

TRANSMISSION VERIFICATION REPORT

TIME : 07/18/2006 12:43
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 07/18 12:42
 FAX NO./NAME : 915306228714
 DURATION : 00:01:11
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

*Smiths
Hua*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0613094

TRANSACTION DATE: 07/18/2006
 TRANSACTION AMOUNT: 195.92
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 JUL 18 2006
 DOWNTOWN PERMIT
 CENTER**

APD #: 0610771
 SITE ADDRESS: 3716 MILLER WY SAC
 PARCEL: 014-0052-001

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: **ISSUED**

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	195.92

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	5.00	.00	5.00
207	Strong Motion (SMI)	1600	1.25	.00	1.25
213	General Plan Surcharge	1760	7.67	.00	7.67
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit

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

Permit No: 0610771 CITY OF SACRAMENTO
Date Issued: 7-18-06
Total Amount: 195.92
Insp Area #: 3 DOWNTOWN PERMIT CENTER

Inspection Request # (916) 264-7622

Site Address: 3716 Miller Wy
Nature of Work: Out on heat & air

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.

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor 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 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 improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above-mentioned property for inspection purposes.
Date 7/17/06 Applicant/Agent Signature Jessica Starnell

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: Clarendon In.
Policy Number: 01-2200301010 Expiration Date: 1-1-07

(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 7/17/06 Applicant Signature Jessica Starnell

WARNING: FAILURE TO SECURE WORKERS 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 FEES.
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

City of San Diego



0610771

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK.

In order to process this request, ALL of the following information MUST be provided:

Credit Card info on file? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) UNIT #

Job Address: 3716 Miller Way
 Parcel Number: _____
 CONTACT PERSON: SMIT'S SHEET METAL INC.
 Property Owner: Tom Huddad
 Address: 3716 Miller Way 95817
 City/State/Zip: San Diego CA 95819
 Phone: 616-454-4587

Contract Price: \$18,501.00
 CONTACT PHONE: 530-1022-8440
 Contractor: JESSICA SCORRICO #A
 Address: 10705 Enterprise Dr #A
 City/State/Zip: Diamond Springs, CA 95819
 Phone: 530-1022-8440 FAX: 530-1022-8714

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: out in heat & no venting

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES # Stories: 1 2 3+ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input checked="" type="checkbox"/> Cut-in Heat pump or elec. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$18,501.00 Equipment: 5 Cuts-in: 5	<input type="checkbox"/> WATER HEATER <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"/> Electric and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
	<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Floor joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudset/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMOUD <input type="checkbox"/> PG&E	<input type="checkbox"/> (Residential ONLY) <input type="checkbox"/> NEW

* Design Review approval may be required.

* Design Review approval may be required.

* NOTE: Correction Notice items will require an additional building permit.

AVR Federal Permit updated 120907

Received: 2/23/06 9:15AM; 916 264 1902 - Smit's Sheet Metal; DEVELOPMENT SERVICES #3337 8.002/002

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

CF-4R

3716 MILLER WAY - SACRAMENTO, CA 95817
Project Address

SMITS SHEETMETAL / 365102
Contractor Name / License No.

Contractor Contact

0610771

Rod Gonzales

Telephone

Permit Number

HERS Rater

530-295-4911

38999

Telephone

Sample Group Number

August 16, 2006

CC14-1798379581

Firm:

ESC

Date Certificate Number

Street Address: 605 North Circle Dr.

HERS Provider: CalCERTS

City/State/Zip: Diamond Springs / CA / 95619

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 checked="" type="radio"/> Cooling <input type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1658	
3	Pass if Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 1} / \text{Line 2})$]:	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.	203	
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.	42	
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)	161	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]:	2.53%	<input checked="" 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 $\leq 15\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]:	2.53%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [$100 \times (\text{Line 7} / \text{Line 2})$]:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [$100 \times (\text{Line 6} / \text{Line 4})$] 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

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3-4 of 8)

CF-4R

3716 MILLER WAY - SACRAMENTO, CA 95817

SMITS SHEETMETAL / 365102

Project Address

Contractor Name / License No.

0610771

Contractor Contact

Telephone Permit Number

Rod Gonzales

530-295-4911 38999

HERS Rater

Telephone Sample Group Number

[Signature]

August 16, 2006 CC14-1798379581

Certifying Signature

Date Certificate Number

Firm: ESC

HERS Provider: **CalCERTS**

Street Address: 605 North Circle Dr.

City/State/Zip: Diamond Springs / CA / 95619

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 installer has provided a copy of the CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV):

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.

HVAC System TXV

Pass Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8)

CF-4R

3716 MILLER WAY - SACRAMENTO, CA 95817

SMITS SHEETMETAL / 365102

Project Address

Contractor Name / License No.

Contractor Contact

Telephone

Permit Number

Rod Gonzales

530-295-4911

38999

HERS Rater

Telephone

Sample Group Number

Certifying Signature

August 16, 2006

Date

CC14-1798379581

Certificate Number

Firm:

ESC

HERS Provider: **CalCERTS**

Street Address: 605 North Circle Dr.

