

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0606930

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 2896 TOURBROOK WY SAC
Parcel No: RIVERDALE NORTH VILLAGE 2 LOT #130

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

OWNER

ARCHITECT

Nature of Work: MP 1360 2 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 1/18/07 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 _____

PAID
CITY OF SACRAMENTO
JAN 18 2007

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1/18/07 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 04/01/2007

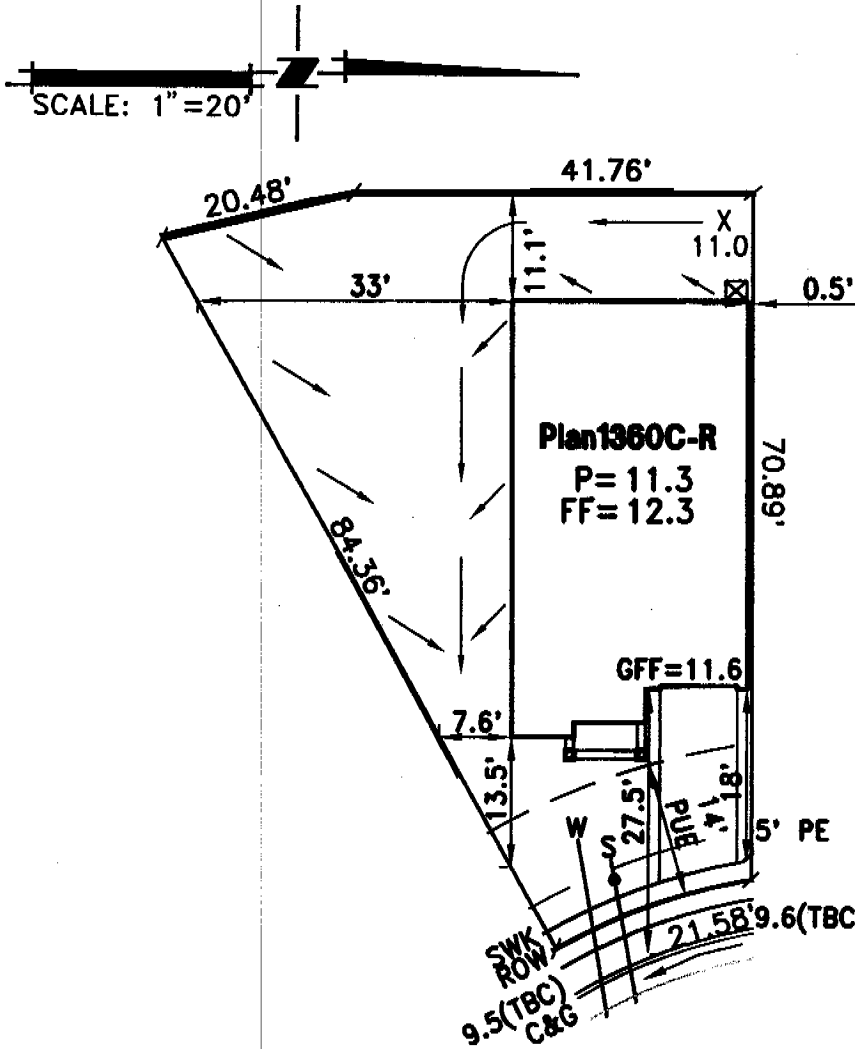
_____, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should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

Date 1/18/07 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.

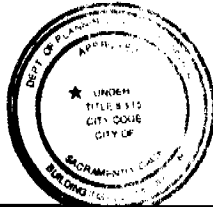
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



TOURBROOK WAY

- UTILITY SERVICE BOX
- DRAIN INLET
- STREET LIGHT
- TRANSFORMER
- SERVICE POINT
- FIRE HYDRANT



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

ROUTING/APPROVAL		
	✓	INITIALS
President		
Project		
Responsible		
Contractor	✓	BS
from the		
Marketing	✓	BS
Admin.		
Application		

RIVERDALE VILLAGE 2

"THE AMERICAN COLLECTION" FOR BEAZER HOMES

PLOT PLAN FOR LOT 130

A.P.N.:
 LOT AREA: 3163 S.F.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING • PLANNING • MAPPING • SURVEYING
 3301 C STREET, BLDG. 100-B, SACRAMENTO, CA 95816
 PHONE: (916) 341-7760 FAX: (916) 341-7767

DATE: 03-28-06 DRAWN: BL 1055.031



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

0606930

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:

Residential/Single family # 130 TRACT # 111

STREET: 2896 Fairbrook Way CITY: Watson

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

CEILINGS:

BATTS: _____ R- VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

BLOWN IN: _____ MINIMUM THICKNESS _____ R- VALUE 38

MANUFACTURER _____ THICKNESS _____ R- VALUE _____

SQUARE FOOTAGE COVERED 884 NUMBER OF BAGS USED 17

FLOORS: _____ THICKNESS/TYPE _____ R- VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

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

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

WIDTH OF INSULATION _____ INCHES R- VALUE _____

FOUNDATION WALLS: _____ THICKNESS/TYPE _____ R- VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

GENERAL CONTRACTOR _____ DATE _____

CALIFORNIA CONTRACTORS LICENSE # _____

INSULATION CONTRACTOR _____ TITLE _____

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #0055201

ALCAL ARCADE CONTRACTING

DATE 2/11

SIGNATURE _____ TITLE _____

2896 TOURBROOK Way

0606930

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder : **BEAZER HOMES HOLDING CORP.**
Project Name : **AMERICAN COLLECTION PHASE 15**

Lot Number: 2130

Date of Job Completion: June 24, 2007

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

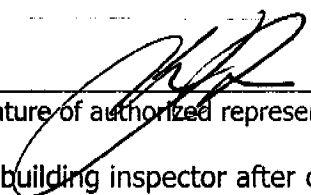
Address: 5900 WAREHOUSE WAY- SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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

July 3, 2007
Date


Signature of authorized representative of Plastering Contractor

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

INSULATION CERTIFICATE

(Page 2 of 12) CR-6R

Site Address: 2816 TOURBROOK WAY

Permit Number: 0606930

THE SURPRISE COLLECTION AT RIVERBROOK NORTH, GAITHERSBURG, MD

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

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (# CF-1R value)	Product SHGC ¹ (# CF-1R value)	# of Panels	Total Quantity of Like Product (Panels)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1	XO GARD	.35	.22	2				
2	XO GARD	.35	.29	2				
3	SH N2 GARD	.32	.32	2				
4	SH GARD	.35	.29	2				
5	PJ ND GARD	.34	.35	2				
6	PW GARD	.34	.31	2				
7	Patio Door	.35	.34	2				
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 CR-1R. Installed SHGC must be less than or equal to values from CR-1R, or a shading device (exterior or overhang) is installed as specified on the CR-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CR-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 CR-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) <u>1-7</u>	Signature <u>Dennis Mad</u>	Date <u>3/30/06</u>	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

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

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Site Address Reuter Homes
2896 TOURBROOK Way

American Collection
Partic Number 0606930

An installation certificate is required to be posted at the building site and be 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).

Plans 1360 and 1473

HVAC SYSTEMS:

Heating Equipment

Equip. Type (e.g. heat pump)	CFC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-IR value)	Duct Location (Btu/hr-ft)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (e.g. heat pump)	CFC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (≥CF-IR value)	Duct Location (Btu/hr-ft)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

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

Signature, Date

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

WATER HEATING SYSTEMS:

Heater Type	CFC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GDYS-40</u>	<u>Direct Vent</u>	<u>N/A</u>	<u>1</u>	<u>24,000</u>	<u>40</u>	<u>.59</u>	<u>N/A</u>	<u>R-16</u>

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

Faucets & Shower Heads:

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

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

Renee Smith 3/21/06
Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

Site Address 2896 Tourbrook Way Beazer Homes - Sunrise Collection at Riverdale, North

Permit Number 0606930

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 Mfg. name and Model #	# of Identical Systems	(1) Efficiency (SEER, 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	0.80	Attic	R-6.0	25,259	40,000	PLAN 1007
Furnace	YORK #LY8S060A12	1	0.80	Attic	R-6.0	28,259	60,000	PLAN 1007/ OPT
Furnace	YORK #LY8S060A12	1	0.80	Attic	R-6.0	27,354	60,000	PLAN 1385
Furnace	YORK #LY8S060A12	1	0.80	Attic	R-4.2	31,992	80,000	PLAN 1509
Furnace	YORK #LY8S060A12	1	0.80	Attic	R-4.2	33,117	80,000	PLAN 1775
Furnace	YORK #LY8S060A12	1	0.80	Attic	R-4.2	34,131	80,000	PLAN/ SITTING

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfg. 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-6.0	16,882	20,800	PLAN 1007
A/C	YORK #H1RD024	1	13.0	Attic	R-6.0	18,286	20,800	PLAN 1007/ OPT
A/C	YORK #H1RD024	1	13.0	Attic	R-6.0	17,503	20,800	PLAN 1385
A/C	YORK #H1RL030	1	13.0	Attic	R-4.2	21,364	26,900	PLAN 1509
A/C	YORK #H1RL030	1	13.0	Attic	R-4.2	23,377	26,900	PLAN 1775
A/C	YORK #H1RL030	1	13.0	Attic	R-4.2	24,020	26,900	PLAN/ SITTING

(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 Mfg. 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.

