

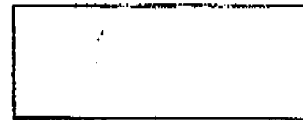
0615429



Building Permit

\*\*\*\*\* Office Use Only \*\*\*\*\*

Permit No: \_\_\_\_\_
Date Issued: \_\_\_\_\_
Total Amount: \_\_\_\_\_
Insp Area #: \_\_\_\_\_



Inspection Request # (916) 264-7622

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*

Site Address: 6403 NORTH POINT WAY
Nature of Work: Change out HVAC SPLIT SYSTEM IN 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.)

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 C-20 License Number 481974 Date 12-28-07 Signature Aaron Willson

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 3 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 Professions 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 \_\_\_\_\_

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 improvement.

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.

Date 12-28-07 Applicant/Agent Signature Aaron Willson

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.

X 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:

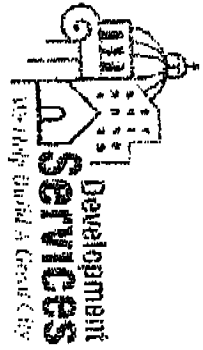
Carrier LINCOLN GENERAL INS. CO. Policy Number CWC 00046200 Expiration Date 10-01-08

(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 12-28-07 Applicant Signature Aaron Willson

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.



Development  
 Services  
 City of Sacramento  
 www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-306-7622  
 New City Hall - Fax # 916-808-1901  
 North Permit - Fax # 916-808-8370  
 New City Hall  
 9151 Street, 3rd Floor  
 Sacramento, CA 95834  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

# 189.64 paid 1/5/08 # 0615429  
 # 205054

Permit # \_\_\_\_\_ FAXBACK MINOR PERMIT APPLICATION Date: 12-28-2007

Facelock request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a start fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM  
 Design Review and Historic Preservation approval may be required if job address is located in these areas (additional forms may be required)

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

Job Address: 6403 NORTH POINT WAY  
 CONTACT INFO Name: ARON LINDSON  
 Property Owner: MARGARET LABRENS  
 Address: 6403 NORTH POINT WAY  
 City/State/Zip: SACRAMENTO CA 95833  
 Phone: 916-481-8236  
 Nature of Work: Provide description of work & indicate type of work in selections below.

Blgd Type:  RESIDENTIAL  APARTMENTS (41 units per building)  COMMERCIAL (single)  
 Unit # \_\_\_\_\_ Contract Price \$ 2865.85  
 Contractor: KLEEN AIR  
 Address: 1057 SILICA AVENUE  
 City/State/Zip: SACRAMENTO CA 95815  
 Phone: 916-922-3995 Fax: 916-920-8409  
 License #: 481974  
 Pre-Registered? YES X NO \_\_\_\_\_ Registration # E0500063

Description of Work: Change out split system in GARAGE

<input type="checkbox"/> Her roof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reseal <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Staircase <input type="checkbox"/> Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Vinyl <input type="checkbox"/> 1-111 <input type="checkbox"/> 1-111 <input type="checkbox"/> 1-111 <input type="checkbox"/> Vinyl <input type="checkbox"/> Siding	<input checked="" type="checkbox"/> HVAC Installations Residential (only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Packaged <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cabinet <input type="checkbox"/> This permit deal with gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other describe below: Value of deal work: _____ Equipment \$: _____ Cabin: \$: _____	<input type="checkbox"/> Water Heater (Residential only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <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"/> Public Utilities Safety Inspection (Residential and single apartment units only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E
<input type="checkbox"/> Dry, Rot or Termitic Damage Repair <input type="checkbox"/> Hanging/Joists <input type="checkbox"/> Mudd/Sill/Seals <input type="checkbox"/> Re-plumb <input type="checkbox"/> Exterior	<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	* NOTE * Correction Notice items will require an additional building permit.	Permit # _____	

Office Use Only: Permit # \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Permitted's Initials: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL**

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CF-1R

MARGARET LAGUENS  
 Project Title

8403 NORTH POINT WAY SACRAMENTO CA 95831  
 Project Address

Aaron Willson 916-922-3995  
 Documentation Author Telephone

Prescriptive 12  
 Compliance Method (Prescriptive) Climate Zone

12/28/2007  
 Date

Building Permit #

Plan Check / Date

Field Check / Date

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) 1700 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) N/A ft<sup>2</sup>

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C — (20% X CFA) N/A ft<sup>2</sup>

Building Type: Single Family Detach Project Type: 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: 1 Number of Dwelling Units: 1

Floor Construction Type: \_\_\_\_\_

Floor Orientation: W = 270 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)	Frame Type (Wood or)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies)	Joint Appendix IV Reference	Roof Radiant Barrier Installed (Yes/No)	Location/Comments (attic, garage, typical, etc.)

