

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0517788

Insp Area: 2

Thos Bros: 317A4

Site Address: 5500 DANJAC CR SAC

Parcel No: 024-0450-012

PAID CITY OF SACRAMENTO

FEB 08 2006

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

LEE WALTER / GRACE J. LEE
1167 STANBURY HOODS PLANNING
SACRAMENTO, CA 95822
COMMUNITY DEVELOPMENT SERVICES

ARCHITECT

Nature of Work: New 1story SFR, 2,555 sqft living, 710 sqft garage, and 185 sqft porch. Include 6 ft CMU wall 88 ft long.

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 (my mother) Grace J. Lee Lender's Address 4312 Constance Lane, Sacramento, Calif. 95817

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.

N/A

License Class N/A License Number Date 2/8/06 Contractor Signature Owner/Builder Donovan M. Lee

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 February 8, 2006 Owner Signature Donovan M. Lee

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date February 8, 2006 Applicant/Agent Signature Donovan M. Lee

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 February 8, 2006 Applicant Signature Donovan M. Lee

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.



CITY OF SACRAMENTO

www.cityofsacramento.org

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

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

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

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 024 - 0400 - 012 PERMIT # 0517728
SITE ADDRESS 5500 DAN JAC CIRCLE ACREAGE .21 acre

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


SITE DRAINAGE AND 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? (on side of corner lot) Y N
25. Is this parcel located on a four-lane street? Y N
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.


#1) NO CURB, GUTTER OR SIDEWALK STREET OR ROAD

SWALE



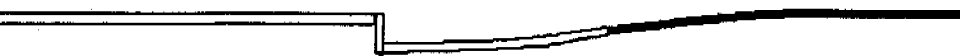
#2) SIDEWALK STREET

ROLLED CURB



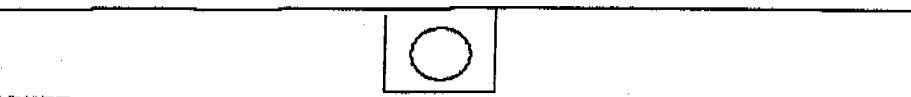
#3) SIDEWALK STREET

VERTICAL CURB



#4) NO SIDEWALK ROAD

DITCH WITH CULVERT



#5 OTHER
PROVIDE
DETAIL HERE

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

SIGNED Donovan M. Lee DATE December 5, 2005
 TITLE Owner & Owner/Builder
 PHONE NO. 916-454-4820 or 916-452-5413 (wk.)

PINK COPY =
to City Building Dept

Certification of Compliance School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address DONOVAN M. LEE

Project Address 5500 DANJAC CR

Parcel Number 024-0450-012 Lot No. 1

Subdivision Name Lund Park Estates No. of Units one

Applicant's Signature Donovan M. Lee Title Owner/Builder

Phone No. 916-454-4220 Date (916) 452-5413 (work)

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 0511788

Building Type (check one) Residential Apartment/Condominium Commercial/Industrial

Square Feet of Chargeable Building Area 2,555 sq'

Signature/Title [Signature] Date 12/02/05

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 110910

<input type="checkbox"/> Exempt	Comments			
Residential/Apartment/etc.	<u>2505</u>	Square ft. x \$	<u>224</u>	= \$ <u>5723.20</u>
Commercial/Industrial	<u>0</u>	Square ft. x \$	<u>0</u>	= \$ <u>0</u>
Total fees collected	<u>CK# 851</u>			= \$ <u>5723.20</u>

(\$5,723.20)

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 12/22/05

White & Canary - School District Pink Building Department Goldenrod - Applicant (12/22/05)



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North Permit Center
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Sacramento, CA 95834

5500 Danjac Cr
0517788

OWNER BUILDER VERIFICATION

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

- A - [X] 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 _____ 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 (Printed name) Signature

