

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0603320  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
N

Site Address: 3738 NATURITA WY SAC  
Parcel No: MACHADO LOT # 24 Housing (Y/N):

CONTRACTOR  
BEAZER HOMES  
3721 DOUGLAS BL. STE. 100  
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 816 1 STORY 4 RM SFR

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 724191 Date 3/21/06 Contractor Signature N. Collins

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 \_\_\_\_\_

PAYED  
CITY OF SACRAMENTO  
MAR 21 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

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 3/21/06 Applicant/Agent Signature N. Collins

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

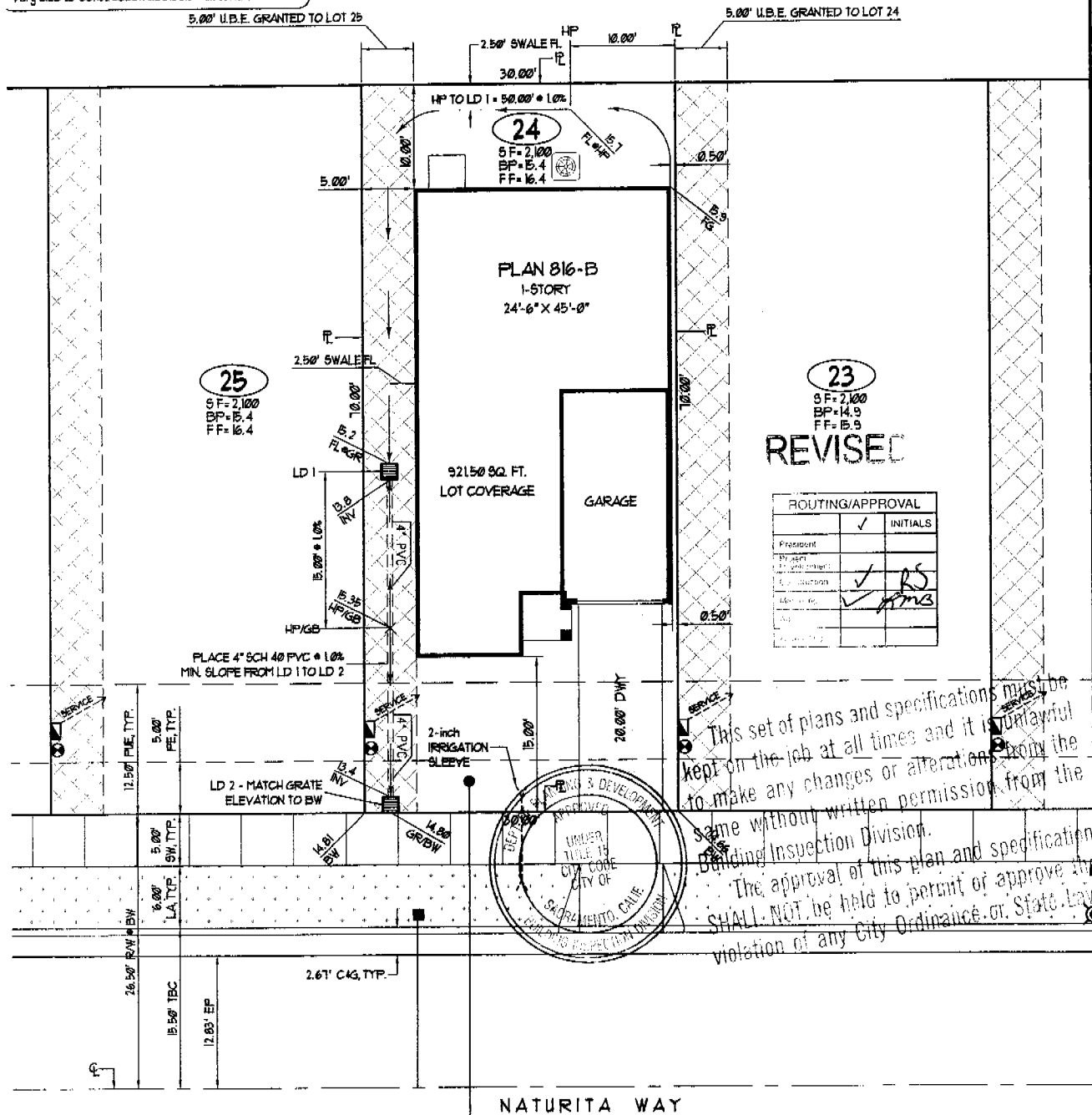
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 3/21/06 Applicant Signature N. Collins

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.

