TRANSMISSION VERIFICATION REPORT

TIME : 05/11/2006 12:34 NAME : CITY OF SACRAMENTO FAX : 9168085543 TEL : 9168085656 SER.# : BROH4J832840

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

05/11 12:34 96355426 00:00:31 02 OK STANDARD ECM

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0608472

TRANSACTION DATE: 05/11/2006 TRANSACTION AMOUNT: 190.80

NOTATION:

DOWNTOWN PERM CENTER

APD #: 0606731

SITE ADDRESS: 5 NEWLAND CT SAC PARCEL: 117-1060-021

TYPE: Bldg Minor Permit

SUB-TYPE: RES HOUSING: N

STATUS: ISSUED

Mixed Ircome Housing

Fee Program

??

ISSUED CITY OF SACRAMENTO

MAY 11 2006

TRANSACTION LIST

 	Description	Pymt Amount
Credit C		190.80

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Fymt
200 206 213 259	PermitBuilding-Res City Business Oper Tax General Plan Surcharge Bldg-Technology Surcharg	1100 1730 1760 1750	175.00 3.49 5.31 7.00	.00 .00 .00	175.00 3.49 5.31 7.00

* Design Review approval may be required.

City of BUILDING DIVISION MNING DEPARTMENT DILDING (g16) 264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day-Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is Issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

Phone: 916-395 6533	Address: Sourca may no CH 98873	Property Owner: JOHN CAMPBELL	Parcel Number:	Job Address: 5 Newland Ct.	redit Card Info on File? Yes W No	Fax # (916) 264-1901
a 53 3	D CH 95823	VSETT.		NO WILLIAM	RESIDE	
rk & Indicate type of work in selections below.)	Phone 414 - 635 - 542 3	Address: 2340 Gald CH 95490	Contractor: Central aure	Contract Price \$ 8737.00	CA 95823	APARTMENTS (4+ units per building)
v.)	Sept 10 House	95470 EAN All 125 AU	License # 8 2 C > O /		Unit#	COMMERCIAL (limited)

Description of Work: Len Material: # Stories TI REROOF (excluding tile) BRIOH [] SIDING I TEAR-OFF RESHEET D T-111 u Viny II :Wood 11 Horiz COUNTY CI SQUARES NATURE OF WORK; (Provide detailed ☐ GARAGE TO HVACINSTALLATIONS · Design Review approval may be required. Value of duct work: (Residential ONLY) II NEW (CHANGE-OUT Equipment: \$ To Roof mount Package I Heat Pump Spill system ☐ Wall furnace. Heat pump or elect, unit to ☐ Fireplace Insert D Carl Cher (describe below) PUBLIC UTILITIES SAFETY INSPECTION ☐ Flooring/Jaiets *NOTE: Correction Notice items will require an * Design Review approval may be required. (Residential and single apartment units ONLY) Roof Structure I WATER HEATER o GAS I DRY ROT OR TERMITE DAMAGE D SMUD (Residential ONLY) REPAIR additional building parmit. □ Electric to Gas Change-out D Relocate II ELECTRIC D Mudsit/Studs Exterior POSE MINOR ELECTRIC andlor MINOR D IVR Fexback Pernit updated 12/09/01 Electric Service Change (Residential ONLY) II New electric Replacement ☐ Water Service D Re-wire CI Sewer Service PLUMBERG circuits Gas Line Replumb Waste Weter

Page 14 of 14

	S - Certificate			
		tion & diagnostic Tes	TING (Page 5 of 8)	CF
CERTIFIC	ATE OF FIELD VERIFICAT	TION & DIAGNOSTIC TO		
			Central Aire, Inc / 838237	
<u> 5 Newlan</u>	d Ct.		Contractor Name / License No.	2673/
Project Ad	tress			
Contractor	Contact	Telephone		
		916-768-9459		
John Gus HERS Rive		Telephone		
	a feet	July 11, 2006	The state of the s	
dertityko			HERS Provider: CalCERT	S
	Energy Analysis and	d Comfort Solutions,	HERS Provider Caronic	- / CA / 05652
Firm:	Inc.		City/State/Zip: Orangeva	NE / CM / 93002
Street A	ddress: PO Box 2233			
	Hamanumar, HERS Pro	vider and Building Depart the CalCERTS® registry in	accordance with the Title 24 & rgy Commission.	Title 20 of the CCR
Copies I	40 has been registered with	the CalCERTS® registry in	accordance with the true	
			rgy Commonwe	
HERS F	ATER COMPLIANCE STAT	EMENT	hut was not tested.	
The hol	ise was LiTested LiApprov	red as part of serification. [CE	 but was not tested. rtify that the house identified on this 	s form complies with the
An tha M	ed a rafet ployiding magnipage	and this form.		
diagnost	ic tested compliance retains only of	f the CF-6R (Installation Certific	ate).	
	ATO COMPLETONER	·		
-Hie	res for verification are available	In RACM, Appendix RI.		
Proces	Jes for vertication of least all	ed systems match the CF-1R		
11 L-1	es No EER values of instant	ed System - the date outside of	coll	
510	es No For split systems, in	door coil is matched to outdoor	201	
	es No Time Delay Relay Ve	author (1f Recustred)		

