## TRANSMISSION VERIFICATION REPORT

TIME : 08/30/2006 08:35 NAME : CITY OF SACRAMENTO FAX : 9168085543 TEL : 9168085656 SER.# : BROH4J832840

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

08/30 08:34 94523439 00:01:12 03 OK STANDARD

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

ISSUED CITY OF SACRAMENTO

AUG 3 0 200;

DOWNTOWN PERMIT CENTER

RECEIPT NUMBER: R0616071

TRANSACTION DATE: 08/30/2006 TRANSACTION AMOUNT: 190.68

NOTATION:

APD #: 0613340 SITE ADDRESS: 4841 V ST SAC PARCEL: 011-0136-043

TYPE: Bldg Minor Permit

SUB-TYPE: RES HOUSING: N STATUS: ISSUED Mixed Income Housing

Fee Program

## TRANSACTION LIST

Type	Method	Description	Pymt Amount
			AMC WHORIE
Payment	Credit C	でででですっ	
•		IDDIAN	190.68

## RECEIPT ACCOUNT ITEM LIST

	Description	Item #	Total Fee	Prev Pymt	Current Pymt
206 213	PermitBuilding-Res City Business Oper Tax General Plan Surcharge Bldg-Technology Surcharg	1100 1730 1760 1750	175.00 3.37 5.31 7.00	.00 .00 .00	175.00 3.37 5.31 7.00

## **Building Permit**

	****** Ollic	e Use Only 📲	********	************
Military		010134		SUED
	Permit No:	0017	IPY PF	SACRAMENTO
ANNING	Date Issued: Total Amount:	1977	K   14130	
Separmient	Insp Area #:	<u> </u>	-2 4AUG	<del>3 0 2003</del>
BUILDING DIVISION (914) #88-BLDG (2534)			DOMNITC	MALA I Proposition
Inspection Request # (916) 264-7622	********	🕶 Please Fill 🗓	i the Folial	Will programme .
Site Address: 4841 V Street Socrame	ento CA aSRI	7	VE	N I TH
Site Address: 484/ V Street Sacrame Nature of Work: 4VAC-Split system	change out	like for Vi	Ke	
7		<u> </u>		******
CONSTRUCTION LENDING AGENCY: I hereby affile				
the work for which this permit is insued (Sec. 3097, Civ. C).  Leader's Name	nn under penany ot per) Lender's Addres		mactics (seems)	Berre's true the besternames of
LICENSED CONTRACTORS DECLARATION: II	bereby affirm under pe nd Professions Code so	malty of perjury that ! A my license is to that !	l am licensed un iven and effect	der provisions of Chapter 9
(commencing with section 7000) of Division 3 of the Business as License Class C-20 License Number 582046	Date <u>R/25</u>	06 Signatur	: Lam	Tikinght
OWNER-BUILDER DECLARATION: I hereby affirm to	nder moselty of perius	that I am except from	the contractors I	icense Law for the following
reserve (Sec. 703) 5. Resiness and Professions Code: nov city or	county which requires a	nermit to constituti al	ter, imprave, dem	olish, or repair any structure
prior to its isstance, also requires the applicant for such permit to License Law (Chapter 9 (commencing with Section 7000) of Divis	: file a signed statement ( sion 8 of the Business on	that he or she is liculated d Professions Codellor	d pursuent to the that he or she is a	provisions of the Contractors tempt therefrom and the basis
for the alleged exemption. Any violation of Section 7031.5 by an dollars (\$500.00);	ry applicant for a purmit	subjects the applicant	to a civil ponalty o	if not more than five hundred
I, as a owner of the property, or my employees with a				
the eds (Sec. 7044, Business and Professional Code: The Course who does such work himself or horself or through his/her own or				
the building or improvement is sold white one year of completio	a, the owner-builder wi	ll have the burden of p	roving that he/she	did not build or improve for
the purpose of sale.)	•	ľ	•	•
the purpose of sale.)	g with licensed contracto	ora to construct the stroj	ect (Sec. 7044, Bu	sinces and Professions Code:
the purpose of sale.)	g with licensed contracto	ora to construct the stroj	ect (Sec. 7044, Bu	sinces and Professions Code:
the purpose of sale.)	g with licensed contracto crty who builds or impr	ora to construct the stroj	ect (Sec. 7044, Bu	sinces and Professions Code:
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THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 186 DAYS.

PBF10004

Activity #

Fax # 918-369-1991

FAXED 8/25/86



# Help Line: 1-915-305-5658 OR 1-805-EZ-PERMIT Imagection: 1-915-805-7622 CITY OF SACRAMENTO PLANNING & BUILDING DEPARTMENT BUILDING DEVISION www.cityofsacramento.org

North Permit Center 2101 Areas Blvd., Suite 200, Secremente, CA 95834

Downtown Permit Center, New Cay new 915 | Street, 3" Floor, Secremento, CA 95814 FAXBACK PERMIT APPLICATION Date: 8/25/06 Fax # 91 0-408-4370

Fazed request must be received to this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be <u>subject to quad fee.</u>

(certain restrictions apply)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDE: Permits regulating Plan Review are not eligible for FAXBACK

			Information	idator
	,	*Dosign Review approval may be	Duign Review approval may be	*Dasign Review approval may be
will require an additional building permit			Equipment S / Sales W	Street
NOTE:	□ Water □ Waste	(Describe Locations Below)	Value of duct work:	
	Re-plumb	Denuge Repair	Other (describe below)	Q Second
	Sower Service Replacement	New	Back pump or elect, mai to gas.	Material:
	Water Service Replacement	Relocate	Reaf mount	# Squares:
_ Hanner	New electric circuits	Change-out	E Spite system	# Stories:
	☐ Electric Service Change # smps	☐ Gas ☐ Electric	Pather Page	☐ House ☐ Garage
(Kantonia min Only)	(Ranidomini Only)		Achange out □ New	Reshort
Impectico	Comments of the	(Residential Only)	(M.HVAC Installations (Residential Only)	Reroof (excluding tile)
Public Ilbilitica Safety				
		lage out like for lik	Description of Work: HUAC-Solit system change out like for like	Description of Work: HVA
		1	Nature of Work: (Provide detailed description of work & indicate type of work in	Nature of Work: (Provide de
Face (916) 452-3439		Phone (916)	5	Proce (916) 391-1495
	to CA. 9581	City/State/Zip	to CA- 95831	7
	X Street	Address: 2122	N 7 216	Address 9/0 Place Pd
License # 582096	service Co.		inney I S. e.D. Investments	Property Owner: Steve 1
2000	1		T. Ucaht	Contact Person: LIMICO
58	Contract Price & 8,422,58		Job Address: 4841 V Street Sorth, CA. 95817	Job Address: 4841 YS
COMMERCIAL (limited)	APARTMENTS (++ main per justifing)	RESIDENTIAL	TONOMETLES XIXES TNO	CREDIT CARD INFORMAT

PBF 10002

#061334 O

WARREN CEARCEAK TEST PAPERWORK Building Permit 6613340 City of \$9 \*\*\*\*\* Office Use Only \* IE GUED OLO 13 THY OF SACRAMENTO Permit No: Date Issued: ANNING Total Amount: DUILDING DEFAITMENT BUILDING DWI Insp Area #: Please Fill in the Full HALES BUILDING DIVISION (714) BOS-BLDG (3624) Jan Request # (7 M) 364-7622 She Address: 4841 4 Street Sagamento CA. 95817
Name of Work: HVAL-Split system change out like for like simesion leading a sensy for the performance of CONSTRUCTION LENDING ACRNCY: I bereby effirm under presety of perjuty that there is a or the work the which this permit is itemed (Sen. 3697, Civ. C).

Lunder's None LICKNSHID CONTRACTORS DECLARATION: I hardry affirm under possity of purpoy that I can increased un for provisions of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in to Supplement of the Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in the Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in the Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in the Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in the Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in the Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and say Norman in the Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and Supplement of Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions Code and Supplement I of the Chapter 9 (commercing with section 7000) of Divident I of the Danbeys and Professions I of the Danbeys I of OWNER-BUILDER DECLARATION: I havely affern under panelty of perjusy that I we exceed after, improve, dark life, or repair any expected, reason (Sec. 7831.5, Best vice size Professions Code; any oly or oversty which requires a pervit to according false, improve, dark life, or repair any expected, proper in the lamance, after sequires the applicant for state pervit to file a signing state or size in Scriped pursuant to the profess of the Contractors and Professions Code for file is or size in the state of the sequires the sequires the sequires of the best License Law (Contractors 9 teamstanding with Section 7000) or Division 8 of the Bestern and Professions Code for fine he are given in a contractor for the sequires of the seq dellars (£500.00);
It, so a overar of the property, or my unplayees with wages or their sule comparamient, will the fit work, and the structure is not intended or offered for sale (£60, 7044, Backoons and Foodbasismal Chair. The Contractor Limited Law does not apply to an extent of property who be lide or improves thereon, and while does such work kinetelf or herself in their applyces, provided that such improvement is not intended or offered for make. If, hervever, who does such work kinetelf or herself in their comparament, the owner-helidar will have the herself and helida ont build or improve for the pulphone of sale.)

