

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0515934

Insp Area: 3

Thos Bros: 317E2

Site Address: 2713 16TH AV SAC

Parcel No: 019-0062-004

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR  
OWNER BUILDER

OWNER  
MCNEARNEY JAMES A  
2713 16TH AV  
SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: INSTALL NEW ROOF-MOUNT HVAC UNIT & UPGRADE ELECTRICAL PANEL TO 200 AMP SERVICE

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 \_\_\_\_\_ License Number 0 \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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.)

X I, as owner of the property, am exclusively contracting with licensed contractor to construct, alter, improve, demolish, or repair any structure, and 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: \_\_\_\_\_

X Date 10/11/05 Owner Signature JAMCNEY

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.

X Date 10/11/05 Applicant/Agent Signature JAMCNEY

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 \_\_\_\_\_

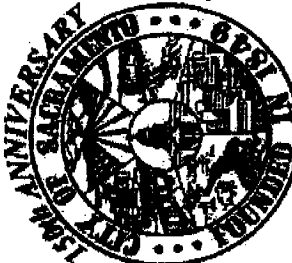
X (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

X Date 10/11/05 Applicant Signature JAMCNEY

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.

PAYD  
CITY OF SACRAMENTO  
OCT 17 2005  
NEIGHBORHOOD PLANNING  
AND DEVELOPMENT SERVICES



Att: Sarah Sandoval  
Fax: 916-808-8370

DATE: 10-7-05

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (Mixed)

JOB ADDRESS: 2713 16th AVE UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 5,800.00

CONTACT PERSON: JAMES McNEARNEY  CONTACT PHONE: (916) 476-6176 License # 732843

Property Owner: JAMES McNEARNEY  
Address: 2713 16th Ave.  
City/State/Zip: SAC CA 95820  
Phone: (916) 476-6176  
Contractor: Northstar Mechanical  
Address: 211 25th St  
City/State/Zip: SAC CA 95814  
Phone: (916) 448-9771 FAX: \_\_\_\_\_

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

REROOF (excluding tile)  
 TEAR-OFF  
 RESHEET  
 HOUSE  GARAGE  
# SQUARES: \_\_\_\_\_  
Material: \_\_\_\_\_  
 SIDING  
 wood  
 T-111  
 Horiz  
 vinyl  
 stucco  
Note: Design Review approval may be required in certain areas.

HVAC INSTALLATIONS (residential ONLY)  
 CHANGE-OUT  NEW  
 Heat Pump Package  
 Split system  
 Roof mount  
 Cut-in  
 Heat pump or elect. unit to gas.  
 Wall furnace  
 Other (describe below)  
Value of duct work: \$ \_\_\_\_\_  
Equipment: \$ \_\_\_\_\_  
Cut-in: \$ \_\_\_\_\_  
Note: Design Review approval may be required for rooftop units.

WATER HEATER (residential ONLY)  
 GAS  ELECTRIC  
 Change-out  
 Electric to Gas  
 Relocate  
 New  
 DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)  
Note: Design Review approval may be required in certain areas.

MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY)  
Electric Service Change # amps 200  
 New electric circuits  
 Re-wire  
 Water Service Replacement  
 Sewer Service Replacement  
 Gas Line Replacement  
 Re-piamb  Water  Waste  
Note: Design Review approval may be required in certain areas.

PUBLIC UTILITIES SAFETY INSPECTION\* (Residential and single apartment units ONLY)  
 SMUD  
 PGE  
\*NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK:

#20112

**INSTALLATION CERTIFICATE**

(Page 1 of 13)

**CF-6R**

Site Address **2713 16th AVE.**

Permit Number **0515934**

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> [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<b>GAS PKG.</b>	<b>WOODMAN 6PG103 06701A</b>	<b>1</b>	<b>80% AFUE</b>	<b>ATTIC</b>	<b>4.2</b>	<b>37,000</b>	<b>70,000</b>

**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> [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<b>GAS PKG.</b>			<b>10 SEER</b>	<b>ATTIC</b>		<b>30,000</b>	<b>30,000</b>

1. ≥ reads greater than or equal to.

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

**JAM** 10/7/05  
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>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>

- 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, Date

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

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

0515934

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 1 of 3) CF-1R**

Jim McNearney  
 Project Title  
 2713 16th Ave Sacramento, Ca. 95820  
 Project Address  
 Doug McClure (916) 448-5475 Telephone  
 Documentation Author zone 12  
 (prescriptive) Climate Zone  
 Compliance Method (Package or Computer)

11/13/2005

Date

Building Permit #

Plan Check / Date

Field Check / Date

Submitting Agency Use Only

**GENERAL INFORMATION**

Total Conditioned Floor Area N/A ft<sup>2</sup>  
 Conditioned Slab Floor Area N/A ft<sup>2</sup>  
 Building Type:  Single Family  Multi-Family  
 (check one or more)

Average Ceiling Height: N/A ft

Addition  
 Existing-~~REVISION~~  
 Front Orientation: N/A North / South / East / West / All Orientations  
(enter front orientation in degrees from True North and circle one)

Number of Stories 1  
 Number of Dwelling Units: 1  
 Floor Construction Type: Slab/Raised Floor (check one or both)

**RADIANT BARRIER** (required in climate zones 2, 4, 8-15) N/A Required for this submission  yes  no

**BUILDING ENVELOPE INSULATION** N/A

Component Type	Frame Type wd = wood stl = steel	Cavity Insulation R-Value	Shouting Insulation R-Value	Total R- Value <sup>1</sup>	Assembly U-Factor <sup>1</sup>	Location/Comments (attic, garage, typical, etc.)
Wall						
Wall						
Roof						
Roof						
Floor						
Floor						
Slab Edge						

<sup>1</sup> For alternative assemblies, Total R-Value and Assembly U-Factor are not required for a wood framed wall that meets cavity R-value insulation requirements for the Climate Zone.