. CalCERTS - Certificate

Page 13 of 14

Newland Ct.	ICATION & DIAGNOSTIC TES	1 2 4 4 01 8)	<u>C</u>
Project Address		Central Aire, Inc / 8365	 २७
		Contractor Name / License	No.
ontractor Contact		R0600472- 2620	6731
ohn Gustason	Telephone	Perinit Number	*/
ERS Rater	916-768-9459		
200/2	Telephone	Sample Group Number	
ertifying Signature	July 11, 2006	CC14-1798372954	
,	and Comfort Solutions,	Certificate Number	
ATM:	and comment Solutions,		
reet Address: PO Box 2233		HERS Provider: CalCI	ERTS
		City/State/Zip: Orang	levale / CA / OFFE
opies to: Homeowner, HERS Prois CF-4R has been registered with	Ovider and Bullium -		
is CF-4R has been registered with	b the Calcapte	ent	
is CF-4R has been registered with ICERTS® is an approved HERS p ERS RATER COMPLIANCE STATE	movides by the Calls	cordance with the Title 24	L& Title 20 -44
RS RATER COMPLIANCE STAT	Taken by the California Energy	Commission.	- w ride 20 of the CCR.
e house was T			
the HERS rater providing diagnostic to gnostic tested compliance requiremen The installer has provided a copy of	red as part of sample testing, be	ut was not tested	
			his form commun.
The installer has provided a copy of	the CF-6R (Installation Certificate)		the with complies with the
TATELOUGH IN THE EXPANSION A	ALME (TANK)		
cess is provided for inspection stalled on the system and installed on the system and installed the system and installed the system.	D The property		
stalled on the system and insi	tallation of the procedure shall consi	st of visual verification	that the Trace
your and man	ranation of the specific equip	ment shall be verified	triat the TXV is
		HVAC System TXV	Pass Fall

INSTALLATION CERTIFICATE 5 Newland Ct.	(Page 3	of 12) CF- 6R	
Site Address	Sacramento CA	CA	-R0608472-06067	3/
			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) 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 Typ pkg. Heat pump	Name, Model and Serial 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)
Split	AMERICAN STANDARD	1	93.00 AFUE	Attic	R 4,2	Q	70000
	AUY060R9V3W						
 +	<u> </u>	<u> </u>			_ "T		
							·

Cooling Equipment

Equip Typ (pkg. heat pump	Name, Model and Serial Number	# of identical Systems	Efficiency (AFUE, etc.)1 >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split	AMERICAN STANDARD	1	15.00 SEER	Attic	R 4.2	0	
	2A7A43036B1000A		12.50 EER				<u> 3600</u> 0
Coil	Same as Condenser Mfg						
	CA03609E71MC			· · · · · · · · · · · · · · · · · · ·			

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.

Signature, Date

Central Aire, Inc

Installing Subcontractor (Co. Name)

40009

OR General Contractor (Co. Name) OR Owner

1095

COPY TO: Building Department HERS Rater (If applicable) Building Owner at Occupancy Sacramento CA

