

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0503616

Insp Area: 3

Thos Bros: 317H1

Site Address: 3104 44TH ST SAC

Parcel No: 014-0192-009

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

01B

OWNER

PARASKIV YOURI  
2717 EL SEGUNDO DR  
RANCHO CORDOVA, CA 95670

ARCHITECT

Nature of Work: NSFR WITH GARAGE

**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);

Y.B. 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).

**PAID**

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

X Date 5/18/05 Owner Signature [Signature] MAY 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 above mentioned property for inspection purposes.

X Date 5/18/05 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:

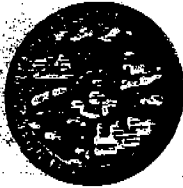
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 \_\_\_\_\_ 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.

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**



**Downtown Permit Center**  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 Help Line: 1-916-264-5656

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DEPARTMENT  
 BUILDING DIVISION  
[www.cityofsacramento.org](http://www.cityofsacramento.org)

**North Permit Center**  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Inspection: 1-916-808-4677

## SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 014 - 0192 - 009 PERMIT # 0503616  
 SITE ADDRESS 3104 44<sup>th</sup> St 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.

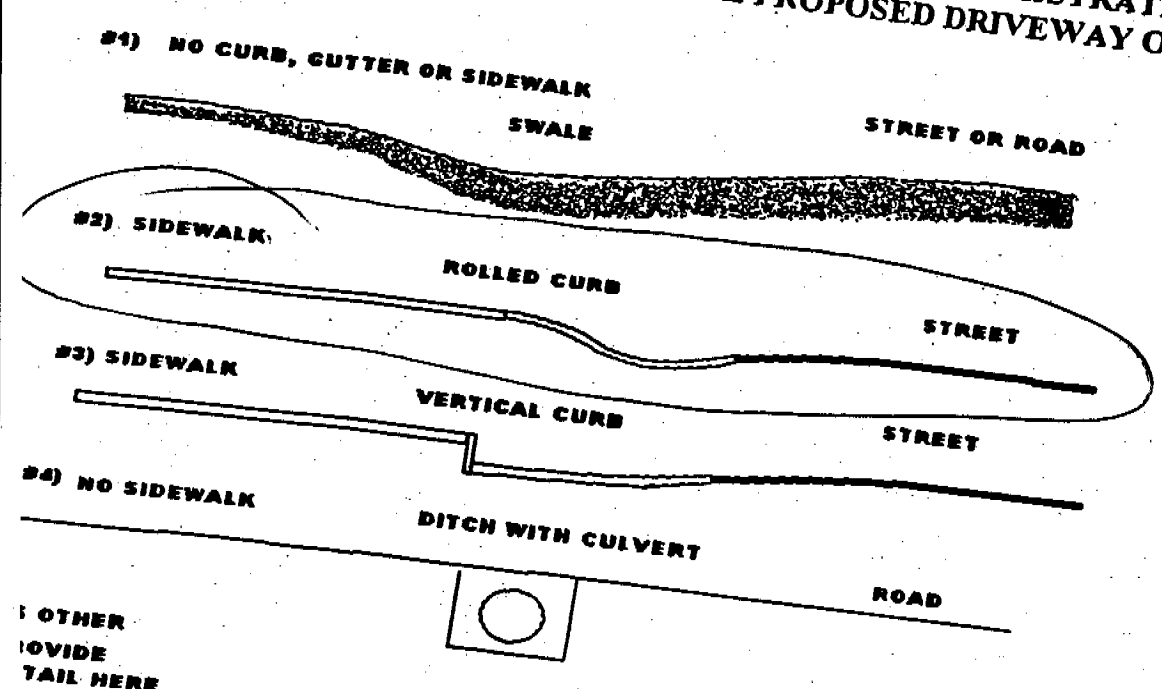
- |  |                                    |                                    |     |
|--|------------------------------------|------------------------------------|-----|
| 1. Are there existing structures on the site?                                      | Y                                  | <input checked="" type="radio"/> N |     |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | 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                                 | <input checked="" type="radio"/> 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?                            | <input checked="" type="radio"/> Y | *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 |     |
| 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 | <input checked="" type="radio"/> 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?              | <input checked="" type="radio"/> Y | N                                  |     |