Les owner of the measure, an aminotonic minimum like the sale of sale.) the perpent of sain.)

The Contracted Law does not spoke to an event of property who hadde or improves thesion, and who reclamor for each project with a contractor(s).

The Contracted Law does not spoke to an event of property who hadde or improves thesion, and who reclamor for each project with a contractor(s) illustrated projects to the Contractor Lieune Law). I em exempt modet Sen. THE ISSUING THES BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant verified all constructions and locations and the spiles of an applicant verified all constructions and locations allowed as the applicant represents that the improvement to be enabled from not violate any location of any improvement. This building passed does not study it to violate any literal to violate any improvement or the violation of any private agreement relating to because of improvements. Create Standard I partify that I have read this application and state that all information is correct. I agree to comply with all fity and entury mills mean and to building compressions and handry authorize, representatively) of this oldy to other types the pharesmeations property for inspection perpents. \_ Applicant/Agent Signature Liberton To W m 8/25/01e WORKER'S COMPENSATION DECLARATION: I hardry affirm under pensity of perjuty one of the fishering data sessions:

I have and still resistant a contificate of concent to half-lighter for weakfant compensation at provided for by Section 3:30 of the Labor Code, for the perfections of work for which it is best to be persual to instead.

I have and will stabilize weaker? compensation incorrance, as required by Section 3700 of the Labor Code, for the perfect vegace of the work for which the persual will stabilize the section of the conference of the work for which the persual the section of the section of the section of the perfect of 11-01 (This section used not be estaplated if the permit is for \$100 or hose). I perfect that he the perfect beauty of the work to which this permit is inspect, in deal size supplies only permit in any standard so up to become subject to the workers' configuration in the California and agrees that if I desaid become subject to the workers' only permit in any standard on us to become subject to the Labor Code, I shall thethwith compily with these previous.

Date \$\frac{1}{25}\sqrt{100}\$

Applicant Signature \$\frac{1}{2}\text{Man.}\$ 8/25/ De WARRINGS: PARTIES TO SECURE WORK IN COASTENATION COVERAGES UNLAWFUL AND SHALL SUBJECT AN EMPLOYMENT CRIMINAL PENALTRIS AND CIVIL PROSE UP TO CREEK PROVIDED TROUBAND DOLLARS (SERLING) BY ADDITION TO THE COST OF COMPLETE AND ADDITION FOR DESIGN ON SHOTION DAMAGES AS PROVIDED FOR DESIGN ON THE LABOR CODE. STREET AND ATTORISET AND ATTORISETY PRIS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMERCED WITHIN IS DAYS.

CITY OF SHURHING CITY INSPECTORS

TO: 8065543

PBF10004

9158085543

A FROM:

DUCT

	TE OF C	OMD: IA	NCF-RI	SIDENTIAL	(Page 1	of 5)	CF-1R
CERTIFICA	IE OF C	ONIT CL	170 mar. 131		Å. pi		2/0/
Stephen Pinn	ev			·			0/06
roject Title					•	Dute	
			•	acramento CA	95817	1	
841 V Street				acraniento on	000.11	Building P	ermit #
roject Address							
Warren Wrigh	nt			916-452-2477		Plan Chec	h / D-1-
ocumentation A				Telephone		Plan Chec	K / DEB
				12		Field Chec	k / Date
Prescriptive		-4		Climate Zone		Enforc	cement Agency Use Only
Compliance Meti	nod (Prescri	puve/			•		
Maximum Allow Building (If addin for Addi Number of Stori Floor Construct Front Orientatio	ed West Fac ed Total Fen y Type: (check og fenestrations and & es: 1 ion Type:	ing Fenetri estration Pr ck one or mo on fill out Wi 2.3 for Allen Number	oducts Per Tore) X : 8-4R, Fenest attors.)	ks Per Table 161-B or 16 Table 161-B or 161-C — Bingle Family Multi ration Maximum Allows Units: 1 Issed Ploor (circle one or	1-C — (5% X CF (20% X CFA) Ifamily d Area Workshe	Addition X A et and see Section	iteration on 8.3.2
North and circle							
RADIA	NT BARR	JER (requi	red in climat	zones 2, 4, 8-15)	:		
OPAQUE SU	RFACES	INCLUDIA	G OPAQU	E DOORS		·	
Component	1	<u> </u>		Assembly Ufactor			
Type (Wall,	Frame			(for	Joint	Roof Radient	Location/Comments
Roof, Floor,	Туре		Continuous	wood, metal	Appendix IV	Barrier Installed	(attic, garage,
Siab Edge,	(Wood	Insulation	Insulation	frame and mess	Reference	Yes or No	typical, etc.)
Doors)	or Metal)	R-Value	R-Value	assemblies) 1	100.00		
ļ	<del>                                     </del>	<del>                                     </del>					
	<del>                                     </del>		-				
	<del>                                     </del>						
		•					

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

CERTIFICATE OF CO	MPLIANCE:	KESIDEN	TIAL	(Fage 2 O	·-/	
Stephen Pinney Project Title	4.00	841 V Street		•	8/30 Date	)   Ole
FENESTRATION PRODUC FENESTRATION MAXIM Additions and Alteration	UM ALLOWED A	OR AND SH	GC_ ET WS-4Rmu			
Control of the contro	ion Area	U-fector2	U-factor	SHGC4	SHGC	Exterior

CF-1R

Fenestration #/Type/Pos. (Front, Left, Reer, Right,	Orientation. N, S, E, W1	Area (ft2)	U-factor2	U-factor Source3	SHGC4	SHGC Source5	Shading/Ove Ck box if	
Skylight)								
		<u>.                                    </u>						-
				<del> </del>	<del> </del>	- Wheel In	1 1	

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any of when the pitch is less than 1:12. See §151(f)2C and in Section 3.2.3 of the Residential Manual when the pitch is less than 1:12. See §151(f)2C and in Section 3.2.3 of the Residential Manual when the pitch is less than 1:12. See §151(f)2C and in Section 3.2.3 of the Residential Manual 2. Sinter values in this column are either NFRC Rated value or from Standards default Table 116B.

  3) Indicate source either from NFRC or Table 116A,

- 4) Enter values in this column from NFRC or from Standards Default Table 1188 or adjusted SHGC from WS-SR.
- 5) Indicate source either from NFRG or Table 1188.
  6) Studing Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

## HVAC SYSTEMS

Hesting Equipment Type and Capacity furnace, heat pump, boiler, etc.	Minimum Efficiency (APUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type Programable	Configuration (split or package)  Split
Furnace 60 kBTU	92,00 APUE	Crawl Space			

Cooling Equipment Type and Capacity (A/C, Heat Pump, Evap Cool)	Minimum Efficiency (SEER or EER)	Duct Location ( attic, etc.) Crawl Space	Duct R-Value R 6	Thermostat Type Programable	Configuration (split or package)
36 kBTU	14,00 SEER 12.00 EER	Craw Space			

ERTIFICATE OF (	COMPLIANO	:E: RESI	DENTIAL	<u>(P</u>	age 3 of 5)		CF-1R
		841 V Stre				8/30/06	
phen Pinney		041 Y Out			Dete		
ect Title							
				•		•	
SEALED DUCTS	and TXVs (o	Alternativ	e Measures	5)	for which the	following, are	
A signed CF-4R For	m must be provid	ed to the bui	iding departme	NACIOL OSCII IN	AIR IO WILLIAM		
required.							
Sealed Ducts (all ci		aller testing	and certification	on and HERS (	ater field verificati	on required.)	
TXVs, readily acces	sible (climate 20)	es 2 and 8-1	5 only)				İ
	a and district and	i HERR Raini	r field verificat	on required.)			
Refrigerant Charge	(climate zones 2	and 8-15 only	/) (Installer tes	ting and certif	ication and HERS	Rater field	
verification require							
						Sentures for	
Attenuative to Seale	d Ducts and Refr	igerant Char	ge /TXVs (See )	Pacicage D An	Stutting Lackade		
Project Climate Zor	e in the RM Appr	indix & Table	161-C, Footne	XXX 7-14.			
OR					been previously		
For additions and a sealed as confirme	iterations, duct s	ystems use :	e deconostic to	eting in accor	dance with proced	ures in the	
		antoniuk Willia I	nore men 4v 🗷				1
Residential AGM M	the requirements	of Section 16	(m) and duct	insulation rec	uirements of Paci	cage D.	
	- VILIO OVOTE	Me					<del></del>
			d" system. <b>Sta</b>	inderd system	is one gas-fired w	eter heater per mulation system	is
Check box if system dwelling unit. If the	water heater is a	storage type	, 60 gallons is	; the maximum	n capacity and reci	(Common ayanın	~
<b>-</b> 1 .							
Check box when u	sing Prespproved	Alternative \	Water Heating	table, laber	i automatically.		
Manual. No water I	reating calculation	ns are requir	ed, and the sy	- and does	not comply with th	e Prespproved	. [
Check box if syste Alternative Water i	m does not meet	criteria of "3	Performance	Mathod must	be used and must	be included in the	•
<b></b>							
submittal.  Check box to verif	s time conf	rol is regulte	d for a recircu	lating system	pump for a system	n serving multiple	
<b>-</b>	y (120. 2 20.00 44						
ystems serving sing	ie dwelling u	nits				· ·	
Jacenta and Amed Amed			Rated	Tank	Energy		Tank External
Water Heater	Distribution	Number	input1	Capacity	Factor1 or	Standby1 Loss (%)	insulation
Type/Fuel Type	Туре	in System	(kW or	(gallons)	Thermal Efficiency		R-Value
<u> </u>		ļ — —	Btu/hr)	+	Ellication		
	<del> </del>	-		╅╌┈╌┪			
	+						l
ystem serving mult	inle dwelling	units					
Astru set and more	1	T	Rated	Tank	Energy		Tank
Water Heater	Distribution	Number	Input1	Capacity	Factor1 or	Standby1	External Insulation
Type/Fuel Type	Туре	in System	(kW of	(gallons)	Thermal	Loss (%)	R-Value
			Btu/hr)	<del>- </del>	Efficiency	<del></del>	1
	<del></del>	<b>├</b> ──┤	<u> </u>	+			
	<del> </del>	-		+			
·			L		- 000 Ft 0-0 -loci	ric resistance, ar	nd heat

CF-1R

inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

For small gas storage water heaters (rated inputs of less than or equal to 75,000 B pump water heaters, list Energy Factor. For large gas storage water heaters (reted input of greater than 76,000 Btu/hr), list Rated input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated input and Thermal Efficiencies.

Pipe Insulation (kitchen lines > 3/4 inches) All hot water pipes from the heating source to the kitchen fixtures that are %

ΠFIG	CATE OF COMPLIANCE:	RESIDENTIAL (Page 4		
			8/30/0	<u> </u>
en P	<u>inney 48</u>	41 V Street	Date	
Title				
		S VERIFICATION (add extra sheets if n	ecessary)	Prescriptive
IAL F	EATURES NOT REGOLD TO THE PROPERTY OF THE PROP	S VERIFICATION (add extra sheets if the operation of the list below represents special feat	Dites Leighaur on and	
e whi	ch special results and property and party and			
HOIM	ance matter.	(24 annilogible)	Description	
	Feature	Required Forms (if applicable)		
	Metal Framed Walls	CF-1R		
	Radiant Barriers	CF-1R		
	Exterior Shades	W8-4R		
ا ب		WA; Performance Calculation		
┰╴	Cool Roof	Required. Attach CRRC Label to	<u> </u>	
┛.		Forms.		
Τ	Dedicated Hydronic Heating	Performance Calculation	·	
	System	Required; Attach Run to Forms.  Performance Calculation		
┰	Combined Hydronic System	Required; Attach Run to Forms.		
		N/A; Performance Calculation		
丁	Gas Cooling	<b>1</b>		
		Required. WA; Indicate on building plans.		
	Buried Ducts	See Section 5.6.2 Distribution		
Т	Kitchen Pipe Insulation	Bystems in Residential Manual.		
		See Table 5-13 or use		
	<u> </u>	Performance Calculation and		
$\neg$	Multiple Water Hexters Per	attach Run to Forms.		
	Owelling Unit	Performance Calculation and		
	Central Water Heating System	ettach Run to Forms.		
	Serving Multiple Dwellings	CF-1R		
	Non-NAECA Large Water			
	Heater	See Table 5-13 or use	1	*
		Performance Calculation and	: 1	
Ш	indirect Water Heater	attach Run to Forms		
		See Table 5-18 of use	1	
	instantaneous Gas Water Heater	Parformance Calculation and	1	
ليا	Instantineous Ges Trans	attach Run to Forms		
		See Table 5-13 or use	1	
_	Solar Water Hesting System	Performance Calculation and	l l	
Ш	POINT AND	ettach Run to Forms		
_	Wood Stove Boller	Performance Calculation and		
	Mood amag mouse.	attach Run to Forms		
	AL FEATURES REQUIRING HERS	RATER VERIFICATION	and of this omigat	and need verification.
PECI	AL PEATURES REQUISITION INDICATE	RATER VERIFICATION to the HERS Rater which credits are	SELL OF BUILD PROJECT	
od e	Aug silvery		Description	<u> </u>
_	Feature	Required Forms (if applicable)		
+-	Duct Sealing	CF-BR part 4 of 12		
	Refrigerant Charge	CF-SR part 6 of 12		
	Thermostatic Expansion Valve	CF-SR part 6 of 12	1	

phen Pinney	4841 V Street	<u>8]30 06</u>
ect Title		Date
COMP	LIANCE STATEMENT	
24, Parts 1 and them. This cer undersigned re and TXVs, insi- certification as	16 of the California Code of Regulations, tificate has been signed by the individual ecognizes that compliance using duct de ulation installation quality, and building e and field verification by an approved HERS	esign, duct sealing, verification of refrigerant charge and envelope sealing require installer testing and S rater.
igner or Owner (p	per Business and Professions Code)	Documentation Author
Name:	Warren Wright	Name:   Warren Wright
Fitte/Firm:	Garick A/C	Title/Firm:  Garick A/C
Address:	2122 X Street	Address: 2122 X Street
Sa	cramento CA 95818	
Telephone:	916-452-2477	Telephone: 916-452-2477
License #:	582046	
1 Janes	T. Wight 8/30/06	Warre T. Wight 8/30/06
(signature) (date)		(signature) (date)
Enforcement Ag	jency	
Name:		Comments:
Title		
Agency:	•	
Telephone:		
<del></del> -		

(date)

(Page 5 of 5)

CF-1R

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

(signature / stamp)

Cortificate STIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R 4841 V Street - Sacramento, CA 95817 Project Address Garick A/C / 582046 Contractor Name / License No. 06-13340 Permit Number Contractor Contact Telephone 916-768-9459 39453
Telephone Sample Group Number John Gustason HERS Rate September 1, 2006 CC14-1798380035

Date Certificate Number Energy Analysis and Comfort Solutions, HERS Provider: CalCERTS City/State/Zip: Orangevale / CA / 95662 Street Address: PO Box 2233 This CF-4R has been registered with the CalCERTS® registry in accordance with the Title 24 & Title 20 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 type 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, machine and descriptions. 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 Measured Values Duct Pressurtzation Test Results (CFM & 25 Pa) N/A sted Leplage Flow in CFH: 1 Fan Flow: Calculated (Nominal Cooling O Heating) or O Measured Enter Total Fan Flow in CFM: 1200 N/A N/A 3 Pass # Leokogo Percent <del>5% { 100 x { Line 1 / Line 2 )}.</del> ALTERATIONS: Duct System and/or HVAC Equipment Change-Out Enter Tested Leakage Flow in CFM from CF-6R: Pro-Test of Existing Duck System Prior to Duck System Alteration and/or Equipment Change-Quit. 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, 72 Enter Reduction in Leakage for Albertal Duck System 6 (Line 4 - Line 5) - (Only if Applicable) Enter Tested Leakage Flow in CFM to Outside (Only if Applicable) Pass | Pal 6.00% Entire New Duct System - Pass If Leakage Percentage <= 6% [ 100 x ( Line 5 / Line 2 )]: 8 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: ]<sub>Pass</sub> □<sub>Fall</sub> ass if Leakage Percentage <= 15% [ 100 x ( Line 5 / Line 2 )]: □<sub>Pass</sub> □<sub>Fall</sub> Pass if Leakage to Outside Percentage <= 10% [ 100 x ( Line 7 / Line 2 )]:

Pass if One of Lines #9 through #12 pas

Pass If Leakage Reduction Percentage >= 60% [ 100 x ( Line 6 / Line 4 )] and Verification by Smoke Test and Visual Inspection

