

TYPE 3

Site Address 7500 Abiding Place

Permit Number 0504379

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; however, use of this form to provide the information is optional.) 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(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	York GY9506 DB12 UPII	2	90		4.2	55	60
	York GY9506 DB12 UPII	1	90		4.2	76	80

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SPLIT	York HIRD 024	1	13 SEER		4.2	20.8	19
"	" " 042	1	" "		4.2	20.1	37.6
"	" " 030	1	" "		4.2	22.4	27.5

1.  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above 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.

[Signature] 3/2/05  
Signature, Date

BROWN CONSTRUCTION INC.  
Installing Subcontractor (Co. Name) OR  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
Gas	Rheem 91VR40N	STD	N/A	3	40,000	40	62		R-20

- 2. 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. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

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.

[Signature]  
Signature, Date

BROWN CONSTRUCTION INC.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

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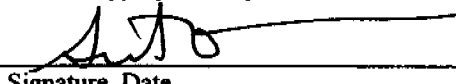
**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>ALPINE</u>							
2. <u>Z70 SERIES</u>	<u>.50</u>	<u>.61</u>	<u>2</u>	<u>18</u>	<u>200</u>		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> 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.

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.

		<u>BROWN CONSTRUCTION INC.</u>
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

**SIGNET**  
Testing Labs, Inc.

JONAS

7500 Abiding Pl  
0504379

Formuly La Sandia

DATE: 6-29-05  
PROJECT NO. 16415  
PROJECT: Phoenix Park II  
LOCATION: Sacramento

DSA FILE/APPL. NO.  
OSHPD NO.  
PERMIT NO.  
WEATHER: FAIR TEMP:

PROOF LOAD     TORQUE     WITNESSING

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: SN 244    GAGE: 10000 5492    TORQUE WRENCH:  
RAM:    GAGE:    TORQUE WRENCH:

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
Building 94 Hold-down A.T.	5/8" bolt A.T.	8	100	3040	1251	8	-	-
	5/8" A.T.	4	100	8240	3322	4	-	-

Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_

Visual inspection was performed on \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_

All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: \_\_\_\_\_ Inspector: Bill Boor

3121 Diablo Avenue  
Hayward CA 94545

4741 Pell Drive #8  
Sacramento CA 95838

520 Mercantile Street #A  
Cotati, CA 94931

310 W 5th Street #203  
Santa Ana CA 92701



**F. RODGERS INSULATION, INC.**

Thermal Insulation Contractors  
Residential

INSULATION  
CERTIFICATE

09344

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550  
(925) 294-9400 • FAX (925) 294-9475  
1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691  
(916) 386-9400 • FAX (916) 386-9446

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THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATION, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Street Broad Const. LOT # 94 TRACT # Phoenix Park  
CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER OC THICKNESS/TYPE \_\_\_\_\_ R- VALUE 13

CEILING:

MANUFACTURER OC THICKNESS/TYPE \_\_\_\_\_ R- VALUE 30

BLOWN IN: OC MINIMUM THICKNESS/TYPE \_\_\_\_\_ R- VALUE 30

MANUFACTURER OC THICKNESS/TYPE \_\_\_\_\_ R- VALUE 30

SQUARE FOOTAGE COVERED 1990 NUMBER OF BAGS USED \_\_\_\_\_ R- VALUE 30

FLOORS & OVERHANGS: \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE 17

MANUFACTURER OC THICKNESS/TYPE \_\_\_\_\_ R- VALUE 11

OTHER: \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL  
CALIFORNIA CONTRACTORS LICENSE #771285

DATE 8-18-05  
SIGNATURE [Signature] TITLE insulation

White - Customer Copy Yellow - Invoice Copy Pink - Field Copy Gold - Office Copy