**ISSUED**  
 City of Sacramento  
 MAY 18 2005  
 NORTH PERMIT  
 CENTER

# ENCROACHMENT QUESTIONNAIRE

- 22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? \*Y  N
- 23. Is this a corner lot? \*Y  N
- 24. Is the posted speed limit on this street greater than 25 MPH? \*Y  N
- 25. Is this parcel located on a four-lane street? Y \*N N/A
- 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? Y \*N N/A
- 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? Y \*N N/A
- 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? Y \*N N/A

**CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.**



Information provided on this document is accurate. I understand that if this form is incomplete, is inaccurate or misleading information, the project located at this site may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

Contractor \_\_\_\_\_ DATE 4/11/05

D. (916) 806-0025 \_\_\_\_\_

**Certification of Compliance**  
School District Development

**Part I - To be completed by the APPLICANT**

Owner's Name/Address Juriy Bondarenko  
 Project Address 3104 44th St  
 Parcel Number 014-0192-009-0000 Lot No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ No. of Units \_\_\_\_\_  
 Applicant's Signature [Signature] Title \_\_\_\_\_  
 Phone No. 806-0025 Date 4/28/05

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II - To be completed by the BUILDING DEPARTMENT**

Plan Identification Number 0503616  
 Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
 Square Feet of Chargeable Building Area 1735 sq ft.  
 Signature/Title Jay G. Building Inspector Date 4-7-05

**Part III - To be completed by the SCHOOL DISTRICT**

School District SCUSD Certificate No. 10551  
 Exempt Comments \_\_\_\_\_  
 Residential/Apartment/etc. 1735 Square ft. x \$ 2.14 = \$ 3712.90  
 Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total fees collected..... ✓ # 2251 = \$ 3712.90

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

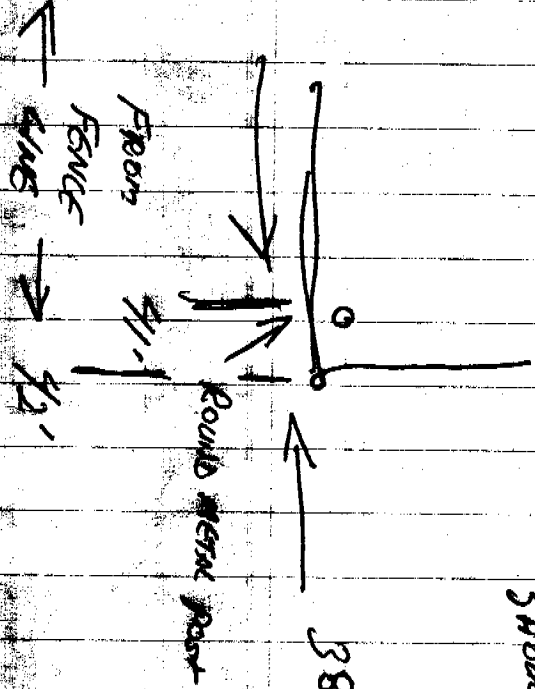
As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature [Signature] Date 4/28/05

*White - Canary - School District • Pink - Building Department • Goldenrod - Applicant*

3104 44th St  
0503616

3188

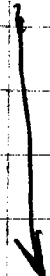


3104

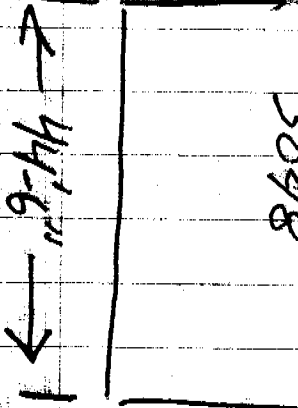
SHOULD BE

40'54"

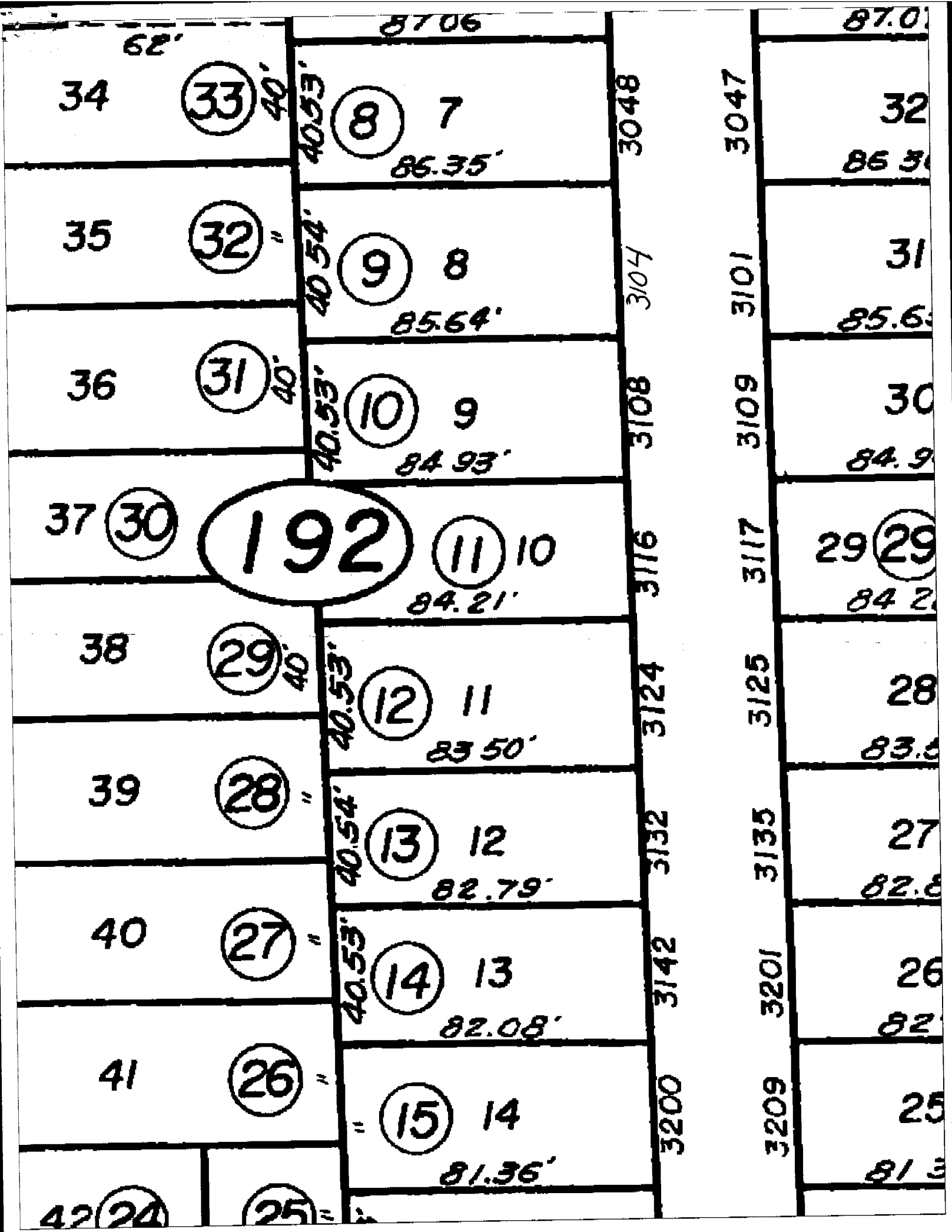
38'



3098



9/30/06  
D. Long





Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO  
 DEVELOPMENT SERVICES DEPARTMENT  
 BUILDING DIVISION  
[www.cityofsacramento.org](http://www.cityofsacramento.org)

North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Inspection: 1-916-808-4677

### OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (\*) will be hired to do:

all of the authorized work. a portion of the authorized work.

Name Jurij Bonjarenko Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

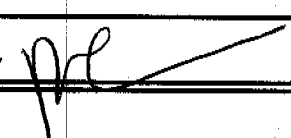
Signed: Property Owner Jurij Bonjarenko

Date 5/18/05 Case No. — Permit No. 0503616

Job Address 3104 44<sup>th</sup> St Sac - to CA

Note: \*, Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 3104 44 <sup>TH</sup> STREET	APN: 014-0192-009
DRPB AREA / PUD / SPD: OAK PARK DR	ZONING: R-1
EXISTING LAND USE: VAC	
PROPOSED USE: NEW SFR WITH ATTACHED GARAGE	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s):    PC        ZA        IR        ER        DR        PB  Required Planning application must be submitted before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS:  Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETE    DR04-210 10/06/04  Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards prior to issuance of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: LOT 3461 PER THE PLAN. FOOT PRINT 739 SF, GARAGE 270 SF, COVERED PORCH 71 SF, TOTAL SF 1080 / 3461 = 31%, WHICH MEETS THE 40% MINIMUM LOT COVERAGE REQUIREMENT. SETBACKS AND LOT COVERAGE OKAY. MEETS MINIMUM INTERIOR GARAGE DIMENSIONS FOR GARAGE. DOES NOT EXCEED 40% MAXIMUM PAVING ALLOWED IN FRONT SETBACK AREA. ANY TREES THAT ARE REMOVED MUST GET PRIOR APPROVAL FROM CITY ARBORIST BEFORE REMOVING THEM. NO PLANNING ENTITLEMENTS APPERANT.	
DATE: August 4, 2004/03-15-2005	BY: Elise Gumm/PCALDWELL 





**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.*

DATE: 3/17/05

**IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:**

3104

RESIDENTIAL  APARTMENTS (4+ units per building)  
JOB ADDRESS: 3104<sup>th</sup> Street Sacramento CA

COMMERCIAL (limited)

UNIT # \_\_\_\_\_

CONTRACT PRICE \$ \_\_\_\_\_

CONTACT PERSON: J. RIV

Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owner: J. RIV

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

License # \_\_\_\_\_

Address: 330 SANTA ANA AVE

City/State/Zip: SACRAMENTO CA

Phone: 806-0025

FAX: \_\_\_\_\_

**NATURE OF REQUEST:** Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input type="checkbox"/> HOUSE # STAIRS: _____ <input type="checkbox"/> GARAGE #SQUARES _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE <p><b>*NOTE:</b> Correction Notice items will require an additional building permit</p>
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.		

**DESCRIPTION OF WORK:**

faxpermit.frm [rev online 3/10/00]

0503016

*PLEASE SCAN*

From: "Steve Santa Croce" <steve@sigmaeng.com>  
To: "Don Verga" <dverga@cityofsacramento.org>  
Date: 07/03/2006 5:19:54 PM  
Subject: Fw: 3104 44th Street

*#0503616*

Please see email below.

Steve Santa Croce, P.E.  
Sigma Engineering Consultants, Inc.  
----- Original Message -----  
From: Steve Santa Croce  
To: Don Vierga  
Sent: Monday, July 03, 2006 4:58 PM  
Subject: 3104 44th Street

*7/05/06 OWNER CONTACTED  
I WILL ACCEPT LETTER FOR  
PROPERTY LINE ISSUE  
Don L Verga*

Don,

We have been unable to reach each other now for some 4 to 5 months regarding this project and have been only able to communicate second hand through the owner, Yuri Bondarenko.

As best as I can tell from talking to Yuri, our staking to date is unclear or inadequate and you have asked him to get a Record of Survey filed for his parcel. (If this is not what you have asked him to do, please let me know).

We provided a letter stating that we performed staking of his parcel in May of 2005. This staking consisted of nails set at the street centerline at the property lines, one stake set at the SE corner, another stake set on the south line (the corner was west of the back fence), a nail on the post of the fence on the North line (which fit exactly when working to the site from 8th Avenue), and a stake on the north line (the corner was north past the north fence. Several lots north and south of the project (and on both sides of the street) were checked for their fences fitting our survey and the majority of them fit.

We are aware that the neighbor is complaining about the staking, in that he thinks the staking is off based upon where he thinks the line should be. I have discussed the issues several times with the neighbor and provided him our survey notes via mail. To date, he has had no survey done and is under the impression that the line is 5 feet from his house based upon his memory and thinks that he should have a 5 foot setback.

Because there is a potential property dispute, it may be advised that Yuri have a Record of Survey recorded with the county.

In our opinion and experience, one is not warranted based upon the field conditions measured during the survey - or we would have already performed the Record of Survey and had it recorded. If there is any existing City ordinance or policy to perform one, please let me know.

Please let me know what your take on the survey for this project is and any additional information you need to see in the field. Additionally, please let me know of any requirements that the City has in filing a Record of Survey in this circumstance.

You can either email me back or call me on my cell phone at (530) 681-3203.

Thank you.

Steve Santa Croce, P.E.  
Sigma Engineering Consultants, Inc.

INSTALLATION CARD  
(Coating system Trade Name)  
(Name of coating manufacturer)

Job Address

X 3104 44<sup>th</sup> St  
San-to CA

ICBO Evaluation Service, Inc.,  
Evaluation Report ER-

Date of Job Completion 2-20-06

Plastering Contractor


Name: Camellia City & Latr plaster

Address: 601 Sutter St WILAC A

Telephone No.: (415) 582-0110

Approved contractor number as issued by coating manufacturer: # 769 Western

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.

  
Signature of authorized representative  
or plastering contractor

8-8-06  
Date

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

FIGURE 3

0503616

3104 44<sup>TH</sup> ST.

Sep 12 06 09:34a Yuriy Bondarenko

9169277491

p.2

P# 0503616 WINDOW

**INSTALLATION CERTIFICATE**

(Page 2 of 12) CF-6R

Site Address: 3104 44th St Sacramento CA Permit Number: 0503616

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 10-113(a).