City/State/Zip: Diamond Springs / CA / 95619

Copies to: Homeowner, HERS Provider and Building Department

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HERS RATER COMPLIANCE STATEMENT

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The installer has provided a copy of the CF-6R (Installation Certificate).

HIGH EER AIR CONDITIONER:

Procedures for verification are available in RACM, Appendix RI.

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

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address TONI HAQDAD
3716 MILLER WAY
SACRAMENTO CA 95817

SAC COUNTY
 Permit Number 0610771

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

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<u>BURNACE</u>	<u>TUN080R13W1</u>	<u>1</u>	<u>92.5%</u>	<u>0</u>	<u>R-11</u>	<u>80,000</u>	<u>90,000</u>

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<u>AIR COND.</u>	<u>2TT2A036B1C004</u>	<u>1</u>	<u>17</u>	<u>0</u>	<u>R-10</u>	<u>30,000</u>	<u>40,000</u>

1. \geq 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-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.

Jessica Penella
 Signature, Date

SMITS HVAC
 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³

- 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.

Faucets & Shower Heads:

All faucets 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
 HERS Provider (if applicable)
 Building Owner at Occupancy

CERTIFICATE OF COMPLIANCE: RESIDENTIAL		(Page 1 of 5)	CF-1R
Project Title <u>Toni Haddad</u>	Date <u>6/14/06</u>	Building Permit # <u>City of SAC</u>	
Project Address <u>3716 Miller Way</u> <u>Sacramento Ca 95817</u>		Plan Check / Date	
Documentation Author	Telephone <u>916-454-4527</u>	Field Check / Date	
Compliance Method (Prescriptive)	Climate Zone	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) 1400 ft²

Average Ceiling Height: 8 ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C ---- (5% X CFA) _____ ft²

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C ----(20% X CFA) _____ ft²

Building Type: (check one or more) Single Family _____ Multifamily _____ Addition _____ 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: _____ Number of Dwelling Units: _____

Floor Construction Type: _____ Slab/Raised Floor (circle one or both)

Front Orientation: _____ 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, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies) ¹	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or 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 (Page 2 of 5) CF-1R

Project Title <u>Haddad, Toni</u>	Date <u>6/14/06</u>
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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 ²)	U-factor ²	U-factor Source ³	SHGC ⁴	SHGC Source ⁵	Exterior Shading/Overhangs ^{6,7} ✓ box if WS-3R is included
							<input type="checkbox"/>
							<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(f)3C 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)
<u>TU4080R2SW1</u>	<u>92.5</u>	<u>Attic</u>	<u>R-6</u>	<u>Setback</u>	<u>Split</u>
<u>90,000</u>					

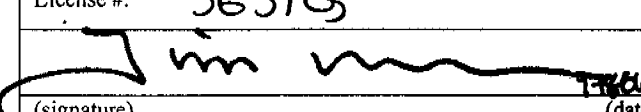
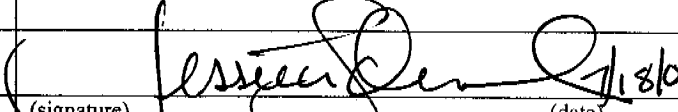
Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
<u>2TT290816100A</u>	<u>17</u>	<u>Attic</u>	<u>R-6</u>	<u>Setback</u>	<u>Split</u>
<u>36,000</u>					

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 5 of 5) CF-1R

Project Title TONI HADDAD	Date
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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: TIM MURPHY	Name: Jessica Schunrock
Title/Firm:	Title/Firm:
Address: Smit's Heating & Air Conditioning Calif Contr. No. 365102 Comfort you can count on since 1972	Address: 6205 A Steep Enterprise dr
Telephone: 6205A Enterprise Drive Diamond Springs, GA 30619	Telephone: (530) 622-8446
License #: 365105	
 (signature)	 (signature)
1/18/06 (date)	1/18/06 (date)

Enforcement Agency

Name: _____	Comments: _____ _____ _____ _____ _____
Title: _____	
Agency: _____	
Telephone: _____	
_____ (signature / stamp)	
_____ (date)	

CORRECTION NOTICE

City of Sacramento
Building Inspection Division

When corrections are made
call 808-7622 for reinspection

Permit #: 0610771
Job Location: 3746 MILLER WY
SACRAMENTO, CA

Inspection Requested: 39 Mech FINAL

Inspection Results: Correction Notice

Inspector this day inspected this structure for the requested inspection and found the following violations of City and/or State laws governing same:

Inspection Comments: 1. Provide completed CF6R and CF4R forms.
ALL PREVIOUS ITEMS CORRECTED NO ENTRY NEEDED.

Scheduled: 2007-01-02 / 08:00

Inspector: Doug Pierson

Inspector's Phone Number:

804-4718

~~Building~~
~~Plumbing~~

~~Mechanical~~
~~Electrical~~
