

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603347
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
N

Site Address: 3660 NATURITA WY SAC
Parcel No: MACHADO LOT # 11 Housing (Y/N):

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

OWNER

ARCHITECT

Nature of Work: MP 1194 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 3/21/06 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 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
MAR 21 2006
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 3/21/06 Applicant/Agent Signature N. Collins

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

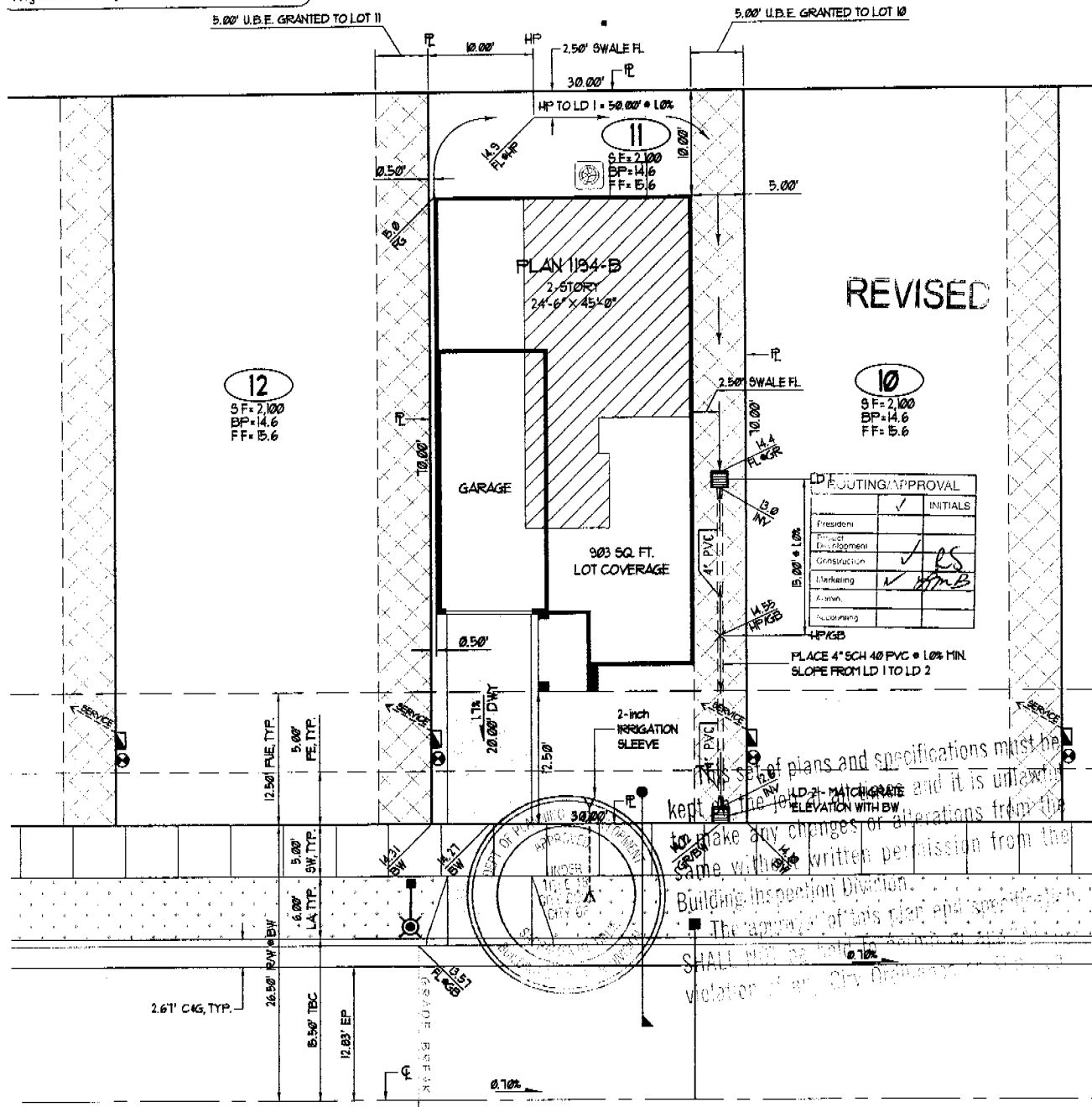
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 3/21/06 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.

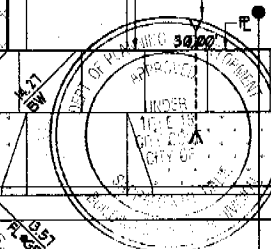
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

NOTE: Invert elevation of landscape drain pipe may vary due to construction methods & materials used.



ROUTING APPROVAL	
	INITIALS
President	
Product Development	
Construction	ES
Marketing	MMB
Finance	
Accounting	

PLACE 4" SCH 40 PVC @ 1.0% MIN SLOPE FROM LD 1 TO LD 2

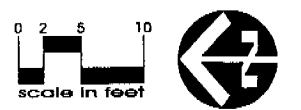


of plans and specifications must be kept in the lot and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specifications shall not be construed as a violation of any City Ordinance.

Fire protection shall not be required where building is located at a minimum of 3'-3" from property line per CBC 503.2.4 Table 5-A

plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND THAT NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY CHANGE OR VARY WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



symbols legend

	CUT OR FILL SLOPE BANK (2:1 MAXIMUM, U.O.N.)		STREET LIGHT
	SPOT ELEVATION / LOCATION		GAS SERVICE
	DRAINAGE SWALE		CATCH BASIN / DROP INLET
	FIRE HYDRANT		ELECTRIC SERVICE
	WATER SERVICE		AIR CONDITIONING CONDENSER UNIT
	SEWER SERVICE		PAD-MOUNTED TRANSFORMER

use and benefit easement
 USE A BENEFIT EASEMENT (U.B.E.) IS A GRANT TO THE ADJACENT LOT FOR INGRESS/EGRESS FOR THE PURPOSE OF REPAIR, MAINTENANCE, DRAINAGE, AND IMPROVEMENT OF ANY OF THE LOTS THAT ARE CONTIGUOUS TO THE EASEMENT AREA. NO STRUCTURE AND/OR OTHER PERMANENT IMPROVEMENT OF ANY NATURE SHALL BE PLACED, MAINTAINED OR PERMITTED TO REMAIN ON OR WITHIN THE EASEMENT AREA.

abbreviations

BP BUILDING PAD	FF FINISHED FLOOR	IV PIPE INVERT	PE POSTAL EASEMENT
BW BACK OF WALK	FG FINISHED GRADE	L CURVE LENGTH	PUE PUBLIC UTILITIES EASEMENT
C STREET CENTERLINE	FL FLOW LINE	LA LANDSCAPE AREA	RW RIGHT OF WAY
C&G CURBS AND GUTTER	GB GRADE BREAK	LD LANDSCAPE DRAIN	RADIAL / RADIALS
DWY DRIVEWAY	GR DRAIN GRATE	LF LINEAR FEET	SW SIDEWALK
EP EDGE OF PAVEMENT	HP HIGH POINT	RE PROPERTY LINE	TBC TOP BACK OF CURB

- notes**
- RIGHT OF WAYS, LOTS, EASEMENTS AND CENTERLINE SHOWN AS PER THE FINAL MAP OF MACHADO SUBDIVISION NO. P04-14, PREPARED BY PRO ENGINEERS, INC.
 - GRADING & UTILITIES SHOWN AS PER THE IMPROVEMENT PLANS FOR MACHADO SUBDIVISION, A.P.N. 225-056-023, WORD NO. 523-AC33-2556, PREPARED BY PRO ENGINEERS, INC.
 - LOT DRAINAGE SHOWN BASED UPON LOT GRADING PLAN DETAIL, GRADING PLAN SHEET C9 OF THE CIVIL IMPROVEMENT PLANS, PREPARED BY PRO ENGINEERS, INC., LAST DATED 2/18/06 (DELTA REVISION A).
 - POSITIVE SURFACE DRAINAGE FROM REAR YARD TO FRONT OF LOT SHALL BE ASSURED.
 - ELECTRIC AND GAS SHOWN IN PROPOSED LOCATIONS AS PER MACHADO SUBDIVISION JOINT TRENCH COMPOSITE PLAN PREPARED BY LIFTON EXCAVATION, INC., DATED 8/18/06.



Nottingham Village

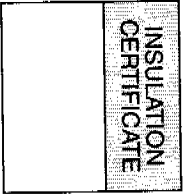
homesite 11

Naturita Way
 ASSESSOR'S PARCEL NO.:
 MACHADO SUBDIVISION
 CITY OF SACRAMENTO, CALIFORNIA

1194	LEFT	B	1017
plan no.	gar.	elev.	color
2100	903	43%	
lot sq. ft.	footprint sq. ft.	lot covg.	
2	BCB	12/21/06	10:1
phase	drawn by	revision	scale



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



#6603347

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:

Bever LOT # 11 TRACT # Norwingham

STREET 3660 Norwingham Blvd CITY Norwalk

EXTERIOR WALLS: _____ THICKNESS/TYPE 3/4 R- 13/1

MANUFACTURER FG THICKNESS/TYPE _____ R- 1/19

CEILING: _____ THICKNESS/TYPE _____ R- _____

BATT: FG THICKNESS/TYPE 10 R- 30

MANUFACTURER _____ THICKNESS/TYPE _____ R- _____

BLOWN IN: FG THICKNESS 12 R- 30

MANUFACTURER _____ THICKNESS/TYPE _____ R- _____

SQUARE FOOTAGE COVERED 488 NUMBER OF BAGS USED 12

FLOORS: _____ THICKNESS/TYPE _____ R- _____

MANUFACTURER _____ THICKNESS/TYPE _____ R- _____

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

MANUFACTURER _____ THICKNESS/TYPE _____ R- _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: _____ THICKNESS/TYPE _____ R- _____