NOTE: Invert elevation of landscape drain pipe may vary due to construction methods & materials used.

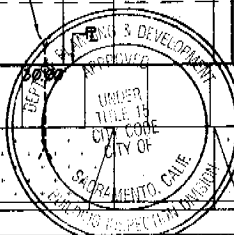


23  
SF=2,100  
BP=14.9  
FF=15.9

ROUTING/APPROVAL

	✓	INITIALS
Present		
By permit		
By contractor	✓	RS
By engineer	✓	AMS
By...		
By...		

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve a violation of any City Ordinance or State Law.



Fire protection shall not be required where building is located at a minimum of 3'-3" from property line per CBC 503.2 & Table 5-A

# plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND THAT NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY CHANGE OR VARY WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



ALL ERRORS, OMISSIONS OR CONFLICTS BETWEEN THE VARIOUS ELEMENTS OF THIS PLOT PLAN SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF BEAZER HOMES FOR CORRECTION OR CLARIFICATION. IF NOTIFICATION IS NOT MADE AND WORK IS CONTINUED, RESPONSIBILITY FOR ANY FUTURE PROBLEMS CREATED WILL BE BORNE BY THE CONTRACTOR OR SUB-CONTRACTOR INVOLVED.

symbols legend

	CUT OR FILL SLOPE BANK (2:1 MAXIMUM, U.O.N.)		STREET LIGHT
	SPOT ELEVATION / LOCATION		GAS SERVICE
	DRAINAGE SWALE		CATCH BASIN / DROP INLET
	FIRE HYDRANT		ELECTRIC SERVICE
	WATER SERVICE		AIR CONDITIONING CONDENSER UNIT
	SEWER SERVICE		PAD-MOUNTED TRANSFORMER

use & benefit easement  
USE & BENEFIT EASEMENT (U.B.E.) IS A GRANT TO THE ADJACENT LOT FOR INGRESS/EGRESS FOR THE PURPOSE OF REPAIR, MAINTENANCE, DRAINAGE, AND IMPROVEMENT OF ANY OF THE LOTS THAT ARE CONTIGUOUS TO THE EASEMENT AREA. NO STRUCTURE AND/OR OTHER PERMANENT IMPROVEMENT OF ANY NATURE SHALL BE PLACED, MAINTAINED OR PERMITTED TO REMAIN ON OR WITHIN THE EASEMENT AREA.

abbreviations

BP BUILDING PAD	FF FINISHED FLOOR	INV PIPE INVERT	PE POSTAL EASEMENT
BW BACK OF WALK	FG FINISHED GRADE	L CURVE LENGTH	FUE PUBLIC UTILITIES EASEMENT
CL STREET CENTERLINE	FL FLOW LINE	LA LANDSCAPE AREA	R/W RIGHT OF WAY
C&G CURB AND GUTTER	GB GRADE BREAK	LD LANDSCAPE DRAIN	R RADIAL / RADIUS
DWT DRIVEWAY	GR DRAIN GRATE	LF LINEAR FEET	SW SIDEWALK
EP EDGE OF PAVEMENT	HP HIGH POINT	PL PROPERTY LINE	TBC TOP BACK OF CURB

