

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0602555

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

N

Site Address: 240 SUMMER STROLL CR SAC

Parcel No: LIBERTY LANE LOT # 60 Housing (Y/N) <sup>PAID</sup>  
CITY OF SACRAMENTO

CONTRACTOR  
RYLAND HOMES  
1755 CREEKSIDE OAKS DR. #240  
SACRAMENTO CA. 95835

OWNER

ARCHITECT

MAR 07 2006

Nature of Work: MP1511 2 STORY 6 ROOMS

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

**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 054648 Date 3-7-06 Contractor Signature Kevin Wright

**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 \_\_\_\_\_

**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 3-7-06 Applicant/Agent Signature Kevin Wright

**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:

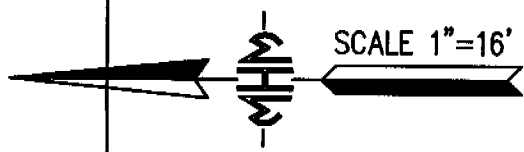
Carrier AMERICAN HOME ASSURANCE Policy Number AOS WC7085227 Exp Date 06/01/2003

(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.

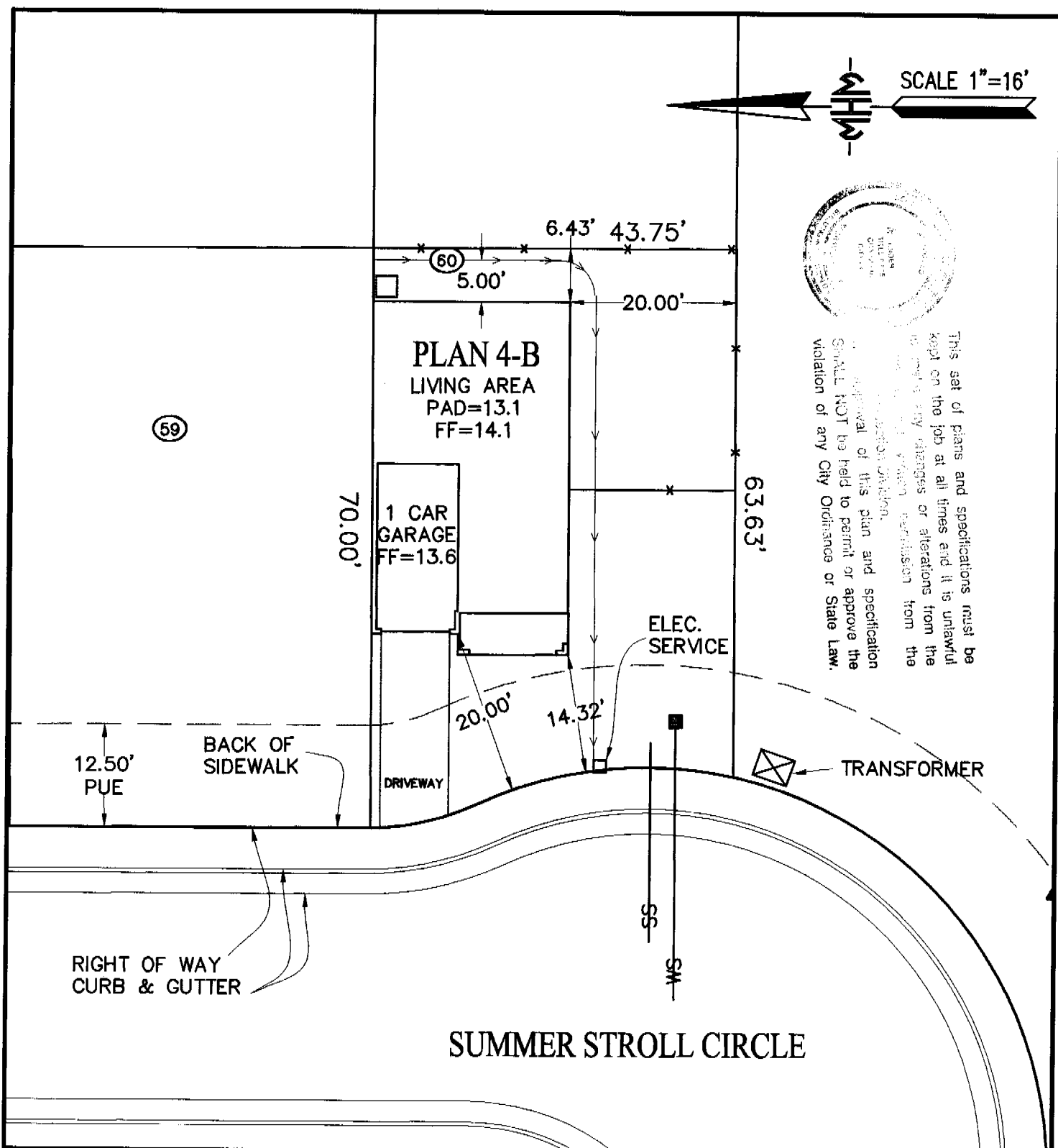
Date 3-7-06 Applicant Signature Kevin Wright

**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 set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the original without written permission from the Engineer of Record. Approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



LOT AREA: 2860 S.F.	ACTUAL LOT COVERAGE: 984 S.F. = 34.4%	NUMBER OF BEDROOMS: 3
		BUILDING HEIGHT: 26' 5-3/4"

Reviewed by Home Owner with Sales Representative:		Approved By:	
Home Owner _____	Date _____	Ryland Homes _____	Date _____
Sales Rep. _____	Date _____		

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

<b>M.H.M.</b> ENGINEERING-SURVEYING 523 "J" STREET MARYSVILLE, CALIF. 95901-1674 Ph: (530)742-6485	Plot plan for Liberty Lane Sacramento	240 Summer Stroll Circle Sacramento California	MHM Job# 04162 Lot 60 A.P.N.
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LOT #60

PERMIT #  
0602555

240 SUMMER STROLL Cr.

# HANSON TRUSS, INC.

To Whom It May Concern:

Concerning all plans at Liberty Lane by Ryland Homes, the spacing between trusses on the layout is for reference only. Only when there is a drag truss or a truss that has a specific setback noted on the layout will there be a need for that truss to be placed precisely as noted. All trusses are to be no more than 24" on center unless noted otherwise, ie; (attic access area, skylight, etc.) If you have any questions, please contact me at any time.

Bruce A. Beals  
Hanson Truss Inc.  
Cell# 916-417-0871

*PLEASE MICROFILM*

4476 Skyway Drive, Marysville, CA 95901 • (530) 740-7750 • FAX (530) 740-7754  
Mailing Address - P.O. Box 31, Marysville, CA 95901 • Website [www.Hansontruss.com](http://www.Hansontruss.com)

**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:

5290 Moonlit Way

# 0517255

SITE ADDRESS LOT 47 ALLEY LOAD NATOMAS CA  
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38

KNAUF

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13

KNAUF

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6.5" R/VALUE 19

KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: \_\_\_\_\_

GENERAL CONTRACTOR: KB HOMES LICENSE # \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 8/29/2005  
BECKY GUTHERZ

INSTALLATION CERTIFICATE

CF-6R

KB HOME - SCHUMACHER ALLEY

PLAN#

Permit Number 0517255

LOT

Site Address 5290 ...

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 columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), and Plan number.

Cooling Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr 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), and Plan number.

\* = TXV valve installed as part of 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-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 (per the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date 11-3-04

BEUTLER CORPORATION
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR C

Attn: Ray

Fr: Tamara

FAXED 12/14/05

3:45pm

(916) 928-7382

Site Address 5290 Moonlight Way Way

Permit Number 0517255

**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>PacBay</u>	<u>.35</u>	<u>SH</u>	<u>2</u>				<u>lowe<sup>2</sup></u>
2. <u>↓</u>	<u>.35</u>	<u>KO</u>	<u>2</u>				
3. <u>↓</u>	<u>.34</u>	<u>PW</u>	<u>2</u>				
4. <u>↓</u>	<u>.35</u>	<u>PD</u>	<u>2</u>				
5. <u>↓</u>							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> 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.

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)	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

E<sub>2</sub>

Site Address 5290 moonlit bay wy

Permit Number 0517255

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 and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [≥CF-1R value]	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) 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:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Stu. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>3</sup> (EF, RE)	Standby <sup>4</sup> Loss (%)	External Insulation R-value <sup>5</sup>
GAS	AO Smith GVR-50	STD	n/a	1	40,000	50	.62	n/a	R16

- 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.
- 3 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] 5/1/06  
Signature, Date

CAN-AM  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

240 SUMMER STROLL

# 0602555

**INSTALLATION CARD**  
**Diamond Wall One Coat System**  
Omega Products International, Inc.

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004

Date of Job Completion

Job Address  
RR 1A AND HOMES  
LIBERTY LAKE  
LOT # 60

7/6/06

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as  
issued by coating manufacturer:

Applicator # 318

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 instructions.

Signature of authorized representative  
of plastering contractor

[Signature]

Date

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

FIGURE 3



240 SUMMER STROLL #0602555  
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 LOT 60 LIBERTY LANE SACRAMENTO CA  
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38  
GREEN FIBER THICKNESS R/VALUE  
BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38  
KNAUF

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13  
KNAUF THICKNESS 6" R/VALUE 19

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19  
KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER:

GENERAL CONTRACTOR: RYLAND HOMES LICENSE #

BY: TITLE DATE

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: *Becky Gutherz* TITLE AUTH. AGENT DATE 6/26/2006  
BECKY GUTHERZ

240 SUMMER STROLL #0602555

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

**CF-6R**

**RYLAND HOMES**

Permit Number

Site Address **LIBERTY LANE - LOT**

**FENESTRATION/GLAZING: PLAN 4 ELEV. B**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Pans	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. PHILIPS WHITE							
2. VINYL WINDOWS							
3. W/ LOWE2 GLASS							
4.				3	41		
5. XO	.35			7	93		
6. SH	.35			4	30		
7. PW	.32			1	48		
8. SGD	.33						
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> 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.

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)      Unsuben 1/6/2006  
 Signature, Date

**Sacramento Building Products**  
 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

**INSTALLATION CERTIFICATE**

(Page 1 of 12)

**CF-6R**

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) 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).

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	If Recirculation Control Type	# of (Identical) Systems	Rated Input (kW or Btu/hr) <sup>1</sup>	Tank Volume (gallons)	Efficiency (EF, RE) <sup>2</sup>	Standby Loss (%) <sup>2</sup>	External Insulation R-value <sup>2</sup>
GAS	AQ SMITH VR 50	STD	N/A	1	43,000	50	.62	N/A	N/A

- 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 (EF). For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Thermal Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Kitchen Piping:**

If indicated on the CF-1R, all hot water piping  $\geq$  3/4 inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

**Faucets & Shower Heads:**

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

**Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)**

- All hot water piping in main circulating loop is insulated to requirements of §150(j)
- Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

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.

 1/10/05  
Signature, Date

Law Am Plumbing  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

Date..01/28/06 11:38:17

Project Title..... LIBERTY LANE \*\*\*\*\*  
 Project Address..... PLAN 1 (REVISED) \*v7.10\*  
 Documentation Author... JIM WHEELER \*\*\*\*\*  
 ConSol  
 7407 Tam O'Shanter Dr Ste 200  
 Stockton, CA 95210  
 209-473-5000

Building Permit #
Plan Check / Date
Field Check/ Date

Climate Zone..... 12  
 Compliance Method..... MICROPAS7 v7.10 for 2005 Standards by Enercomp, Inc.

MICROPAS7 v7.10	File-RHLL1	Wth-CTZ12S05	Program-FORM CF-1R
User#-MP0105	User-ConSol	Run-RYLAND	- PLAN 1 (REVISED)

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (kTDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	19.49	19.39	0.10
Space Cooling.....	16.07	12.62	3.45
Water Heating.....	12.80	12.36	0.44
North Total	48.36	44.37	3.99
Space Heating.....	19.49	19.25	0.24
Space Cooling.....	16.07	15.07	1.00
Water Heating.....	12.80	12.36	0.44
East Total	48.36	46.68	1.68
Space Heating.....	19.49	20.44	-0.95
Space Cooling.....	16.07	13.27	2.80
Water Heating.....	12.80	12.36	0.44
South Total	48.36	46.07	2.29
Space Heating.....	19.49	20.62	-1.13
Space Cooling.....	16.07	12.07	4.00
Water Heating.....	12.80	12.36	0.44
West Total	48.36	45.05	3.31

\*\*\* Building complies with Computer Performance \*\*\*  
 \*\*\* HERS Verification Required for Compliance \*\*\*

GENERAL INFORMATION

HERS Verification..... Required  
 Conditioned Floor Area..... 1619 sf  
 Building Type..... Single Family Detached  
 Construction Type ..... New  
 Fuel Type ..... NaturalGas  
 Building Front Orientation..... Cardinal - N,E,S,W  
 Number of Dwelling Units... 1  
 Number of Building Stories. 2  
 Weather Data Type..... FullYear

Floor Construction Type....	Slab On Grade
Number of Building Zones....	1
Conditioned Volume.....	15311 cf
Slab-On-Grade Area .....	770 sf
Glazing Percentage.....	13.4 % of floor area
Average Glazing U-factor...	0.37 Btu/hr-sf-F
Average Glazing SHGC.....	0.3
Average Ceiling Height.....	9.5 ft

BUILDING ZONE INFORMATION

Zone Type	Floor Area (sf)	Volume (cf)	# of Dwell Units	# of People	Cond-itioned	Thermo-stat Type	Vent Height (ft)	Vent Area (sf)	Verified Leakage or Housewrap
Residence	1619	15311	1.00	8.0	Yes	Setback	8.0	Standard	No

OPAQUE SURFACES

Surface	Frame Type	Area (sf)	U-factor	Cavity R-val	Sheathing R-val	Act Azm	Tilt	Solar Gains	Appendix IV Reference	Location/Comments
1 Wall	Wood	238	0.068	13	4	0	90	Yes	IV.9 C3	Front Wall
2 Wall	Wood	27	0.102	13	0	0	90	Yes	IV.9 A3	At Kneewall
3 Wall	Wood	599	0.068	13	4	90	90	Yes	IV.9 C3	Left Wall
4 Wall	Wood	92	0.055	19	4	90	90	Yes	IV.9 C5	2x6 Left Wall
5 Wall	Wood	334	0.068	13	4	180	90	Yes	IV.9 C3	Back Wall
Wall	Wood	212	0.068	13	4	270	90	Yes	IV.9 C3	Right Wall
Wall	Wood	373	0.055	19	4	270	90	Yes	IV.9 C5	2x6 Right Wall
7 Wall	Wood	4	0.102	13	0	270	90	Yes	IV.9 A3	At Kneewall
8 Wall	Wood	167	0.102	13	0	0	90	No	IV.9 A3	Garage Wall
9 Wall	Wood	95	0.074	19	0	0	90	No	IV.9 A5	2x6 Garage Wal
10 Wall	Wood	20	0.160	0	0	0	90	Yes	DOOR	Insul Entry Dr
11 Door	Wood	18	0.500	0	0	270	90	No	IV.28 A4	Garage Door
12 Door	Wood	147	0.048	19	0	n/a	0	No	IV.21 A4	Above Garage
13 FloorExt	Wood	867	0.025	38	0	n/a	0	Yes	IV.1 A18	Flat w/ Attic
14 Roof	Wood	50	0.048	19	0	n/a	0	Yes	IV.1 A14	At Furnace
15 Roof	Wood									

PERIMETER LOSSES

Surface	Length (ft)	F2 Factor	Insul R-val	Solar Gains	Appendix IV Reference	Location/Comments
16 SlabEdge	102	0.730	R-0	No	EDGE.EXT	To Outside
17 SlabEdge	31	0.730	R-0	No	EDGE.EXT	To Garage

FENESTRATION SURFACES

Orientation	Area (sf)	U-factor	SHGC	Act Azm	Tilt	Exterior Shade Type	Location/Comments
1 Wind Front (N)	3.0	0.350	0.300	0	90	Standard	FIXED / VINYL / SSGLZ
2 Wind Front (N)	12.5	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
3 Wind Front (N)	15.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
4 Wind Front (N)	18.0	0.350	0.300	0	90	Standard	FIXED / VINYL / SSGLZ
5 Wind Left (E)	4.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
6 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
7 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
8 Wind Left (E)	15.0	0.390	0.290	90	90	Standard	SNGL HNG / VINYL / SSGLZ
9 Wind Left (E)	6.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
10 Door Back (S)	48.0	0.340	0.310	180	90	Standard	PATIO DR / VINYL / SSGLZ
11 Wind Back (S)	10.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ
12 Wind Back (S)	6.0	0.380	0.290	180	90	Standard	SLIDER / VINYL / SSGLZ
13 Wind Back (S)	30.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ

OVERHANGS

Surface	Area (sf)	Window		Overhang			
		Width	Height	Depth	Height	Left Extension	Right Extension
1 Window	3.0	n/a	1.0	5.0	0.2	n/a	n/a
2 Window	12.5	n/a	5.0	5.0	0.3	n/a	n/a
3 Window	15.0	n/a	5.0	1.0	0.6	n/a	n/a
4 Window	18.0	n/a	6.0	0.2	3.5	n/a	n/a
8 Window	15.0	n/a	5.0	1.0	0.6	n/a	n/a
12 Window	6.0	n/a	1.5	1.0	0.6	n/a	n/a
13 Window	30.0	n/a	5.0	1.0	0.6	n/a	n/a

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	770

HVAC SYSTEMS

System Type	Number of Systems	Minimum Efficiency	Verified EER	Verified Refrig or TXV	Verified Adequate Airflow	Verified Fan Watt Draw	Verified Maximum Cooling Capacity
Furnace	1	0.800 AFUE	n/a	n/a	n/a	n/a	n/a
ACSplit	1	13.00 SEER	No	Yes	No	No	No

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HVAC SIZING

System Type	Total Heating Load (Btu/hr)	Sensible Cooling Load (Btu/hr)	Design Cooling Capacity (Btu/hr)	Verified Maximum Cooling Capacity (Btu/hr)
Furnace	32433	n/a	n/a	n/a
ACSplit	n/a	21254	25327	n/a

Orientation of Maximum..... Front Facing 90 deg (E)  
 Sizing Location..... SACRAMENTO AP  
 Winter Outside Design..... 26 F  
 Winter Inside Design..... 70 F  
 Summer Outside Design..... 98 F  
 Summer Inside Design..... 75 F  
 Summer Range..... 35 F

DUCT SYSTEMS

System Type	Duct Location	Duct R-value	Verified Duct Leakage	Verified Surface Area	Verified Buried Ducts
Furnace	Attic	R-6	No	No	No
ACSplit	Attic	R-6	No	No	No

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
1 Storage	Gas	StandardNoInsul	1	0.60	50	R- n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

\*\*\* Items in this section should be documented on the plans, \*\*\*  
 \*\*\* installed to manufacturer and CEC specifications, and \*\*\*  
 \*\*\* verified during plan check and field inspection. \*\*\*

This building incorporates a HERS verified Refrigerant Charge test or a HERS verified Thermostatic Expansion Valve (TXV). If a cooling system is not installed, then HERS verification is not necessary.

This is a multiple orientation building. This printout is for the front facing North.

HERS REQUIRED VERIFICATION

\*\*\* Items in this section require field testing and/or \*\*\*  
 \*\*\* verification by a certified home energy rater under \*\*\*  
 \*\*\* the supervision of a CEC-approved HERS provider using \*\*\*  
 \*\*\* CEC approved testing and/or verification methods and \*\*\*  
 \*\*\* must be reported on the CF-4R installation certificate. \*\*\*

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HERS REQUIRED VERIFICATION

This building incorporates a HERS verified Refrigerant Charge test or a HERS verified Thermostatic Expansion Valve (TXV). If a cooling system is not installed, then HERS verification is not necessary.

REMARKS

DUAL PANE, VINYL WITH SPECTRALLY SELECTIVE GLASS  
U-FACTORS = 0.38 (SL) / 0.39 (SH) / 0.35 (FX) / 0.34 (PATIO)  
SHGC = 0.29 (SL) / 0.29 (SH) / 0.30 (FX) / 0.31 (PATIO)  
SEE MANUFACTURER'S SPECIFICATION SHEET

THESE CALCULATIONS ARE FOR A 1-COAT STUCCO SYSTEM (R-4.2)

ELEVATION 'A' TAKEN AS WORST CASE GLAZING SCENARIO

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance 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.

DESIGNER or OWNER

Name....  
Company. RYLAND HOMES  
Address. 1755 CREEKSIDE OAKS #240  
SACRAMENTO, CA 95833  
Phone... (916) 648-3100  
License.

Signed.. \_\_\_\_\_ (date)

DOCUMENTATION AUTHOR

Name.... JIM WHEELER  
Company. Consol  
Address. 7407 Tam O'Shanter Dr Ste 200  
Stockton, CA 95210  
Phone... 209-473-5000

Signed  1/28/06 (date)

ENFORCEMENT AGENCY

Name....  
Title...  
Agency..  
Phone...  
Signed.. \_\_\_\_\_ (date)

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COMPLIANCE STATEMENT

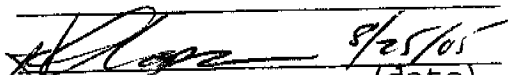
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License.

Name.... JIM WHEELER  
Company. ConSol  
Address. 7407 Tam O'Shanter Dr Ste 200  
Stockton, CA 95210  
Phone... 209-473-5000

Signed..  8/25/05  
(date)

Signed..  8/24/05  
(date)

ENFORCEMENT AGENCY

Name....  
Title...  
Agency..  
Phone...  
Signed..  
(date)

6

**INSTALLATION CERTIFICATE**

LE-703

LOT

PLAN

Ryland Homes Liberty lane

240 SUMMER STROLL # 0602555

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**

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (APUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	30,256	70,000	Plan 1
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	30,704	70,000	Plan 2
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	32,246	70,000	Plan 3
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	24,627	70,000	Plan 4

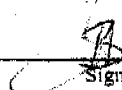
**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr 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	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	15,755	25,900	Plan 1
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	18,690	25,900	Plan 2
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	19,088	25,900	Plan 3
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	13,496	25,900	Plan 4

\* = TXV valve installed as part of 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-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.

 11/1/05  
Signature, Date

**BEUTLER CORPORATION**  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner