

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0517157
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2600 SAN JUAN RD SAC
Parcel No: RIVERDALE NORTH VIL1 LOT 124

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

OWNER

ARCHITECT

Nature of Work: MP 1120 1 STORY 6 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 12/22/05 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 _____

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 12/22/05 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 12/22/05 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.



Planning and Building Department
 Building Division

CITY OF SACRAMENTO
 CALIFORNIA

Downtown Permits Center
 1231 I Street, #200
 Sacramento, CA 95814-2998
 North Permits Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

ADDRESS 2600 San Juan Rd PERMIT NO. 0517157

INSPECTION COMMENTS	PERMIT DOCUMENTS
10-29-05 40, 62 AP	
11-1-05 AP 10, 11, 12	
11-16-05 B26/17 CN BSP	
11-19-05 B26 CN BSP	
11-19-05 B17 AP BSP	
11-21-05 B26 AP	
11-28-05 C/N/PA 19, 31, 41, 63	
11-30-05 AP 81 & 14	
12-9-05 <i>gun test failed</i>	
12-16-05 AP 41	
1-20-06 #567 AP SEP	
1-24-06 #143 AP SEP	
2-2-06 #28 C/N SEP	

FINAL APPROVALS	
BUILDING	2-3-06 MDP
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	



0517 157
QUIKRETE of Northern California, Inc.
6950 Stevenson Blvd.
Fremont, CA 94538
(510) 490-4670
FAX (510) 490-2965

Installation Card

ICBO Evaluation Services, Inc., Evaluation Report ER- 4441

Job Address: Beazer Homes

The Landing @ Riverdale

Lot: 124

Plastering Contractor:

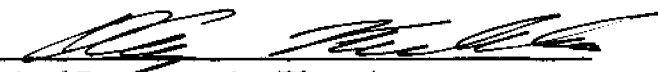
Name: Stucco Works

Address: 5900 Warehouse Way Sacramento, CA 95826

Telephone #: 916-383-6699

Approved Contractor No. 3701

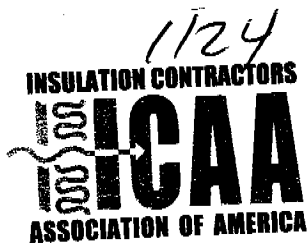
This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.


Authorized Representative/Plastering
Contractor Signature

1/15/06

Date

Installation card must be presented to the building inspector after completion of work and final inspection.



INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA

0517157

INSULATION
CERTIFICATE

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 HOME LOT # 124 TRACT # LANDING
STREET 2600 SAN JUAN Rd CITY NATOMAS

EXTERIOR WALLS:
MANUFACTURER FB THICKNESS/TYPE 3 1/2 R-VALUE 13/15

CEILINGS:
BATT'S:
MANUFACTURER FB THICKNESS/TYPE 10 1/4 R-VALUE 36
BLOWN IN:
MANUFACTURER CT THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1350 NUMBER OF BAGS USED 24

FLOORS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____
SLAB ON GRADE:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES
FOUNDATION WALLS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING
CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201 DATE 1-19-04

A. Gordon SIGNATURE Insta Net TITLE

Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy
 Tests Performed
 COPY TO:

Signature, Date
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name)

1-26-6
 [Signature]
 Beutt

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

DUCT DESIGN

1. ACCA Manual D Design calculations have been completed. No Yes
 Duct Design is on the plans and duct installation matches plans. No Yes
 2. TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. No Yes

Measured Fan Flow = _____
 Yes for both 1 and 2 is a Pass Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

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

DUCT LEAKAGE REDUCTION

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:
 Duct Fan Pressurization at rough-in measured leakage (CFM)

Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 998 cfm
 If fan flow is measured, enter measured value here _____
 Leakage Fraction = Test Leakage/(Measured or Calculated Fan Flow) = 5.9%
 Pass if leakage fraction ≤ 0.06 Pass Fail

Pressurization Test Results (CFM @ 25 PA) 59 cfm
 Test Leakage (CFM) 59 cfm

Yes No Visual Inspection of Duct Connections
 Yes No Pressure pan test or House pressurization test

CHECK AFTER FINISHING WALL:
 Duct Fan Pressurization at rough-in measured leakage (CFM)

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

Site Address 2600 Sanderson Road Sacramento, CA 95834
 Permit Number 45120025

BEAZER @ Landring
 Lot 124
 INSTALLATION CERTIFICATE
 (Page 3 of 8)
 CF-6R
 Plan 1120
 0517157

