

Building Permit



Office Use Only ISSUED CITY OF SACRAMENTO NOV 06 2005 DOWNTOWN PERMIT CENTER

Permit No: 0519109 Date Issued: 12/1/05 Total Amount: 190.72 Insp Area #: 3

Inspection Request # (916) 264-7622

Site Address: 2625 54th St Nature of Work: HVAC changeout

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: 20C26 License Number: 726129 Date: Signature: Chalynn Masters

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor License Law for the following reasons (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 7031.3 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 Professions Code). The Contractor 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 Contractor 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 Contractor 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 above-mentioned property for inspection purposes.

Date: 12/1/05 Applicant/Agent Signature: Chalynn Masters

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.

X 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 worker's compensation insurance carrier and policy number are: Carrier: Financial Pacific Policy Number: 170334A Expiration Date: 04-23-05

(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 that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of the Labor Code. Date: 12/1/05 Applicant Signature: Chalynn Masters

WARNING: FAILURE TO SECURE WORKERS 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 3704 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

**INSTALLATION CERTIFICATE**

2625 54th St

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<br>(pkg.<br>heat pum) | CEC Certified Mfr.<br>Name, Model and<br>Serial Number | # of<br>Identical<br>Systems | Efficiency<br>(AFUE, etc.) <sup>1</sup><br>>(CF-1R value) | Duct<br>Location<br>(attic, etc.) | Duct or<br>Piping<br>R-value | Heating<br>Load<br>(Btu/hr) | Heating<br>Capacity<br>(Btu/hr) |
|---------------------------------|--|------------------------------|---|-----------------------------------|------------------------------|-----------------------------|---------------------------------|
| Package                         | AMERICAN STANDARD                                      | 1                            | 0.00 AFUE   | ATTIC                             | R4                           | 0                           | 0                               |
|                                 | YCY024G1MOA  |                              | 0 HSPF  |                                   |                              |                             |                                 |
| G/E                             | 0  |                              |   |                                   |                              |                             |                                 |

**Cooling Equipment**

| Equip Typ<br>(pkg.<br>heat pum) | CEC Certified Mfr.<br>Name, Model and<br>Serial Number | # of<br>Identical<br>Systems | Efficiency<br>(AFUE, etc.) <sup>1</sup><br>>(CF-1R value) | Duct<br>Location<br>(attic, etc.) | Duct or<br>Piping<br>R-value | Cooling<br>Load<br>(Btu/hr) | Cooling<br>Capacity<br>(Btu/hr) |
|---------------------------------|--|------------------------------|---|-----------------------------------|------------------------------|-----------------------------|---------------------------------|
| Package                         | 0  | 1                            | 14.00 SEER  | ATTIC                             | R4                           | 0                           | 0                               |
|                                 | 0  |                              | 12 EER  |                                   |                              |                             |                                 |
| G/E                             | 0  |                              |   |                                   |                              |                             |                                 |
|                                 | 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

**Bell Bros Heating & Air**

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

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

0519109

*Final*  
2-14-06  
SJC

2625 54th St

Sacramento CA 95817

0

Site Address

Permit Number

# 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:   | Measured Values |  |
|---|-----------------|--|
| Duct Pressurization Test Results (CFM @ 25 Pa)  |                 |  |
| 1 Enter Tested Leakage Flow in CFM:   |                 |  |
| 2 Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured<br>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: | 1000            |  |
| 3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in:<br>[100 x [ _____ (Line # 1) / _____ (Line # 2)]]  |                 | <input type="checkbox"/> Pass <input type="checkbox"/> Fail            |
| <b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>  |                 |  |
| 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.  | 125             |  |
| 6 Enter Reduction in Leakage for Altered Duct System<br>[ _____ (Line # 4) Minus _____ (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 < 6% for Final or < 4% at Rough-In<br>[100 x [ _____ (Line # 5) / _____ Line # 2]]  |                 | <input type="checkbox"/> Pass <input type="checkbox"/> Fail            |
| <b>TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out</b>   |                 |  |
| Use one of the following four Test or Verification Standards for compliance:  |                 |  |
| 9 Pass if Leakage Percentage < 15% [100 x [ 125 (Line # 5) / 12,500 (Line # 2)]]  | 8%              | <input checked="" 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)]]<br>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  |                 |  |

