

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0518446
Insp Area: 1
Thos Bros: 298G7

Site Address: 8761 SAINTS WY SAC
Parcel No: 078-0430-061

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

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

OWNER
RANGE DUSTIN E/MONICA C
8761 SAINTS WY
SACRAMENTO, CA 95826

ARCHITECT

Nature of Work: HVAC PACKAGE REPLACEMENT

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 C20 License Number 718740 Date 11/21/05 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. 7031.5, 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 _____

PAID

CITY OF SACRAMENTO

NOV 21 2005

NEW CITY HALL

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 11/21/05 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.

[Signature] 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 01/01/2006

(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 11/21/05 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.

0518446

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

8761 Saints Way Sacramento CA 95826
 Project Address
 April, Dave or Joe 916-362-2822
 Builder Contact Telephone
 Max McKinney 916-898-4185
 HERS Rater Telephone
 [Signature] 12-6-05
 Certifying Signature Date

New-Century Air Systems
 Builder Name
 50003
 Plan Number
 520A-07
 Sample Group Number
 1044
 Sample House Number

Firm: Energy Analysis and Comfort Solutions Inc. HERS Provider: CalCerts
 Street Address: P. O. Box 2233 City/State/Zip: Orangevale, CA 95662

Copies to: Builder, HERS Provider and Building Department

HERS RATER COMPLIANCE STATEMENT

The 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.
 The installer has provided a copy of CF-6R (Installation Certificate).
 New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
 New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1 Enter Tested Leakage Flow in CFM:			
2 Fan Flow: Calculated (Nominal: Cooling Heating) or 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:			
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
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
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.			
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
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9 Pass If Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]			<input 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)]]			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass If One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Contractor Information

Contractor Name	Address		City	Zip	Phone	Fax
New-Century Air Systems	3129 File Cir #130		Sacramento	CA	916-362-2822	916-362-9011
Company Contact	Est Start	Est Complete	Job Number	Permit Number	License #	Company ID #
April, Dave or Joe	11/22/2005	11/22/2005	121105		718740	50003

Residential Project Information

Owner's Name/ Project Title	Address		City	Zip	Phone	Fax/ email
Range, Dustin & Monica	8761 Saints Way		Sacramento	95826	916-386-1464	
County	Bid Dept - Permit From	Utility	Sample	Plan #	Group #	House #
Sacramento	county of sacramento	SMUD	Y	50003	520A--	1044

Building Information

Multi Family	<input type="checkbox"/>	# of Dwellings	1	Front Orientation (N,S,E,W)	E	Heat Load	BTUs
Single Family	<input checked="" type="checkbox"/>	Slab Floor	<input checked="" type="checkbox"/>	Number of Stories	1	Cool Load	BTUs
Addition-new rm	<input type="checkbox"/>	Raised Floor	<input type="checkbox"/>	Conditioned Floor Area	1379 SF	Duct Location	attic
Alteration-change	<input checked="" type="checkbox"/>	Climate Zone	12	Maximum Ceiling Height	10'6" Ft	Duct -R value	New R6 <input checked="" type="checkbox"/> Old R4

Equipment Information

Package Unit	<input checked="" type="checkbox"/>	Gas / Electric	<input checked="" type="checkbox"/>	AFUE	80.00	SEER	12	Heat: BTU Input	72000	BTUs
Split System	<input type="checkbox"/>	Heat Pump	<input type="checkbox"/>	HSPF		EER	10.5	Cooling: BTUs	36000	BTUs
Heat System Mfg		TRANE		Condenser Sys Mfg		TRANE		Coil System Mfg		
Model #		YCP036		Model #		YCP036		Model #		YCP036
Serial #				Serial #				Serial #		

8761 Saints Way

Sacramento CA 95826

0

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) 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 Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial 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)
Package	TRANE	1	80.00 AFUE	attic	R4	0	72000
	YCP036		0 HSPF				
G/E	0						

Cooling Equipment

Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Package	TRANE	1	12.00 SEER	attic	R4	0	36000
	YCP036		10.5 EER				
G/E	0						
	TRANE						
Coil	YCP036						
	0						

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.

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.

 11-23-05
Signature, Date

New-Century Air Systems
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

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

8761 Saints Way

Sacramento CA 95826

0

Site Address

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
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
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.		95	
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
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9 Pass if Leakage Percentage < 15% [100 x [<u>95</u> (Line # 5) / <u>1200</u> (Line # 2)]]		7.9%	<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			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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 retrofitted Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards.

