

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0507289

Site Address: 3851 8TH AV SAC
Parcel No: 014-0174-020

Insp Area: 3
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR
OWNER BUILDER

OWNER
HABITAT FOR HUMANITY
426 N 7TH ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: NEW SFR 1074SF DWELLING, 244SF GARAGE, 72SF PORTCH---DESIGN REVIEW AREA---

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 _____ License Number 0 _____ Date _____ Contractor Signature _____

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 6-21-05 Owner Signature [Signature]

PAID
CITY OF SACRAMENTO
JUN 21 2005
PERMIT CENTER

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 a 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 _____ Applicant/Agent Signature _____

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 CNA/B Policy Number CNUR06717070N Exp Date 04/01/06

(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 6-21-05 Applicant Signature [Signature]

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.

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: <u>3851 8th Ave</u> (aka 3255 Martin Luther King J Blvd)	APN: 014-0174- ⁰²⁰ 014 & 015
DRPB AREA / PUD / SPD: Oak Park	ZONING: C-1
EXISTING LAND USE: Vacant	
PROPOSED USE: New Construction RSF x	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS : P03-073 (scheduled for hearing on 11/13/03) Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED : P03-073 app'd 11/13/03; DR03-308 app'd 12/15/03 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
<p>COMMENTS: Lot area = 7153. Lot coverage = 40 x 40 = 1600 / 7153 = 22 % total lot coverage. Meets setback and lot coverage requirements. Water Development Fee Waiver Form completed – Approved. APNs listed above have been merged into one parcel. Applicant has recorded Certificate of Compliance. The proposed must comply with all conditions of approval set forth in files P03-073 and DR03-308 5/23/2005</p>	
DATE: 10/31/03 (confirmed 12/23/03)	BY: Bonnie Surgeon (Phil Reed)

CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: Habitat for Humanities Phone: 440-1218

Property Address: 3851 8th Ave

APN: 014-074-020 Zoning: C-1 No. of Units: 1

This project qualifies for the fee waiver because it is in a:

REDEVELOPMENT AREA; or
 DESIGNATED INFILL AREA; or

QUALIFIED INFILL AREA, meeting all of the following requirements:

1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____

Date: _____

Fee Waiver Approved by: Quilce J. James

Date: 6/10/05

WD No: _____

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address Sacramento Habitat for Humanity
Project Address 3851 8th AVE
Parcel Number 014 - 0174 - 014 Lot No. _____
Subdivision Name Goeth: Addn No. of Units 1
Applicant's Signature [Signature] Title Building Manager
Phone No. (916) 442-1215 ext. 1106 Date 6-15-05

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0607289
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 1,074
Signature/Title Jay G. Building Inspector Date 6-13-05

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 10688

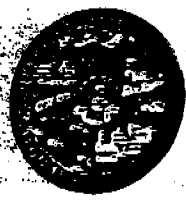
Exempt Comments _____
 Residential/Apartment/etc. 1,074 Square ft. x \$ 2.14 = \$ 2,405.76
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ 2,405.76

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature [Signature] Date 6/15/05

White & Canary - School District • Pink - Building Department • Goldenrod - Applicant



Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 014-0174-020 PERMIT # 0507289
 SITE ADDRESS 3851 8th AV ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | | |
|--|-------------------------------------|-------------------------------------|-----|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | Y | <input checked="" type="radio"/> *N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> *N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> *N | |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | Y | <input checked="" type="radio"/> N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> *N | N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> *N | |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> *N | |
| 13. Does another lot drain across this parcel? | *Y | <input checked="" type="radio"/> N | |
| 14. Does the lot drain from side to side? | *Y | <input checked="" type="radio"/> N | |
| 15. Does the site have an existing low area or drainage swale? | *Y | <input checked="" type="radio"/> N | |
| 16. Does the drainage swale drain to an adjacent parcel? | *Y | <input checked="" type="radio"/> N | N/A |
| 17. Does the drainage swale drain to the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> *N | N/A |
| 18. Will existing drainage be re-routed? | *Y | <input checked="" type="radio"/> N | |
| 19. Will drainage ditches or culverts be constructed or modified? | <input checked="" type="radio"/> *Y | <input type="radio"/> N | N/A |
| 20. Did this project require approval from the Zoning Administrator? | *Y | <input checked="" type="radio"/> N | |
| 21. Did the project require approval from the Planning Administrator? | *Y | <input checked="" type="radio"/> N | |

ISSUED
 City of Sacramento
 JUN 21 2005
 NORTH PERMIT
 CENTER

INSTALLATION CERTIFICATE

(Page 1 of 12) **CF-6R**

Site Address 3851 8th Av	Permit Number 0501289
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Installation certificates (CF-6R) are required for each and every dwelling unit. When the installation of measures that require field verification and diagnostic testing is complete, the builder or the builder's subcontractor shall complete diagnostic testing and the procedures specified in this section. When the installation is complete, the builder or the builder's subcontractor shall complete the CF-6R (Installation Certificate), and keep it at the building site for review by the building department. The builder also shall provide a copy of the Installation Certificate to the HERS rater for any measures requiring field verification and diagnostic testing, 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) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ²	Standby Loss (%) ²	External Insulation R-value ²
TANK	CECCHT	STD		1	36000	40	.62		