Pass If Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection

10

12

☐ Fall Fall ATS - Certificate

Page 2 of 3

	ESTING (Page 3-4 of 8)
941 V Street - Sacramento, CA 95817	Garick A/C / 582046
plect Address	Contractor Name / License No.
*	06-13340
ontractor Contact	Telephone Permit Number
hn Gustason 916-	768-9459 39453
RS Rate()	Telephone Sample Group Number
September September	r 1, 2006 CC14-1798380035
runfing Signature	Date Certificate Number
Energy Analysis and Cornfort Solutions,	HERS Provider: CalCERTS
reet Address: PO Box 2233	City/State/Zip: Orangevale / CA / 95662
is CE-48 has been registered with the CalCERTS® registry in	rtment  n accordance with the Title 24 & Title 20 of the CCR
ils CF-4R has been registered with the CalCERTS® registry in alCERTS® is an approved HERS provider by the California Enters RATER COMPLIANCE STATEMENT  The house was Tested Approved as part of sample testing the HERS rater providing disponsitic testing and field verification, I complete the HERS rater providing disponsitic testing and field verification, I complete testing and field verification, I complete testing and field verification, I complete testing and field verification.	n accordance with the Title 24 & Title 20 of the CCF lergy Commission.  In a commission of the CCF in the CCF
Is CF-4R has been registered with the CalCERTS® registry in ICERTS® is an approved HERS provider by the California Energy RATER COMPLIANCE STATEMENT  The house was Tested Approved as part of sample testing the HERS rater providing diagnostic testing and field verification, I compared to the testing and field verification, I compared to the testing and field verification, I compared to the testing and field verification.	n accordance with the Title 24 & Title 20 of the CCF lergy Commission.  Ing, but was not tested.  artify that the house identified on this form complies with the
Is CF-4R has been registered with the CalCERTS® registry in ICERTS® is an approved HERS provider by the California Energy RATER COMPLIANCE STATEMENT  The house was Tested Approved as part of sample testing the HERS rater providing diagnostic testing and field verification, I connectic tested compliance requirements as checked on this form.  The installer has provided a copy of the CF-6R (Installation Certific	n accordance with the Title 24 & Title 20 of the CCF lergy Commission.  Ing, but was not tested.  artify that the house identified on this form complies with the
Is CF-4R has been registered with the CalCERTS® registry in alCERTS® is an approved HERS provider by the California Enters RATER COMPLIANCE STATEMENT The house was Tested Approved as part of sample testing the HERS rater providing diagnostic testing and field verification, I constitute testing the compliance requirements as checked on this form.  The installer has provided a copy of the CF-6R (Installation Certific THERMOSTATIC EXPANSION VALVE (TXV); Access is provided for inspection. The procedure shall constalled on the system and installation of the specific expansion	n accordance with the Title 24 & Title 20 of the CCF lergy Commission.  ng, but was not tested.  artify that the house identified on this form complies with the cate).  consist of visual verification that the TXV is

006 7:28AM

	P PIELD VERIFICATION & DIAGNOSTIC TESTING (	Page 5 of 8) CF-4R
RTIFICATE O	F FIELD VERIFICATION & DIAGNOSTIC	
		Garick A/C / 582046
841 V Street	Sacramento, CA 95817	Contractor Name / License No.
roject Address		06-13340
	Telephone	Permit Number
Contractor Contact		39453
ohn Gustason	Telephone	Sample Group Number
HERS Rate	September 1, 2006	CC14-1798380035
11/16~	Date	Certificate Number
Certifying Signatur	Energy Analysis and Comfort Solutions, Hi	ERS Provider: CalCERTS
Firm: 🗸	Inc	ity/State/Zip: Orangevale / CA / 95662
Street Address:	PO BOX 2235	
	eowner, HERS Provider and Building Department	
Copies to: Hom	eowner, HERS Provider and Building Department been registered with the CakCERTS® registry in accordance by the California Energy Com-	one with the Title 24 & Title 20 of the CCR,
This CF-4R has	been registered with the Callifornia Energy Comin approved HERS provider by the Callifornia Energy Com	nission.
HERS RATER C	COMPLIANCE STATEMENT  Tested Approved as part of sample testing, but was testing and field verification. I certify that t	s not tested.
The house was	Tested Approved as part of sample testing, but was providing diagnostic testing and field verification, I certify that to providing diagnostic testing and field verification, I certify that to providing the providing testing and the certification to the certifi	he house identified on this form complies with the
As the HERS rater	providing diagnostic costing are checked on this form. compliance requirements as checked on this form.	
diagnostic testers :	has provided a copy of the CF-6R (Installation Certificate).	
THIGH EER A	IR CONDITIONER:	
Procedures for VI	erification are available in RACM, Appendix RI.	
	o EER values of installed systems metch the CF-1R	
2 Vyes ON	o For split systems, indoor coil is matched to outdoor coll	
3 Yes N	o Time Delay Relay Verified (If Required)	
	HVAC System: Yes to 1 and 2; and 3 (If	Required) is a pass Pass Fall
<u> </u>		

INSTALLATION CERTIFICATE		(	(Page 3 of 12)		
4841 V Street		Sacramento CA	95817	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 10-103(a).

#### HVAC SYSTEMS:

Heating Equipment

Equip Typ pkg. wat pum	CEC Certified Miv. 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 (Btwhr)	Heating Capacity (Etu/hr)
Splik	AMERICAN STANDARD AUC080C936B	1	92.00 ARIE	rawi Spar	RB	0	60000

#### Cooling Equipment

Equip Typ (pkg. heet pum:	CEC Certified Mfr. Name, Model and Sertal Number	# of identical Bystems	Efficiency (AFUE, etc.)1 >(CF-1 R value)	Duot Location (attic, etc.)	Duct or Piping R-value	Copling Load (Bturnr)	Cooling Capacity (Btu/hr)
Spilt	ANERICAN STANDARD	1	14.00 SEER	rewi Spac	R 6	Q	36000
	2A7B3038A1		12.00 EER				
Coll	SUMMIT						
	CA036A9E7						

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 undereigned, 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 5), where applicable.

**2000** 

9-1-06

Garlek A/C

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

40015 1112

COPY TO: Building Department HERS Reter (if applicable) Building Owner at Occupency



INSTALLATION CERTIFICATE	(Page 4 o		CF- 6R
4841 V Street	Sacramento CA 95817	0	
Site Address		Permit Num	ber
INSTALLER COMPLIANCE	STATEMENT FOR D	UCT LEA	KAGE
Copies to: Builder, HERS Rater, Building Owner et Op	supency and Building Department		
INSTALLER COMPLIANCE STATEMENT	- ·	•	
The building was:	Tested at Rough-in		e e
INSTALLER VISUAL INSPECTION AT FINAL Remove at least one supply and one return re		n the register boot as	od them interior
finiciting wall are properly scaled.	•		
If the house rough-in dust leakage test was co	nducted without an air handler installed,	inspect the connect	ion peoints
between the air handler and the supply and re	turn plenume to verify that the connection	n points are properly	seeled.
propect all joints to ensure that no cloth backs	d rubber adhesive dust tape is used		
DUCT LEAKAGE REDUCTION			
Procedures for field verification and diagnostic te	sting of air distribution systems are avail	eble in RACM, Appe	ndix FeC4.3
NEW CONSTRUCTION:		···	
Duct Pressurization Test Results (CFM @ 25 Ps)		Measured	
		Values	
1 Enter Tested Leakinge Flow In CFRI:			
2 Fan Flow: Calculated (Nonline): Cooling	Heating) or Measured		
If Fan Flow is Calculated as 400 clim/ton x number		1200	
Gepacity in Thousands of Blufts, enter total calcul			<del> </del>
3 Pass if Leakage Percentage < 6% for Final or < 4%			h
[100 x [ [Line # 1) / [L ALTERATIONS; Duct System and/or HVAC	ins # 2)]]		Pass Fall
4 Enter Tested Laskage Flow in CPM from Pre-Test			
System Alteration and/or Equipment Change-Out.	or Edited Desir Dynam From the Orice		
5 Enter Tested Lankage Flow in CFM from Finel Tee	of New Diret System or Altered Duct	- 2	
System for Duct System Alteration and/or Equipm		72	er y jamana ayar er
6 Enter Reduction in Legisge for Altered Duct Syste			
[ (Line #4) Minus	(Line # 5); — (Only If Applicable)		
7 Enter Tested Leakage Flow in CFM to Outside (Or			
8 Entire New Quot System - Page & Legkage Parcent	inge < 6% for Final or < 4% at Rough-in	1 07	
100×[ 72 (Line # 6) / /200 Li	ne # 200 %	6%	Fee Fell
TEST OR VERIFICATION STANDARDS: For		mord Change-Out	T
Use one of the following four Test or Verification Stan	dards for compliance:		
9 Pass If Leakage Percentage < 16% (190 x)	(Line # 5) / (Line # 2)]]		Pass Fall
10 Pass if Lankage to Outside Percentage < 10% [10]			Pass Fall
11 Page If Leakage Reduction Percentage > 60% (100		4)II	Pass Fall
and Verification by Smoke Test and Visual Inspec			Pass Fail
12 Pass If Sealing of all Accessible Leaks and Vertile		on .	Pees Fail
Pi	see if One of Lines # 3 through # 12 pass	The second secon	Pass Fail
	i, the undersigned, verify that the above		'
were performed in conformance with the requirem			
Installed or retrofit Air-Distribution System Ducts	and the second s	sy requirements sp	icified in
Section (50 (m) of the 2000 building Energy Effici	•	•	
14/7 = 1-1-	OG Garick A/C		
<del></del>		actor (Co. Name) O	9 40046
Signature Date	#ING NITE OF THE PROPERTY OF T	auto (co. name) O	R 40015