**FENESTRATION/GLAZING:**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (≤CF-1R value) <sup>3</sup>	Product SHGC <sup>1</sup> (≤CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	ALSIDE	.35	.32	2	XO			
2.	" "	.35	.32	2	SH			
3.	" "	.24	.35	2	PW			
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

<sup>1</sup> 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.

<sup>2</sup> 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)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
1-3	Alan R. Santiago	9/22/06	

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

4W

**INSTALLATION CERTIFICATE** (Page 1 of 12) CF-6R

Site Address: 3104 44th St. Sac-F0 Permit Number: 050361K

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	CSC Certified Mfr Name & Model Number	Distribution Type (Bat, Point-of-Use, etc)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) <sup>1</sup>	Test Volume (gallons)	Efficiency (EF, RE) <sup>2</sup>	Standby Loss (%) <sup>2</sup>	External Insulation R-value <sup>2</sup>
FEK						50			

- 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.
- 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: **Monolit Plumbing**  
 Signature: *Alex Zh* Date: **9-15-06**

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

AC

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

Site Address 3109 44 <sup>th</sup> St Sac-to	Permit Number 0503616
---	--------------------------

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.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
HEAT PUMP	GOODMAN ARUF048-00A-1A	1	100%	ATTIC	R-6		
	SERIAL N: 0506000556						

*Cooling Equipment*

Equip Type (pkg. heat pump)	CEC 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)
HEAT PUMP	GOODMAN GSH130481AA	1	13 SEER	ATTIC	R-6	90	90
	SERIAL N: 0607236543						

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	
Signature: 	Date: 8-28-06

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

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 12 of 12) CF-6R</b>
Site Address <u>3104 44th St. Sacramento</u>	Permit Number _____	
County Subdivision _____	Lot Number _____	

**Description of Insulation (Formerly IC-1 Form)**

1. **RAISED FLOOR**  
 Material Fiberglas Brand Name John Mansuillo  
 Thickness (inches) 6.5 Thermal Resistance (R-Value) R-19
  
2. **SLAB FLOOR/PERIMETER**  
 Material \_\_\_\_\_ Brand Name \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_ Thermal Resistance (R-Value) \_\_\_\_\_  
 Perimeter Insulation Depth (inches) \_\_\_\_\_
  
3. **EXTERIOR WALL**  
 Frame Type 2x4  
 A. Cavity Insulation  
 Material Fiberglas Brand Name John Mansuillo  
 Thickness (inches) 3.5 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 Batt Brand Name John Mansuillo  
 Thickness (inches) 10.25 Thermal Resistance (R-Value) R-30  
 Loose Fill Type \_\_\_\_\_ Brand \_\_\_\_\_  
 Contractor's min installed weight/ft' \_\_\_\_\_ 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) <u>1, 3, 5</u>	Signature <u>[Signature]</u>	Date <u>8-30-06</u>	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
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 11 of 12) CF-6R</b>
Site Address	3104 44th St. Sacramento	Permit Number

**✓ ROOF/CEILING BATTS**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 1/4 in. deep or more than 10% of the batt surface area.
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	
<b>✓ ROOF/CEILING LOOSE-FILL</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)
Yes	No	NA	

**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	Gold Star Insulation LLC
Signature:	Date: 8-30-06

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



<b>INSTALLATION CERTIFICATE</b>		<b>(Page 10 of 12) CF-6R</b>
Site Address	3104 44th St. Sacramento	Permit Number

**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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	All draft stops in place to form a continuous ceiling and wall air barrier
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	All drops covered with hard covers
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	All draft stops and hard covers caulked or foamed to provide an air tight envelope
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Eave vents prepared for blown insulation - maintain net free-ventilation area
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Knee walls insulated or prepared for blown insulation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	Attic rulers installed

## 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: 3104 44th Street Sacramento CA  
 Number Street City State

### Ceilings:

Blow: Manufacturer Greenfiber Thickness N/A R / Value N/A  
 Square Feet N/A # Bags / Lbs. Per Bag N/A

Batts: Manufacturer Johns Manville Thickness 10.25" R / Value R-30

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

### Exterior Walls:

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

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

### Floor Insulation:

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

Air Infiltration: (Title 24)

Yes  No

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

General Contractor: Prime Custom Construction, Inc. Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: Patrice May Title: Admin. Assistant Date: 8/30/06