- 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	<i>Owner rep.</i>
Signature: <i>[Signature]</i>	Date: <i>12/20/05</i>

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address

3851 8th Ave

Permit Number

050789

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	MECAARD	0.390	0.390	2	1	20	Standard	Dyn N Face
2.	"	"	"	2	1	30	"	LR Slider
3.	"	"	"	2		20	"	Balcony Window
4.	"	"	"	1		6	"	Bed w walk
5.	"	"	"	2		1.5	"	Bath window
6.	"	"	"	2		1.5	"	Bath window
7.	"	"	"	2		2.0	"	Bed window
8.	"	"	"	2		2.0	"	Bed window
9.	"	"	"	2		2.0	"	Bed window
10.	"	"	"	2		2.0	"	Bed window
11.								
12.								
13.								
14.								
15.								

¹) Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

²) Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
1-9	Ullrich Proff	12/20/05	
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 3 of 12) CF-6R

Site Address	3851 Elm Ave	Permit Number	050789
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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 Type (pkg. heat pump)	CEC Certified Mfr. Name and Model 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)
gas furnace	LENNOX elite	1	80.0	attic	4.2	16100 16990	53000

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
split system	lennox MHI0 ACC-030-270-04	1	10.20	attic	4.2	17603	

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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Owner
Signature: 	Date: 12/20/05

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Site Address	Permit Number
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INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

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

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 checked="" type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr output, enter total calculated or measured fan flow in CFM here:		✓ ✓
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [_____ (Line # 1) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [_____ (Line # 4) Minus _____ (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Final [100 x [_____ (Line # 5) / _____ 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 ≤ 15% [100 x [_____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [_____ (Line # 7) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [_____ (Line # 6) / _____ (Line # 4)]] 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 type="checkbox"/> Pass <input type="checkbox"/> Fail

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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Site Address	Permit Number
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THERMOSTATIC EXPANSION VALVE (TXV)

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

✓	<input 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.	<input type="checkbox"/>	<input type="checkbox"/>
Yes is a pass				Pass	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 55°F 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 (T _{supply} , db)		°F
Return (evaporator entering) air dry-bulb temperature (T _{return} , db)		°F
Return (evaporator entering) air wet-bulb temperature (T _{return} , wb)		°F
Evaporator saturation temperature (T _{evaporator} , sat)		°F
Suction line temperature (T _{suction} , db)		°F
Condenser (entering) air dry-bulb temperature (T _{condenser} , db)		°F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = T _{suction} , db - T _{evaporator} , 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 - T _{supply} , 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

INSTALLATION CERTIFICATE

(Page 6 of 12) CF-6R

Site Address	Permit Number
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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 checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
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Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 °F)

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 °F 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.
Weigh-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 checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
-------------------------------------	------------------------------	-----------------------------	---------------

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

MISCELLANEOUS CREDITS

✓ **DIAGNOSTIC SUPPLY DUCT LOCATION, SURFACE AREA AND R-VALUE**
Procedures for field verification and diagnostic testing for this group compliance credits are available in RACM, Appendix RC, RE & RH.

✓ **LESS THAN 12 LINEAL FEET OF SUPPLY DUCT OUTSIDE OF CONDITIONED SPACE COMPLIANCE CREDIT**
 Yes No Less than 12 lineal feet of supply duct outside of conditioned space.
 Yes to this compliance credit is a pass Pass Fail

✓ **SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT**
 Yes No Ducts are located within the conditioned volume of building.
 Yes to this compliance credit is a pass Pass Fail

Duct System Design verification is required for a compliance credit for the following:

1. Supply duct surface area reduction
2. Buried supply ducts on the ceiling
3. Deeply buried supply ducts

✓ **DUCT SYSTEM DESIGN VERIFICATION**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate airflow verified		
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2		
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	The duct system design plan exists on building plans		
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct sizes, duct system layout and locations of supply & return registers match the duct system design plan		
Yes to all is a pass			<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

✓ **SUPPLY DUCTS SURFACE AREA REDUCTION COMPLIANCE CREDIT**

Attic	Crawl Space	Basement	Covered	Deeply Covered	Other	Duct Diameter	R-4.2 Surface Area	R-6.0 Surface Area	R-8.0 Surface Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total Surface Area for Each R-Value =									
atches Performance's CF-IR?								<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Yes to all is a pass							<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

✓ **BURIED DUCTS ON THE CEILING COMPLIANCE CREDIT**

<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Buried Ducts on the Ceiling		
<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verified High Insulation Installation Quality		
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass			<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

✓ **DEEPLY BURIED DUCTS COMPLIANCE CREDIT**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deeply Buried Ducts		
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verified High Insulation Installation Quality		
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

INSTALLATION CERTIFICATE

(Page 8 of 12) CF-6R

Site Address

Permit Number

FAN WATT DRAW

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

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

ADEQUATE AIRFLOW VERIFICATION

Procedures for measuring the airflow are available in RACM, Appendix RE3.1.

