CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0608981
Insp Area: 2
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 8551 NEOPOLITAN WY SAC
Parcel No: SHELDON FARMS LOT #22

PAID
CITY OF SACRAMENTO
JUN 2 8 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

CONTRACTOR
D. R. HORTON INC.
11919 FOUNDATION PL
GOLD RIVER CA 95670

OWNER

ARCHITECT

Nature of Work: MP2194 2 STORY 8 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'sAddress_____

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 750190 Date 6-23-06 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_____ 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 6-23-06 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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2006

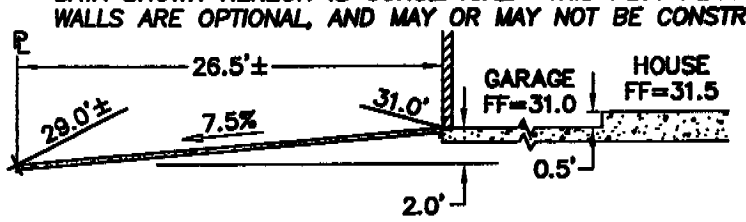
_____ (This section need not be completed if the permit is for $100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6-23-06 Applicant Signature _____

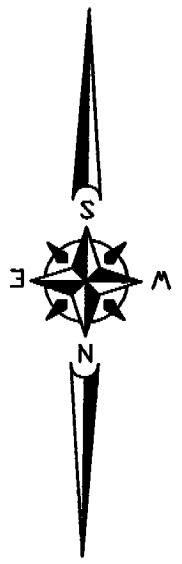
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

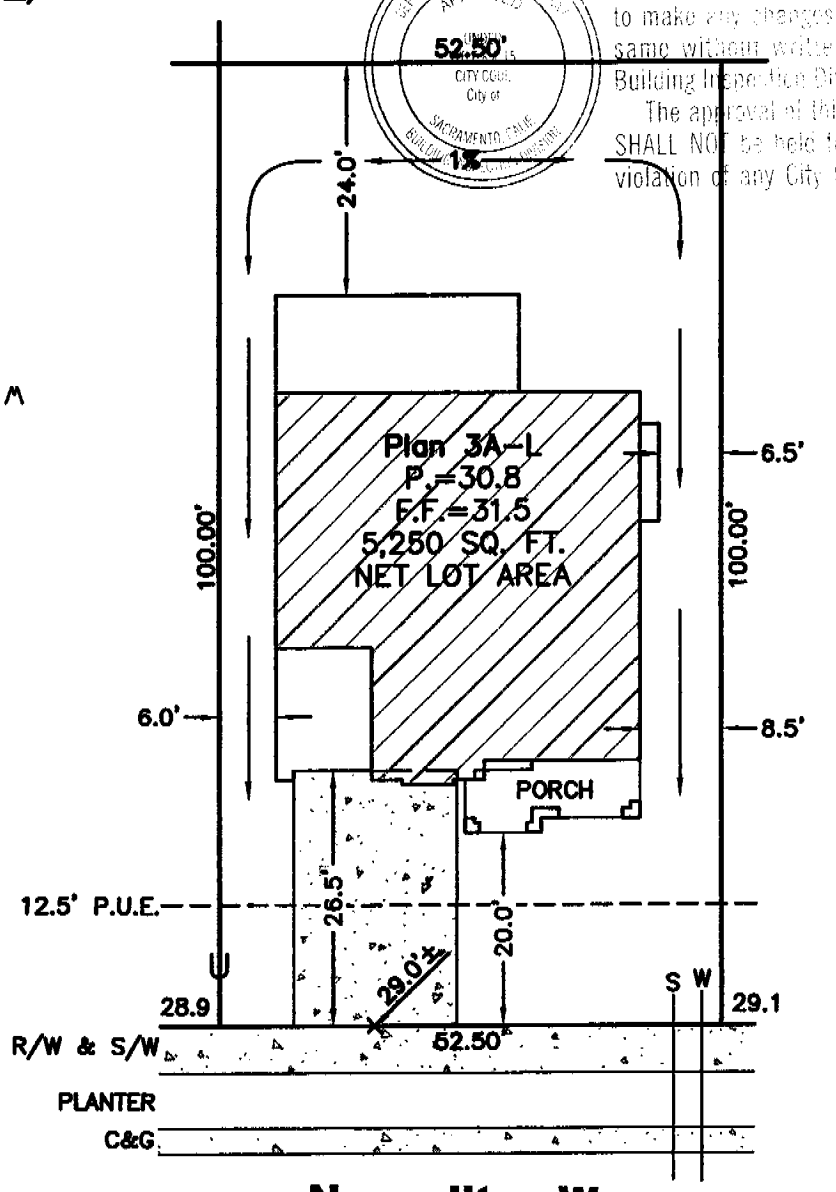
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



DRIVEWAY CENTERLINE PROFILE
(NOT TO SCALE)





LEGEND
S - - - - SEWER
W - - - - WATER
U - - - - UTILITY LOCATION

6/06/2006

ADDRESS: 8551 NEOPOLITAN WAY

SCALE: 1" = 20'

PLOT PLAN
LOT 22
Sheldon Farms - Phase 1
City of Sacramento
County of Sacramento, State of California

WECKER SURVEYS
1111 KENNEDY PLACE,
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-792-7171

Planning and Building Department

Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998

North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 8581 Neopolitan Way PERMIT NO. 060898I

INSPECTION COMMENTS	PERMIT DOCUMENTS
6-29-06 AP B10-11 & P20	SETBACKS GOOD
7-3-06 B-12 AP JPR	
7-10-06 AP B-42 & 45	
8-10-06 B-17 - B-26 AP JPR	
8-24-06 ON B-P 81	OK TO INSULATE
8-29-06 B-41 AP	
8-30-06 B-22 PA PEM	1st
9-1-06 B-22 AP PEM	2nd
9-1-06 P-47 AP PEM	
10/4/06 AP E-67 43116	

FINAL APPROVALS	
BUILDING	Chuck Monsen 2-6-07
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

47125

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

DR Horton LOT # 22 TRACT # 120

STREET 8551 Neopolitan CITY Elk grove

EXTERIOR WALLS:

MANUFACTURER F/G THICKNESS/TYPE _____ R-VALUE _____

CEILINGS:

BATTS:

MANUFACTURER CT THICKNESS/TYPE 10 R-VALUE 30

BLOWN IN:

MANUFACTURER Insulf MINIMUM THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 966 NUMBER OF BAGS USED 19

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE # _____

_____ DATE _____

SIGNATURE _____ TITLE

INSULATION CONTRACTOR **ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #55201

DATE 9-22-06

Shawn J Hanley SIGNATURE

Installer TITLE

WESTERN ONE STUCCO SYSTEM

SACRAMENTO STUCCO PRODUCTS CO., INC.

ICBO Evaluation Services, Inc.

Job Address:

D.R. Horton-Sheldon Farms

Lot 22 Plan 3 A

Report No. 3899

Date of Job Completion: 9.20-06

Plaster Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3346 Luyung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as
Issued by Western Stucco Products 507

This is to certify that the plastering 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.

Mary Allen
Signature of authorized representative of plastering contractor

12-4-06
Date

Installation card must be presented to the building inspector
After completion of work and before final inspection.

No. DRH-22

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 1) CF-4R

Project Address: 8551 NEOPOLITAN WAY	Builder or Installer Name: DR HORTON
Builder or Installer Contact: RICH COLLE Telephone: (916) 905-2200	Plan/Permit (Additions or Alterations) Number: 3A
HERS Rater: COREY BERNHARDT Telephone: (916) 849-0781	Sample Group Number: 2
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature: Date: 2-5-07	Sample House Number: 22
Firm: MASLO CONTRACTOR SERVICES	HERS Provider: CHEERS
Street Address: 500 SEQUOIA PACIFIC BLVD.	City/State/Zip: SACRAMENTO, CA 95814

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).
- ☐ New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- ☐ New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands 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

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:				
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values		
1	Enter Tested Leakage Flow in CFM:			
2	Fan Flow: Calculated (Nominal: ✓ ☐ Cooling ✓ ☐ Heating) or ✓ ☐ Measured Enter Total Fan Flow in CFM:		✓	✓
3	Pass if Leakage Percentage < 6% [100 x [_____(Line # 1) / _____(Line # 2)]]		☐ Pass	☐ Fail

✓ ☒ THERMOSTATIC EXPANSION VALVE (TXV)

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

				✓	✓
✓	☐ Yes	☐ No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified. Yes is a pass	☐ Pass	☐ Fail

✓ ☒ HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RJ.

					✓	✓
1	✓	☐ Yes	☐ No	EER values of installed systems match the CF-1R		
2	✓	☐ Yes	☐ No	For split system, indoor coil is matched to outdoor coil	✓	
3	✓	☐ Yes	☐ No	Time Delay Relay Verified (If Required)	☐	☐
				Yes to 1 and 2, and 3 (If Required) is a pass	Pass	Fail

✓ ☒ MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of infiltration reduction are available in RACM Section 3.5.

			Diagnostic Testing Results	
	✓	✓	Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater:	
1.	☐ Yes	☐ No	Is measured envelope leakage less than or equal to the required level from CF-1R?	
2.	☐ Yes	☐ No	Is Mechanical Ventilation shown as required on the CF-1R?	
2a.	☐ Yes	☐ No	If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?	
2b.	☐ Yes	☐ 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.	
3.	☐ Yes	☐ 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.	☐ Yes	☐ 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 / ✓ ☐ Fail
Pass if: a) Yes in line 1 and line 3, or b) Yes in line 1 and line2, 2a, and 2b, or c)Yes in line 1 and line 4, Otherwise Fail.				

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8)	CF-4R
Project Address: 6551 NEDDERMAN WAY	Builder Name: DR HORTON
Builder Contact: RICH COYLE Telephone: (916) 965-2200	Plan Number: 3A
HERS Rater: COREY BERNHARDT Telephone: (916) 869-0781	Sample Group Number: 2
Certifying Signature: Date: 2-5-07	Sample House Number: 22
Firm: MASCO CONTRACTOR SERVICES	HERS Provider: CHEERS
Street Address: 500 SEQUOIA PACIFIC BLVD.	City/State/Zip: SACRAMENTO, CA 95814

Copies to: **BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT**

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 all applicable requirements of the "High Quality Installation of Insulation" protocols as specified in the Residential ACM, Appendix RH and as checked on this form. Note that to PASS and receive compliance credit, NONE of the BOXES below may be checked "No" and the first three boxes also must be checked. Check "NA" only if the item is not part of the design of the building (i.e., single story buildings do not have rim joists or there may be no recessed can lights installed, etc.).

✓ ☒ **REQUIREMENTS FOR "HIGH QUALITY INSTALLATION OF INSULATION" COMPLIANCE CREDIT**

- ✓ ☐ The building is wood frame construction with wall stud cavities, ceilings, and roof assemblies insulated with mineral fiber or cellulose insulation in low-rise residential buildings.
- ✓ ☐ 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 Certificate, (CF-6R) signed by the installer certifying that the installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH).

✓ **FLOOR**

Yes	No	NA	
☐	☐	☐	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
☐	☐	☐	Insulation in contact with the subfloor or rim joists insulated
☐	☐	☐	Insulation properly supported to avoid gaps, voids, and compression
✓ **WALLS**			
☐	☐	☐	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
☐	☐	☐	No gaps
☐	☐	☐	No voids over ¾" deep or more than 10% of the batt surface area.
☐	☐	☐	Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
☐	☐	☐	Small spaces filled
☐	☐	☐	Rim-joists insulated
☐	☐	☐	Wall stud cavities caulked or foamed to provide an air tight envelope

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 8 of 8) CF-4R

Project Address	Builders Name
8551 NEDDLEFISH WAY	DR HORTON

✓ ROOF/CEILING PREPARATION			
☐ Yes	☐ No	☐ NA	All draft stops in place to form a continuous ceiling and wall air barrier
☐ Yes	☐ No	☐ NA	All drops covered with hard covers
☐ Yes	☐ No	☐ NA	All draft stops and hard covers caulked or foamed to provide an air tight envelope
☐ Yes	☐ No	☐ NA	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	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
☐ Yes	☐ No	☐ NA	Eave vents prepared for blown insulation - maintain net free-ventilation area
☐ Yes	☐ No	☐ NA	Knee walls insulated or prepared for blown insulation
☐ Yes	☐ No	☐ NA	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
☐ Yes	☐ No	☐ NA	Attic rulers installed
✓ ROOF/CEILING BATTS			
☐ Yes	☐ No	☐ NA	No gaps
☐ Yes	☐ No	☐ NA	No voids over ¾ in. deep or more than 10% of the batt surface area
☐ Yes	☐ No	☐ NA	Insulation in contact with the air-barrier
☐ Yes	☐ No	☐ NA	Recessed light fixtures covered
☐ Yes	☐ No	☐ NA	Net free-ventilation area maintained at eave vents
✓ ROOF/CEILING LOOSE-FILL			
☐ Yes	☐ No	☐ NA	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls
☐ Yes	☐ No	☐ NA	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
☐ Yes	☐ No	☐ NA	Attic access insulated
☐ Yes	☐ No	☐ NA	Recessed light fixtures covered
☐ Yes	☐ No	☐ NA	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
☐ Yes	☐ No	☐ NA	Loose-fill mineral fiber insulation meets or exceeds manufacturer's minimum weight and thickness requirement for the target R-value. Target R-value _____ Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square foot). Sample weight _____ (pounds per square foot).
☐ Yes	☐ No	☐ NA	Manufacturer's minimum required thickness at time of installation _____ (inches) Manufacturer's minimum required settled thickness _____ (inches). Number of days since loose-fill insulation was installed _____ (days). At the time of installation, the insulation shall be greater than or equal to the manufacturer's minimum initial insulation thickness. If the HERS rater does not verify the insulation at the time of installation, and if the loose-fill insulation has been in place less than seven days the thickness shall be greater than the manufacturer's minimum required thickness at the time of installation less 1/2 inch to account for settling. If the insulation has been in place for seven days or longer the insulation thickness shall be greater than or equal to the manufacturer's minimum required settled thickness. Minimum thickness measured (inches).

INSTALLATION CERTIFICATE

CF-6R

D.R.Horton Sheldon Farms

Site Address 8551 Nogalito

Permit Number 0608981

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 #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	YORK #LY8S060A-12	1	0.80	Attic	R-6.0	30,760	60,000	Plan 1 (1645)
Furnace	YORK #LY8S060A-12	1	0.80	Attic	R-6.0	33,178	60,000	Plan 2 (1905)
Furnace	YORK #LY8S060B-16	1	0.80	Attic	R-6.0	37,302	80,000	Plan 3 (2194)
Furnace	YORK #LY8S060B-16	1	0.80	Attic	R-6.0	39,480	80,000	Plan 3 (W/BED5)
Furnace	YORK #LY8S060B-16	1	0.80	Attic	R-6.0	40,122	80,000	Plan 4 (2494)
Furnace	YORK #LY8S060A-12	1	0.80	Attic	R-6.0	23,047	60,000	Plan 5 (1230)

Coil Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (SEER, EER, etc.) > CF-1R value	Duct Location (attic, etc.)				
Coil	Aspen CB48B3X *	1	14/12	Attic				Plan 1 (1645)
Coil	Aspen CB48B3X *	1	14/12	Attic				Plan 2 (1905)
Coil	Aspen CB60A3X *	1	14/12	Attic				Plan 3 (2194)
Coil	Aspen CB60A3X *	1	14/12	Attic				Plan 3 (W/BED5)
Coil	Aspen CB48B3X *	1	13/11	Attic				Plan 4 (2494)
Coil	Aspen CB30A3X *	1	14/12	Attic				Plan 5 (1230)

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, EER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	YORK #H*RE036	1	14/12	Attic	R-6.0	26,662	30,600	Plan 1 (1645)
Condenser	YORK #H*RE030	1	14/12	Attic	R-6.0	28,843	30,600	Plan 2 (1905)
Condenser	YORK #H*RE042	1	14/12	Attic	R-6.0	31,295	33,500	Plan 3 (2194)
Condenser	YORK #H*RE042	1	14/12	Attic	R-6.0	32,196	33,500	Plan 3 (W/BED5)
Condenser	YORK #H*RD048	1	13/11	Attic	R-6.0	34,726	40,800	Plan 4 (2494)
Condenser	YORK #H*RE030	1	14/12	Attic	R-6.0	22,441	25,800	Plan 5 (1230)

* = TXV valve installed w/coil

(1) > reads greater than or equal to

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.

External Insulation R-value

12-8-06
Signature, Date

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std, point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF,RE)	(2) Standby Loss (%)

(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 that 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

INSTALLATION CERTIFICATE (page 1 of 4) CF-6R

D.R. HORTON — Site Address: 8551 Napoliton Way

Sheldon Farms — Permit Number: 06089 81

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).

Plans -

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)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.)[1] (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads *greater than or equal to.*

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

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[2] Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency[2] (EF, RE)	Standby[2] Loss (%)	External Insulation R-value
GAS	RHEEM 42VR250-40F	STD	N/A	1	40000	50	.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.

Faucets & Shower Heads:
All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment 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 equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date: 12/7/06

J.R. Pierce Plumbing Co.
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE	(Page 4 of 12) CF-6R
Site Address: 8551 NEOPOLITAN WAY	Permit Number:

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

✓ ☒ **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:	65	
2	Fan Flow: Calculated (Nominal: ✓ ☒ Cooling ✓ ☐ Heating) or ✓ ☐ 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:	1400	✓ ✓
3	Pass if Leakage Percentages ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [6500 (Line # 1) / 1400 (Line # 2)]]	4.64%	☒ Pass ☐ 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 or ≤ 4% at Rough-in [100 x [_____(Line # 5) / _____Line # 2)]]		☐ Pass ☐ 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)]]		☐ Pass ☐ Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [_____(Line # 7) / _____ (Line # 2)]]		☐ Pass ☐ Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [_____(Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
	Pass if One of Lines # 9 through # 12 pass		☐ Pass ☐ 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	MASLO CONTRACTOR SERVICES
Signature:	Date: 2-5-07

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

INSTALLATION CERTIFICATE JOB # 1002062 (Page 8 of 12) CF-6R	
Site Address 8551 METROPOLITAN WAY SAC, CA	Permit Number LOT 22

✓☐ FAN WATT DRAW

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

✓ Method For Fan Watt Draw Measurement					
☐	RE3.2.1	Portable Watt Meter Measurement			
☐	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
			✓	✓	
✓ ☐ Yes	☐ No	Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R	☐	☐	
		Yes is a pass	Pass	Fail	

✓☐ ADEQUATE AIRFLOW VERIFICATION

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

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

✓☐ MAXIMUM COOLING CAPACITY

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

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

✓☐ HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

1	✓	☒ Yes	☐ No	EER values of installed systems match the CF-1R	
2	✓	☒ Yes	☐ No	For split system, indoor coil is matched to outdoor coil	✓ ☒ Pass / ✓ ☐ Fail
3	✓	☐ Yes	☐ No	Time Delay Relay Verified (If Required)	
				Yes to 1 and 2; and 3 (If Required) is a pass	

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) ~~OR Owner~~	BEUTLER
Signature:	Date: 12/8/06

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

INSTALLATION CERTIFICATE	(Page 9 of 12) CF-6R
Site Address: 8551 MEDDALIAN WAY	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:	1591
1.	☒ Yes	☐ No	Measured envelope leakage less than or equal to the required level from CF-1R?	
2.	☐ Yes	☒ No	Is Mechanical Ventilation shown as required on the CF-1R?	
2a.	☐ Yes	☒ No	If Mechanical Ventilation is required on the CF-1R ('Yes' in line 2), has it been installed?	
2b.	☐ Yes	☒ 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.	☒ Yes	☐ 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.	☐ Yes	☒ 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 line2, 2a, and 2b, or c. Yes in line 1 and Yes in line 4. Otherwise fail.	✓ ☒ 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	MASCO CONTRACTOR SERVICES
Signature:	Date: 2-5-07

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