

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0516000  
Insp Area: 3  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 7815 52ND AV SAC  
Parcel No: GLEN ELDER UNIT 8 LOT# 7

**CONTRACTOR**  
RIVERLAND HOMES  
1566 BERRY RD.  
RIO OSO CA. 95674

**OWNER**

**ARCHITECT**

Nature of Work: MP 2110 2 STORY 8 ROOM SFR

**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 B License Number 783707 Date 10/31/05 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. 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 \_\_\_\_\_

PAYED  
CITY OF SACRAMENTO  
OCT 31 2005  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant that the applicant has 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 10-31-05 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.

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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 10-31-05 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.**

Superintendent/Representative:

Inspector/Technician:

Except As Noted

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

Visual inspection was performed on

Type of epoxy / grout used:

Method of application / cleaning:

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD in or Fl Lbs	GAGE (PSI)	# ACC.	# REL.	# RETEST
PHD 5/8" epoxy ANCHOR BOLT	5/8"	1		6855	2670	1	0	0

RAM: \_\_\_\_\_

GAGE: \_\_\_\_\_

TORQUE WRENCH: \_\_\_\_\_

RAM: \_\_\_\_\_

GAGE: \_\_\_\_\_

TORQUE WRENCH: \_\_\_\_\_

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

PROOF LOAD  TORQUE  WITNESSING

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

DATE: 12-13-05  
 PROJECT NO. 2007  
 PROJECT: GLEN ELDER HOMES  
 LOCATION: GLEN ELDER LOT-7

70 Rancho Del Sol • Camino, CA 95709  
 (530) 644-6726 • (916) 870-7548

**@lpha Inspections**  
 & Material Testing



(Page 1 of 12) CF-GR

<b>INSTALLATION CERTIFICATE</b>		Permit Number
Site Address <b>7815 52nd Ave</b>		<b>OS16000</b>

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).

**WATER HEATING SYSTEMS:**

Natural Gas  
Bradford White

Heater Type	CEC Certified MP Name & Model Number	Distribution Type (Std. Point-of-Use stat)	If Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) <sup>1</sup>	Tank Volume (gallons)	Efficiency (EF, RE) <sup>1</sup>	Standby Loss (%) <sup>2</sup>	External Insulation R-value <sup>3</sup>
	BM440T	BN Storage		1	43,000	40	.62	N/A	R-7.6

- 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 (EF). For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Thermal Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Kitchen Piping:**  
If indicated on the CF-1R, all hot water piping  $\geq$  3/4 inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

**Faucets & Shower Heads:**  
All faucets and showerheads installed are certified to the Energy Commission, pursuant to Title 24, Part 6, Section 111.

**Central Water Heating in Buildings with Multiple Dwelling Units** (required for prescriptive)

- All hot water piping in main circulating loop is insulated to requirements of §150(i)
- Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	<b>Northstar Plumbing, Inc.</b>
Signature: <i>Kinda Kunkese</i>	Date: <i>10/10/05</i>

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY



**Brent Duggins Glass**  
Specializing in New Construction & Remodel  
Windows \* Glass \* Mirrors \* Shower Enc.  
C.L.# 773246

Plan 2110

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 2 of 12) CF-6R</b>
Site Address	7815 52nd AVE	Permit Number DS16000

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).

**FENESTRATION/GLAZING:**

Item	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 (Options)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1	LWC 5320	.32	.28	4	1	36	N-A	N-A
2	LWC 5320	.32	.28	4	1	30	N-A	N-A
2	LWC 5320	.35	.33	2	1	12	N-A	N-A
4	LWC 5320	.35	.29	4	2	30	N-A	N-A
5	LWC 5320	.35	.32	2	1	16	N-A	N-A
6	LWC 5320	.35	.32	2	1	4	N-A	N-A
7	LWC 5320	.35	.33	6	3	60	N-A	N-A
8	LWC 5B20	.34	.33	2	1	41	N-A	N-A
9	LWC 5320	.33	.25	1	1	18	N-A	N-A
10	LWC 5320	.33	.35	1	1	11	N-A	N-A
11	LWC 5320	.35	.29	2	1	20	N-A	N-A
12	LWC 5320	.32	.35	1	1	12	N-A	N-A
13	LWC 5320	.32	.35	1	1	3	N-A	N-A
14								
15								