R0608472 3606 73/ Permit Number

Site Address

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department		
NSTALLER COMPLIANCE STATEMENT Tested at Rough-in		
NSTALLER COMPLIANCE STATEMENT Tested at Rough-in		
The Dulighing was,		
INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:	t to be stand	the interior
INSTALLER VISUAL INSPECTION AT THE register, and verify that the spaces between the	e tedister poor and	file means.
1 at least one supply and one remains		
	enect the connecuo	ti borum
finishing wall are properly sealed. If the house rough-in duct leakage test was conducted without an air handler installed, installed the house rough-in duct leakage test was conducted without an air handler installed, installed the house rough-in duct leakage test was conducted without an air handler and the supply and return plenums to verify that the connection potential to the conducted rubber adhesive duct tape is used	points are properly t	sealed.
between the air handler and the supply and return plenums to verify distributed		
between the air handler and the supply and return prename between the air handler and the supply and return prename duct tape is used inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used		
DUCT LEAKAGE REDUCTION	sie in PACM, ADDER	dix RC4.3
DUCT LEAKAGE REDUCTION Procedures for field verification and diagnostic testing of air distribution systems are available.	ble III TOAONS 7 SPE	
Procedures for field verification and disc.	Measured	
NEW CONSTRUCTION:	Values	
Duct Pressurization Test Results (CFM @ 25 Pa)	Values	
CIANT - CEM		
1 Enter Tested Leakage Flow In CFM: Cooling Heating) or Measured	- 06	1
2 Fan Flow: Calculated (Nominal: Language of tons or as 21.7 cfm/(kBtu/hr) x Heating		}
2 Fan Flow: Calculated (Nominal: Cooling Feating) If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating	1000	
		Pass Fail
Part Percentage < 6% for Fillal O		Pass Fall
3 Pass if Leakage references (Line # 2)]] [100 x [(Line # 1) / (Line # 2)]]		
Tested Leakage Flow in Urm Iron 110		
System Alteration and/or Equipment Change-Out. System Alteration and/or Equipment Change-Out.	1111	, a
	1146_	
Custom Alteration allu/of Equipment		
6 Enter Reduction in Leakage for Altered Duct System (Line # 5)] - (Only if Applicable)		12
7 Enter Tested Leakage Flow in CFM to Outside (Only if Application) 8 Entire New Duct System - Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in Line # 2)[]	1	Pass Fail
8 Entire New Duct System - Pass it Line # 2)]]	Change Out	
[100 x] LINE # 57 ANDARDS: For Altered Duct System and/or HVAC Equi	bweut Cuanda-Out	
TEST OR VERIFICATION STANDARD Standards for compliance:	— т. дод	Pass Fail
TEST OR VERIFICATION STANDARD Standards for compliance: Use one of the following four Test or Verification Standards for compliance: (Line # 5) /		Pass Fail
" st sekana Percentage < 15% [100 A] " (150	# 2)]]	Pass Fail
	# 4)]]	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
and Verification by Smoke Test and Visual Inspection	tion	1 200
and Verification by Smoke Test and Visual Inspector. 12 Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspector. Pass if One of Lines # 9 through # 12 page.	BS 1 1 1	Pass Fail
I, the undersigned, verify that the ab	ove diagnostic test	results
were performed in conformance with the requirements for compliance credit. I, the uniteraction were performed in conformance with the requirements for compliance credit. I, the uniteraction were performed by the complete of the complete o	latory requirements	specified in
Installed or retrofit Air-Distribution Systems Standards. Section 150 (m) of the 2005 Building Energy Efficiency Standards.		
1/1 \	inc	
A 1111d John 5/1004 Central Aire	, IIIV	e) OR 40009
Installing Subc	ontractor (Co. Name)	1095
Signature General Contra	ctor (Co. Name)	

Site Address			Sagramant	Page 5 of 12)	
			Sacramento CA	CA	R0608472
					Permit Number
THERMOST/	ATIC EXPANS	ION VALVE (TX	V)		
Procedures for field ver	mcation of therm	ostatic expansion v	alves are available in	RACM, Appendi	x Ri,
Yes Mo	Access is pro	ovided for inspection	The procedure is a		
	actional Of A19	uai verincation that	the TXV is installed	n	1 1
	nia system St	id installation of the	specific equipment		
	shali be verifi	ed,			
			Yes is a par	85	
REFRIGERAN	IT CHARGE				S Fail
ification for Required Date	II CHARGE M	EASUREMENT		(
rification for Required Refr ermostatic Expansion Valve	igerant Charge a	nd Adequate Airflow	for Split System Spa	ce Cooling Suns	•
Outdoor Unit Serial #	es			or occurring Syste	ems without
Location					
Outdoor Unit Make		<u> </u>			
Outdoor Unit Model	 -	<u> </u>			
Cooling Capacity					
Date of Verification		<u> </u>	Btu/hr		
Date of Refrigerant Gauge	Calle				
Pate of Thermocouple Call	Calibration		(must be checked	1 monthly	
o. Mermocoupie Can	Dration		(must be checked	monthly)	
dard Charge Mose				· monthly)	
ndard Charge Measur edures for Determining Re	rement Proce	dure (outdoor ai	r dry-bulb 55oF a	nd above).	
edures for Determining Re	rrigerant Charge	using the Standard	Method are available	in RACM Appea	dia baa
	raned and charge	ed in accordance wit	h the manufacture .	nnesser	dix RD2.
dure.			menulacturers		
The system should be insedure.			the manufacturers	specifications b	efore starting this
raure.			the mandiacturer's	specifications b	efore starting this
rred Temperatures				apecinications b	efore starting this
ured Temperatures upply (evaporator leaving)	air dry-bulb ton-			specifications b	
red Temperatures pply (evaporator leaving) turn (evaporator entering	air dry-buib tem	perature (Tsupply, d	b)	Specifications b	F
ured Temperatures upply (evaporator leaving) turn (evaporator entering turn (evaporator entering)	air dry-bulb tem	perature (Tsupply, d perature (Treturn, d	b)	specifications b	F
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0.	(Page 6 of	12)	
Site Address Si	acramento CA	CA	R0608472	CF- 6R
			Permit Number	<i>20</i> 67
Standard Charge Measurement Summary:				
System shall pass both refrigerent shall				
System shall pass both refrigerant charge and adequate air measurements, if corrective actions were taken, both criter	rflow calculation c	Iteria from t	he same	
measurements. If corrective actions were taken, both criter	'ia must be remeas	ured and rec	Alculated	
Yes No System Passes				
				 -
lternate Charge Measurement Procedure (outdoor air di				
ote: The system should be installed and charged in accordance wi rification shall be documented on CF-6R before starting this processal use the Standard Character.	ry-buib below 55 ol	=)		
rification shall be documented on CE-SP before at a	th the manufacture	l'8 SDecifics	tions and the same	
rification shall be documented on CF-6R before starting this proce all use the Standard Charge Measure Procedure:	edure. If outdoor ai	r dry-bulh ie	SE OF OR OR	
				r
ocedures for Determining Refrigerant Charge using the Alternate II Igh-in Charging Method for Refrigerant Charge				
igh-in Charging Method for Refrigorous Ch.	dethod are available	e in Pacsa	.	
Actual liquid line length:		+ rotom, /	Appendix RD3.	
Manufacturer's Standard liquid line length:		ft		
Difference (Actual - Standard):		ft		
Manufacturer's correction (ounces per foot) x differen		ft		
	ce in length =			
(+ = add)	(- ≅ remove)	ound	es	
sured Airflow Method for Adequate Airflow Verification available in Calculated Airflow: Cooling Capacity (Btu/hr)				
Calculated Airflow: Cooling Capacity (Btu/hr) X 0.03	n RACM, Appendix	RD2.6		
CFM (Measured airflow must b	e greater than the	Calculate d	М	
	- Conc	-alculated al	rflow).	
nate Charge Measurement Summary:				
m shall pass both refrigered to				
	tion criteria 4			
is were taken, both oritorio				
s were taken, both criteria must be remeasured and recalculated.	CHORIS TOM U	ne same mea	surements. If corrective	,
s were taken, both criteria must be remeasured and recalculated. Yes No System Passes		ne same mea	surements. If corrective	•
s were taken, both criteria must be remeasured and recalculated. Yes No System Passes		ne same me	surements. If corrective	•
s were taken, both criteria must be remeasured and recalculated. Yes No System Passes	Tom ti	ne same mea	Surements. If corrective	•
s were taken, both criteria must be remeasured and recalculated. Yes No System Passes	oon church from t	10 Same mea	surements. If corrective	•
- Journ Fasses	Solutions from 8	ne same me	surements. If corrective	•
- Journ Fasses	Solutions from 8	ne same me	surements. If corrective	•
Messe Jones 5/4/06		ne same me	surements. If corrective	•
Mussa Stulos Cen	itral Aire, inc			,
Muss Signature, Date Cen	tral Aire, Inc	r (Co. Nama)	OB	
Muss Signature, Date Cen	itral Aire, inc	r (Co. Nama)	OB	40009 1095

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