Date 2-8-06 Case No. Permit No. 0517788

Job Address 5500 Danjac Cr

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



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PARCEL # 024 - 0460 - 012 PERMIT # 0517788
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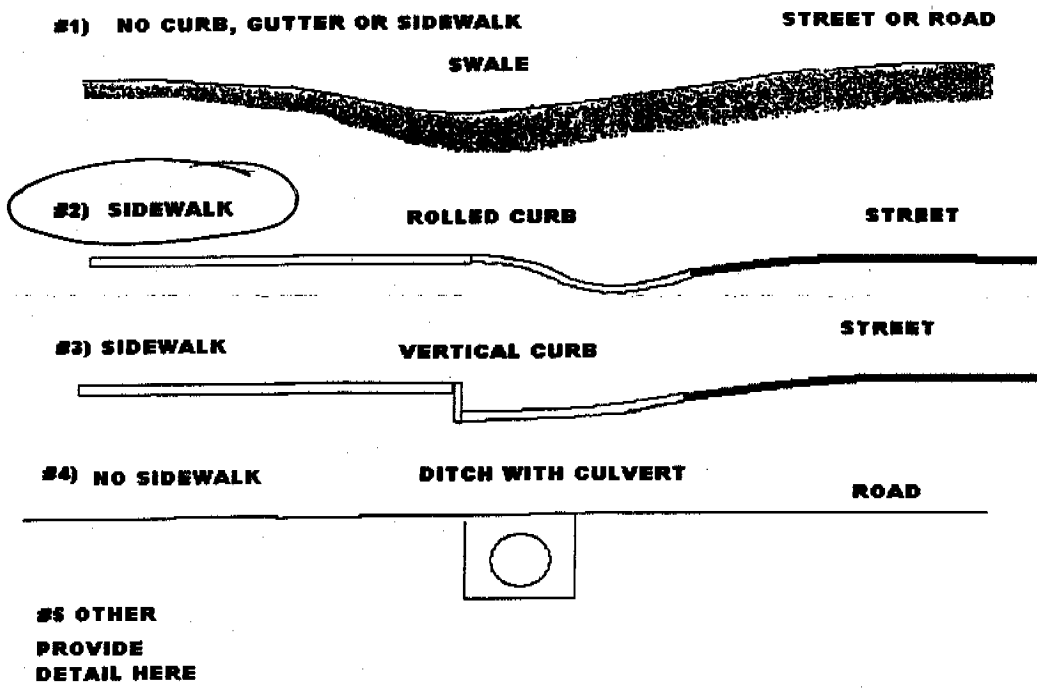
- | | | |
|------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N |
| 2. Is there an existing concrete 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? | <input checked="" type="radio"/> *Y | N |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> *Y | N |
| 8. Is the curb at the street square? | *Y | <input checked="" type="radio"/> N N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | N N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> *N N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | *N |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> *N |
| 13. Does another lot drain across this parcel? | *Y | <input checked="" type="radio"/> N |
| 14. Does the lot drain from side to side? | *Y | <input checked="" type="radio"/> N |
| 15. Does the site have an existing low area or drainage swale? | *Y | <input checked="" type="radio"/> N |
| 16. Does the drainage swale drain to an adjacent parcel? | *Y | N <input checked="" type="radio"/> N/A |
| 17. Does the drainage swale drain to the street? | Y | *N <input checked="" type="radio"/> 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 | N <input checked="" type="radio"/> 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 |

*is a
 (corner Lot)*

SITE DRAINAGE AND 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? (on side of corner lot) Y N
- 25. Is this parcel located on a four-lane street? Y N
- 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
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The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED Donovan M. Lee DATE December 5, 2005
 TITLE Owner & Owner/Builder
 PHONE NO. 916-454-4820 or 916-452-5413 (wk.)

ATT. WINDOWS & Glass Doors

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address	5500 Danjac Circle, Sacramento	Permit Number	0517788
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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:

10 different types of windows (sliding door, fixed window, etc) and every window

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor (CF-1R value) ¹	Product SHGC (CF-1R value) ²	# of Panes	Total Quantity of Like Product (Options)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	MILGARD	.37	.37	2	31	410		
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹ 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.