Project Title: Landing @ Riverdale north Date: 1/26/06
 Project Address: 2600 San Juan rd Sacramento, Ca 95834 Builder Name: Beazer Homes
 Builder Contact: 49120015 lot#124 Telephone: 916 897 6514 Plan Number: 1120
 HERS Rater: JM Telephone: 1/26/06 Sample Group Number: _____
 Certifying Signature: _____ Date: _____ Sample House Number: _____
 Firm: ACS HERS Provider: _____
 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

Test Leakage in CFM) 59

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998 FAV

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.9%

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 = _____
Yes for both 1 and 2 is a Pass

Pass Fail

INSTALLATION CERTIFICATE

LOT - ALL

Site Address **LANDING @ RIVERDALE NORTH 40X90** 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).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	YORK #LY8S040A12	1	80%	ATTIC	R-4.2	22,690	40,000	PLAN 964
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	23,954	60,000	PLAN 1120
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	26,943	60,000	PLAN 1283
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	28,611	60,000	PLAN 1448
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	28,620	60,000	PLAN 1522
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	33,076	60,000	PLAN 1871

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	15,211	20,800	PLAN 964
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	15,026	20,800	PLAN 1120
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	17,140	20,800	PLAN 1283
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	17,734	20,800	PLAN 1448
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	18,587	20,800	PLAN 1522
A/C	YORK #H1RD030	1	13.0	ATTIC	R-4.2	22,363	26,900	PLAN 1871

* = TXV valve installed with coil

PLAN 1871

(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

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

WATER HEATING SYSTEMS:

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
 HERS Provider (if applicable)
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ¹	Product SHGC ¹ (≤ CF-1R value) ¹	# of Panes	Total Quantity of Like Product (Ontario)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. XO	.35	.32	2				
2. PW	.33	.31	2				
3. SH	.35	.32	2				
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products 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.

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)	1-17-06	Signature, Date _____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)		Signature, Date _____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)		Signature, Date _____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

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

0517157

INSTALLATION CERTIFICATE

(Page 1 of 12)

CF-6R

Site Address

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).

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE) ¹	Standby Loss (%) ²	External Insulation R-value ³
GAS	A.O. Smith GVR-40TM	Std.	N/A	N/A	40,000	40	.62	N/A	N/A

- 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 (RE), 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 0.58.

Kitchen Piping:

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

Faucets & 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(j)
- 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 pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- 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.

Jon Bull
Signature, Date

BZ Plumbing Co., Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

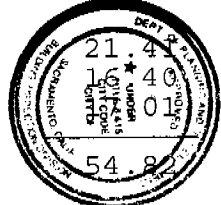
Project Title..... Plan 1120 (1120) Date..07/20/05 13:34:50
 Project Address..... Landing at Riverdale N. *****
 Sacramento, CA *v7.00*
 Documentation Author... Suzy Chiodo *****
 Beutler Corporation
 4700 Lang Ave.
 McClellan, CA 95652
 916-646-2222

Building Permit #
Plan Check / Date
Field Check/ Date

Climate Zone..... 12
 Compliance Method..... MICROPAS7 v7.00 for 2005 Standards by Enercomp, Inc.

MICROPAS7 v7.00	File-LR1120	Wth-CTZ12S05	Program-FORM CF-1R
User#-MP0565	User-Beutler Corporation	Run-Plan 1120 (1120)	

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (kTDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	21.41	21.31	0.10
Space Cooling.....	16.40	17.58	-1.18
Water Heating.....	17.01	15.53	1.48
North Total	54.82	54.42	0.40
Space Heating.....	21.40	21.03	0.38
Space Cooling.....	14.30	14.30	2.10
Water Heating.....	15.53	15.53	1.48
East Total	54.82	50.86	3.96
Space Heating.....	20.86	20.86	0.55
Space Cooling.....	17.71	17.71	-1.31
Water Heating.....	15.53	15.53	1.48
South Total	54.10	54.10	0.72
Space Heating.....	20.89	20.89	0.52
Space Cooling.....	15.16	15.16	1.24
Water Heating.....	15.53	15.53	1.48
West Total	54.58	51.58	3.24



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

*** Building complies with Computer Performance ***
 *** HERS Verification Required for Compliance ***

GENERAL INFORMATION

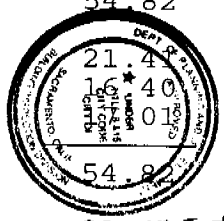
HERS Verification..... Required
 Conditioned Floor Area..... 1120 sf
 Building Type..... Single Family Detached
 Construction Type New
 Fuel Type Natural Gas
 Building Front Orientation. Cardinal - N,E,S,W
 Number of Dwelling Units... 1
 Number of Building Stories. 1
 Weather Data Type..... Full Year