**FENESTRATION** N/A

Fenestration #/Type/Pos.	Orien- tation	Area (ft <sup>2</sup> )	Fenestration U-Factor	Fenestration SHGC	Shading Devices	
					Exterior Shading AE	Overhangs/ Fins
Front						
Front						
Left						
Left						
Rear						
Rear						
Right						
Right						
Skylight						
Skylight						

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 3) CF-1R**

Jim McNearney  
Project Title

/ /2005  
Date

**HVAC SYSTEMS**

Note: Input hydronic or combined hydronic data under Water Heating Systems, except Design Heating Load.

Heating Equipment Type (furnace, boiler, etc.)	Minimum Efficiency (AFUE or EERF)	Distribution Type and Location (base, attic, etc.)	Duct or Fiping R-Value	Thermostat Type	Heat Pump Configuration (split or package)
gas/elect.		attic/ Duct	4.2	setback	
Cooling Equipment Type (air conditioner, heat pump, etc., ceiling)	Minimum Efficiency (SEER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Heat Pump Configuration (split or package)
A/C package		SAME	same	same	same

**SEALED DUCTS and TXVs (or Alternative Measures)**

- Sealed Ducts (all climate zones)  
(installer testing and certification and NHERS seal field verification required)
- TXVs, readily accessible (climate zones 2 and 9-15 only)  
(installer testing and certification and NHERS label or field verification required)
- Refrigerant Charge/Air Flow (climate zones 2 and 9-15 only)  
(installer testing and certification and NHERS label or field verification required)

OR

- Alternative to Sealed Ducts and TXVs (see Package C or D Alternative Package Features for Project Climate Zone)

Climate Zone	Window SEGC	Window U-Factor	SEER	Heating
<b>N/A</b>				

**WATER HEATING SYSTEMS**

Water Heater Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor or Recovery Efficiency	Standby Loss (%)	External Tank Insulation R-Value
<b>N/A</b>							

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 inputs of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency and Standby Loss. For instantaneous gas water heaters, list rated input and recovery efficiency.

**SPECIAL FEATURES** (add extra sheets if necessary) (Package C: thermal mass (thermal mass type, covering, etc.), and Package D: TXVs, Sealed Ducts, Radiant Barriers (see installation requirements for radiant barrier in Section 8.3 of the 2001 Residential Manual).  
Package C: thermal mass (thermal mass type, covering, etc.), and Package D: TXVs, Sealed Ducts, Radiant Barriers (see installation requirements for radiant barrier in Section 8.3 of the 2001 Residential Manual).  
**N/A**

Nov 21 05 08:49a Doug McClure  
11/21/2005 08:39 FAX 916686244  
Nov 21 05 08:32a Doug McClure

CORNISH & CARBY

1-916-685-1887  
1-916-685-1887

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**CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 1 of 3) CP-1R**

**THE HOMEOWNER**  
Name \_\_\_\_\_  
Address \_\_\_\_\_

1 / 2005

**COMPLIANCE STATEMENT**

This certificate of compliance with the building department and professional qualifications needed to comply with Title 24, Parts 2 and 4 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. When this certificate of compliance is submitted for a single building plan to be built in multiple subdivisions, any existing license that is verified is indicated in the Special Features/Remarks section. The undersigned certifies that compliance with the code and 100% inspection for code compliance and verification of 100% verification by an approved 100% cert.

**Builder or Owner (or Architect/Professional Seal)**

**Designation Author**

Name JIM McCLURE  
Address 2712 16th Ave.  
ORLANDO, CA. 95026  
Telephone (916) 712-7637

Name Doug McClure  
Address Northgate Mechanical  
58 Greenbriar Dr.  
Oroville, CA. 95966  
Telephone (916) 688-5475

Date JAN 21 2005

Date 11-21-05

**Responsible Agency**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Special Notes: \_\_\_\_\_

Completion Form August 2004

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)**

**CF-4R**

2713 16th. Ave. <i>Project Address</i>		NorthernAir mechanical / 732849 <i>Contractor Name / License No.</i>	
Contractor Contact Floyd Patterson <i>HERS Rater</i>		Telephone (916)698-2432	Permit Number 0515934 11764
Certifying Signature		Date November 18, 2005	Certificate Number CC14-1798352346
Firm: ACIS Street Address: PO Box 580367		HERS Provider: CalCERTS City/State/Zip: Elk Grove / CA / 95758	

**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 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 the 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 drawbands 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:**

NEW CONSTRUCTION		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1	Enter Tested Leakage Flow in CFM:	N/A	
2	Fan Flow: Calculated (Nominal <input checked="" type="radio"/> Cooling <input type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1000	
3	Pass if Leakage Percentage $\leq 6\% [ 100 \times ( \text{Line 1} / \text{Line 2} ) ]$ :	N/A	N/A
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: 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 - 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 $\leq 6\% [ 100 \times ( \text{Line 5} / \text{Line 2} ) ]$ :	5.7%	<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 $\leq 15\% [ 100 \times ( \text{Line 5} / \text{Line 2} ) ]$ :	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
10	Pass if Leakage to Outside Percentage $\leq 10\% [ 100 \times ( \text{Line 7} / \text{Line 2} ) ]$ :	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
11	Pass if Leakage Reduction Percentage $\geq 60\% [ 100 \times ( \text{Line 6} / \text{Line 4} ) ]$ 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