- notes
- RIGHT OF WAYS, LOTS, EASEMENTS AND CENTERLINE SHOWN AS PER THE FINAL MAP OF MACHADO SUBDIVISION NO. PD4-14, PREPARED BY PRO ENGINEERS, INC.
  - GRADING & UTILITIES SHOWN AS PER THE IMPROVEMENT PLANS FOR MACHADO SUBDIVISION, A.P.N. 225-058-023, WDD NO. 565403355A, PREPARED BY PRO ENGINEERS, INC.
  - LOT DRAINAGE SHOWN BASED UPON LOT GRADING PLAN DETAIL, GRADING PLAN SHEET CS OF THE CIVIL IMPROVEMENT PLANS, PREPARED BY PRO ENGINEERS, INC., LAST DATED 2/3/05 (DELTA REVISION).
  - POSITIVE SURFACE DRAINAGE FROM REAR YARD TO FRONT OF LOT SHALL BE ASSURED.
  - ELECTRIC AND GAS SHOWN IN PROPOSED LOCATIONS AS PER MACHADO SUBDIVISION JOINT TRENCH COMPOSITE PLAN PREPARED BY LIFTON EXCAVATION, INC., DATED 11/11/05.

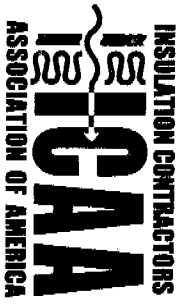
Nottingham Village

homesite 24

Naturita Way

ASSESSOR'S PARCEL NO.:  
MACHADO SUBDIVISION  
CITY OF SACRAMENTO, CALIFORNIA

816	RIGHT	B	1013
plan no.	gar.	elev.	color
2100	921.5	44%	
lot sq. ft.	footprint sq. ft.	lot covg.	
5	BCB	2/21/06	10:1
phase	drawn by	issue	scale



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

1003300

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

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

Beazer LOT # 24 TRACT # N021060401

STREET 3738 Natuerla Way CITY Palmdale

EXTERIOR WALLS: MANUFACTURER EG THICKNESS/TYPE 3/4 R-VALUE 13/19

CEILING: MANUFACTURER EG THICKNESS/TYPE 1/2 R-VALUE 30

FLOORS: MANUFACTURER EG THICKNESS/TYPE 1/2 R-VALUE 30

SLAB ON GRADE: MANUFACTURER EG THICKNESS/TYPE 1/2 R-VALUE 30

WIDTH OF INSULATION: MANUFACTURER EG THICKNESS/TYPE 1/2 R-VALUE 30

FOUNDATION WALLS: MANUFACTURER EG THICKNESS/TYPE 1/2 R-VALUE 30

GENERAL CONTRACTOR: ALCAL ARCADE CONTRACTING

SIGNATURE: Anthony Capobianco TITLE: Inspector

DATE: 7-12-04

INSULATION CONTRACTOR: ALCAL ARCADE CONTRACTING CALIFORNIA CONTRACTORS LICENSE #815286 NEVADA CONTRACTORS LICENSE #0055201

**CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)**

CF-4R

Nottingham @ Machado PHS 8/1/06  
 Project Title \_\_\_\_\_ Date \_\_\_\_\_  
 3738 Nautvita Way Sacramento, CA 95824  
 Project Address \_\_\_\_\_ Builder Name Beaver  
 1000122 Lot 24 \_\_\_\_\_ Plan Number 816  
 Builder Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
 Andrew Douglas 916 847 6514  
 HERS Rater \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Certifying Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Firm: ACS HERS Provider: Cheers  
 Street Address: 9524 Mosquito Rd City/State/Zip: Placerville CA 95667  
 Copies to: Builder, HERS Provider

**HERS RATER COMPLIANCE STATEMENT**

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

**Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)**

Duct Pressurization Test Results (CFM @ 25 Pa) \_\_\_\_\_ Measured values \_\_\_\_\_

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter \_\_\_\_\_ Test Leakage in CFM) 32  
 calculated value here 800

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 4%  
 Check Box for Pass or Fail (Pass = 6% or less)  Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent**

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass  Pass  Fail

**MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT**

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = \_\_\_\_\_  Pass  Fail

Yes for both 1 and 2 is a Pass

Job # 1000122

Beyzer / Nottingham

**INSTALLATION CERTIFICATE** (Page 5 of 12) CF-6R

Site Address 3738 Naturita Way, Sacramento, Ca. 95834	Permit Number Lot # 24 Plan # 816
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**THERMOSTATIC EXPANSION VALVE (TXV)**