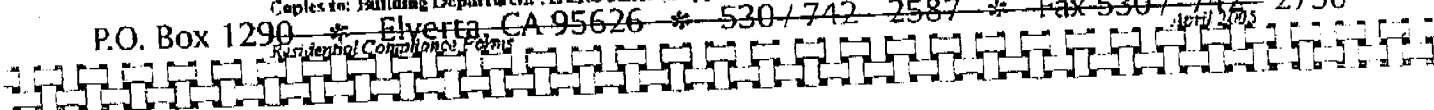
<sup>1</sup> Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

<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. If using default table SHGC values from §116 identify whether tinted or not.

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.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
	<i>[Signature]</i>	10-6-05	Brent Duggins Glass
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy  
P.O. Box 1290 \* Elverta, CA 95626 \* 530/742 2587 \* Fax 530/742 2750



From:

**INSTALLATION CERTIFICATE**

(Page 1 of 13)

**CF-6R**

Site Address 7815 52nd AVE

Permit Number 0516000

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. description)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (>CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

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

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

Signature, Date

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

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>3</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>2</sup>
Bradford White - Natural Gas	BM44DT6 FBN	STORAGE		1	48,000	40	0.62	N/A	R-16

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.

Lucinda Sanders 10/6/05  
Signature, Date

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

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

1400  
3100  
Plans

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 3 of 12) CF-6R</b>
Site Address	7815 52nd AVE	Permit Number 0516000

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 Mfg. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split System							
Rheem	R609A 07MA M6B	1	80%	Attic	4.2		75000

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfg. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split System							
Rheem	R609A 07MA J82	1	12 SEER	Attic	4.2		48000

<sup>1</sup> ≥ 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Gold River Mechanical
Signature: <i>[Signature]</i>	Date: 10/5/05

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 10 of 12) CF-6R</b>
Site Address	7815 52nd Ave	Permit Number DS16000

**Insulation Installation Quality Certificate**

- Description of Insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-values, and for loose-fill insulation minimum weight per square foot and minimum inches
- Installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

<b>FLOOR</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<b>WALLS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the total surface area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as, corner channels, wall intersections, and behind sub/slower enclosures insulated to proper R-Value
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
Yes	No	NA	
<b>ROOF/CEILING PREPARATION</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rafter installed
Yes	No	NA	



<b>INSTALLATION CERTIFICATE</b>		<b>(Page 11 of 12) CE-6R</b>
Site Address	7815 52nd Ave	Permit Number 0516060

**✓ ROOF/CEILING BATT'S**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 1/4 in. deep or more than 10% of the batt surface area.
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the substrate
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	

**✓ ROOF/CEILING LOOSE-FILL**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eave vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value <u>R-35</u> . Manufacturer's minimum required weight for the target R-value <u>1.210</u> (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation <u>10.3</u> . Manufacturer's minimum required settled thickness <u>10.3</u> . Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (CF-6R only)
Yes	No	NA	

**DECLARATION**

I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

**GOLD STAR INSULATION, INC.**

8926 Patrol Road, Unit B  
McClellan, CA 95652

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature: <i>[Signature]</i>	Date:

Copy to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE), BUILDING OWNER AT OCCUPANCY

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 12 of 12) CF-6R</b>
Site Address <u>7815 S 2nd AVE</u>	Permit Number <u>OS16000</u>	
County Subdivision	Lot Number	

