

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0601485

Insp Area: 3

Thos Bros: 297H7

Site Address: 1900 49TH ST SAC

Parcel No: 011-0052-011

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
KUKIS HOME REPAIR
67 STARGLOW CR
SACRAMENTO CA 95831

OWNER
SACRAMENTO METRO PROPERTIES INC
2247 16TH AVE
SAN FRANCISCO, CA 94116

ARCHITECT

Nature of Work: C/O ROOF MOUNT HVAC

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.

X License Class B License Number 649754 Date 2/3/06 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

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

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city affirms 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.

X Date 2/3/06 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.

X 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:

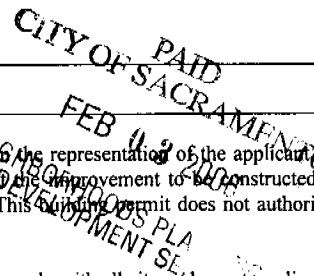
Carrier STATE FUND Policy Number 7138755-03 Exp Date 01/01/2007

(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.

X Date 2/3/06 Applicant Signature [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.



AT Air-Tite Duct Testing

Post Office Box 693

Citrus Heights, CA 95611

Phone 800-914-1349

Fax 916 725-7346

www.airtiteducttesting.com

Above All Heating & Air
3079 Ramsgate Way
Rancho Cordova, CA. 95670

February 14, 2006

Re: Tom Daves
1900 49th St., Sac, CA.
permit # 0601485

Enclosed please find your copy of the "Passed" CF4R" for this project. As a service to you and your client, I have forwarded copies of this certification to the property owner and the local building department to close out this permit.

If you have any question or concerns please do not hesitate to contact me or my office. I look forward to the opportunity to serve your firm again in the near future.

Sincerely,



Kenneth Jones
Owner / CalCERT HERS Rater
CC2004396
Air-Tite Duct Testing

cc: Tom Daves
cc: City of Sacramento Planning & Bldg Dept.

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)

CF-4R

1900 49th Street Project Address	Above All H & A / Kent Service Co / 733695 Contractor Name / License No.
Roy Pickering 916-870-9505 Contractor Contact	0601485 Permit Number
Kenneth Jones HERS Rater	800-914-1349 Telephone
February 14, 2006 Date	17043 Sample Group Number
CC14-1798357625 Certificate Number	
Air-Tite Duct Testing Firm	HERS Provider: CalCERTS
8330 Allene Creek Ct. Street Address	Citrus Heights / CA / 95610 City/State/Zip

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested. As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT:

NEW CONSTRUCTION			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	N/A	
2	Fan Flow: Calculated (Nominal <input type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1345	
3	Pass if Leakage Percentage $\leq 6\% [100 \times (Line 1 / Line 2)]$:	N/A	N/A
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	378	
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\% [100 \times (Line 5 / Line 2)]$:		<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 $\leq 15\% [100 \times (Line 5 / Line 2)]$:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\% [100 \times (Line 7 / Line 2)]$:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\% [100 \times (Line 6 / Line 4)]$ 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if One of Lines #9 through #12 pass		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

1900 - 49th St

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)

CF-4R

1900 49th Street	Above All H & A / Kent Service Co / 733695
Project Address	Contractor Name / License No.
<i>Roy Pickering</i> 916 870-9503	0601485
Contractor Contact	Telephone Permit Number
Kenneth Jones	800-914-1349 17043
HERS Rater	Telephone Sample Group Number
<i>[Signature]</i>	February 14, 2006 CC14-1798337625
Preparing Signature	Date Certificate Number
Firm: Air-Tite Duct Testing	HERS Provider: CalCERTS
Street Address: 8330 Allene Creek Ct	City/State/Zip: Citrus Heights / CA / 95610

Copies to: Homeowner, HERS Provider and Building Department

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Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1 Enter Tested Leakage Flow in CFM	N/A	
2 Fan Flow Calculated (Nominal) Cooling Heating or Measured Enter Total Fan Flow in CFM	1345	
3 Pass if Leakage Percentage <= 6% (100 x (Line 1 / Line 2))	N/A	N/A
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out		
4 Enter Tested Leakage Flow in CFM from CF-6R, Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5 Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	378	
6 Enter Reduction in Leakage for Altered Duct System (Line 4 - Line 5) (Only if Applicable)		
7 Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8 Pass if New Duct System - Pass if Leakage Percentage <= 6% (100 x (Line 5 / Line 2))		Pass Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out, use one of the following four Test or Verification Standards for compliance:		
9 Pass if Leakage Percentage <= 15% (100 x (Line 5 / Line 2))		Pass Fail
10 Pass if Leakage to Outside Percentage <= 10% (100 x (Line 7 / Line 2))		Pass Fail
11 Pass if Leakage Reduction Percentage <= 60% (100 x (Line 6 / Line 4)) and Verification by Smoke Test and Visual Inspection		Pass Fail
12 Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		Pass Fail
Pass if One of Lines #9 through #12 Pass		Pass Fail

0601485

Final 2/15/06
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