

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0517983  
Insp Area: 2  
Thos Bros: 336G3

Site Address: 7545 SAILFISH WY SAC  
Parcel No: 031-1380-012

Sub-Type: N1/2PLEX  
Housing (Y/N): N

CONTRACTOR

OWNER  
RICHARDSON FAMILY TRUST  
2443 SAILFISH WY  
SACRAMENTO, CA 95831

ARCHITECT

Nature of Work: NEW 2 STORY 1/2 PLEX, 2254 SQ FT LIVING W/ ATTACHED 441 SQ FT GARAGE, 20 SQ FT COVERED PORCH. --- IN DESIGN REVIEW AREA ---

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 B License Number \_\_\_\_\_ Date NOV 18/05 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.)

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).

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

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
NOV 18 2005

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.

Date NOV 18/05 Applicant/Agent 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 \_\_\_\_\_

(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 NOV 18/05 Applicant 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.



**CITY OF SACRAMENTO**

[www.cityofsacramento.org](http://www.cityofsacramento.org)

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814

North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

**SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE**

PARCEL # 031 - 1380 - 012 PERMIT # OS-17983  
 SITE ADDRESS 7545 Spilfish Way. ACREAGE \_\_\_\_\_

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- |  |                                    |                                    |     |
|--|------------------------------------|------------------------------------|-----|
| 1. Are there existing structures on the site?                                      | Y                                  | <input checked="" type="radio"/> N |     |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |     |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y                                 | <input checked="" type="radio"/> N |     |
| 4. Are all portions of the lot higher than the crown of the street?                | <input checked="" type="radio"/> Y | *N                                 |     |
| 5. Are all portions of the lot higher than the back of the sidewalk?               | <input checked="" type="radio"/> Y | *N                                 |     |
| 6. Is there a curb and gutter at the street level?                                 | *Y                                 | N                                  |     |
| 7. Is there a sidewalk with a curb and gutter at the street?                       | <input checked="" type="radio"/> Y | N                                  |     |
| 8. Is the curb at the street square?   | *Y                                 | <input checked="" type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street?   | <input checked="" type="radio"/> Y | N                                  | N/A |
| 10. Is there a drainage ditch or culvert at the street?                            | Y                                  | <input checked="" type="radio"/> N | N/A |
| 11. Does the lot drain from back to front?   | <input checked="" type="radio"/> Y | *N                                 |     |
| 12. Does the lot drain from front to rear?   | Y                                  | <input checked="" type="radio"/> N |     |
| 13. Does another lot drain across this parcel?                                     | *Y                                 | <input checked="" type="radio"/> N |     |
| 14. Does the lot drain from side to side?  | *Y                                 | <input checked="" type="radio"/> N |     |
| 15. Does the site have an existing low area or drainage swale?                     | *Y                                 | <input checked="" type="radio"/> N | N/A |
| 16. Does the drainage swale drain to an adjacent parcel?                           | *Y                                 | <input checked="" type="radio"/> N | N/A |
| 17. Does the drainage swale drain to the street?                                   | <input checked="" type="radio"/> Y | *N                                 | N/A |
| 18. Will existing drainage be re-routed?   | *Y                                 | <input checked="" type="radio"/> N |     |
| 19. Will drainage ditches or culverts be constructed or modified?                  | *Y                                 | <input checked="" type="radio"/> N | N/A |
| 20. Did this project require approval from the Zoning Administrator?               | *Y                                 | <input checked="" type="radio"/> N |     |
| 21. Did the project require approval from the Planning Administrator?              | *Y                                 | <input checked="" type="radio"/> N |     |

05/7983

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 7545 SAILFISH Way SACTO 95831	Builder Name CAPITOL MECHANICAL
Builder Contact GARY ALBERT Telephone 722-5451	Plan Number
HERS Rater LEROY O'CONNELL Telephone 786-2799	Sample Group Number
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature Leroy O'Connell Date 7/13/06	Sample House Number
Firm LEROY'S RATING SERVICE	HERS Provider CHEETS
Street Address: 1503 E. COLONIAL PKWY	City/State/Zip: ROSEVILLE CA 95661

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

**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 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 draw bands 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**  
 Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RCA.3.

**Duct Diagnostic Leakage Testing Results**

NEW CONSTRUCTION:		Measured Values	
1	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM: 1600	1600	<input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ $[100 \times \frac{\text{Line \# 1}}{\text{Line \# 2}}]$		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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.	54	
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/>
8	Enter New Duct System: Pass if Leakage Percentage $\leq 6\%$ $[100 \times \frac{54 \text{ (Line \# 5)}}{1600 \text{ Line \# 2}}]$	3.4%	<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 $\leq 15\%$ $[100 \times \frac{\text{Line \# 5}}{\text{Line \# 2}}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ $[100 \times \frac{\text{Line \# 7}}{\text{Line \# 2}}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ $[100 \times \frac{\text{Line \# 6}}{\text{Line \# 4}}]$ 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

**THERMOSTATIC EXPANSION VALVE (TXV)**

*Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.*

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input type="checkbox"/>	<input type="checkbox"/>
				Yes is a pass	Pass

**REFRIGERANT CHARGE MEASUREMENT**

*Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves*

Outdoor Unit Serial #		
Location		
Outdoor Unit Make		
Outdoor Unit Model		
Cooling Capacity		Btu/hr
Date of Verification		
Date of Refrigerant Gauge Calibration		(must be checked monthly)
Date of Thermocouple Calibration		(must be checked monthly)

**Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):**

*Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.*

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

**Measured Temperatures**

Supply (evaporator leaving) air dry-bulb temperature (T <sub>supply, db</sub> )		°F
Return (evaporator entering) air dry-bulb temperature (T <sub>return, db</sub> )		°F
Return (evaporator entering) air wet-bulb temperature (T <sub>return, wb</sub> )		°F
Evaporator saturation temperature (T <sub>evaporator, sat</sub> )		°F
Suction line temperature (T <sub>suction, db</sub> )		°F
Condenser (entering) air dry-bulb temperature (T <sub>condenser, db</sub> )		°F

**Superheat Charge Method Calculations for Refrigerant Charge**

Actual Superheat = T <sub>suction, db</sub> - T <sub>evaporator, sat</sub>		°F
Target Superheat (from Table RD-2)		°F
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)		°F

**Temperature Split Method Calculations for Adequate Airflow**

*Split Method Calculation is not necessary if Adequate Airflow credit is taken*

Actual Temperature Split = T <sub>return, db</sub> - T <sub>supply, db</sub>		°F
Target Temperature Split (from Table RD3)		°F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -10°F)		°F

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

**INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE**

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

**INSTALLER COMPLIANCE STATEMENT**

The building was:  Tested at Final     Tested at Rough-in

**INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:**

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

**DUCT LEAKAGE REDUCTION**

*Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3*

NEW CONSTRUCTION:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:		✓ ✓
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [ _____ (Line # 1) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from 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) Minus _____ (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 ≤ 6% for Final or ≤ 4% at Rough-in [100 x [ _____ (Line # 5) / _____ (Line # 2)]]		<input 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 ≤ 15% [100 x [ _____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [ _____ (Line # 7) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [ _____ (Line # 6) / _____ (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

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Site Address \_\_\_\_\_

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 Type (pkg. heat pump)	CRC 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)
split A/C	Bryant 310SAY0430A1A	2	80%	Between ceiling & attic	R-10		

*Cooling Equipment*

Equip Type (pkg. heat pump)	CRC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split Furn.	Bryant 310SAY0430A1A	2	13	Between ceiling & attic	R-10		

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) 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.

Monica Clark 7-516  
 Signature, Date

Capital Mechanical, Inc 539385  
 Installing Subcontractor (Co. Name)  
 OR General Contractor (Co. Name) OR Owner

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

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 3 of 5) CF-1R**

<i>Project Title</i>	<i>Date</i>
----------------------	-------------

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

A signed CF-4R Form must be provided to the building department for each home for which the following are required.

- Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)**
- TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)**
- Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)**

OR

- Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 151-C, Footnotes 7-14.)**

OR

- For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual and duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D.**

**WATER HEATING SYSTEMS**

- Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed.**
- Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically.**
- Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal.**
- Check box to verify that a time control is required for a recirculating system pump for a system serving multiple units**

**Systems serving single dwelling units**

Water Heater Type/Fuel Type	Distribution Type	Number in System	Rated Input <sup>1</sup> (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor <sup>1</sup> or Thermal Efficiency	Standby <sup>1</sup> Loss (%)	Tank External Insulation R-Value

**System serving multiple dwelling units**

Water Heater Type	Distribution Type	Number in System	Rated Input <sup>1</sup> (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor <sup>1</sup> or Thermal Efficiency	Standby <sup>1</sup> Loss (%)	Tank External Insulation R-Value

<sup>1</sup>) 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 input of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiencies.

**Pipe Insulation** (kitchen lines  $\geq 3/4$  inches) All hot water pipes from the heating source to the kitchen fixtures that are  $3/4$  inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 5) CF-1R**

<i>Project Title</i>	<i>Date</i>
----------------------	-------------

**FENESTRATION PRODUCTS – U-FACTOR AND SHGC**

**FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R** – must be included for New Construction, Additions and Alterations.

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Orientation, N, S, E, W <sup>1</sup>	Area (ft <sup>2</sup> )	U-factor <sup>2</sup>	U-factor Source <sup>3</sup>	SHGC <sup>4</sup>	SHGC Source <sup>5</sup>	Exterior Shading/Overhangs <sup>6,7</sup> <input checked="" type="checkbox"/> box if WS-3R is included
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A.
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

**HVAC SYSTEMS**

Heating Equipment Type and Capacity (furnace, heat pump, boiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (duct, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)
<i>furnace</i>	<i>80%</i>	<i>Attic</i>	<i>R-6</i>	<i>Prog.</i>	<i>Split</i>

Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
<i>A/C</i>	<i>13</i>	<i>Basement</i>	<i>R-6</i>	<i>Prog.</i>	<i>Split</i>



Permit Copy *in duplicate*

CERTIFICATE OF COMPLIANCE: RESIDENTIAL		(Page 1 of 5)	CF-1R
Project Title <u>NR Homes</u>	Date <u>7-5-06</u>	Building Permit #	
Project Address <u>7545 Saffish Sacramento CA</u>		Plan Check / Date	
Documentation Author <u>Capitol Mechanical, Inc.</u>	Telephone <u>922-5451</u>	Field Check / Date	
Compliance Method (Prescriptive)	Climate Zone	Enforcement Agency Use Only	

Alternative Component Package Method: (check one) C D D (Alternative)  
 \* Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)  
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

### GENERAL INFORMATION

Total Conditioned Floor Area (CFA) 2000 ft<sup>2</sup>  
 Average Ceiling Height: 8 ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C --- (5% X CFA) \_\_\_\_\_ ft<sup>2</sup>  
 Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C --- (20% X CFA) \_\_\_\_\_ ft<sup>2</sup>

Building Type: (check one or more)  Single Family  Multifamily  Addition  Alteration  
 (If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories: 2 Number of Dwelling Units: 2  
 Floor Construction Type: Slab/Raised Floor (circle one or both)  
 Front Orientation: \_\_\_\_\_ North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

**RADIANT BARRIER** (required in climate zones 2, 4, 8-15)

### OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies) <sup>1</sup>	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or No	Location Comments (attic, garage, typical, etc.)

<sup>1</sup>) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

# Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 7545 Sailfish Way Sacramento CA  
Number Street City State

## Ceilings:

Blow: Manufacturer Greenfiber Thickness 10.59" R / Value R-38  
Square Feet 685 # Bags / Lbs. Per Bag 29

Batts: Manufacturer Johns Manville Thickness 13" R / Value R-38

Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

## Exterior Walls:

Manufacturer Johns Manville Thickness 3.5" R / Value R-13

Manufacturer Johns Manville Thickness N/A R / Value N/A

## Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Air Infiltration: (Title 24)

Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Contractor: NR Homes Lic. # 628092

By: [Signature] Title: PRESIDENT Date: MA 2/26/05

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 5/15/06

# OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

7845 Sois Hill Way  
SEABROOK CA 95831 Date of Job Completion May 17/08

PLASTERING CONTRACTOR:

Name: G. G. Lewis ROSTERINZ

Address: 4330 Woods Ave B4 ORANGEVALE CA 95662

Telephone No: 916.989.8285

Contractor Number of Diamond Wall System 4020

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

Date: May 17/08

Signature of Authorized Representative of Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.