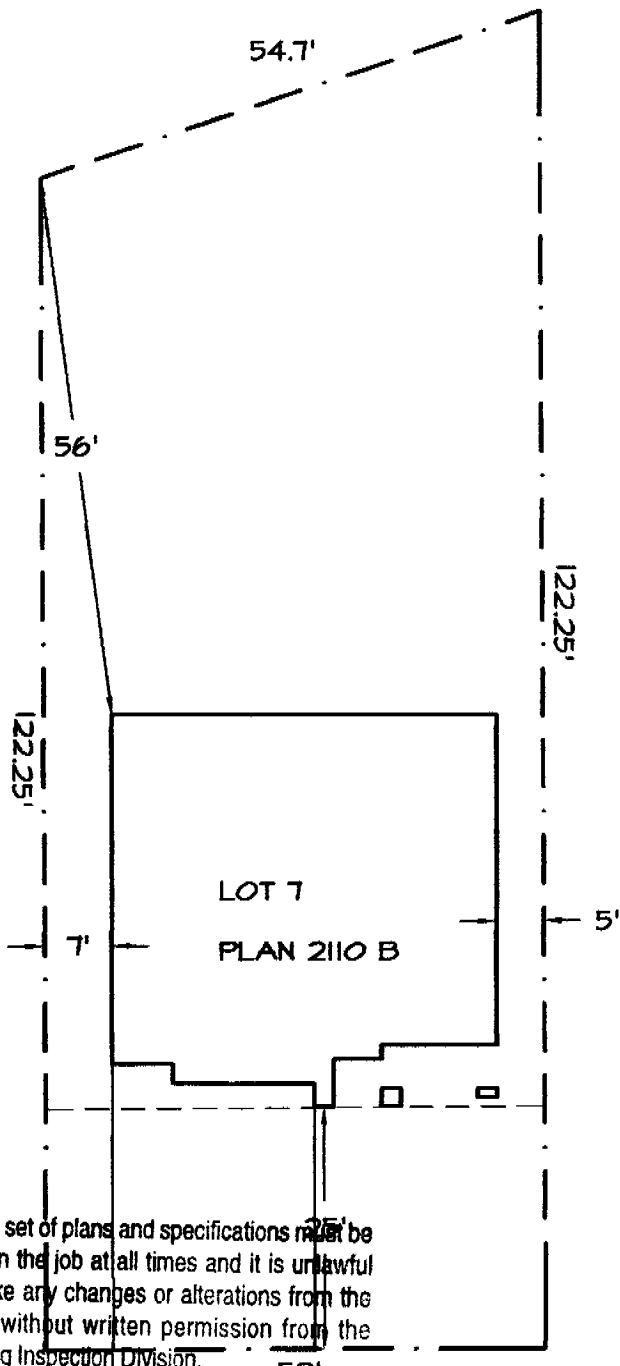
**Description of Insulation (Formerly IC-1 Form)**

- 1. RAISED FLOOR**  
 Material Fiberglass Brand Name John Manville  
 Thickness (inches) 6.5 Thermal Resistance (R-Value) R-19
- 2. SLAB FLOOR/PERIMETER**  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_  
 Perimeter Insulation Depth (inches) \_\_\_\_\_
- 3. EXTERIOR WALL**  
 Frame Type 2x4  
 A. Cavity Insulation  
 Material Fiberglass Brand Name Johns Manville  
 Thickness (inches) 3.5 inch Thermal Resistance (R-Value) R-13  
 B. Exterior Foam Sheathing  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_
- 4. FOUNDATION WALL**  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_
- 5. CEILING**  
 Batt or Blanket Type Batt Brand Name Johns Manville  
 Thickness (inches) 13" Thermal Resistance (R-Value) R-38  
 Loose Fill Type cellulose Brand GREEN FIBER  
 Contractor's min installed weight per sq ft 12.0 lb Minimum thickness 10.3 inches  
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) R-38
- 6. ROOF**  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_

**Declaration**

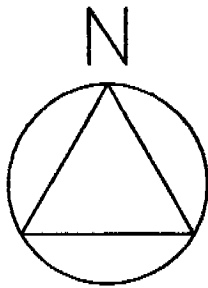
I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficiency Standards for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item # (if applicable)	Signature <u>Robert Berger</u>	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance of ~~52ND AVE.~~



LOT 7  
 GLEN ELDER  
 SACRAMENTO, CA  
 SCALE: 1"=20'-0"