

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0518868**

**Insp Area: 4**

**Thos Bros:**

**Sub-Type: NSFR**

**Housing (Y/N):**

**Site Address: 370 SOARING HAWK WY SAC**  
Parcel No: **TREASURE HOMES @ WILLOW CREEK LOT 28**  
N

**CONTRACTOR**  
TREASURE HOMES  
1386 LEAD HILL BLVD. #300  
ROSEVILLE, CA. 95661

**OWNER**

**ARCHITECT**

**Nature of Work: MP 2271 2 STORY 9 ROOM SFR**

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 770778 Date 12/2/05 Contractor Signature *Jane Hausley*

**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: NEIGHBORHOODS / PLANNING AND DEVELOPMENT SERVICES  
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 a ny 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12/2/05 Applicant/Agent Signature *Jane Hausley*

**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 STATE FUND Policy Number 1579166-2005 Exp Date 02/01/2006

(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 12/2/05 Applicant Signature *Jane Hausley*

**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.**

**INSTALLATION CERTIFICATE**

(page 2 of 4)

CF-6R

370 Soaring Hawk Ln  
Site Address

0518868  
Permit Number

**FENESTRATION / GLAZING (LOWE):**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (CF-1R value) <sup>2</sup>	Site Built Products		Quantity (Options)	Total Square Feet	Comment/ Special Features
			# of Panes	Default U-Value <sup>2</sup>			
1. VINYL / WINDOWS	FIXED	.33					EXCEEDS CF-1R REQUIREMENTS
2. VINYL / WINDOWS	SH	.37					EXCEEDS CF-1R REQUIREMENTS
3. VINYL / WINDOWS	XO	.37					EXCEEDS CF-1R REQUIREMENTS
4. VINYL / PATIO DOORS	XO	.35					EXCEEDS CF-1R REQUIREMENTS
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>2</sup> Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration / glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or 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) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6) where applicable.

ATI WINDOWS

Item #'s  
(if applicable)

Signature, Date

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

Item #'s  
(if applicable)

Signature, Date

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

Item #'s  
(if applicable)

Signature, Date

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

COPY TO: Building Department  
Building Owner at Occupancy

Revised March 1, 1996



101#28

# Installation Certificate

4700 Lang Avenue • McClellan, CA 95652

916.646.2222 • Contractor Lic. #162634

370 Searing Hawk way West Sacramento, Ca 95673

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:

	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	75	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" 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, enter total calculated or measured fan flow in CFM here:	1628	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq$ 6% for Final or $\leq$ 4% at Rough-in: [100 x [75 (Line # 1) / 1628 (Line # 2)]]	4.6%	<input checked="" 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)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage $\leq$ 6% for Final or $\leq$ 4% at Rough-in [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

9	Pass if Leakage Percentage $\leq$ 15% [100 x [ (Line # 5) / (Line # ) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq$ 10% [100 x [ (Line # 7) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq$ 60% [100 x [ (Line # 6) / (Line # 4) ]]		<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

DSS  
Signature

5/31/06  
Date

Beutler  
Installing Subcontractor (Co. Name) or  
General Contractor (Co. Name)

1204600137

March 2006

**CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING**

CF-4R

Project Title: Fallen Leaf  
 Project Address: 370 Soaring Hawk Lane  
 Builder Contact: MIKE MATTINGLY 916 257 0119  
 HERS Rater: MIKE NYGREN 916 870 8330  
 Certifying Signature: [Signature]  
 Firm: ConSol  
 Date: 6/13/06  
 Date: 6/13/06  
 Builder Name: TREASURE HOMES  
 Plan Number: 4  
 Sample Group Number: 1  
 Sample House Number: 28  
 HERS Provider: ConSol  
 Street Address: 7407 Tam O'Shanter Dr., Suite 200  
 City/State/Zip: Stockton, CA 95210  
 Copies to: Builder, HERS Provider

**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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.
- The installer has provided a copy of CF-6R (Installation Certificate).
  - Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
  - Where cloth backed, rubber adhesive duct tape is installed, mastics 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**

Duct Diagnostic Leakage Testing Results (Maximum 5% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

If fan flow is calculated as 400cfm/ton x number of tons enter calculated value here

If fan flow is measured enter measured value here

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.6%  
 Check Box for Pass or Fail (Pass=5% or less)

Measured values

90  
1600

Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV)**

Yes  No Thermostatic Expansion Valve is installed and Access is provided for inspection

Yes is a pass

Pass  Fail

**MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT**

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan).

2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = \_\_\_\_\_

Yes for both 1 and 2 is a Pass

Pass  Fail

(Succo)

**INSTALLATION CARD**

Diamond Wall One Coat System  
Omega Products International, Inc.