[Signature]

11-23-05

New-Century Air Systems
Installing Subcontractor (Co. Name) OR

Signature

Date

0397 LA Riviera Dr.
0601252

Contractor Information									
Contractor Name	Address	City	Zip	Phone	Fax				
Clarke & Rush Mechanical	4411 Auburn Blvd.	Sacramento	95841	916-609-2665	916-609-2635				
Company Contact	Est Start	Job Number	Permit Number	License #	Company ID #				
Patricia Siedentopf	1/30/2006	06H4004		608005	50001				
Residential Project Information									
Owner's Name/ Project Title	Address	City	Zip	Phone	Fax/ email				
Robert Bieber	8397 La Riviera Drive	Sacramento	95826	916-383-6527					
County	Bld Dept - Permit From	Utility	Sample	Plan #	House #				
County of Sacramento	County of Sacramento	SMUD	7	50001	530A				
Building Information									
Multi Family	# of Dwellings	Front Orientation (N,S,E,W)	SW	Heat Load	BTUs				
Single Family	Slab Floor		1	Cool Load	BTUs				
Addition-new rm	Raised Floor	Number of Stories	1700	Duct Location	ATTIC				
Alteration-change	Climate Zone	Conditioned Floor Area	8	Garage	Duct - R value				
		Maximum Ceiling Height							
Equipment Information									
Package Unit	Gas / Electric	AFUE	SEER	Heat: BTU Input	BTUs				
Split System	Heat Pump	HSPF	EER	Cooling: BTUs	BTUs				
Heat System Mfg	CARRIER	Condenser Sys Mfg	CARRIER	Coil System Mfg					
Model #	FV4BNF005	Model #	38YXA036-3	Model #					
Serial #	4605A8387	Serial #	4405E35406	Serial #					

Title 24 requirements - contractor and HERS verification check list

CF6R forms on job site	_____	Permit #	_____
Furnace Mfg and model # documented	_____	Duct System - New or Exist	_____
Furnace serial # documented	_____	CFM Leakage	_____
Coil Mfg and model # documented	_____	Leakage pressure	_____
Coil serial # documented	_____	Equipment air flow in CFM	_____
Condenser Mfg and model # documented	_____	System % leakage	_____
Condenser serial # documented	_____	Test Date	_____
TXV verified on split system	_____	ARI #	_____
High EER verified on options	_____	Notes:	_____
Air distribution system fully ducted	_____		
Existing duct tape has draw bands and mastic	_____		
All Supply registers sealed for test	_____		
All Return grilles sealed for test	_____		
Duct blaster w/ rings installed correctly	_____		
Smoke required to pass test	_____		
All register & grille seals removed	_____		
Thermostat turned on after test	_____		

Signature Jerry Thomas

Robert Bieber

Project Title

8397 La Riviera Drive Sacramento CA 95826

Project Address

Patricia Siedentopf 916-609-2665

Documentation Author Telephone

Prescriptive 12

Compliance Method (Prescriptive) Climate Zone

Date
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) **1700** ft² Average Ceiling Height: **8** ft
 Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C --- (5% X CFA) **NA** ft²
 Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C --- (20% X CFA) **NA** ft²
 Building Type: (check one or more) Single Family Multifamily Addition 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: slab Slab/Raised Floor (circle one or both)
 Front Orientation: **SW** 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, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly Ufactor (for wood, metal frame and mass assemblies) 1	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or 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.

Robert Bieber

Project Title

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, W1	Area (ft2)	U-factor2	U-factor Source3	SHGC4	SHGC Source5	Exterior Shading/Overhangs6, 7 Ck box if WS-3R is included

- 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, boiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)
	0.00 AFUE	ATTIC	R4	Programable	
Heat Pump 36000 BTU	9 HSPF				Split Sys

Cooling Equipment Type and Capacity (A/C, Heat Pump, Evap Cool)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
	14.5 SEER	ATTIC	R4	Programable	
Heat Pump 36000 BTU	12.25 EER				Split Sys

Robert Bieber

Project Title

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.

<input type="checkbox"/>	Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)
<input type="checkbox"/>	TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)
<input type="checkbox"/>	Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)

OR

<input type="checkbox"/>	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.
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OR

<input type="checkbox"/>	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.
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WATER HEATING SYSTEMS

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 ¹ (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor ¹ or Thermal Efficiency	Standby ¹ Loss (%)	Tank External Insulation R-Value

System serving multiple dwelling units

Water Heater Type/Fuel Type	Distribution Type	Number In System	Rated Input ¹ (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor ¹ or Thermal Efficiency	Standby ¹ Loss (%)	Tank External Insulation R-Value

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 160 (j) 2 A or 150 (j) 2 B.

Robert Bieber

Project Title

Date

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 Forms.	
<input type="checkbox"/>	Dedicated Hydronic Heating System	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 Heaters Per Dwelling Unit	See Table 5-13 or use Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Central Water Heating System Serving Multiple Dwellings	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
<input type="checkbox"/>	Duct Sealing	CF-6R part 4 of 12	
<input type="checkbox"/>	Refrigerant Charge	CF-6R part 5 of 12	
<input type="checkbox"/>	Thermostatic Expansion Valve	CF-6R part 6 of 12	

Robert Bieber

Project Title

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

Name: Patricia Siedentopf	Name: Patricia Siedentopf
Title/Firm: Clarke & Rush Mechanical	Title/Firm: Clarke & Rush Mechanical
Address: 4411 Auburn Blvd. Sacramento CA 95841	Address: 4411 Auburn Blvd. Sacramento CA 95841
Telephone: 916-609-2665	Telephone: 916-609-2665
License #: 608005	
(signature) (date)	(signature) (date)

Enforcement Agency

Name:	Comments:
Title	
Agency:	
Telephone:	
(signature / stamp) (date)	

8397 La Riviera Drive
Site Address

Sacramento CA 95826

0
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) 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 pump)	CEC Certified Mfr. Name, Model and Serial 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)
	CARRIER	1	0.00 AFUE	ATTIC	R4	36000	36000
Split Sys	FV4BNF005		9 HSPF				
	0						
HP							

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	CARRIER	1	14.50 SEER	ATTIC	R4	31000	36000
Split Sys	38YXA036-3		12.3 EER				
	0						
HP	0						
Coil	0						
	0						

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.

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.

Jerry Thomas 1/31/06
Signature, Date

Clarke & Rush Mechanical
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

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

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
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
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 [90 (Line # 5) / 1200 (Line # 2)]]		7.5%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9 Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]			<input 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			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input 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 Standards.

Jerry Flanagan 1/31/06
Signature Date

Clarke & Rush Mechanical
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name)

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.			
Yes is a pass			Pass	Fail	

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	Btu/hr
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

Standard Charge Measurement Procedure (outdoor air dry-bulb 55oF and above):

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)		F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		F
Evaporator saturation temperature (Tevaporator, sat)		F
Suction line temperature (Tsuction, db)		F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db - Tevaporator, sat		F
Target Superheat (from Table RD-2)		F
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)		F

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

Actual Temperature Split = T return, db - Tsupply, db		F
Target Temperature Split (from Table RD3)		F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F)		F

INSTALLATION CERTIFICATE

(Page 6 of 12)

CF- 6R

8397 La Riviera Drive

Sacramento CA 95826

0

Site Address

Permit Number

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	System Passes
--------------------------	-----	-------------------------------------	----	---------------

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 oF)

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 oF or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length:		ft
Manufacturer's Standard liquid line length:		ft
Difference (Actual - Standard):		ft
Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces		
(+ = add) (- = remove)		

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

Calculated Airflow: Cooling Capacity (Btu/hr)	X 0.033 (cfm/Btu-hr) =	CFM
Measured Airflow is	CFM (Measured airflow must be greater than the calculated airflow).	

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	System Passes
--------------------------	-----	-------------------------------------	----	---------------

Jerry Flanagan 1/31/06
Signature, Date

Clarke & Rush Mechanical
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

FAN WATT DRAW

Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

Method For Fan Watt Draw Measurement	
<input type="checkbox"/>	RE3.2.1 Portable Watt Meter Measurement
<input type="checkbox"/>	RE3.2.2 Utility Revenue Meter Measurement
Measured Fan watt Draw: Enter results of Watts/cfm:	
Measured Fan Flow (Enter total cfm from airflow verification)	
Enter results of Watts/cfm:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculated fan watt/cfm is equal to or lower than the fan watt/cfm draw documented in CF-1R	
Yes is a pass	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

ADEQUATE AIRFLOW VERIFICATION

Procedures for field verification and diagnostic testing of adequate airflow are available in RACM, Appendix RE4.1.