<input checked="" type="checkbox"/> Method For Airflow Measurement				
<input type="checkbox"/>	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood		
<input type="checkbox"/>	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching		
<input type="checkbox"/>	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct design exists on plans		
		Measured Airflow:		Total cfm
		Rated Tons cfm/ton		cfm/ton
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Measured airflow is greater than the criteria in Table RE-2	<input type="checkbox"/>	<input type="checkbox"/>
Yes is a pass			Pass	Fail

MAXIMUM COOLING CAPACITY

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

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refrigerant charge or TXV			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct leakage reduction credit verified			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooling capacities of installed systems are \leq to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 \leq to electrical input in the CF-1R.	<input type="checkbox"/>	<input type="checkbox"/>	
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass						Pass	Fail

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EER values of installed systems match the CF-1R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Delay Relay Verified (If Required)			
Yes to 1 and 2; and 3 (If Required) is a pass						Pass	Fail

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

Signature:

Date:

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

INSTALLATION CERTIFICATE		(Page 9 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).

BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

ENVELOPE SEALING INFILTRATION REDUCTION

Procedures for field verification and diagnostic testing of envelope leakage are available in RACM, Appendix RC.

Diagnostic Testing Results									
Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater:									
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measured envelope leakage less than or equal to the required level from CF-1R?						
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Mechanical Ventilation shown as required on the CF-1R?						
2a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Mechanical Ventilation is required on the CF-1R ('Yes' in line 2), has it been installed?						
2b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box 'yes' if mechanical ventilation is required ('Yes' in line 2) and ventilation fan watts are no greater than shown on CF-1R. Measured Watts =						
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box "yes" if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no mechanical ventilation is required.)						
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box "yes" if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.						
			Pass if: a. Yes in line 1 and line 3, or b. Yes in line 1 and line 2, 2a, and 2b, or c. Yes in line 1 and Yes in line 4. Otherwise fail.						
			<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Pass</td> <td style="text-align: center;">Fail</td> </tr> </table>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass	Fail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
Pass	Fail								

I, the undersigned, verify that the building envelope leakage meets the requirements claimed for building leakage reduction below default assumptions as used for compliance on the CF-1R. This is to certify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. (The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or subcontractors certifying that diagnostic testing and installation meet the requirements for compliance credit.)

Test Performed	
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE), BUILDING OWNER AT OCCUPANCY

Site Address

3851 8th Ave

Permit Number

0507289

Insulation Installation Quality Certificate

Description of Insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches

Installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

<input checked="" type="checkbox"/> FLOOR			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<input checked="" type="checkbox"/> WALLS			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the batt surface area.
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
Yes	No	NA	
<input checked="" type="checkbox"/> ROOF/CEILING PREPARATION			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attic rulers installed
Yes	No	NA	

INSTALLATION CERTIFICATE (Page 11 of 12) CF-6R

Site Address 3851 8th Ave	Permit Number 0907289
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✓ **ROOF/CEILING BATTS**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over ¼ in. deep or more than 10% of the batt surface area.
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	

✓ **ROOF/CEILING LOOSE-FILL**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value _____ . Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation _____ . Manufacturer's minimum required settled thickness _____ . Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (CF-6R only)
Yes	No	NA	

DECLARATION

✓ I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature: Mark P. E.	Date: 12/20/05

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE), BUILDING OWNER AT OCCUPANCY

INSTALLATION CERTIFICATE		(Page 12 of 12) CF-6R
Site Address <u>3891 8th Ave</u>	Permit Number <u>0907289</u>	
County Subdivision _____	Lot Number _____	

Description of Insulation (Formerly IC-1 Form)

1. RAISED FLOOR
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____

2. SLAB FLOOR/PERIMETER
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____
 Perimeter Insulation Depth (inches) _____

3. EXTERIOR WALL
 Frame Type _____
 A. Cavity Insulation
 Material Fiberglass batts Brand Name CertainTeed
 Thickness (inches) 3 1/2" Thermal Resistance (R-Value) R-13
 B. Exterior Foam Sheathing
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____

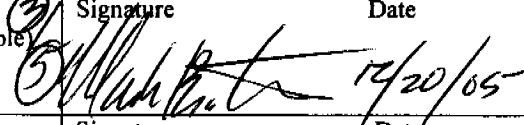
4. FOUNDATION WALL
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____

5. CEILING
 Batt or Blanket Type Fiberglass Brand Name CertainTeed
 Thickness (inches) 11.5" Thermal Resistance (R-Value) R-38
 Loose Fill Type _____ Brand _____
 Contractor's min installed weight/ft² _____ lb Minimum thickness _____ inches
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____

6. ROOF
 Material _____ Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____

Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficiency Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item #s (if applicable) <u>3</u>	Signature 	Date <u>12/20/05</u>	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