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

9/10/07

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

CCNY TO: Building Department

HPRS Provider (if applicable)

Building Owner at Occupancy

Lot# 2130

0606930

American

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8)		CF-4R
Project Address 2896 Touibrook way Sac, La 95834	Builder Name Beazer	
Builder Contact Beutler	Telephone	Plan Number 1360
HERS Rater Josh McConnell	Telephone 916 847 6519	Sample Group Number
Certifying Signature JM	Date 6/13/07	Sample House Number
Firm ACS		HERS Provider Cheers
Street Address 9524 Mosquito rd		City/State/Zip Placerville, Ca 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 all applicable requirements of the "High Quality Installation of Insulation" protocols as specified in the Residential ACM, Appendix RH and as checked on this form. Note that to PASS and receive compliance credit, NONE of the BOXES below may be checked "No" and the first three boxes also must be checked. Check "NA" only if the item is not part of the design of the building (i.e., single story buildings do not have rim joists or there may be no recessed can lights installed, etc.).

REQUIREMENTS FOR "HIGH QUALITY INSTALLATION OF INSULATION" COMPLIANCE CREDIT

- The building is wood frame construction with wall stud cavities, ceilings, and roof assemblies insulated with mineral fiber or cellulose insulation in low-rise residential buildings.
- Description of insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches.
- Installation Certificate, (CF-6R) signed by the installer certifying that the installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH).

FLOOR

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<input checked="" type="checkbox"/> WALLS			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the batt surface area.
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	

- Batts in garage need to be pushed up against floor not down by drywall.

Residential Compliance Forms

April 2005

- P.F. around windows in stairs

Lot # 2130

Beazer/American

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

Project Address: 2476 Tourbrook way Sac, Ca 95834 Builders Name: Plan 1300

Table with 3 columns (Yes/No/NA) and 8 rows for 'ROOF/CEILING PREPARATION' items like draft stops, hard covers, caulking, light fixtures, etc.

Table with 3 columns (Yes/No/NA) and 5 rows for 'ROOF/CEILING BATTS' items like gaps, voids, contact with air-barrier, etc.

Table with 3 columns (Yes/No/NA) and 7 rows for 'ROOF/CEILING LOOSE-FILL' items including uniform coverage, baffles, attic access, and insulation thickness requirements.

@ final
X
Michael

Site Address: 2896 Tambrock Way / Santa, CA 95834 Permit Number: Lot # 2130

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE 0606930

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used on new ducts.

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:

	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	64	CFM
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1172	FAN
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [(Line # 1) / (Line # 2)]]	5.4%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: Beutler
 Signature: _____ Date: 08/01/07

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

Job # 1001987 Beuler / American Collection @

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

Site Address: 2896 Tombrook Way / Sacra, MA 95859 Permit Number: Lot # 2130

THERMOSTATIC EXPANSION VALVE (TXV)
 Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Yes is a pass	Pass Fail

REFRIGERANT CHARGE MEASUREMENT
 Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	Btu/hr
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RJ2.
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

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

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db - Tevaporator, sat		°F
Target Superheat (from Table RD-2)		°F
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)		°F

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

Actual Temperature Split = T return, db - Tsupply, db		°F
Target Temperature Split (from Table RD3)		°F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F)		°F

Beuler 08/01/07

INSTALLATION CERTIFICATE (Page 8 of 12) CF-6R

Site Address: 2896 Tumbler Dog / Sana, CA 95834 Permit Number: Lot # 2130

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"/>	RE3.2.1	Portable Watt Meter Measurement
<input type="checkbox"/>	RE3.2.2	Utility Revenue Meter Measurement

Measured Fan Watt Draw: _____ Watts
 Measured Fan Flow (enter total cfm from airflow verification): _____ cfm
 Enter results of Watts/cfm: _____ Watts/cfm

Yes No Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R

Yes is a pass Pass Fail

ADEQUATE AIRFLOW VERIFICATION

Procedures for measuring the airflow are available in RACM, Appendix RE3.1.