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

✓	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
			Yes is a pass	Pass	Fail

**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 (Tsupply, db)		°F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		°F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		°F
Evaporator saturation temperature (Tevaporator, sat)		°F
Suction line temperature (Tsuction, db)		°F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		°F

**Superheat Charge Method Calculations for Refrigerant Charge**

Actual Superheat = Tsuction, db - Tevaporator, sat		°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 return, db - Tsupply, db		°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 -100°F)		°F

*[Signature]*

8/1/06

*[Signature]*



Job #  
1000122

# Installation Certificate

4700 Lang Avenue • McClellan, CA 95652  
916.646.2222 • Contractor Lic. #162634

3738 Naturita Way, Sacramento, Ca. 95834 Lot #24 Plan # 816

Site Address

Bozzer/Nottingham

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:

	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	32	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" 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:	800	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [ 32 (Line # 1) / 800 (Line # 2) ]]	4%	<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 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)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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 # ) ]]	<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 were performed 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: *[Signature]*  
Date: 8/1/06

Installing Subcontractor (Co. Name) or  
General Contractor (Co. Name): *Beutler*

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **BEAZER HOMES**  
Project Name: **NOTTINGHAM @ MACHADO**

Lot Numbers: 24

Date of Job Completion: July 9 2006

**PLASTERING CONTRACTOR:**

*3738 Natuuccita*

Name: **STUCCO WORKS, INC.**

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 Inspections.

July 24, 2006  
Date

  
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.

INSTALLATION CERTIFICATE

CF-6R

Beazer Homes - Nottingham

Permit Number

Site Address

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

HVAC SYSTEMS:

Heating Equipment

Table with 9 columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-IR value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), and Permit Number. Rows include FURNACE YORK #LY8S040A12, FURNACE YORK #LY8S060A12, etc.

Cooling Equipment

Table with 9 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-IR Value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr), and Permit Number. Rows include A/C YORK # H\* RD024\*, A/C YORK # H\* RD030\*, etc.

\* = TXV valve installed as part of the coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date: [Handwritten Signature] 9-6-05

BEUTLER CORPORATION

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

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std. point of use), If Recirculation Control Type, # of Identical Systems, (2) Rated Input (kW or Btu/hr), Tank Volume (gallons), (2) Efficiency (EF, RE), (2) Standby Loss (%), External Insulation R-value.

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.

(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

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

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.

Signature, Date: \_\_\_\_\_ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

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



INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

BEAZER HOMES  
Site Address

NOTTINGHAM  
Permit Number

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

HYAC SYSTEMS:

Plans - 4 and 5

Heating Equipment

Equip. Type (pks. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [≥CF-IR value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pks. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [≥CF-IR value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

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-IR) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

*[Signature]*  
Signature, Date

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	(if Recirculation Control Type)	# of Identical Systems	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
GAS	A.O. Smith GDYS-40	Direct Vent	N/A	1	36,000	40	.59	N/A	R-16

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-IR) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

*Juan Clavel* 6/20/06  
Signature, Date

J.P. Pierce Plumbing Co.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

MONA

**INSTALLATION CERTIFICATE** (Page 2 of 12) **CF-6R**

Site Address: **NOTTINGHAM VILLAGE SACRAMENTO CA BEAZER** 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).

**FENESTRATION/GLAZING:**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (≤ CF-1R value) <sup>2</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.	XO W/GARD	.35	.29					
2.	XO NO GARD	.35	.32					
3.	SH W/GARD	.35	.29					
4.	SH NO GARD	.35	.32					
5.	PW W/GARD	.34	.37					
6.	PW NO GARD	.34	.35					
7.	PARTIAL DOOR	.35	.34					
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) 1-7	Signature <i>Dennis Neal</i>	Date 6/16/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor <b>ALSIDE</b>
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy