

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0301995

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 508 SAMUEL WY SAC

Parcel No: 237-0590-061

CONTRACTOR  
OWNER BUILDER

OWNER  
WHITE BUALAI  
3728 GRATIA AVE  
SACRAMENTO 95821

ARCHITECT

Nature of Work: NEW SFR (DETACHED TOWNHOUSE)

**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 \_\_\_\_\_ License Number 0 \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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.)

BW 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 2-4-04 Owner Signature Bualai White FEB 04 2004

PAID  
CITY OF SACRAMENTO  
NORTH PERMIT  
OFFICE

**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 2-4-04 Applicant/Agent Signature Bualai White

**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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

BW (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 2-4-04 Applicant Signature Bualai White

**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.**

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; 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 & Model Number	# of Identical Systems	Efficiency <sup>1</sup> (AFUE, etc.) [ $\geq$ CF-1R Value]	Duct Location (attic, etc.)	Duct or Piping R-Value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	Goodman GMS80070	1	80%	attic	4.2	43,000	50,000

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name & Model Number	# of Identical Systems	Efficiency <sup>1</sup> (SEER, etc.) [ $\geq$ CF-1R Value]	Duct Location (attic, etc.)	Duct or R-Value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	Goodman CKL-36-1	1	11	attic	4.2	21,000	30,000

1.  $\geq$  means 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

*Dalwin* 3/11/05  
Signature, Date

*Nikolay's Heating & AIR*  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume Gallons	Eff <sup>2</sup> (EF, RE)	Standby Loss (%)	External Insulation R-Value
<i>on page 2</i>									

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-1/2 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets & 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) 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

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

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

MAR-08-05 TUE 11:12 AM CALIFENERGYDESIGN

916 626 1386

P. 01

Site Address

Permit Number

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HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name & Model Number	# of Identical Systems	Efficiency <sup>1</sup> (AFUE, etc.) [ $\geq$ CF-1R Value]	Duct Location (attic, etc.)	Duct or Piping R-Value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
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Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name & Model Number	# of Identical Systems	Efficiency <sup>1</sup> (SEER, etc.) [ $\geq$ CF-1R Value]	Duct Location (attic, etc.)	Duct or Piping R-Value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
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1.  $\geq$  means 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) the equipment 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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Post-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (Gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-Value
NAT	A.O. Smith TVR 40.100	Standard			40,000	40	62	7	R-15

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-2 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets & 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) 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: [Signature] 3-10-05

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: [Signature] 911 Phase 1 Plus to King

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

Site Address

Permit Number

**FENESTRATION / GLAZING:**

Manufacturer/Brand Name	Product U-Value (= $\leq$ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (= $\leq$ CF-1R value) <sup>2</sup>	# of Panes	Quantity (Optional)	Square Feet	Interior or Exterior Shading Device or Overhang	Comments/Special Features
<b>GROUP LIKE PRODUCTS</b>							
1. Jeld Wen	.400	.350	2		5	5'd depth	white vinyl / no grids
2.	.400	.350	2		8	5'd	
3.	.400	.350	2		12	5'd	
4.	.400	.350	2		40	5'd	
5.	.400	.350	2		12	5'd	
6.	.400	.350	2		9	5'd	
7.	.400	.350	2		24	5'd	
8.	.400	.350	2		14	5'd	
9.	.400	.350	3		12	5'd	
10.	.400	.350	3		7	5'd	
11.	.400	.350	3		28	5'd	
12.	.400	.350	2		12	5'd	
13.	.400	.350	2		10	5'd	
14.							
15.							

1. Manufactured Fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 110 of the Energy Efficiency Standards.  
 2. Installed U-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-value 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.

*[Handwritten Signature]*

*J.L. Carpenter Const. Inc.*

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

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

Site Address

Permit Number

# DUCT DIAGNOSTICS

This building obtained compliance credit for:

- Duct sealing
- Duct Area Reduction
- ACCA Manual D design and installation

## CREDIT FOR REDUCED DUCT SURFACE AREA OR LOCATION

ACCA Design

Duct Location*	Exterior Surface Area (CF-1R)	Measured Exterior Surface Area
<input checked="" type="checkbox"/> Attic		
<input type="checkbox"/> Crawlspace		
<input type="checkbox"/> Basement		
<input type="checkbox"/> Other		
Total		

- Duct Design on Plans
- Installed duct diameters match plans
- TXV installed
- Access to TXV valve (if installed)
- No TXV, Fan air flow (CFM) \_\_\_\_\_
- Duct Leakage Measured
- Measured leakage (CFM) \_\_\_\_\_
- HVAC fan air flow (CFM) \_\_\_\_\_ (measured or calculated as

\*Ignore ducts in conditioned space.  
Only a check is required for location credit.

- CFM = 0.7 x A<sub>floor</sub> for CZ 8 through 15
- CFM = 0.5 x A<sub>floor</sub> for CZ 1 through 7 & 16 or, if the equipment size is known, the larger of 1 or 2.
- 1.  CFM = 400 x Cooling Capacity in Tons or
- 2.  CFM = 21.7 x Heating Capacity in Thousands of Btu per hour

Leakage divided by HVAC Fan air flow \_\_\_\_\_ (must be ≤ 0.06)

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:

- Duct Fan Pressurization at rough - in measured leakage CFM \_\_\_\_\_ CHECK AFTER FINISHING WALL
- Pressure Pan Test
- House pressurization test
- Visual Inspection of Duct Connections

Provide Follow-up Test Results or Inspection Results on a Separate Page

This certifies that the ducts surface area and duct locations were verified.

When compliance credit is claimed for duct surface area reductions and duct location improvements beyond those covered by default assumptions, builder employees or subcontractors shall certify that they have verified that the duct surface area and locations match those on the plans and shall indicate the duct surface area in each duct location on the CF-6R.

This is to certify 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.)

Tests Performed

*[Signature]*  
Signature, Date

*Nikolay's Heating & Air*  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

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

Site Address

# BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

This buidng obtained compliance credit for:  Envelope sealing using diagnostic testing (CF-1R)

	Needed for Compliance (from CF-1R)	Measured Blowerdoor Test Results
-Building Envelope Leakage (CFM @ 50 Pa)		
-Leakage level equivalent to an SLA of 3.0 from CF-1R		
-Minimum Building Leakage equivalent to an SLA of 1.5 from CF-1R (CFM @ 50 Pa)		

- Yes  No Is design infiltration less than the SLA 3.0 equivalent (from CF-1R)?
- Yes  No Is mechanical ventilation installed? (Required if design is less than 3.0 SLA)
- Yes  No Is measured leakage (without fans operating) less than minimum in the above Table (1.5 SLA from CF-1R)?
- Yes  No Is mechanical supply ventilation installed to assure house pressure does not go below minus 5 Pascal relative to outside ambient with all exhaust fans operating?

### Mechanical Ventilation - Fill in Table if mechanical ventilation is installed

	Used for Compliance (from CF-1R)	Measured Actual
-Continuous Mechanical Ventilation (CFM)		
-Continuous Mechanical Supply Ventilation (CFM) Required to maintain -5 Pa if building envelope leakage is less than minimum (see above)		
-Total Power Consumption of Continuous Mechanical Ventilation (Watts) <sup>2</sup>		

This certifies that the building leakage was verified.

When compliance credit is claimed for building leakage reduction below default assumptions, builder employees or subcontractors shall certify that they have verified that the building leakage level matches that used for compliance on the CF-6R and shall document the infiltration levels required for compliance and the tested infiltration values on the CF-6R.

This is to certify 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.)

Tests Performed \_\_\_\_\_ 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

1. When mechanical ventilation is required, CFM less than 0.047 CFM per square foot of conditioned floor area indicates failure to achieve compliance.  
 2. As determined from label on fan or manufacturers literature.

Permit Number

## Site Address

The following is an explanation of many of the input values required on this form:

## HVAC SYSTEMS

Heating Equipment Type must be one of the following:

Furnace:	Gas (including Liquefied Petroleum Gases) or oil-fired central furnace & space heater
Boiler:	Gas or oil-fired boiler
PckgHeatPump:	Packaged central heat pump
SplitHeatPump:	Split central heat pump
RoomHeatPump:	Room heat pump
LrgPkgHeatPump:	Large packaged heat pump ( $\geq 65,000$ Btu/hr output)
Electric:	Electric resistance heating (fixed HSPF = 3.413); radiant electric resistance (fixed HSPF = 3.55)
CombinedHydro:	Reference water heater under water heating systems below

- CEC Certified Manufacturer Make & Model Number from applicable Commission approved appliance directory
- "# of Identical Systems" is for those systems with the same efficiency, duct location, duct R-Value and capacity
- Efficiency from applicable Commission certified appliance directory.
- Duct Location is attic, crawl space, CVC crawl space, conditioned space, unconditioned space or none.
- Duct (or Piping) R-Value from Directory of Certified Insulation Materials and/or manufacturer's data
- Heating/Cooling Load refer to Commission approved load calculation procedure.
- Heating/Cooling Equipment Capacity from the applicable Commission certified appliance directory. Note: location elevations over 2,000 ft above sea level require a derating of output capacity (refer to manufacturer's literature)

Cooling Equipment Type must be one of the following:

SplitAirCond:	Split system air conditioner
PckgAirCond:	Packaged air conditioner
SplitHeatPump:	Split system heat pump
PckgHeatPump:	Packaged heat pump
RoomHeatPump:	Room heat pump
LrgPkgHeatPump:	Large packaged heat pump ( $\geq 65,000$ Btu/hr output). Substitute EER for SEER when SEER is not available.
RoomAirCond:	Room air conditioner. Minimum SEER varies*
LrgPkgAirCond:	Large packaged air conditioner ( $\geq 65,000$ Btu/hr output). Substitute EER for SEER when SEER is not available.
EvapDirect:	Direct evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 11.0; duct location = attic; duct insulation R-value = 4.2
EvapIndirect:	Indirect evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 13.0; duct location = attic; duct insulation R-value = 4.2

\*Refer to California Energy Commission (CEC) publication Appliance Efficiency Regulations, P400-92-029

Permit Number

Site Address

The following is an explanation of many of the input values required on this form:

**WATER HEATING SYSTEMS**

Distribution Systems: Refer to Residential Manual for more details.

Standard:	Standard - Supply pressure based system, no pumps
Pipe Insulation:	Pipe Insulation on all 3/4-inch pipes
POU/HWR:	Point of Use/Hot Water Recovery System
Recirc/NoControl:	Recirculation loop with no controls
Recirc/Timer:	Recirculation loop with a timer
Recirc/Temp:	Recirculation loop with temperature control
Recirc/Time + Temp:	Recirculation loop with a timer and temperature control
Recirc/Demand:	Recirculation loop with demand control

Water Heater Type	Information Needed			
	Energy Factor	Recovery Efficiency	Standby Loss	Rated Input
Storage Gas, Oil or Electric	Yes	No	No	No
Heat Pump	Yes	No	No	No
Instantaneous Gas	No	Yes	No	No
Instantaneous Electric	Yes	No	No	No
Large Storage Gas	No	Yes	Yes	Yes
Indirect Gas (Boiler)	No	Yes (AFUE)	No	Yes

**FENESTRATION / GLAZING**

Fenestration:	Windows, sliding glass doors, french doors, skylights, garden windows, and any door with more than one square foot of glass
Operator Type:	Slider, hinged, fixed
U-Value:	Installed U-Value must be less than or equal to value from CF-1R OR Installed weighted average U-Value for the total fenestration area is less than or equal to value from CF-1R
SHGC:	Installed SHGC must be less than or equal to value from CF-1R OR Installed SHGC for the total fenestration area is less than or equal to value from CF-1R OR An interior shading device, overhang, or exterior shading device is installed consistent with the CF-1R
Shading Device:	Include when the building complied using an interior shading device: blinds, opaque roller shades, blinds (do not list draperies), an exterior shading device: woven sunscreen, louvered sunscreen, low sun angle sunscreen, roll-down awning, roll-down blinds or slats (do not list bug screen), or an overhang (include depth in feet)

## Site Address

## Permit Number

The following is an explanation of many of the input values required on the Diagnostic portion of this form (page 3 of 6):

## TYPE OF CREDIT

Refer to Residential Manual Chapters 4 and 5 for more details:

Reduced Duct Surface Area:	Calculated as the outside area of the duct. Areas must be measured and verified by HERS rater.
Improved Duct Location:	Supply duct located in other than attic, as verified by location of registers (does not require HERS rater verification).
Catastrophic Leakage:	Pressure pan test reading must be less than 1.5 Pascal at a house pressure of 25 Pascal.
TXV:	Access cover required to facilitate verification.
Infiltration Reduction:	Infiltration is measured without mechanical ventilation operating. Mechanical ventilation is required for very tight house construction when credits for infiltration reduction using diagnostic testing are being used for achieving compliance. These very tight houses are defined as those with SLA of less than 1.5. The compliance documentation (CF-1R) will contain the measured CFM target value from a blower door test at 50 Pascal pressure difference that represents this SLA of 1.5. Mechanical ventilation is also required if the builder chooses to design the building to use mechanical ventilation and claims a credit for infiltration below an SLA of 3.0. The compliance documentation (CF-1R) will contain the measured CFM target value that represents this 3.0 SLA. If the builder claims credit in a design for infiltration reduction that is at an SLA of 3.0 or higher, and the actual measured SLA is 1.5 or greater, then mechanical ventilation is not required. If the SLA in this case were below 1.5, then mitigation (such as mechanical ventilation) would be required.
:	
:	
:	
:	
:	
:	

### Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 508 Samuel Way Sacramento CA  
Number Street City State

#### Ceilings:

Blow: Manufacturer Greenfiber Thickness 10.3" R / Value 38  
Square Feet 859 # Bags / Lbs. Per Bag 38

Batts: Manufacturer Johns Manville Thickness 13" R / Value 38  
Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

#### Exterior Walls:

Manufacturer Johns Manville Thickness 3.5" R / Value N/A  
Manufacturer Johns Manville Thickness N/A R / Value N/A

#### Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value 19

Air Infiltration: (Title 24)

Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Contractor: JL Carpenter Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Jamie Housley Title: Office Manager Date: 03/09/05