Method For Airflow Measurement

<input type="checkbox"/>	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood
<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching
<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Duct design exists on plans	

Measured Airflow: _____ Total cfm
 Rated Tons cfm/ton: _____ cfm/ton

Yes No Measured airflow is greater than the criteria in Table RE-2

Yes is a pass Pass Fail

MAXIMUM COOLING CAPACITY

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

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refrigerant charge or TXV		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct leakage reduction credit verified		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.		
5	<input checked="" type="checkbox"/>	<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.	<input type="checkbox"/>	<input type="checkbox"/>

Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass Pass Fail

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

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

Yes to 1 and 2; and 3 (If Required) is a pass Pass Fail

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: _____
 Signature: _____ Date: 08/01/07

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

Lot#2130

American 0606930

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)		CF-4R
Project Address 2876 Fourbrook way Sac, Ca 95824	Builder or Installer Name Beazer	
Builder or Installer Contact Beutler	Telephone	Plan/Permit (Additions or Alterations) Number 1360
HERS Rater Josh McLennell	Telephone 916 937 6514	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature [Signature]	Date 8/1/07	Sample House Number
Firm ACS		HERS Provider Cheers
Street Address 4524 Mosquito rd		City/State/Zip: Placerville Ca 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).
- New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands 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

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	69	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	1172	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% [100 x [69 (Line # 1) / 1172 (Line # 2)]]	5.92	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from 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.		
6	Enter Reduction in Leakage for Altered Duct System [____(Line # 4) Minus ____ (Line # 5)] (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% [100 x [____(Line # 5) / ____ Line # 2]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [____(Line # 5) / ____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [____(Line # 7) / ____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [____(Line # 6) / ____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	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

Lot #2130

American

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 2996 Tourbrock way Sac, Ca 95834	Builder Name Beazer	
Builder Contact Beutler	Telephone	Plan Number 1360
HERS Rater Seth McLennan 416 897-6514	Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature <i>[Signature]</i>	Date 8/1/07	Sample House Number
Firm ACS		HERS Provider Cheers
Street Address 524 Mosquito rd		City/State/Zip Placerville, Ca 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Yes is a pass	Pass	Fail

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge 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 (outdoor air dry-bulb 55 °F and above):

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 below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
--	--

Lot # 2130

American

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8) CF-4R	
Project Address 2896 Tourbrook way Sac, Ca 95834	Builder Name Blazer
Builder Contact Beutler	Telephone Plan Number 1360
HERS Rater Josh McLennell 916 872 6514	Telephone Sample Group Number
Certifying Signature [Signature]	Date 8/1/07 Sample House Number
Firm ACS	HERS Provider Cheers
Street Address 1524 Mosquito rd	City/State/Zip Placerville, Ca 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).

ADEQUATE AIRFLOW VERIFICATION

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

Method For Airflow Measurement			Measured Airflow:	Total CFM
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		cfm/ton
<input type="checkbox"/>	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood		
<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching		
<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement		
			Rated Tons:	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measured airflow is greater than the criteria in Table RE-2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			Yes is a pass	Pass Fail

MAXIMUM COOLING CAPACITY

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

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

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

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



CITY OF SACRAMENTO

New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT

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

POOL & SPA ANTI-ENTRAPMENT LAW FOR RESIDENCES

To: All Residential Building Permit Applicants

Re: Correction of Pool and Spa hazards; Assembly Bill 2977 (Mullin) Chapter 478, Statutes of 2006 California Health and Safety Code Section 115928(b & d)(1)

In order to reduce the safety hazards of existing pools and spas, Assembly Bill 2977 Chapter 478, (Statutes of 2006, effective January 1, 2007), requires installation of Pool / Spa Anti-entrapment Covers whenever a building permit is issued for remodeling or modification of a single family home. The permit shall require that any suction outlet of less than 12 inches across at the existing swimming pool, wading/toddler pool, or spa be upgraded so as to be equipped with an anti-entrapment cover meeting the current standards of the American Society for Testing and Materials or the American Society of Mechanical Engineers (ASME), ASME / ANSI Standard A 112.19.8.

At the existing swimming pool, spa or wading/toddler pool, a pool anti-entrapment device has been installed for the suction outlet at the below address in conjunction with my permit. I also understand that the Certification below must be completed and given to the Inspector at or prior to the Final Inspection for the permit activity. Final approval will not be given without this certification of compliance.

Declaration:

The property at 2876 TOURBROOK Way Permit # 0606930

Has: (check all that apply) swimming pool ___ spa ___ wading/toddler pool ___

Exemption; property has no: (check all) swimming pool X spa X wading/toddler pool X

Exemption; suction outlet equal to or greater than 12 inches ___

Certification: Under penalty of perjury, I acknowledge that I have read and comply with the requirements of AB-2977 and that the above is true and correct.

Signature: [Handwritten Signature] Print Name: Jim STOLLER Date: 9/6/07

Relation to Project (please check only one):

Owner ___ Agent for Owner ___ Licensed Contractor ___ Agent for Contractor ___

If Licensed Contractor or Agent for Contractor is checked, please complete the following:

Company Name Contractor's State License (2) Number

(1) To view the complete law visit http://www.leginfo.ca.gov/calaw.html

(2) Contractor must have C-53 (pool contractor license) or C-61 / D-35 (Specialty pool & spa maintenance)