MANUFACTURER _____ THICKNESS/TYPE _____ R- _____

GENERAL CONTRACTOR _____ DATE _____

CALIFORNIA CONTRACTORS LICENSE # _____

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING TITLE _____

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 7-11-06

NEVADA CONTRACTORS LICENSE #0055201

A. Gordon SIGNATURE INSURANCE TITLE

PERMIT

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

Builder: **BEAZER HOMES**
Project Name: **NOTTINGHAM @ MACHADO**

Lot Numbers: 11

Date of Job Completion: July 2, 2006

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 24, 2006
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.

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

BEAZER HOMES 2660 NAKITA WAY 06033/NOTTINGHAM
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:

Plans - 4 and 5

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)

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)

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

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, Rated1 Input (kW or Btu/hr), Tank Volume (gallons), Efficiency1 (EF, RE), Standby1 Loss (%), External Insulation R-value. Row 1: GAS, A.O. Smith GDYS-40, Direct Vent, N/A, 1, 36,000, 40, .59, N/A, R-16

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 111.

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-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.

John Clavel 6/20/06
Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

MONA

INSTALLATION CERTIFICATE 3660 NATALITA WAY (Page 2 of 12) CF-6R
 Site Address: NOTTINGHAM VILLAGE SACRAMENTO CA BEAZER Permit Number: 6603347

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) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO W/GAIDS	.35	.29					
2.	XO NO GAIDS	.35	.32					
3.	SH W/GAIDS	.35	.29					
4.	SH NO GAIDS	.35	.32					
5.	PL W/GAIDS	.34	.31					
6.	PL NO GAIDS	.34	.35					
7.	PANEDOORS	.35	.34					
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 CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. 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 CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable) 1-7	Signature Dennis M. ...	Date 6/16/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor ALSIDE
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, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

Beazer Homes - Nottingham 3660 NANTUCKET WAY

0603377
Permit Number

Site Address

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 #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-IR value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Rows include FURNACE YORK #LY8S040A12, FURNACE YORK #LY8S060A12, etc.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-IR value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Rows include A/C YORK # H* RD024*, A/C YORK # H* RD030*, etc.

* = TXV valve installed as part of the coil

(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 or Part 6), where applicable.

Signature, Date: [Handwritten Signature] 9-6-05

BEUTLER CORPORATION

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

WATER HEATING SYSTEMS:

Table with 9 columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std. point of use), If Recirculation Control Type, # of Identical Systems, (2) Rated Input (kW or Btu/hr), Tank Volume (gallons), (2) Efficiency (EF, RE), (2) Standby Loss (%), External Insulation R-value.

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

(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-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 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

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No
 ACQA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2. Yes No
 TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.
 Measured Fan Flow = _____
 Yes for both 1 and 2 is a Pass

Pass Fall

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Yes No
 Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection

Yes is a pass

Pass Fall

DUCT DIAGNOSTIC LEAKAGE TESTING RESULTS (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 54

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1000

If fan flow is measured enter measured value here 54

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.4%

Check Box for Pass or Fail (Pass = 6% or less)

Pass Fall

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

Project Title: Nottingham

Project Address: 3600 Nottingham Sacramento CA

Builder Name: Becker

Builder Contact: Robert Varnet

Builder Telephone: (916) 847-0614

HERS Rater: [Signature]

HERS Rater Telephone: 916/310/0000

HERS Rater Date: 3/31/00

Firm: Amuro Construction

Street Address: 9524 Mosquito Rd

City/State/Zip: Placerville CA

HERS Provider: Clare

Sample House Number: _____

Sample Group Number: 223 1000121

Plan Number: _____

Builder Name: Becker

Builder Telephone: 1194

Builder Date: 3/31/00

Copies to: Builder, HERS Provider

Installation Certificate

4700 Lang Avenue • McClellan, CA 95652
 916.646.2222 • Contractor Lic. #162634

3660 Nat King Way Sacramento CA 95831 Lot 11 own 1194

Permit Number

Bauer / Northrup

Site Address

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

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

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:	54
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, enter total calculated or measured fan flow in CFM here:	2800
3	Pass if Leakage Percentages ≤ 6% for Final or ≤ 4% at Rough-in: [100 x (Line # 1) / (Line # 2)]	5.4%
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)	
8	Enter New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [100 x (Line # 5) / (Line # 2)]	
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)]	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection 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		

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 retrofitted Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

Signature

[Signature]

Date

7/23/09

Installing Subcontractor (Co. Name) or General Contractor (Co. Name)

Buettner