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

*[Signature]* 12-9-05  
 Signature Date

**Bell Bros Heating & Air**  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name)

2625 54th St

Sacramento CA 95817

0

Site Address

Permit Number

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix R1.

|   |   |               |  |
|---|---|---------------|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified. |               |  |
|   |   | Yes is a pass | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

|                                       |                           |
|---------------------------------------|---------------------------|
| Outdoor Unit Serial #                 |                           |
| Location                              |                           |
| Outdoor Unit Make                     |                           |
| Outdoor Unit Model                    |                           |
| Cooling Capacity                      | Btu/hr                    |
| Date of Verification                  |                           |
| Date of Refrigerant Gauge Calibration | (must be checked monthly) |
| Date of Thermocouple Calibration      | (must be checked monthly) |

Standard Charge Measurement Procedure (outdoor air dry-bulb 55oF and above):

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

|   |  |   |
|---|--|---|
| Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)  |  | F |
| Return (evaporator entering) air dry-bulb temperature (Treturn, db) |  | F |
| Return (evaporator entering) air wet-bulb temperature (Treturn, wb) |  | F |
| Evaporator saturation temperature (Tevaporator, sat)                |  | F |
| Suction line temperature (Tsuction, db)                             |  | F |
| Condenser (entering) air dry-bulb temperature (Tcondenser, db)      |  | F |

Superheat Charge Method Calculations for Refrigerant Charge

|  |  |   |
|--|--|---|
| Actual Superheat = Tsuction, db - Tevaporator, sat                         |  | F |
| Target Superheat (from Table RD-2)   |  | F |
| Actual Superheat - Target Superheat (System passes if between -5 and +5°F) |  | F |

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

|   |  |   |
|---|--|---|
| Actual Temperature Split = T return, db - Tsupply, db   |  | F |
| Target Temperature Split (from Table RD3)   |  | F |
| Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F) |  | F |

2625 54th St

Sacramento CA 95817

0

Site Address

Permit Number

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

|                          |                          |     |                          |    |               |
|--------------------------|--------------------------|-----|--------------------------|----|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | System Passes |
|--------------------------|--------------------------|-----|--------------------------|----|---------------|

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 oF)

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 oF or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Wegh-in Charging Method for Refrigerant Charge

|   |  |    |
|---|--|----|
| Actual liquid line length:  |  | ft |
| Manufacturer's Standard liquid line length:   |  | ft |
| Difference (Actual - Standard):   |  | ft |
| Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces |  |    |
| (+ = add) (- = remove)  |  |    |

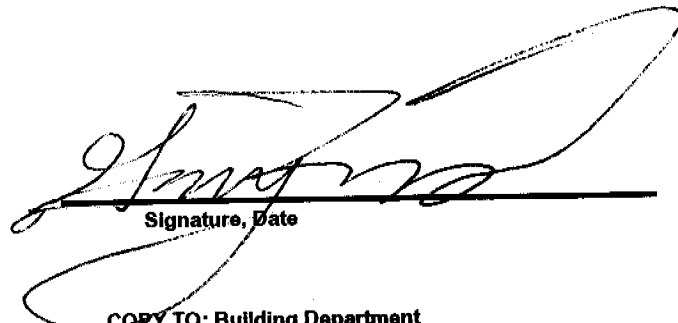
Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

|   |  |
|---|--|
| Calculated Airflow: Cooling Capacity (Btu/hr)   | _____ X 0.033 (cfm/Btu-hr) = _____ CFM |
| Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated airflow). |  |

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

|                          |                          |     |                          |    |               |
|--------------------------|--------------------------|-----|--------------------------|----|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | System Passes |
|--------------------------|--------------------------|-----|--------------------------|----|---------------|



Signature, Date

Bell Bros Heating & Air

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

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

2625 54th St

Sacramento CA 95817

0

Site Address

Permit Number

**FAN WATT DRAW**

Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

| Method For Fan Watt Draw Measurement |                             |   |   |
|--------------------------------------|-----------------------------|---|---|
| <input type="checkbox"/>             | <input type="checkbox"/>    | RE3.2.1   | Portable Watt Meter Measurement                             |
| <input type="checkbox"/>             | <input type="checkbox"/>    | RE3.2.2   | Utility Revenue Meter Measurement                           |
|                                      |                             | Measured Fan watt Draw:   | Enter results of Watts/cfm:                                 |
|                                      |                             | Measured Fan Flow (Enter total cfm from airflow verification)                               |   |
|                                      |                             |   | Enter results of Watts/cfm:                                 |
| <input type="checkbox"/> Yes         | <input type="checkbox"/> No | Calculated fan watt/cfm is equal to or lower than the fan watt/cfm draw documented in CF-1R |   |
|                                      |                             | Yes is a pass   | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

