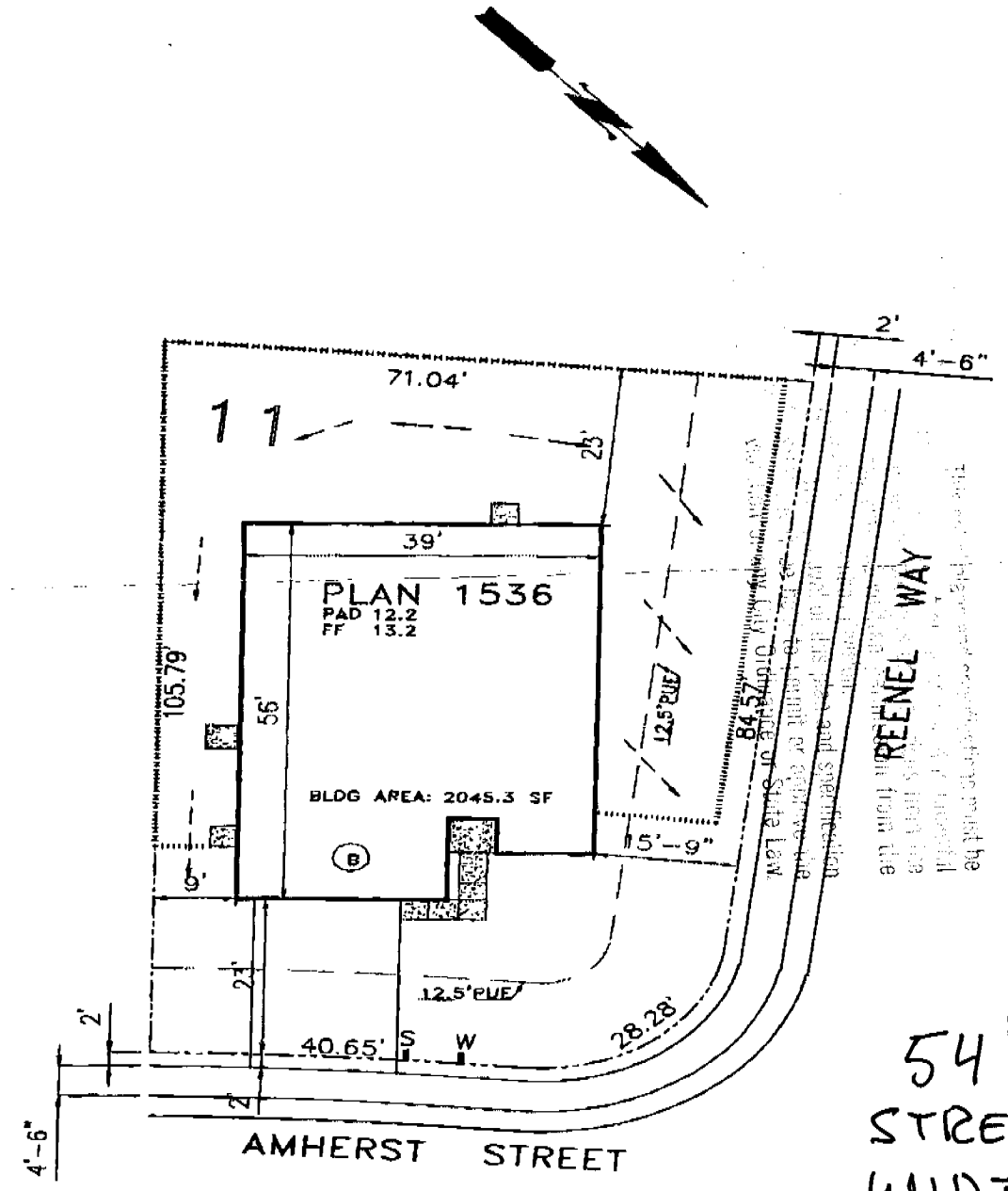
FOR OFFICE USE ONLY

- ☒ Information Above Complete
- ☐ Violation Files Checked
- ☐ Standard Setbacks
- ☐ County Sewer
- ☐ AR Flood Waiver Required
- ☐ Flood Elevation Certificate Required
- ☐ Water Development Infill Area
- ☐ Planning Approval
- ☐ Design Review Approval
- ☐ Special Fee Districts Apply:

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) Assessors Parcel Number
  - b) New Floor Area
  - c) Owners Name
  - d) Project Address

Date:



54' STREET WIDTH

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.