Project Title..... Plan 1120 (1120) Date..07/20/05 13:34:50
 Project Address..... Landing at Riverdale N. *****
 Sacramento, CA *v7.00*
 Documentation Author... Suzy Chiodo *****
 Beutler Corporation
 4700 Lang Ave.
 McClellan, CA 95652
 916-646-2222
 Climate Zone..... 12
 Compliance Method..... MICROPAS7 v7.00 for 2005 Standards by Enercomp, Inc.

Building Permit #
Plan Check / Date
Field Check/ Date

MICROPAS7 v7.00	File-LR1120	Wth-CTZ12S05	Program-FORM CF-1R
User#-MP0565	User-Beutler Corporation	Run-Plan 1120 (1120)	

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (kTDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	21.41	21.31	0.10
Space Cooling.....	16.40	17.58	-1.18
Water Heating.....	17.01	15.53	1.48
North Total	54.82	54.42	0.40
Space Heating.....	21.41	21.03	0.38
Space Cooling.....	16.40	14.30	2.10
Water Heating.....	17.01	15.53	1.48
East Total	54.82	50.86	3.96
Space Heating.....	21.41	20.86	0.55
Space Cooling.....	16.40	17.71	-1.31
Water Heating.....	17.01	15.53	1.48
South Total	54.82	54.10	0.72
Space Heating.....	21.41	20.89	0.52
Space Cooling.....	16.40	15.16	1.24
Water Heating.....	17.01	15.53	1.48
West Total	54.82	51.58	3.24



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 original written Commission. Building Inspection Division, City of Sacramento, California. Violation of any City Ordinance or State Law.

*** Building complies in Computer Performance ***
 *** HERS Verification Required for Compliance ***

GENERAL INFORMATION

HERS Verification..... Required
 Conditioned Floor Area..... 1120 sf
 Building Type..... Single Family Detached
 Construction Type New
 Fuel Type NaturalGas
 Building Front Orientation. Cardinal - N,E,S,W
 Number of Dwelling Units... 1
 Number of Building Stories. 1
 Weather Data Type..... FullYear

Project Title..... Plan 1120 (1120)

Date..07/20/05 13:34:50

MICROPAS7 v7.00 File-LR1120 Wth-CTZ12S05 Program-FORM CF-1R
 User#-MP0565 User-Beutler Corporation Run-Plan 1120 (1120)

Floor Construction Type.... Slab On Grade
 Number of Building Zones... 1
 Conditioned Volume..... 10080 cf
 Slab-On-Grade Area..... 1120 sf
 Glazing Percentage..... 23 % of floor area
 Average Glazing U-factor... 0.35 Btu/hr-sf-F
 Average Glazing SHGC..... 0.32
 Average Ceiling Height..... 9 ft

BUILDING ZONE INFORMATION

Zone Type	Floor Area (sf)	Volume (cf)	# of Dwell Units	Cond-itioned	Thermostat Type	Vent Height (ft)	Vent Area (sf)	Verified Leakage or Housewrap
Residence	1120	10080	1.00	Yes	Setback	2.0	Standard	No

OPAQUE SURFACES

Surface	Frame Type	Area (sf)	U-factor or	Cavity R-val	Sheath-ing R-val	Act Azm	Tilt	Solar Gains	Appendix IV Reference	Location/ Comments
1 Wall	Wood	93	0.102	13	0	0	90	Yes	IV.9 A3	Front Wall
2 Wall	Wood	116	0.068	13	4	0	90	Yes	IV.9 C3	Front Wall
3 Wall	Wood	18	0.102	13	0	90	90	Yes	IV.9 A3	Left Wall
4 Wall	Wood	366	0.068	13	4	90	90	Yes	IV.9 C3	Left Wall
5 Wall	Wood	57	0.068	13	4	180	90	Yes	IV.9 C3	Back wall
6 Wall	Wood	69	0.102	13	0	270	90	Yes	IV.9 A3	Right Wall
7 Wall	Wood	278	0.068	13	4	270	90	Yes	IV.9 C3	Right Wall
8 Wall	Wood	171	0.102	13	0	0	90	No	IV.9 A3	Garage Wall
9 Roof	Wood	1072	0.032	30	0	n/a	0	Yes	IV.1 A7	Attic
10 Roof	Wood	48	0.049	19	0	n/a	0	Yes	IV.1 A4	Attic @Furnace
11 Door	Other	24	0.500	0	0	0	90	Yes	IV.28 A4	Entry Door
12 Door	Other	18	0.500	0	0	180	90	No	IV.28 A4	Garage Door

