

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

490 Wapella
Site Address MAN 2

0513991
Permit Number

FENESTRATION/GLAZING:

A/SIDE 70

Manufacturer/Brand Name (GROUP LIKE PRODUCT)	Product U-Factor (U) (CF-1R value)	Product SHGC (S) (CF-1R value)	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location / Special Features
1.							
2. <u>XO</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>1957</u>	<u>16"</u>	
3.							
4. <u>SH</u>	<u>.35</u>	<u>.32</u>	<u>2</u>	<u>25</u>			
5.							
6. <u>W</u>	<u>.37</u>	<u>.35</u>	<u>1</u>	<u>4</u>			
7.							
8. <u>360</u>	<u>.35</u>	<u>.34</u>	<u>2</u>	<u>1</u>		<u>↓</u>	
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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

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.

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

Item #s (if applicable) Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

WINDOWS
2, 4, 6, 8
Item #s (if applicable)

[Signature] 8.1.05
Signature, Date

A/SIDE

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

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

January 4, 2001

490 Wapello

051399)

... is 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
NAT. Gas	STATE 656 SOHOCTG	STD	/	1	40,000	50	.62		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.

X Paul Kloeker
Signature, Date

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

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

July 1, 1999

KwikKote

No. 200-924223

Stucco System Installation Card

Job Name: Serenity @ Creekside
Address: 490 Wapello # 0513991

Lot #: 48-2

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion:

Home Builder: JOHN LAING HOMES
Address: 1544 EUREKA RD SUITE 250
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 11/30/2004

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.


Signature of authorized representative of stucco contractor

5-17-05
Date

INSTALLATION CERTIFICATE

CF-6R

490 Wapello

John Laing Homes - Creekside

051399/
Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	18,398	80,000	Plan 1
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	27,032	80,000	Plan 2
Furnace	York P4HUB16L6401	1	0.80	Attic	R-6	30,441	80,000	Plan 3
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	25,183	100,000	Plan 4

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	York H*RC024 *	1	13.0	Attic	R-6	16,989	23,400	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6	19,658	29,400	Plan 2
Condenser	York H*RC030 *	1	13.0	Attic	R-6	21,746	29,400	Plan 3
Condenser	York H*RE024 *	1	14.0	Attic	R-6	17,996	24,000	Plan 4

***TXV - Indicates Thermal Expansion Valve On Coil**

(1) > reads greater than or equal to.

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Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF,RE)	(2) Standby Loss (%)	External Insulation R-value

- (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.

Facets & Shower Heads:

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

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Signature, Date

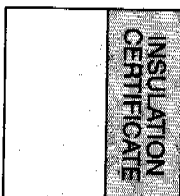
Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

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



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

Lot Lines STREET # 490 Wallace Cir LOT # 48-2 TRACT # Section 1

EXTERIOR WALLS: # 0513991 CITY Sacramento

MANUFACTURER: Fibr THICKNESS/TYPE 3 1/2 R- VALUE 13/9

CELLINGS: BATTIS: MANUFACTURER: Fibr THICKNESS/TYPE 1 1/2 R- VALUE 3/0

BLOWN IN: MANUFACTURER: Fibr THICKNESS/TYPE 12 R- VALUE 3/0

SQUARE FOOTAGE COVERED: 1264 NUMBER OF BAGS USED: 20

FLOORS: MANUFACTURER: THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER: THICKNESS/TYPE R- VALUE

MANUFACTURER: THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION: _____ INCHES

FOUNDATION WALLS: MANUFACTURER: THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR: _____ DATE: _____

CALIFORNIA CONTRACTORS LICENSE # _____

INSULATION CONTRACTOR: ALCAL ARCADE CONTRACTING SIGNATURE: _____ TITLE: _____ DATE: 2/27/06