



Building Permit

PAID

***** Office Use Only *****

CITY OF SACRAMENTO

Permit No: 0602345
Date Issued: 2/22/06
Total Amount:
Insp Area #:

FEB 22 2006
NEW CITY HALL

Inspection Request # (916) 264-7622

***** Please Fill in the Following *****

Site Address: 2 Rocky River Ct Sacramento, CA 95831
Nature of Work: Heat pump/split system change out like for like

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: NA 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 C110120 License Number 582046 Date 2/21/06 Signature Warren T. 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 3 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 2/21/06 Applicant/Agent Signature Warren T. 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 Virginia Surety Co.
Policy Number WCV 520126 75-21 Expiration Date 10/10/06

(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 2/21/06 Applicant Signature Warren T. 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.

Joe Ramirez
Project Title

March 3-06
Date

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)

Documentation Author

Name: Warren	Name: Warren
Title/Firm: Garick A/C	Title/Firm: Garick A/C
Address: 2122 X Street Sacramento CA 95818	Address: 2122 X Street Sacramento CA 95818
Telephone: 9164522477	Telephone: 9164522477
License #: 582046	
<i>Warren Warren #3306</i> (signature) (date)	<i>Warren Warren #3306</i> (signature) (date)

Enforcement Agency

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

Joe Ramirez

March 3-06

Project Title

Date

SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION (add extra sheets if necessary)

Indicate which special features are part of this project. The list below represents special features relevant to the Prescriptive and Performance Method.

	Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	Metal Framed Walls	CF-1R	
<input type="checkbox"/>	Radiant Barriers	CF-1R	
<input type="checkbox"/>	Exterior Shades	WS-4R N/A; Performance Calculation	
<input type="checkbox"/>	Cool Roof	Required. Attach CRRC Label to Forms.	
<input type="checkbox"/>	Dedicated Hydronic Heating System	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Combined Hydronic System	Performance Calculation Required; Attach Run to Forms.	
<input type="checkbox"/>	Gas Cooling	N/A; Performance Calculation Required.	
<input type="checkbox"/>	Buried Ducts	N/A; Indicate on building plans.	
<input type="checkbox"/>	Kitchen Pipe Insulation	See Section 5.6.2 Distribution Systems in Residential Manual.	
<input type="checkbox"/>	Multiple Water Heaters Per Dwelling Unit	See Table 5-13 or use Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Central Water Heating System Serving Multiple Dwellings	Performance Calculation and attach Run to Forms.	
<input type="checkbox"/>	Non-NAECA Large Water Heater	CF-1R	
<input type="checkbox"/>	Indirect Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Instantaneous Gas Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Solar Water Heating System	See Table 5-13 or use Performance Calculation and attach Run to Forms	
<input type="checkbox"/>	Wood Stove Boiler	Performance Calculation and attach Run to Forms	

SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION

(add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

	Feature	Required Forms (if applicable)	Description
<input type="checkbox"/>	Duct Sealing	CF-6R part 4 of 12	
<input type="checkbox"/>	Refrigerant Charge	CF-6R part 5 of 12	
<input type="checkbox"/>	Thermostatic Expansion Valve	CF-6R part 6 of 12	

Joe Ramirez

Project Title

2 Rocky River Ct.

Project Address

Sacramento CA 95831

Warren

Documentation Author

9164522477

Telephone

Prescriptive

Compliance Method (Prescriptive)

12

Climate Zone

March 3-06

Date

Building Permit #

Plan Check / Date

Field Check / Date

Enforcement Agency Use Only



Alternative Component Package Method: (check one) C X D D (Alternative)

Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)

For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

GENERAL INFORMATION

Total Conditioned Floor Area (CFA) 972 ft² Average Ceiling Height: 10 ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C — (5% X CFA) NA ft²

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C — (20% X CFA) NA ft²

Building Type: (check one or more) X Single Family Multifamily Addition X Alteration

(If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 5.3.2 for Additions and 5.3.3 for Alterations.)

Number of Stories: 1 Number of Dwelling Units: 1

Floor Construction Type: slab Slab/Raised Floor (circle one or both)

Front Orientation: W North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).



RADIANT BARRIER (required in climate zones 2, 4, 8-15)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly Ufactor (for wood, metal frame and mass assemblies) 1	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or No	Location/Comments (attic, garage, typical, etc.)

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

Ramirez

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 5)

CF-4R

2 Rocky River Ct Project Address		Garick Air Conditioning Service / 582046 Contractor Name / License No.	
		06-02345 Permit Number	
Contractor Contact John Gustason		Telephone 916-768-9459	Permit Number 18282
HERS Rater <i>[Signature]</i>		Telephone March 7, 2006	Sample Group Number CC14-1798358864
Certifying Signature		Date	Certificate Number
From: Energy Analysis and Comfort Solutions, Inc.		HERS Provider: CalCERTS	
Street Address: P.O. Box 2233		City/State/Zip: Orangevale / CA / 95662	

Copies to: Homeowner, HERS Provider and Building Department

This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 26 of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested.

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-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 drawbands 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:

NEW CONSTRUCTION			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	N/A	
2	Fan Flow: Calculated (Nominal <input checked="" type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	800	
3	Pass if Leakage Percentage $\leq 6\% [100 \times (\text{Line 1} / \text{Line 2})]$:	N/A	N/A
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-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	75	
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\% [100 \times (\text{Line 5} / \text{Line 2})]$:		<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 $\leq 15\% [100 \times (\text{Line 5} / \text{Line 2})]$:	9.5%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\% [100 \times (\text{Line 7} / \text{Line 2})]$:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\% [100 \times (\text{Line 6} / \text{Line 4})]$ 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

INSTALLATION CERTIFICATE

(Page 3 of 12)

CF-6R

2 Rocky River Ct. Sacramento CA 95831 0
 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 19-183(a).

HVAC SYSTEMS:

Heating Equipment

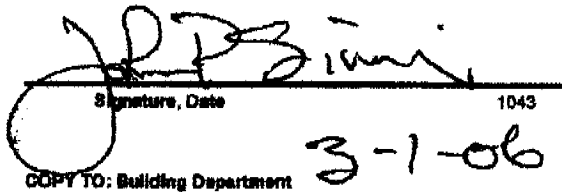
Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.)1 >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	Lennox	1	0.00 AFUE	attic	R4	24000	24000
Split Sys	CB28W 21/26		7.85 HSPF				
	0						
HP							

Cooling Equipment

Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.)1 >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	Lennox	1	11.00 SEER	attic	R4	24000	24000
Split Sys	Garick Stock HP28-024		0 EER				
	0						
HP	0						
Coil	0						
	0						

1. > symbol reads greater than or equal to what is indicated on the CF-1R 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.


 Signature, Date 1043
 3-1-06

Garick A/C
 Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

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

0602345

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Warren Wright Phone: (916) 452-2477
Project Address: 2 Rocky River Ct- Sacramento, CA 95831

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. **GROUND-MOUNTED UNIT**

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.

2. **ROOF-MOUNTED UNIT**

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Warren T. Wright Date: 2-21-06

For City Staff use only

Counter Staff _____

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area