

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0611537
Insp Area: 4
Thos Bros: 257H6

Site Address: 5180 ALII WY SAC
Parcel No: 226-0350-012

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
CLARKE & RUSH MECH
4411 AUBURN BL
SACRAMENTO CA 95841

OWNER
FULLER STEVEN L/DEBRA L
5180 ALII WY
SACRAMENTO, CA 95838

ARCHITECT

Nature of Work: HVAC - C/O - SPLIT SYSTEM - ENRGY COMPL. DOC'S REQ'D AT FINAL

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 C-20 License Number 608005 Date 8-1-06 Contractor Signature [Signature]

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

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

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

PAID

AUG 01 2006

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

Date _____ Owner Signature _____

NEW CITY HALL

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 8-1-06 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

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:

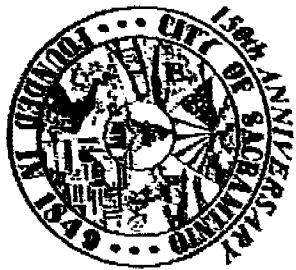
Carrier ZENITH INS CO Policy Number Z066385802 Exp Date 10/01/2006

(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 8-1-06 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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



06/1537
AREA 2/

DATE: 8-1-06

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.

Note: Contractors must have a current certificate of Worker's Compensation Insurance.

PAID
CITY OF SACRAMENTO
AUG 01 2006

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED: NEW CITY HALL

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

CONTRACT PRICE \$

5686

JOB ADDRESS: 5180 Alti Way

CONTACT PERSON: Steve Fuller

CONTACT PHONE: 909-21918

Property Owner: Steve Fuller

Address: 5180 Alti Way

City/State/Zip: Sacramento, CA 95838

Phone: 991-2180

Contractor: Clark & Bush Mechanical License # 1008005

Address: 4411 Auburn Blvd. 95844

City/State/Zip: Sacramento CA, 95844

Phone: 909-21918 FAX: 909-21935

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

REROOF (excluding tile) • TEAR-OFF • RESHEET HOUSE • GARAGE #SQUARES Material:	HVAC INSTALLATIONS (Commercial only) CHANGE-OUT • NEW • Heat Pump • Package • Split system • Roof mount • Cut-in • Heat pump or elect. unit to gas. • Wall Furnace • Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$	WATER HEATER (Residential ONLY) • GAS • ELECTRIC • Change-out • Electric to Gas • Relocate • New	MINOR ELECTRIC and/or MINOR PLUMBING (Residential ONLY) • Electric Service Change # amps • New electric circuits • Re-wire • Water Service Replacement • Sewer Service Replacement • Gas Line Replacement • Re-plumb • Water • Waste	SIDING • wood • T-111 • Hardz • vinyl #Squares Material:	DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY). • SMUD • PGE	*NOTE: Correction Notice items will require an additional building permit
---	---	--	---	--	--	---	---

DESCRIPTION OF WORK:

Replace Existing Split upflow A/C & Furnace
Ground mounted.

INSTALLATION CERTIFICATE

Site Address 5180 Alii Wy Sacramento CA 95838	Permit Number 0611537
--	--------------------------

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).

HVAC SYSTEMS:

Heating Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-IR value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split AC + Coil	Carrier 58CTX070-F-12	1	0.0	Attic	4	60000	66

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) ¹ (≥CF-IR value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split AC + Coil	Carrier 38TSA036-3	1	15.0	Attic	4	27000	30000

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-IR value.*
 Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Clark & Rush Mechanical
Signature:	Date: 08/17/06

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

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

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

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- 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
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platforms returns in lieu of 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:	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input 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 output, enter total calculated or measured fan flow in CFM here:	1000
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [(Line # 1) / (Line # 2)]]	<input checked="" type="checkbox"/> Pass <input checked="" 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.	126
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 [126 (Line # 5) / 1000 (Line # 2)]]	<input checked="" 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 checked="" 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	Clark & Rush Mechanical
Signature:	Date: 08/17/06

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

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 RD2.

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

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

Project Address 5180 Alti Wy Sacramento CA 95838		Builder Name	
Builder Contact Installing Contractor Clark & Rush Mechanical	Telephone	Plan Number	
HERS Rater Home Enalaysys	Telephone 760-768-3228	Sample Group Number 1	
Compliance Method (Prescriptive)		Climate Zone 12	
Certifying Signature (Electronically signed)	08/17/06 Date	Sample House Number 2277	
Firm Enalaysys Corp	HERS Provider CBPCA		
Street Address: 250 Campillo Ave		City/State/Zip: Calexico CA 92231	

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 CP-4R may be released on every tested building. The HERS rater must not release the CP-4R until a properly completed and signed CP-6R has been received for the sample and tested buildings.

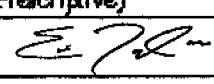
- The installer has provided a copy of CP-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are 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 RC.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured. Enter Total Fan Flow in CFM:	1000	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% [100 x [(Line # 1) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CP-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.	126	
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	Enter 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 [126 (Line # 5) / 1000 (Line # 2)]]	12.6	<input checked="" 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 5180 Allii Wy Sacramento CA 95838	Builder Name	
Builder Contact	Telephone	Plan Number
HERS Rater Home Enalaysys	Telephone 760-768-3228	Sample Group Number 1
Compliance Method (Prescriptive)		Climate Zone 12
Certifying Signature (Electronically signed) 	08/17/06 Date	Sample House Number 2277
Firm Enalaysys Corp	HERS Provider CBPCA	
Street Address: 250 Campillo Ave	City/State/Zip: Calexico CA 92231	

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 EXPANSTION VALVE (TKV)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Access is provided for inspection. The procedure shall consist of visual verification that the TKV is installed on the system and installation of the specific equipment shall be verified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Yes is a pass	Pass

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge for Split System Space-Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	2105E50546	
Location	Attic	
Outdoor Unit Make	Carrier	
Outdoor Unit Model	38TSA096-3	
Cooling Capacity	30000	Btu/hr
Date of Verification	07/24/06	
Date of Refrigerant Gauge Calibration	12/30/99	(must be checked monthly)
Date of Thermocouple Calibration	12/30/99	(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.

Yes No A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.