Method For Airflow Measurement	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duct design exists on plans	
<input type="checkbox"/>	RE4.1.1 Diagnostic Fan Flow Using Flow Capture Hood
<input type="checkbox"/>	RE4.1.2 Diagnostic Fan Flow Using Plenum Pressure Matching
<input type="checkbox"/>	RE4.1.3 Diagnostic Fan Flow Using Flow Grid Measurement
Measured Airflow: _____ cfm/ton	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measured airflow is greater than the criteria in Table RE-2	
Yes is a pass	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

MAXIMUM COOLING CAPACITY

Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refrigerant charge or TXV
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct leakage reduction credit verified
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R.
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass			
<input type="checkbox"/> Pass		<input type="checkbox"/> Fail	

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EER values of installed systems match the CF-1R
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Delay Relay Verified (If Required)
Yes to 1 and 2; and 3 (If Required) is a pass			
<input type="checkbox"/> Pass		<input type="checkbox"/> Fail	

Tests Performed

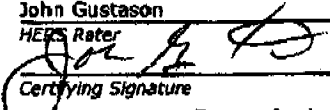
Jerry Flanagan 1/31/06
Signature, Date

Clarke & Rush Mechanical
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name)

Bieber
06H4004

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)

CF-4R

8397 La Riviera Dr <i>Project Address</i>		Clarke & Rush Mechanical / 608005 <i>Contractor Name / License No.</i>	
John Gustason <i>Contractor Contact</i>		06-01252 <i>Permit Number</i>	16994 <i>Telephone</i>
John Gustason <i>HERS Rater</i>		916-768-9459 <i>Telephone</i>	16994 <i>Permit Number</i>
 <i>Contracting Signature</i>		February 13, 2006 <i>Date</i>	CC.14-1798357581 <i>Sample Group Number</i>
Energy Analysis and Comfort Solutions, Inc. <i>Firm</i>		HERS Provider: CalCERTS	
P.O. Box 2233 <i>Street Address</i>		Orangevale / CA / 95662 <i>City/State/Zip</i>	

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of the CF-6R (Installation Certificate).


✓ THERMOSTATIC EXPANSION VALVE (TXV):

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

HVAC System TXV Pass Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8)

CF-4R

<u>8397 La Riviera Dr</u> Project Address		<u>Clarke & Rush Mechanical / 608005</u> Contractor Name / License No.	
		<u>06-01252</u> Permit Number	
<u>John Gustason</u> Contractor Contact		<u>916-768-9459</u> Telephone	
<u>HERS Rater</u>		<u>16994</u> Sample Group Number	
 Certifying Signature		<u>February 13, 2006</u> Date	
<u>Energy Analysis and Comfort Solutions, Inc.</u> Firm:		<u>CC14-1798357581</u> Certificate Number	
<u>P.O. Box 2233</u> Street Address:		<u>HERS Provider: CalCERTS</u>	
		<u>Orangevale / CA / 95662</u> City/State/Zip:	

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.
 The installer has provided a copy of the CF-6R (Installation Certificate).

HIGH EER AIR CONDITIONER:

Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	EER values of installed systems match the CF-1R
2	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	For split systems, indoor coil is matched to outdoor coil
3	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Time Delay Relay Verified (If Required)

HVAC System: Yes to 1 and 2; and 3 (If Required) is a pass Pass Fail



CITY OF SACRAMENTO
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7922
PAID
 CITY OF SACRAMENTO
 NOV 21 2005
 Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arma Blvd., Suite 200
 Sacramento, CA 95834

MINOR PERMIT APPLICATION
 NEW CITY HALL
 Date: 11/11/05
 Fax # 916-264-1901

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
 Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 87161 Saints Way
 CONTACT INFO Name: April Espinoza
 Bid Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Property Owner: Ronge, Dustin & Monica
 Address: 87161 Saints Way
 City/State/Zip: Sacramento, CA
 Phone: 916-382-2822
 Contractor: New Century Air Systems License #: 718740
 Address: 8129 Ete Cir #130
 City/State/Zip: Sacramento CA 95827
 Phone: 916-382-2822
 Fax: 916-382-9011
 Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: HVAC Package Replacement

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reseal <input type="checkbox"/> Home Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vert <input type="checkbox"/> Stucco	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitic Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Strucure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change <input type="checkbox"/> # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____

#0518446