0207729

INSTALLATION CERTIFICATE (Page 3 of 8) **CF-6R**

L#11 7768 AMHERST STREET
Site Address 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)
	11-27-2	BEUTLER

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

(SB)

INSPECTION REQ'D PRIOR TO SIGNOFF

HOUSING/DANGEROUS BLDG: 264-5404

EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE.

	INSPECTION	INSPECTOR	DATE
FDN	FOUNDATION FORMS	PER REPORT	9/24/02
UFER	UFER GROUND		
SLAB	CONCRETE SLAB FORMS		
PLUMB	PLUMB. UNDERFLOOR/SLAB		
MECH	MECH/UNDERFLOOR/SLAB		
ELEC	ELECT. UNDERGROUND		
CSLAB	ELECT. CONDUIT-SLAB		
FJG	FLOOR JOISTS OR GIRDERS		
INSUL	INSULATION/WALL/FLOOR	VA	9-26-02
TOP	TOP PLUMBING		
TOM	TOP MECHANICAL/WALL/CEIL		9/24/02
TOE	ROUGH ELECTRICAL/WALL/CEIL	D Vega	9-30-02
FRAME	FRAME		
ROOF	ROOF PLYWOOD NAIL COMM. & APTS.		9-24-02
EXT	EXTERIOR LATH/SIDING		9-12-02
GAS	INT. LATH OR WALL BD. NAILING		10-02-02
SERC	SERVICE UNDERGRD CONDUIT		
SEW	SEWER SERVICE		
WAT	WATER SERVICE	AC	10-4-02
SPR	SPRINKLER SYSTEM		
GAS	GAS TEST		11-4-02
TEMP	TEMP GAS ISSUED	EXPIRES	
POLE	POWER POLE		
TEMP	TEMP. POWER # 2598-c		10/31/02

SWIMMING POOLS ONLY

PGT	GAS TEST		
PPG	PLUMBING PRE-GUNITE		
PPD	PLUMBING PRE-DECK		
EPG	ELECTRICAL PRE-GUNITE		
EPD	ELECTRICAL PRE-DECK		
EUG	ELECTRICAL UNDERGRD		

ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL

DATE: SIGNED:

FINAL APPROVALS

	FINAL INSP. NO.	
BUILDING		
ELECTRICAL		
PLUMBING		
MECHANICAL		
FIRE		
SITE		

BUILDING SITE ADDRESS: 7768 AMHERST ST — SUITE — SUBD. APRV 2R

ASSESSOR PARCEL NO.: 052-0180-011 — COMMUNITY PLAN NO. — PLAN CHEC

NAME OF APPLICANT — ADDRESS — ZIP CODE — PHONE NO.

LICENSED CONTRACTOR: HOFMANN CO. — LOT 11 STEAMBOAT BEND 1 — LICENSE NO.

PROPERTY OWNER

ARCH. ENGR.

NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WI
								54

THIS PERMIT IS FOR: ○ BUILDING ○ MECHANICAL ○ PLUMBING ○ ELECTRICAL ○ SITE ○ FIRE

NATURE OF WORK IN DETAIL: MP1536 MODEL 337-C4

FLOOD STATUS ( ) SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
INSPECTIONS 264-5191

VALUATION $ 103,544

ISSUED BY:

DATE ISSUED 7/2/02

BUILDING PERMIT FEE $

PLAN CHECK/ PROC. FEE $

M.J. FEE $

CONST. [illegible] $

CITY BUS LICENSE $

ZONE APPL. FEE $

WATER DEV. FEE $

CITY SEWER DEV. FEE $

REG. SEWER FEE $

RESIDENTIAL CONST. TAX $

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:

CITY OF SAC

JUL 02

NORTH

Carrier

Policy Number

☐ (This section need not be completed if the permit is for one hundred dollars ($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: Applicant: (Signature)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL [illegible] HUNDRED THOUSAND DOLLARS

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1) CF-4R

Stenn Bott JOB# 121 00m2 — 11-27-2

Project Title — Date

L-11 7768 Amherst — HOFFMAN

Project Address — Builder Name

1536

Builder Contact — Telephone — Plan Number

RICK 532-8947

HERS Rater — Telephone — Sample Group Number

Certifying Signature — Date — Sample House Number

Firm: NCHR — HERS Provider: ______

Street Address: PO# 3030 Chico 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 1179 FAU

