

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 _____

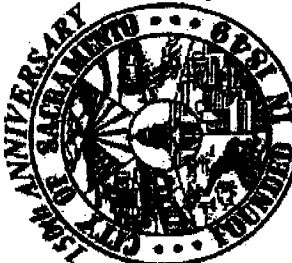
X (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Property Owner: JAMES McNEARNEY License # 732843
Address: 2713 16th AVE
City/State/Zip: SAC CA 95820
Phone: (916) 476-6176 FAX: _____
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.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<u>GAS PKG.</u>	<u>WOODMAN WP610306701A</u>	<u>1</u>	<u>80% AFUE</u>	<u>ATTIC</u>	<u>4.2</u>	<u>37,000</u>	<u>70,000</u>

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<u>GAS PKG.</u>			<u>10 SEER</u>	<u>ATTIC</u>		<u>30,000</u>	<u>30,000</u>

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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³

- 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

11/13/2005

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

Building Permit #
 Plan Check / Date
 Field Check / Date
 Submitting Agency Use Only

GENERAL INFORMATION

Total Conditioned Floor Area N/A ft² Average Ceiling Height: N/A ft
 Conditioned Slab Floor Area N/A ft²
 Building Type: Single Family Multi-Family Addition Existing-RENOVATION
 (check one or more)
 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 submital 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 ¹	Assembly U-Factor ¹	Location/Comments (attic, garage, typical, etc.)
Wall						
Wall						
Roof						
Roof						
Floor						
Floor						
Slab Edge						

¹ 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 ²)	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 SEER)	Distribution Type and Location (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.)	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
N/A				

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
N/A							

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) (see Package C or D Alternative Package Features for Project Climate Zone, 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.).

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

P.1
48001/001
P.1

Nov 18 08 08:38a PG18

81808880+8

P.4

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 as indicated in the Applicant's License Information section. The undersigned certifies that compliance with the code and that the applicant has been properly trained and certified and that verification by an approved third party.

Builder or Owner (or Architect/Professional Seal)

Documentation Author

Name: JIM McCLURE
Address: 2712 16th Ave.
ORLANDO, CA. 95820
Telephone: (916) 712-7637

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

Date: JAN 21 2005

Date: 11-21-05

Responsible Agency

Name: _____
Address: _____
Telephone: _____

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
November 18, 2005 <i>HERS Rater</i>		Telephone November 18, 2005	Sample Group Number CC14-1798352346
Certifying Signature Firm: ACIS Street Address: PO Box 580367		Date November 18, 2005	Certificate Number 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

Duct Pressurization Test Results (CFM @ 25 Pa)		Measured Values	
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