

CITY OF SACRAMENTO

Permit No: 0506590

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 2283 UNIVERSITY AV SAC

Thos Bros:

Parcel No: 293-0080-003
Y

PERMIT EXPIRES IN 60 DAYS 7-10-2005

Sub-Type: HSG

Housing (Y/N):

CONTRACTOR

PUENTE CONSTRUCTION
11378 AMALGAM WAY
RANCHO CORDOVA, CA 95670

OWNER

GUDEBSKI JOHN/MARCIE TRUST
1601 ELSDON CIR
CARMICHAEL CA 95608

ARCHITECT

Nature of Work: H-050002259--47SF ADD @ COVER PATIO & REMODEL, HVAC & REROOF. EXPIRED PERMIT #0501506

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 _____ 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 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).

MAY 10 2005
CITY OF SACRAMENTO
PLANNING
AND DEVELOPMENT SERVICES

I am exempt under Sec. _____ B& PC for this reason: _____

Date 5/10/05 Owner Signature [Signature]

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 abovesmentioned property for inspection purposes.

Date 5/10/05 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 _____

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.

Date 5/10/05 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.

Site Address 2283 UNIVERSITY AVENUE	Permit Number 0506590
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Installation certificates (CF-6R) are required for each and every dwelling unit. When the installation of measures that require field verification and diagnostic testing is complete, the builder or the builder's subcontractor shall complete diagnostic testing and the procedures specified in this section. When the installation is complete, the builder or the builder's subcontractor shall complete the CF-6R (Installation Certificate), and keep it at the building site for review by the building department. The builder also shall provide a copy of the Installation Certificate to the HERS rater for any measures requiring field verification and diagnostic testing, per Section 10-103(a).

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ²	Standby Loss (%) ²	External Insulation R-value ²
Gas	GE G640106 AV601	STD		1	36,000	40			

- 1 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.
2. 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(j)
 - 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	JOHN GUONDSIE
Signature:	Date: July 10, 2006

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

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address 2283 UNIVERSITY AVENUE	Permit Number 0506590
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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).

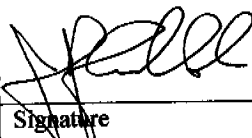
FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	EAGLE	.32 - .33	.26 - .30	75		386	2'-6" overhang	
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹) 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.

²) 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) 1	Signature 	Date 1/10/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor JOHN GUDOWSKI
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

INSTALLATION CERTIFICATE

(Page 3 of 12) **CF-6R**

Site Address 2283 UNIVERSITY AVENUE	Permit Number 0506590
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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

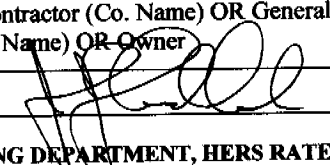
Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
HOT WATER PUMP	AMANA	1		ATTIC			
	CHPFD6004A						

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
HOT WATER PUMP	AMANA	1		ATTIC			
	CHPFD6004A						

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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner JOHN GUOVOSKI	Date: 1-10-06
Signature: 	

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

Site Address

2283 UNIVERSITY AVE

Permit Number

0506590

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)

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

INSTALLATION CERTIFICATE		(Page 11 of 12) CF-6R
Site Address 2283 UNIVERSITY AVE	Permit Number 0506596	

✓ ROOF/CEILING BATTS

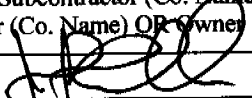
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	No gaps
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	No voids over ¼ in. deep or more than 10% of the batt surface area.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation in contact with the air-barrier
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Recessed light fixtures covered
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Net free-ventilation area maintained at eave vents

✓ ROOF/CEILING LOOSE-FILL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Attic access insulated
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Recessed light fixtures covered
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value _____ . Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation _____ . Manufacturer's minimum required settled thickness _____. 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)

DECLARATION

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

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	JOHN J. GUONIERE
Signature: 	Date: 1-10-06

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

INSTALLATION CERTIFICATE

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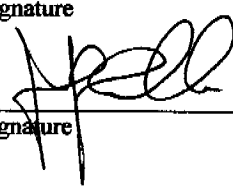
Site Address <u>2283 UNIVERSITY</u>	Permit Number <u>0706590</u>
County Subdivision	Lot Number

Description of Insulation (Formerly IC-1 Form)

1. RAISED FLOOR
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____
2. SLAB FLOOR/PERIMETER
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____
 Perimeter Insulation Depth (inches) _____
3. EXTERIOR WALL
 Frame Type _____
 A. Cavity Insulation
 Material _____ Brand Name CONTINENTAL
 Thickness (inches) _____ 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 _____ Brand Name CONTINENTAL
 Thickness (inches) _____ Thermal Resistance (R-Value) R-30
 Loose Fill Type _____ Brand _____
 Contractor's min installed weight/ft² _____ lb Minimum thickness _____ inches
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____
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 #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
3+4		1/10/06	