If fan flow is measured enter measured value here ______

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6.1

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 = ______

Yes for both 1 and 2 is a Pass — ☒ Pass ☐ Fail

Blowerdoor - 1093 CFM = 2.7 SLA

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 3) CF-4R

Hoffman/Steamboat — Project Title
1536 — Plan Number
11-27-2 — Date
C-11 7768 Amherst — Sample Group Number
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 = 2.75 ACH

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 if:
a. Yes in line 1 and line 3, or
b. Yes in line 1 and line2, 2a, and 2b, or
c. Yes in line 1 and Yes in line 4.

Otherwise fail.

☑ Pass ☐ Fail

INSTALLATION CERTIFICATE — Lot - 11 — CF-6R

Hofmann Company - Steamboat Bend - Plan 1SK - Elev All — 0207729 Permit Number

Site Address 7768 AMHERST ST.

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-1 (<= CF-1R Value)*	Product SHGC-1 (<= CF-1R Value)*	# 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

* 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.

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 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.

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

Lot-11 Plan 1536

INSTALLATION CERTIFICATE

(Page 1 of 13) CF-6R

776R AMHERST

Site Address

0207729

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 builder's owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (plug fan, pump)	CEC Certified HA Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) (CFM/kBtu/hr)	Duct Location (attic, etc.)	Duct or Pipng R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (plug fan, pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) (CFM/kBtu/hr)	Duct Location (attic, etc.)	Duct 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) 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.

Signature, Date

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified MH Name & Model Number	Distribution Type (Std. Recirculation)	If Recirculation, Control Type	# of Identical Systems	Rated[1] Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency[2] (EF, RE)	Standby[2] Loss (%)	Recovery Insulation R-value[3]
NATURAL GAS	GSL50X6CTC 50 GAL	STORAGE		1	40000	50	.62	3.05	R-12

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 thermal 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 20, Part 6, Section 1113.

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 Hoffman 2/22/05 Antioch Plumbing Inc

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

L#11 7768 AMHERST STREET # 0207129
Site Address 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.]

Tests Performed	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)
	11-27-2	BEUTLER

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

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1) CF-4R

Steamboat Job# 12100m2 — Project Title
L-11 7768 Amherst #0207729 — Project Address
11-27-2 — Date
HOFFMAN — Builder Name
1536 — Plan Number
Builder Contact: Richard — Telephone: 532-8447
HERS Rater — Telephone
Certifying Signature — Date
Sample Group Number
Sample House Number
Firm: NCHR — 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 ☑ Pass ☐ Fail
Yes is a pass

☑ **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. ☑ Pass ☐ Fail
Measured Fan Flow = _____
Yes for both 1 and 2 is a Pass

Blowerdoor - 1093 CFm = 2.7 SLA

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 3) CF-4R

Hoffman/Steamboat — Project Title
1536 — Plan Number
11-27-2 — Date
L-11 7768 Amherst #0207729 — Sample Group Number
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 = 2.75 ELA

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 line2, 2a, and 2b, or
c. Yes in line 1 and Yes in line 4.

Otherwise fail.

CF-6R

INSTALLATION CERTIFICATE

Lot - 11

Hofmann Company - Steamboat Bend - Plan 1536 - Elev All

0207729
Permit Number

Site Address 7768 AMHERST ST. # 0207729

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-1 (<= CF-1R Value)[2]	Product SHGC-1 (<= 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.

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.

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

July 1, 1999

Compliance Forms

Feb 22 2005 2:29PM Insight Glass

707.751.0840

INSTALLATION CERTIFICATE

(Page 1 of 13) **CF-6R**

7768 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

Equip Type (pkg heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.)[1] (>CF-1R value)	Duct Location (attic, etc.)	Duct or Pipes R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg heat pump)	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. ≥ 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.

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[2] Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency[2] (EF, RE)	Standby[2] Loss (%)	External Insulation R-value[3]
NATURAL	GSW50X0CTG 50 GAL	STORAGE		1	40000	50	.62	3.05	R-12

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.

Robert C Russ 2/22/05 — Antioch Plumbing Inc

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