

Henry / Buford
Site Address 2767 12th Street Sacramento 95814 Permit Number 05-19467

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

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.)1, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Row 1: furnace, Frigidaire, 1, 92.5, Underfloor, R-6, 64,000, 74,000.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.)1, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Row 1: A/C, Trane, 1, 16.5, Underfloor, R-6.

1. ≥ 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.

Signature, Date [Handwritten Signature]

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

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated2 Input (kW or Btu/hr), Tank Volume (gallons), Efficiency2 (EF, RE), Standby2 Loss (%), External Insulation R-value3.

- 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 FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)**CF-4R**

2767 12th street		smits sheetmetal inc. / 365102	
<i>Project Address</i>		<i>Contractor Name / License No.</i>	
		0519467	
<i>Contractor Contact</i>		<i>Permit Number</i>	
Rod Gonzales	530-295-4911	13918	
<i>HERS Rater</i>	<i>Telephone</i>	<i>Sample Group Number</i>	
	January 2, 2006	CC14-1798354496	
<i>Certifying Signature</i>		<i>Date</i>	
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): Main System

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.

Main System HVAC System TXV	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
-----------------------------	--

Complete

CERTIFICATE OF COMPLIANCE: RESIDENTIAL		(Page 1 of 5)	CF-1R
Project Title <i>Hem / Buford</i>	Date	Building Permit #	
Project Address <i>2767 12th Street</i>		<i>0519467</i>	
<i>Sacramento Ca 95818</i>		Plan Check / Date	
Documentation Author	Telephone <i>916-442-8621</i>	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) _____ ft²
 Average Ceiling Height: _____ 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 Henry Buford Date _____

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"/>

- 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>Furnace/50,000</u>	<u>92.5</u>	<u>under floor</u>	<u>R-6</u>	<u>Setback</u>	<u>split</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>A/C</u>	<u>16.5</u>	<u>under floor</u>	<u>R-6</u>	<u>Setback</u>	<u>split</u>

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

Project Title <i>Hery / Buford</i>	Date
---------------------------------------	------

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: <i>Smit's HVAC</i>	Name: <i>Robby Moore</i>	Name:	Name:
Title/Firm:	Title/Firm: Smit's Heating & Air Conditioning	Title/Firm:	Title/Firm:
Address: Smit's Heating & Air Conditioning	Address: Calif Contr. No. 365102	Address:	Address:
Calif Contr. No. 365102	Comfort you can count on since 1972	Address:	Address:
Telephone: 6205A Enterprise Drive	Telephone: Diamond Springs, CA 95619	Telephone:	Telephone:
Diamond Springs, CA 95619		Telephone:	Telephone:
License #: <i>365102</i>			
(signature)	(date)	(signature)	(date)

Enforcement Agency

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