

TRANSMISSION VERIFICATION REPORT

TIME : 02/21/2006 14:32  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME : 02/21 14:31  
 FAX NO./NAME : 915306228714  
 DURATION : 00:01:05  
 PAGE(S) : 03  
 RESULT : OK  
 MODE : STANDARD  
 ECM

*Smit's*

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0602907  
 TRANSACTION DATE: 02/21/2006  
 TRANSACTION AMOUNT: 194.92  
 NOTATION:

**ISSUED  
 CITY OF SACRAMENTO  
 FEB 21 2006  
 DOWNTOWN PERMIT  
 CENTER**

APD #: **0602152**  
 SITE ADDRESS: 3100 65TH ST SAC  
 PARCEL: 015-0084-008

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

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

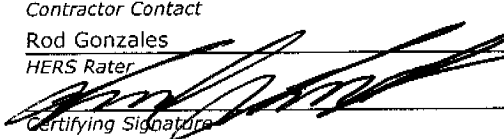
Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	194.92

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	4.67	.00	4.67
207	Strong Motion (SMI)	1600	1.17	.00	1.17
213	General Plan Surcharge	1760	7.08	.00	7.08
220	Older Technology Surcharge	1750	7.00	.00	7.00

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

**CF-4R**

3100 65th street <i>Project Address</i>	smits sheetmetal inc. / 365102 <i>Contractor Name / License No.</i>
	0602154 <i>Permit Number</i>
Rod Gonzales <i>HERS Rater</i>	530-295-4911 <i>Telephone</i>
	20475 <i>Sample Group Number</i>
	April 3, 2006 <i>Date</i>
	CC14-1798361077 <i>Certificate Number</i>
Firm: ESC Street Address: 605 North Circle Dr.	HERS Provider: <b>CalCERTS</b> City/State/Zip: Diamond Springs / CA / 95619

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 type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured 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: <b>Pre-Test</b> of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.	Not Tested	
5	Enter Tested Leakage Flow in CFM: <b>Final Test</b> 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 checked="" 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
	<b>Pass if One of Lines #9 through #12 pass</b>		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

3100 65 St  
 0602152  
 Rater 5/4/06 SLR

**INSTALLATION CERTIFICATE**

(Page 1 of 13)

CF-6R

Daniels Nancy  
 Site Address 3100 65<sup>th</sup> Street SAE 95220 Permit Number SAE city 0602184

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)
<u>pkc</u>	<u>4C4024610A</u>	<u>1</u>	<u>80</u>	<u>Attic</u>	<u>R6</u>	<u>38,000</u>	<u>48,000</u>

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)
<u>pkc</u>	<u>11</u>	<u>1</u>	<u>19</u>	<u>Attic</u>	<u>R6</u>	<u>38,000</u>	<u>48,000</u>

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, Date [Signature] 3-17-02

[Signature] Smiths Home  
 Installing Subcontractor (Co. Name)  
 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>

- 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.
- 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, Date \_\_\_\_\_

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

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

L-4-2

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 1 of 5) - CFIR		
Project Title <b>Nancy Daniel</b>	Date <b>2/26/06</b>	Building Permit # <b>SAC 0602134</b>
Project Address <b>3100 65<sup>th</sup> Street Sacramento Ca 95820</b>		Plan Check / Date
Documentation Author	Telephone <b>916-834-7842</b>	Field Check / Date
Compliance Method (Prescriptive)	Climate Zone	Enforcement Agency Use Only

Alternative Component Package Method: (check one)     C         D         D     (Alternative)  
 \* Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-IR page 3)  
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

**GENERAL INFORMATION**

Total Conditioned Floor Area (CFA) \_\_\_\_\_ ft<sup>2</sup>  
 Average Ceiling Height: \_\_\_\_\_ ft  
 Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C ---- (5% X CFA) \_\_\_\_\_ ft<sup>2</sup>  
 Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C ---- (20% X CFA) \_\_\_\_\_ ft<sup>2</sup>

Building Type: (check one or more)     Single Family         Multifamily         Addition         Alteration      
 (If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_  
 Floor Construction Type: \_\_\_\_\_ Slab/Raised Floor (circle one or both)  
 Front Orientation: \_\_\_\_\_ North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

**RADIANT BARRIER** (required in climate zones 2, 4, 8-15)

**OPAQUE SURFACES INCLUDING OPAQUE DOORS**

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies) <sup>1</sup>	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or No	Location Comments (attic, garage, typical, etc.)

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

**CERTIFICATE OF COMPLIANCE: RESIDENTIAL** (Page 2 of 5) **CF-1R**

Project Title Daniel, Nancy Date 2/6/06

**FENESTRATION PRODUCTS - U-FACTOR AND SHGC**

FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R - must be included for New Construction, Additions and Alterations.

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Orientation, N, S, E, W <sup>1</sup>	Area (ft <sup>2</sup> )	U-factor <sup>2</sup>	U-factor Source <sup>3</sup>	SHGC <sup>4</sup>	SHGC Source <sup>5</sup>	Exterior Shading/Overhangs <sup>6,7</sup> ✓ box if WS-3R is included
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A.
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

**HVAC SYSTEMS**

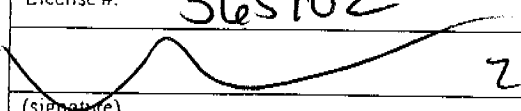
Heating Equipment Type and Capacity (furnace, heat pump, boiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)
<u>Furnace 48,000</u>	<u>80</u>	<u>Attic</u>	<u>R-6</u>	<u>Setback</u>	<u>PK</u>

Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
<u>A/C 48,000</u>	<u>14</u>	<u>Attic</u>	<u>R-6</u>	<u>Setback</u>	<u>PK</u>

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 5 of 5) CF-IR	
Project Title <b>Daniel, Nancy</b>	Date <b>2-6-06</b>

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and 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. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)	Documentation Author
Name: <b>Smit's HVAC</b>	Name: <b>Kelly Muxa</b>
Title/Firm: <b>Smit's Heating &amp; Air Conditioning</b>	Title/Firm: <b>Smit's Heating &amp; Air Conditioning</b>
Address: <b>Calif Contr. No. 365102</b>	Address: <b>Calif Contr. No. 365102</b>
<b>Comfort you can count on since 1972</b>	<b>Comfort you can count on since 1972</b>
<b>6205A Enterprise Drive</b>	<b>6205A Enterprise Drive</b>
Telephone: <b>Diamond Springs, CA 95619</b>	Telephone: <b>Diamond Springs, CA 95619</b>
License #: <b>365102</b>	
(signature)  <b>2-6-06</b> (date)	(signature) <b>Kelly Muxa</b> <b>2-6-06</b> (date)

Enforcement Agency

Name: _____	Comments: _____ _____ _____ _____ _____
Title: _____	
Agency: _____	
Telephone: _____	
(signature / stamp) _____ (date) _____	



Building Permit

\*\*\*\*\* Office Use Only \*\*\*\*\*

**ISSUED**  
CITY OF SACRAMENTO

Permit No. \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 Insp Area #: \_\_\_\_\_

FEB 21 2006

**DOWNTOWN PERMIT  
 CENTER**

Inspection Request # (916) 264-7622

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*

Site Address: 3100 65th St. Sacramento Ca 95820  
 Nature of Work: Cut in base pgs unit

\*\*\*\*\*  
**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 C-43 License Number 305102 Date \_\_\_\_\_ Signature Jessica Glenn

**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 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 7031.5 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 Professions 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 \_\_\_\_\_ 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 2/17/06 Applicant/Agent Signature Jessica Glenn

**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 Glendon In.  
 Policy Number 01-K70030140 Expiration Date 1-1-06

(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 2/17/06 Applicant Signature Jessica Glenn

**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.

200/100 P.001/002

DEVELOPMENT SERVICES

FEB.23.2005 08:47 916-264-1902