² 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	Signature <i>[Signature]</i>	Date 7/17/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor SOUTHGATE GLASS & SCREEN, INC
Item #s (if applicable) #1	Signature <i>[Signature]</i>	Date 1/25/08	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor owner and general contractor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

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

N/A

Deanne Ross

Att: PLUMBER

FOR TANKLESS WATER HEATER

✓ don't need pgs. 4-11 of 12

INSTALLATION CERTIFICATE

(Page 1 of 12) CF-6R

Site Address 5500 Panjac Circle, Sacramento, California	Permit Number 0517788
-------------------------------------------------------------------	---------------------------------

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).

✓ 3/31/06

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Model Number	Manufacturer Type (Gas, Electric, Oil, etc.)	# of Recirculation, Control Type	# of Insulated Systems	Rated Input (BTU or Watts)	Tank Volume (gallons)	Efficiency (EF, UEF)	Standby Loss (BTU/hr)	Recovery Factor
Nide	Noritz	Noritz	Tankless		63,000	2			

N-063 model (\$700± / Bill's cost) 6.3 gal/min. 190,000 BTU/H

- 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 Factor (RF), 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 0.56.

Kitchen Piping:

If indicated on the CF-1R, all hot water piping ≥ 3/4 inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Fixtures & 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(i)

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 pumps; and (4) insulation on distribution piping that meets the requirements of Section 150(i)

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 WTH Plumbing	Date 5/26/06
------------------------------------------------------------------------------------------------------	------------------------

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

owner: Dominic M. Lee
& general contractor: 1/25/08

INSTALLATION CERTIFICATE

5500 Danjac Circle
Site Address

Sacramento

CA

95822

Permit Number: 0517788

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)	CEC Certified Mfg. Name, Model, and Serial No.	# of Identical Systems	Efficiency (AFUE, etc) ¹ >(CF-1R value)	Heating Load (kBtu/hr)	Heating Capacity (kBtu/hr)
Split	TEMPSTAR	1	92.00 AFUE		90
Furnace	9MPD100J20C1 A060858568				

(my copy is with purchase copy for manual)

*City Inspector
NO 'HERS' report is necessary (Max) & Malcolm*

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfg. Name, Model, and Serial No.	# of Identical Systems	Efficiency (SEER, EER) ¹ >(CF-1R value)	Duct Location	Duct or Piping R-Value	Cooling Load (kBtu/hr)	Cooling Capacity (kBtu/hr)
Split	TEMPSTAR	1	14.00 SEER	Attic	6		90
A/C	T4A460GKA100 E071011625		14.00 EER				
Coil	Same as Condenser Mfg EDM4X60JA1 X061751707						

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.

II, 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.

Malcolm W. Perry
Signature and Date

1/18/2008

Malcolm W Perry Mechanical

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

This home was NOT modeled for "HERS" (home energy 5---) NOT necessary/Hers report Deanne Ross Pr 452-5275

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

5041-7

*Demoran M. Lee
1/29/08*

INSTALLATION CERTIFICATE

5500 Danjac Circle Site Address	Sacramento	CA	95822
			Permit Number: 0517788

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix R1.

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

REFRIGERANT CHARGE MEASUREMENT PROCEDURE

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 55oF 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

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 - or, upon remeasurement, if between -3°F and +3°F)	3°F and +3°F	F

5500 Danjac Circle
Site Address

Sacramento

CA

95822

Permit Number: 0517788

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
-----------------------------------------	-----------------------------	---------------

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 oF)

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 oF or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Actual liquid line length:		ft
Manufacturer's Standard liquid line length:		ft
Difference (Actual - Standard):		ft
Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces (+ = add) (- = remove)		

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix

Calculated Airflow: Cooling Capacity (Btu/hr)	_____ X 0.033 (cfm/Btu-hr)	_____ CFM
Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated)		

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
------------------------------	-----------------------------	---------------