1) 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.

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL**

MARGARET LAGUENS

6403 NORTH POINT WAY

12/28/2007

Date

**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) 1	Area (ft <sup>2</sup> )	U-factor 2	U-factor Source 3	SHGC 4	SHGC Source 5	Exterior Shading/Overhangs 6, 7 Check Box if WS-3R is
							<input type="checkbox"/>
							<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(b)(3)(C) 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 (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (Split or Package)
Furnace 100 kBTU	80.00 AFUE	Attic	4.2	Programmable	Split

Cooling Equipment Type and Capacity (A/C, heat pump, evap)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (Split or Package)
A/C 48 kBTU	14.00 SEER 12.00 EER	Attic	4.2	Programmable	Split

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL**

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CF-1R

MARGARET LAGUENS

6403 NORTH POINT WAY

12/28/2007

Project Title

Date

**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.

<input type="checkbox"/>	Sealed Ducts (all climate zones) (installer testing and certification and HERS rater field verification required.)
<input type="checkbox"/>	TXVs, readily accessible (climate zones 2 and 8-15 only) (installer testing and certification and HERS Rater field verification required.)
<input type="checkbox"/>	Refrigerant Charge (climate zones 2 and 8-15 only) (installer testing and certification and HERS Rater field verification required.)

OR

<input type="checkbox"/>	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.
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OR

<input type="checkbox"/>	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.
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**WATER HEATING SYSTEMS**

<input type="checkbox"/>	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, 60 gallons is the maximum capacity and recirculation system is not allowed.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor or Thermal Eff. 1	Standby Loss (%) 1	Tank External Insulation

**Systems serving multiple dwelling units**

Water Heater Type/ Fuel Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity	Energy Factor or Thermal Eff. 1	Standby Loss (%) 1	Tank External Insulation

1. 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 > 3/4 inches) All hot water pipes from the heating source to the kitchen fixtures that are 1/2 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**

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CF-1R

**MARGARET LAGUENS**  
ProjectTitle

**8403 NORTH POINT WAY**

**12/28/2007**  
Date

**SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION** (add extra sheets if necessary)  
Indicate which special features are part of this project. The list below represents special features relevant to the Prescriptive and Performance Method.

	Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	Metal Framed Walls	CF-1R	
<input type="checkbox"/>	Radiant Barriers	CF-1R	
<input type="checkbox"/>	Exterior Shades	WS-4R N/A; Performance Calculation	
<input type="checkbox"/>	Cool Roof	Required. Attach CRRC Label to Form	
<input type="checkbox"/>	Dedicated Hydronic Heating	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Combined Hydronic System	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Gas Cooling	N/A; Performance Calculation Required	
<input type="checkbox"/>	Buried Ducts	N/A; Indicate on building plans.	
<input type="checkbox"/>	Kitchen Pipe Insulation	See Section 5.6.2 Distribution Systems in Residential Manual.	
<input type="checkbox"/>	Multiple Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Central Water Heating System	Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Non-NAECA Large Water Heater	CF-1R	
<input type="checkbox"/>	Indirect Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Instantaneous Gas Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Solar Water Heating System	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Wood Stove Boiler	Performance Calculation and attach Run to Forms	

**SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION**  
(add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

	Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	Duct Sealing	CF-6R part 4 of 12	
<input type="checkbox"/>	Refrigerant Charge	CF-6R part 5 of 12	
<input type="checkbox"/>	Thermostatic Expansion Valve	CF-6R part 6 of 12	

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL**

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CF-1R

**MARGARET LAGUENS**  
Project/Title

**6403 NORTH POINT WAY**

**12/28/2007**  
Date

**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)		Documentation Author	
Name: Aaron Wilson		Name: Aaron Wilson	
Title/Firm: Kleen Air		Title/Firm: Kleen Air	
Address: 1657 Silica Avenue Sacramento Ca 95815		Address: 1657 Silica Avenue Sacramento Ca 95815	
Telephone: 916-922-3995		Telephone: 916-922-3995	
License #: 481974			
X		X	
Signature and Date		Signature and Date	

**Enforcement Agency**

Name:	Comments:
Title/Firm:	
Address:	
Telephone:	
X	
Signature / Stamp and Date	