**ADEQUATE AIRFLOW VERIFICATION**

Procedures for field verification and diagnostic testing of adequate airflow are available in RACM, Appendix RE4.1.

| Method For Airflow Measurement |                          |                          |   |
|--------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | Duct design exists on plans                                 |
| <input type="checkbox"/>       | <input type="checkbox"/> | RE4.1.1                  | Diagnostic Fan Flow Using Flow Capture Hood                 |
| <input type="checkbox"/>       | <input type="checkbox"/> | RE4.1.2                  | Diagnostic Fan Flow Using Plenum Pressure Matching          |
| <input type="checkbox"/>       | <input type="checkbox"/> | RE4.1.3                  | Diagnostic Fan Flow Using Flow Grid Measurement             |
| Measured Airflow:              |                          |                          | <input type="text"/> cfm/ton                                |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | Measured airflow is greater than the criteria in Table RE-2 |
| Yes is a pass                  |                          |                          | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

**MAXIMUM COOLING CAPACITY**

Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

|  |                          |                          |                          |                               |  |
|--|--------------------------|--------------------------|--------------------------|-------------------------------|--|
| 1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | Adequate airflow verified (see adequate airflow credit)  |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | Refrigerant charge or TXV  |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | Duct leakage reduction credit verified   |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.   |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R. |
| Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass |                          |                          |                          |                               |  |
|  |                          |                          |                          | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail  |

**HIGH EER AIR CONDITIONER**

Procedures for verification are available in RACM, Appendix RI.

|   |                          |                          |                          |                               |  |
|---|--------------------------|--------------------------|--------------------------|-------------------------------|--|
| 1   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | EER values of installed systems match the CF-1R          |
| 2   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | For split system, indoor coil is matched to outdoor coil |
| 3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | Time Delay Relay Verified (If Required)                  |
| Yes to 1 and 2; and 3 (If Required) is a pass |                          |                          |                          |                               |  |
|   |                          |                          |                          | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail                            |

Tests

Signature, Date

Bell Bros Heating & Air  
Installing Subcontractor (Co. Name) OR

Performed

General Contractor (Co. Name)

COPY TO: Building Department, HERS Rater, Building Owner at Occupancy

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)**

CF-4R

|  |  |  |  |
|--|--|--|--|
| 2625 54th Street<br><i>Project Address</i>           |  | Bell Brothers Heating / 726129<br><i>Contractor Name / License No.</i> |  |
|  |  | 05-19109<br><i>Permit Number</i>                                       |  |
| Contractor Contact<br>John Gustason                  |  | Telephone<br>15589   |  |
| HERS Rater<br><i>[Signature]</i>                     |  | Sample Group Number<br>CC14-1798356171                                 |  |
| Certifying Signature<br><i>[Signature]</i>           |  | Date<br>January 27, 2006   |  |
| Firm:<br>Energy Analysis and Comfort Solutions, Inc. |  | HERS Provider: CalCERTS  |  |
| Street Address:<br>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 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 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 checked="" type="radio"/> Measured<br>Enter Total Fan Flow in CFM: | Not Tested      |  |
| 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.  | Not Tested      |  |
| 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.  | Not Tested      |  |
| 6  | Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)   | Not Tested      |  |
| 7  | Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)  | Not Tested      |  |
| 8  | Entire New Duct System - Pass if Leakage Percentage $\leq 6\% [ 100 \times ( \text{Line 5} / \text{Line 2} ) ]$ :   | Not Tested      | <input checked="" 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 $\leq 15\% [ 100 \times ( \text{Line 5} / \text{Line 2} ) ]$ :   | Not Tested      | <input type="checkbox"/> Pass <input type="checkbox"/> Fail            |
| 10   | Pass if Leakage to Outside Percentage $\leq 10\% [ 100 \times ( \text{Line 7} / \text{Line 2} ) ]$ :  | Not Tested      | <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  | Not Tested      | <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 type="checkbox"/> Pass <input type="checkbox"/> Fail            |



**FAXBACK PERMIT APPLICATION**  
(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day.  
Contractors must have a current certificate of Worker's Compensation Insurance.  
Work started before a Building Permit is issued will be subject to quad fees.

permits requiring plan review are not eligible for FAXBACK  
In order to process this request, ALL of the following information  
**MUST** be provided:

Job Address: 11025 CHINA ST. Contract Price \$ 800 Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_ CONTACT PHONE: 916 685-4616  
 CONTACT PERSON: CRISTINA MASTERS Contractor: BEL PROS. HEATING & AIR License # 726129  
 Property Owner: LYZ OLMSTEAD Address: 9195 SURVEY RD.  
 Address: 11025 China St. City/State/Zip: CHINA GROVE CA 95624 Phone: 916 686-5293  
 City/State/Zip: Stockton, CA 95217 Phone: 916 685-4616  
 Credit Card info on file? Yes  No

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)   
 NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)  
HVAC changeout / package unit on the roof

|   |   |   |  |
|---|---|---|--|
| Description of Work: _____<br><input type="checkbox"/> REROOF (excluding tile)<br><input type="checkbox"/> TEAR-OFF<br><input type="checkbox"/> RESHEET<br><input type="checkbox"/> HOUSE # SQUARES _____<br># Stories _____<br>Material: _____ | (Residential ONLY)<br><input checked="" type="checkbox"/> HVAC INSTALLATIONS<br><input type="checkbox"/> CHANGE-OUT<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input checked="" type="checkbox"/> Roof mount<br><input type="checkbox"/> Curb<br><input type="checkbox"/> Heat pump or stock unit to gas.<br><input type="checkbox"/> Web furnace<br><input type="checkbox"/> Replaces Insect<br><input type="checkbox"/> Other (describe below)<br>Value of duct work: \$ _____<br>Equipment: \$ _____<br>Outfit: \$ _____ | (Residential ONLY)<br><input type="checkbox"/> WATER HEATER<br><input type="checkbox"/> GAS<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New<br><input type="checkbox"/> DRY ROT OR TERMITE DAMAGE<br>REPAIR<br><input type="checkbox"/> Flooding/leaks<br><input type="checkbox"/> Roof Structure<br><input type="checkbox"/> Exterior<br><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION*<br>(Residential and single apartment units ONLY)<br><input type="checkbox"/> SMOKE<br><input type="checkbox"/> PG&E<br>*NOTES: Correction Notice forms will require an additional building permit. | (Residential ONLY)<br>MINOR ELECTRICAL and/or MINOR PLUMBING<br><input type="checkbox"/> Electric Service Change<br><input type="checkbox"/> New electric chandelier<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Water Service<br><input type="checkbox"/> Sewer Service<br><input type="checkbox"/> Gas Line<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water<br><input type="checkbox"/> Waste<br>*RFR Faxback Permit updated 12/20/01 |
|---|---|---|--|

\* Design Review approval may be required.

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TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2005 12:17  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME : 12/07 12:16  
 FAX NO./NAME : 96865293  
 DURATION : 00:00:49  
 PAGE(S) : 04  
 RESULT : OK  
 MODE : STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0523356  
 TRANSACTION DATE: 12/07/2005  
 TRANSACTION AMOUNT: 190.72  
 NOTATION:

APD #: **0519109**  
 SITE ADDRESS: 2625 54TH ST SAC  
 PARCEL: 011-0232-024

TYPE: Bldg Minor Permit  
 SUB-TYPE: RES  
 HOUSING: N  
 STATUS: **ISSUED**

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

| Type    | Method | Description | Pymt Amount |
|---------|--------|-------------|-------------|
| Payment | Cash   |             | 190.72      |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description              | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|--------------------------|--------|-----------|-----------|--------------|
| 200     | Permit--Building-Res     | 1100   | 175.00    | .00       | 175.00       |
| 206     | City Business Oper Tax   | 1730   | 3.20      | .00       | 3.20         |
| 207     | Strong Motion (SMI)      | 1600   | .80       | .00       | .80          |
| 213     | General Plan Surcharge   | 1760   | 4.72      | .00       | 4.72         |
| 259     | Bldg-Technology Surcharg | 1750   | 7.00      | .00       | 7.00         |