Malcolm W. Perry

1/18/2008

Malcolm W Perry Mechar

Signature, Date

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

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

5041-7

5500 Danjac Circle Sacramento CA 95822
 Site Address Permit Number: 0517788

FAN WATT DRAW

Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

Method For Fan Watt Draw Measurement			
<input type="checkbox"/>	<input type="checkbox"/>	RE3.2.1	Portable Watt Meter Measurement
<input type="checkbox"/>	<input type="checkbox"/>	RE3.2.2	Utility Revenue Meter Measurement
Measured Fan watt Draw:			Enter results of Watts/cfm:
Measured Fan Flow (Enter total cfm from airflow verification)			Enter results of Watts/cfm:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Calculated fan watt/cfm is equal to or lower than the fan watt/cfm draw documented in CF-1R	
Yes is a pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

ADEQUATE AIRFLOW VERIFICATION

Procedures for field verification and diagnostic testing of adequate airflow are available in RACM, Appendix RE4.1.

Method For Airflow Measurement			
<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	RE4.1.1	Duct design exists on plans
<input type="checkbox"/>	<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Flow Capture Hood
<input type="checkbox"/>	<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Plenum Pressure Matching
<input type="checkbox"/>	<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement
Measured Airflow:			cm/ton
<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Measured airflow is greater than the criteria in Table RE-2			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

MAXIMUM COOLING CAPACITY

Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

1	<input type="checkbox"/>	Yes	No	Adequate airflow verified (see adequate airflow credit)
2	<input type="checkbox"/>	Yes	No	Refrigerant charge or TXV
3	<input type="checkbox"/>	Yes	No	Duct Leakage reduction credit verified
4	<input type="checkbox"/>	Yes	No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.
5	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R.
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass				
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/>	Yes	No	EER values of installed systems match the CF-1R
2	<input checked="" type="checkbox"/>	Yes	No	For split system, indoor coil is matched to outdoor coil
3	<input type="checkbox"/>	Yes	No	Time Delay Relay Verified (if Required)
Yes to 1 and 2; and 3 (if Required) is a pass				
				<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests Performed: Signature / Date: Malcolm W. Perry 1/18/2008
 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name): Malcolm W Perry Mechanical

COPY TO: Building Department, HERS Rater, Building Owner at Occupancy 5041-7

Att: INSULATION (owner can sign off)

INSTALLATION CERTIFICATE		(Page 12 of 12) CF-6R
Site Address	<u>5500 Danjac Circle</u>	Permit Number <u>0157788</u>
County Subdivision	<u>Sacramento</u>	Lot Number <u>12</u>

Description of Insulation (Formerly IC-1 Form)

- N/A 1. **RAISED FLOOR**
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____
- ? 2. **SLAB FLOOR/PERIMETER**
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____
 Perimeter Insulation Depth (inches) _____
3. **EXTERIOR WALL**
 Frame Type WOOD
 A. Cavity Insulation
 Material R-13 Brand Name Kraft
 Thickness (inches) 4" thick Thermal Resistance (R-Value) R-13
 B. ~~Exterior Foam Sheathing~~
 Material 5/8" Plywood & Paper, and Brand Name _____
Styrofoam (white) Thermal Resistance (R-Value) _____
 Thickness (inches) 5/8"
4. **FOUNDATION WALL**
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____
5. **CEILING**
 Batt or Blanket Type R-38 Brand Name Kraft
 Thickness (inches) 12" Battling Thermal Resistance (R-Value) R-38
 Loose Fill Type _____ Brand _____
 Contractor's min installed weight/ft² _____ lb Minimum thickness _____ inches
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____
6. **ROOF** Radiant Barrier
 Material SOLAR Board 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>(5) (3)</u>	Signature <u>Donnan M. Lee</u>	Date <u>10/30/06</u>	Installing Subcontractor (Co. Name) OR <u>General Contractor (Co. Name) OR Owner</u> OR Window Distributor <u>1/28/08</u>
Item #s (if applicable) <u>(6)</u>	Signature <u>Donnan M. Lee</u>	Date <u>10/30/06</u>	Installing Subcontractor (Co. Name) OR <u>General Contractor (Co. Name) OR Owner</u> OR Window Distributor <u>1/28/08</u>
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor