



**F. RODGERS INSULATION, INC.**  
 Thermal Insulation Contractors  
 Residential

INSULATION  
 CERTIFICATE

09884

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

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

0501629

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

BROWN LOT # 75 TRACT # PHOENIX  
 STREET 82 Creeks Edge CITY SAC

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

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

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

SQUARE FOOTAGE COVERED 1807 NUMBER OF BAGS USED 27

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

OTHER:  
 MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 11

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

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

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

B. J. [Signature]  
 SIGNATURE

DATE

6-22-05

TITLE \_\_\_\_\_

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

# SIGNET

Testing Labs, Inc.

DATE: 4-12-05  
 PROJECT NO: 16415  
 PROJECT: Phoenix Park  
 LOCATION: Sacramento, CA

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

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

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

RAM: SN 244    GAGE: SN 5491    TORQUE WRENCH: \_\_\_\_\_  
 RAM: \_\_\_\_\_    GAGE: \_\_\_\_\_    TORQUE WRENCH: \_\_\_\_\_

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
Hold downs @ back & mid walls	5/8 A.T.	8	100	1250	3040	7	1*	
Hold downs @ front wall	5/8 A.T.	4	100	3390	8240	4	-	-
# 75								

- Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_  
 Visual inspection was performed on \_\_\_\_\_  
 Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_ at the job site.  
 All non-compliance items were brought to the attention of: \_\_\_\_\_

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
 \* Failure @ back wall, 2nd from S.W. corner  
 James Allington w/ Brown Bid #75

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

Superintendent/Representative: \_\_\_\_\_ Inspector: Bill Boor

3121 Diablo Avenue Hayward CA 94545    4741 Pell Drive #8 Sacramento CA 95838    520 Mercantile Street #A Cotati, CA 94931    310 W 5th Street #203 Santa Ana CA 92701

# SIGNET

Testing Labs, Inc.

DATE: 4-13-05  
 PROJECT NO. 16415  
 PROJECT: Phoenix Park II  
 LOCATION: Sacramento

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

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

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

RAM: SN 244 GAGE: SN 5491 TORQUE WRENCH: \_\_\_\_\_  
 RAM: \_\_\_\_\_ GAGE: \_\_\_\_\_ TORQUE WRENCH: \_\_\_\_\_

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u># 75</u>								
<u>Hold down @ back of house</u>	<u>5/8 A.T</u>	<u>1</u>	<u>100</u>	<u>3040</u>	<u>1250</u>	<u>1</u>		<u>1</u>

- Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_  
 Visual inspection was performed on \_\_\_\_\_  
 \_\_\_\_\_  
 Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_  
 All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
Retest from 4/12/05 original test.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Inspector: \_\_\_\_\_

BW BOOTH

3121 Diablo Avenue  
Hayward CA 94545

4741 Pell Drive #8  
Sacramento CA 95838

520 Mercantile Street #A  
Cotati, CA 94931

310 W 5th Street #203  
Santa Ana CA 92701

JOB SITE COPY

FORM 301

**TYPE 3**

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.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	York GY9506 DB12 UPII	2	90		4.2	55	60
	York GY9506 DB12 UPII	1	90		4.2	76	80

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SPLIT	York HIRB 024	1	13 SEER		4.2	20.8	19
"	" " 042	1	" "		4.2	20.1	37.6
"	" " 030	1	" "		4.2	22.1	27.5

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

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

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
Gas	Rheem 91VR40W	STD	N/A	3	79,000	40	.62		R-20

- 2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

[Signature]  
Signature, Date

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

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

TYPE 3

Site Address

Permit Number

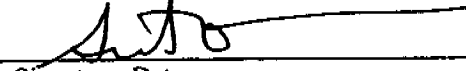
FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>ALPINE</u>							
2. <u>270 SERIES</u>	<u>.50</u>	<u>.61</u>	<u>2</u>	<u>18</u>	<u>206</u>		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

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

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

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