Job Address

Production House E. Filled Leaf  
370 Searing Hawk Lane  
Lot 28

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004

Date of Job Completion 4/26

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 489-8455

Approved contractor number as  
issued by coating manufacturer: \_\_\_\_\_

Applicator # 318

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

[Signature]

Signature of authorized representative  
or plastering contractor

6/12/06

Date

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

FIGURE 3

**RESIDENTIAL KITCHEN LIGHTING WORKSHEET**

**WS-5R**

Project title: **FALLON LEAP**

PLAN 4

DATE: **7/4/2005**

At least 50% of the total rated wattage of permanently installed luminaires in the kitchen must be in luminaires that are high efficacy luminaires as defined in Table 150-C. Luminaires that are not high efficacy must be switched separately.

**Kitchen Lighting Schedule.** Provide the following information for all luminaires to be installed in kitchens.

Luminaire Type	High Efficacy?	Watts	x	Quantity	=	High efficacy watts	or	Other Watts
F32T8	Yes <input type="checkbox"/>	32	x	7	=	224	or	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or	
Totals of A & B:					A:	224	B:	0
COMPLIES IF A ≥ B								Yes <input checked="" type="checkbox"/>

**Rules for Determining Residential Kitchen Luminaire Wattage**

**Screw Base Sockets §130(c) 1**

(Not containing permanently installed ballasts) The maximum relamping rated wattage of the luminaire, as listed on a permanent factory installed label (luminaire wattage is not based on type or wattage of lamp that is used).

**Permanently or Remotely Installed Ballasts §130(c) 2**

The operating input wattage of the rated lamp/ballast combination based on values published in manufacturer's catalogs based on independent testing lab reports.

**Line Voltage Track Lighting (90 through 480 volts) §130(c) 3**

1. Volt-ampere (VA) rating of the branch circuit(s) feeding the tracks; or
2. The higher of
  - The wattage (or VA) rating of an approved integral current limiter controlling the track system or
  - 15 watts per linear foot of the track; or
3. The higher of
  - 45 W per linear foot of the track or
  - The total wattage of all of the luminaires included in the system.

**Low Voltage Track Lighting (less than 90 volts) §130(c) 4**

Rated wattage of the transformer feeding the system, as shown on a permanent factory-installed label

**Other Lighting §130(c) 5**

(Lighting systems that are not addressed in §130 (c) 1-4) The maximum rated wattage, or operating input wattage of the system, listed on a permanent factory installed label, or published in manufacturer's catalogs, based on independent testing lab reports.

# Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 570 (Lot 28) Soaring Hawk Lane Sacramento CA  
Number Street City State

## Ceilings:

Blow: Manufacturer Johns Manville Thickness 15.75" R / Value R-38  
Square Feet 1242 # Bags / Lba. Per Bag 29

Batts: Manufacturer Johns Manville Thickness 13" R / Value R-38  
Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

## Exterior Walls:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19  
Manufacturer Johns Manville Thickness 3.5" R / Value R-13

## Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Air Infiltration: (Title 24)

Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Contractor: Treasure Homes Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

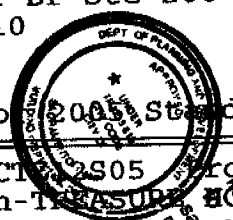
Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 4/28/06

Date..06/29/05 16:03:42

Project Title..... WILLOWCREEK \*\*\*\*\*  
 Project Address..... PLAN 4 \*v7.00\*  
 Documentation Author... SACRAMENTO - CZ 12 \*\*\*\*\*  
 LESLIE HOYT  
 ConSol  
 7407 Tam O'Shanter Dr Ste 200  
 Stockton, CA 95210  
 209-473-5000  
 Climate Zone..... 12  
 Compliance Method..... MICROPAS7 v7.00 for 2005 Standards by Enercomp, Inc.

Building Permit #
Plan Check / Date
Field Check/ Date



MICROPAS7 v7.00 File-THWC4 Wth-CT 205 Program-FORM CF-1R  
 User#-MP0105 User-ConSol Run-THWC4 HOMES - PLAN 4

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (TDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	19.17	18.03	1.05
Space Cooling.....	17.02	15.47	1.73
Water Heating.....	10.55	7.27	3.28
<b>North Total</b>	<b>46.74</b>	<b>37.68</b>	<b>9.06</b>
Space Heating.....	19.17	18.03	1.14
Space Cooling.....	17.02	15.47	1.55
Water Heating.....	10.55	7.27	3.28
<b>East Total</b>	<b>46.74</b>	<b>40.77</b>	<b>5.97</b>
Space Heating.....	19.17	18.22	0.95
Space Cooling.....	17.02	13.05	3.97
Water Heating.....	10.55	7.27	3.28
<b>South Total</b>	<b>46.74</b>	<b>38.54</b>	<b>8.20</b>
Space Heating.....	19.17	18.47	0.70
Space Cooling.....	17.02	14.85	2.17
Water Heating.....	10.55	7.27	3.28
<b>West Total</b>	<b>46.74</b>	<b>40.59</b>	<b>6.15</b>

\*\*\* Building complies with Computer Performance \*\*\*

GENERAL INFORMATION

HERS Verification..... Not Required  
 Conditioned Floor Area..... 2271 sf  
 Building Type..... Single Family Detached  
 Construction Type ..... New  
 Fuel Type ..... NaturalGas  
 Building Front Orientation. Cardinal - N,E,S,W  
 Number of Dwelling Units... 1  
 Number of Building Stories. 2  
 Weather Data Type..... FullYear

17



Floor Construction Type.... Slab On Grade  
 Number of Building Zones... 1  
 Conditioned Volume..... 20869 cf  
 Slab-On-Grade Area..... 1005 sf  
 Glazing Percentage..... 17.6 % of floor area  
 Average Glazing U-factor... 0.38 Btu/hr-sf-F  
 Average Glazing SHGC..... 0.3  
 Average Ceiling Height..... 9.2 ft

BUILDING ZONE INFORMATION

one Type	Floor Area (sf)	Volume (cf)	# of Dwell Units	Cond-itioned	Thermostat Type	Vent Height (ft)	Vent Area (sf)	Verified Leakage or Housewrap
Residence	2271	20869	1.00	Yes	Setback	8.0	Standard	No

OPAQUE SURFACES

urface	Frame Type	Area (sf)	U-factor	Cavity R-val	Sheath- ing R-val	Act Azm	Tilt	Solar Gains	Appendix IV Reference	Location/ Comments
1 Wall	Wood	684	0.068	13	0	0	90	Yes	IV.9 C3	Front Wall
2 Wall	Wood	78	0.102	13	0	0	90	Yes	IV.9 A3	Front Wall
3 Wall	Wood	58	0.068	13	0	315	90	Yes	IV.9 C3	Front Wall
4 Wall	Wood	402	0.068	13	0	90	90	Yes	IV.9 C3	Left Wall
5 Wall	Wood	18	0.102	13	0	90	90	Yes	IV.9 A3	Left Wall
6 Wall	Wood	770	0.068	13	0	180	90	Yes	IV.9 C3	Back Wall
7 Wall	Wood	237	0.068	13	0	270	90	Yes	IV.9 C3	Right Wall
8 Wall	Wood	18	0.102	13	0	270	90	Yes	IV.9 A3	Right Wall
9 Wall	Wood	161	0.102	13	0	0	90	No	IV.9 A3	Garage Wall
0 Door	Other	24	0.500	0	0	315	90	Yes	IV.28 A4	Entry Door
1 Door	Other	18	0.500	0	0	270	90	No	IV.28 A4	Garage Door
2 FloorExt	Wood	329	0.048	19	0	n/a	0	No	IV.21 A4	Above Garage
3 FloorExt	Wood	4	0.048	19	0	n/a	0	No	IV.21 A4	At Cantilever
4 RoofRad	Wood	1288	0.025	38	0	n/a	0	Yes	IV.1 A18	Flat w/ Attic
5 RoofRad	Wood	50	0.048	19	0	n/a	0	Yes	IV.1 A14	At Furnace

PERIMETER LOSSES

Surface	Length (ft)	F2 Factor	Insul R-val	Solar Gains	Appendix IV Reference	Location/ Comments
16 SlabEdge	119	0.730	R-0	No	EDGE.EXT	To Outside
17 SlabEdge	20	0.730	R-0	No	EDGE.EXT	To Garage

18

FENESTRATION SURFACES

Orientation	Area (sf)	U-factor	SHGC	Act Azm	Tilt	Exterior Shade Type	Location/Comments
1 Wind Front (N)	15.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
2 Wind Front (N)	20.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
3 Wind Front (N)	15.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
4 Wind Front (N)	8.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
5 Wind Front (N)	15.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
6 Wind Right (NW)	8.0	0.390	0.290	315	90	Standard	SNGL HNG / VINYL / SSGLZ
7 Wind Front (N)	10.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
8 Wind Front (N)	10.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
9 Wind Front (N)	10.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
10 Wind Left (E)	16.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
11 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
12 Wind Left (E)	20.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
13 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
14 Wind Left (E)	16.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
15 Door Back (S)	21.6	0.400	0.400	180	90	Standard	FRNCH DR / NON-METAL / S
16 Wind Back (S)	20.0	0.350	0.300	180	90	Standard	FIXED / VINYL / SSGLZ
17 Wind Back (S)	30.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ
18 Wind Back (S)	8.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ
19 Wind Back (S)	8.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ
20 Wind Back (S)	20.0	0.350	0.300	180	90	Standard	FIXED / VINYL / SSGLZ
21 Wind Back (S)	8.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ
22 Wind Back (S)	20.0	0.380	0.290	180	90	Standard	SLIDER / VINYL / SSGLZ
23 Wind Back (S)	5.0	0.350	0.300	180	90	Standard	FIXED / VINYL / SSGLZ
24 Wind Right (W)	20.0	0.390	0.290	270	90	Standard	SNGL HNG / VINYL / SSGLZ
25 Wind Right (W)	15.0	0.390	0.290	270	90	Standard	SNGL HNG / VINYL / SSGLZ
26 Wind Right (W)	5.0	0.390	0.290	270	90	Standard	SNGL HNG / VINYL / SSGLZ
27 Wind Right (W)	5.0	0.390	0.290	270	90	Standard	SNGL HNG / VINYL / SSGLZ

OVERHANGS

Surface	Area (sf)	Window		Overhang			
		Width	Height	Depth	Height	Left Extension	Right Extension
1 Window	15.0	n/a	5.0	3.0	0.3	n/a	n/a
3 Window	15.0	n/a	5.0	1.0	2.5	n/a	n/a
4 Window	8.0	n/a	4.0	1.0	0.3	n/a	n/a
5 Window	15.0	n/a	5.0	1.0	2.5	n/a	n/a
6 Window	8.0	n/a	4.0	1.0	0.3	n/a	n/a
7 Window	10.0	n/a	5.0	1.0	1.8	n/a	n/a
9 Window	10.0	n/a	5.0	1.0	0.5	n/a	n/a
12 Window	20.0	n/a	5.0	4.7	0.3	n/a	n/a
14 Window	16.0	n/a	4.0	1.0	0.3	n/a	n/a
15 Door	21.6	n/a	8.0	11.3	0.3	n/a	n/a
19 Window	8.0	n/a	4.0	1.0	0.3	n/a	n/a
20 Window	20.0	n/a	5.0	1.0	0.3	n/a	n/a
21 Window	8.0	n/a	4.0	1.0	0.3	n/a	n/a
22 Window	20.0	n/a	5.0	1.0	0.3	n/a	n/a
23 Window	5.0	n/a	2.5	1.0	0.3	n/a	n/a
25 Window	15.0	n/a	5.0	1.0	0.3	n/a	n/a
26 Window	5.0	n/a	2.5	1.0	1.8	n/a	n/a

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	1005

HVAC SYSTEMS

System Type	Number of Systems	Minimum Efficiency	EER	Verified Refrig Charge or TXV	Verified Adequate Airflow	Verified Fan Watt Draw	Maximum Cooling Capacity
Furnace	1	0.900 AFUE	n/a	n/a	n/a	n/a	n/a
ACSplit	1	13.00 SEER	No	No	No	No	No

HVAC SIZING

System Type	Total Heating Load (Btu/hr)	Sensible Cooling Load (Btu/hr)	Design Cooling Capacity (Btu/hr)	Verified Maximum Cooling Capacity (Btu/hr)
Furnace	41843	n/a	n/a	n/a
ACSplit	n/a	27930	33282	n/a

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

DUCT SYSTEMS

System Type	Duct Location	Duct R-value	Verified Duct Leakage	Verified Surface Area	Verified Buried Ducts
Furnace	Attic	R-4.2	No	No	No
ACSplit	Attic	R-4.2	No	No	No

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
Instantaneous	Gas	PipeInsulation	1	n/a	n/a	R-n/a

WATER HEATING SYSTEMS DETAIL

System	Recovery Efficiency	Rated Input	Standby Loss Fraction	Internal Tank Insulation R-value	Pilot Light
1 Instantan	0.80	n/a	n/a	R- n/a	n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

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

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

This building incorporates a Radiant Barrier.

This building incorporates a non-standard Water Heating System.

REMARKS

DUAL PANE, VINYL WITH SPECTRALLY SELECTIVE GLASS  
 U-FACTORS = 0.38 (SL) / 0.39 (SH) / 0.35 (FX) / 0.36 (PATIO)  
 SHGC = 0.29 (SL) / 0.29 (SH) / 0.30 (FX) / 0.31 (PATIO)  
 SEE MANUFACTURER'S U-FACTOR & SHGC TABLE

DUAL PANE, NON-METAL WITH SPECTRALLY SELECTIVE GLASS  
 U-FACTOR = 0.40 (FRENCH DOOR)  
 SHGC = 0.40 (FRENCH DOOR)  
 SEE FENESTRATION DEFAULT U-FACTOR & SHGC TABLE

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title-24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility.

DESIGNER or OWNER

Name.... PHIL BARNES  
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Phone... (916) 773-5581  
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Signed.. *Phil Barnes* 7.15.05  
(date)

DOCUMENTATION AUTHOR

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Stockton, CA 95210  
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Signed.. *Leslie Hoyt* 6/29/05  
(date)

ENFORCEMENT AGENCY

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

22