PERIMETER LOSSES

Surface	Length (ft)	F2 Factor	Insul R-val	Solar Gains	Appendix IV Reference	Location/ Comments
13 SlabEdge	142	0.730	R-0	No	IV.26 A1	SlabEdge.Ext
14 SlabEdge	21	0.560	R-0	No	None	SlabEdge.Gar

Project Title..... Plan 1120 (1120)

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 User#-MP0565 User-Beutler Corporation Run-Plan 1120 (1120)

FENESTRATION SURFACES

Orientation	Area (sf)	U-factor	SHGC	Act Azm	Tilt	Exterior Shade Type	Location/Comments
1 Wind Front (N)	19.5	0.340	0.350	0	90	Standard	F1/DBL.Vinyl.LE2
2 Wind Front (N)	36.0	0.350	0.320	0	90	Standard	F2/DBL.Vinyl.LE2
3 Wind Left (E)	50.0	0.350	0.320	90	90	Standard	L1/DBL.Vinyl.LE2
4 Wind Left (E)	12.0	0.350	0.320	90	90	Standard	L2/DBL.Vinyl.LE2
5 Door Back (S)	24.0	0.370	0.280	180	90	Standard	B1/DBL.Wood
6 Wind Back (S)	18.0	0.350	0.320	180	90	Standard	B2/DBL.Vinyl.LE2
7 Wind Right (W)	18.0	0.350	0.320	270	90	Standard	R1/DBL.Vinyl.LE2
8 Wind Right (W)	18.0	0.350	0.320	270	90	Standard	R2/DBL.Vinyl.LE2
9 Wind Right (W)	12.0	0.350	0.320	270	90	Standard	R3/DBL.Vinyl.LE2
10 Wind Right (W)	25.0	0.350	0.320	270	90	Standard	R4/DBL.Vinyl.LE2
11 Wind Right (W)	25.0	0.350	0.320	270	90	Standard	R5/DBL.Vinyl.LE2

OVERHANGS

Surface	Area (sf)	Window			Overhang		
		Width	Height	Depth	Height	Left Extension	Right Extension
2 Window	36.0	6.0	6.0	9.5	1.0	2.25	1.75
8 Window	18.0	3.0	6.0	15.5	1.0	4.83	2.0
9 Window	12.0	2.0	6.0	10.5	1.0	0.83	1.16

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	1120

HVAC SYSTEMS

System Type	Number of Systems	Minimum Efficiency	EER	Verified Refriger Charge or TXV	Verified Adequate Airflow	Verified Fan Watt Draw	Maximum Cooling Capacity
Furnace	1	0.800 AFUE	n/a	n/a	n/a	n/a	n/a
ACSplit	1	13.00 SEER	No	No	No	No	No

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User#-MP0565	User-Beutler Corporation	Run-Plan 1120 (1120)	

DUCT SYSTEMS

System Type	Duct Location	Duct R-value	Verified Duct Leakage	Verified Surface Area	Verified Buried Ducts
Furnace	Attic	R-4.2	Yes	No	No
ACSplit	Attic	R-4.2	Yes	No	No

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
1 Storage	Gas	Standard	1	0.62	40	R- n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

*** Items in this section should be documented on the plans, ***
 *** installed to manufacturer and CEC specifications, and ***
 *** verified during plan check and field inspection. ***

This building incorporates HERS verified Duct Leakage.

This is a multiple orientation building. This printout is for the front facing North.

HERS REQUIRED VERIFICATION

*** Items in this section require field testing and/or ***
 *** verification by a certified home energy rater under ***
 *** the supervision of a CEC-approved HERS provider using ***
 *** CEC approved testing and/or verification methods and ***
 *** must be reported on the CF-4R installation certificate. ***

This building incorporates HERS verified Duct Leakage. Target leakage is calculated and documented on the CF-4R. If the measured CFM is above the target, then corrective action must be taken to reduce the duct leakage and then must be retested. Alternatively, the compliance calculations could be redone without duct testing. If ducts are not installed, then HERS verification is not necessary.

REMARKS

Project Title..... Plan 1120 (1120)

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User#-MP0565	User-Beutler Corporation	Run-Plan 1120	(1120)

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance 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.

DESIGNER or OWNER

DOCUMENTATION AUTHOR

Name.... Mike Oberg
 Company.. Beazer Homes
 Address.. 3721 Douglas Blvd, #100
Roseville, CA 95661
 Phone... (916) 273-3888
 License.. 818129
 Signed.. M. Oberg 7/22/05
 (date)

Name.... Suzy Chiodo
 Company.. Beutler Corporation
 Address.. 4700 Lang Ave.
McClellan, CA 95652
 Phone.. 916-646-2222
 Signed.. Suzy Chiodo 7/20/05
 (date)

ENFORCEMENT AGENCY

Name.... _____
 Title... _____
 Agency.. _____
 Phone... _____
 Signed.. _____
 (date)

MANDATORY MEASURES SUMMARY: RESIDENTIAL (Page 1 of 2) MF-1R

Project Title: THE LANDINGS AT RIVERDALE NORTH

Date: 7/20/05

Note: Low-rise residential buildings subject to the Standards must contain these measures regardless of the compliance approach used. More stringent compliance requirements from the Certificate of Compliance supersede the items marked with an asterisk (*) below. When this checklist is incorporated into the permit documents, the features noted shall be considered by all parties as minimum component performance specifications for the mandatory measures whether they are shown elsewhere in the documents or on this checklist only.

Instructions: Check or initial applicable boxes when completed or check NA if not applicable.

DESCRIPTION	NA	Designer	Enforce-ment
Building Envelope Measures:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
* § 150(a): Minimum R-19 in wood frame ceiling insulation or equivalent U-factor in metal frame ceiling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
§ 150(b): Loose fill insulation manufacturer's labeled R-Value: <u>R-30</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* § 150(c): Minimum R-13 wall insulation in wood framed walls or equivalent U-factor in metal frame walls (does not apply to exterior mass walls).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* § 150(d): Minimum R-13 raised floor insulation in framed floors or equivalent U-factor.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
§ 150(e): Installation of Fireplaces, Decorative Gas Appliances and Gas Logs.			
1. Masonry and factory-built fireplaces have:			
a. closeable metal or glass door covering the entire opening of the fireplace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. outside air intake with damper and control, flue damper and control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. No continuous burning gas pilot lights allowed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
§ 150(f): Air retarding wrap installed to comply with § 151 meets requirements specified in the ACM Residential Manual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
§ 150(g): Vapor barriers mandatory in Climate Zones 14 and 16 only.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
§ 150(i): Slab edge insulation - water absorption rate for the insulation material alone without facings no greater than 0.3%, water vapor permeance rate no greater than 2.0 perm/inch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
§ 118: Insulation specified or installed meets insulation installation quality standards. Indicate type and include CF-6R Form:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
§ 116-17: Fenestration Products, Exterior Doors, and Infiltration/Exfiltration Controls.			
1. Doors and windows between conditioned and unconditioned spaces designed to limit air leakage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Fenestration products (except field-fabricated) have label with certified U-factor, certified Solar Heat Gain Coefficient (SHGC), and infiltration certification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Exterior doors and windows weatherstripped; all joints and penetrations caulked and sealed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Space Conditioning, Water Heating and Plumbing System Measures:			
§ 110-§ 113: HVAC equipment, water heaters, showerheads and faucets certified by the Energy Commission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
§ 150(h): Heating and/or cooling loads calculated in accordance with ASHRAE, SMACNA or ACCA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
§ 150(i): Setback thermostat on all applicable heating and/or cooling systems.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
§ 150(j): Water system pipe and tank insulation and cooling systems line insulation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Storage gas water heaters rated with an Energy Factor less than 0.58 must be externally wrapped with insulation having an installed thermal resistance of R-12 or greater.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Back-up tanks for solar system, unfired storage tanks, or other indirect hot water tanks have R-12 external insulation or R-16 internal insulation and indicated on the exterior of the tank showing the R-value.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The following piping is insulated according to Table 150-A/B or Equation 150-A Insulation Thickness:			
1. First 5 feet of hot and cold water pipes closest to water heater tank, non-recirculating systems, and entire length of recirculating sections of hot water pipes shall be insulated to Table 150B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Cooling system piping (suction, chilled water, or brine lines), piping insulated between heating source and indirect hot water tank shall be insulated to Table 150-B and Equation 150-A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Steam hydronic heating systems or hot water systems >15 psi, meet requirements of Table 123-A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>