

TRANSMISSION VERIFICATION REPORT

TIME : 05/11/2006 09:45
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 05/11 09:42
FAX NO./NAME 912099316972
DURATION 00:02:48
PAGE(S) 03
RESULT OK
MODE STANDARD

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED
CITY OF SACRAMENTO
MAY 11 2006 *LMC*
DOWNTOWN PERMIT
CENTER

RECEIPT NUMBER: R0608440
TRANSACTION DATE: 05/11/2006
TRANSACTION AMOUNT: 80.77
NOTATION:

PAID
CITY OF SACRAMENTO
MAY 11 2006
NEW CITY HALL

APD #: 0606696
SITE ADDRESS: 3953 3RD AV SAC
PARCEL: 014-0101-033

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	80.77

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	1.00	.00	1.00
213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

1-12

PAID
CITY OF SACRAMENTO

MAY 11 2006

Building Permit

City of Sacramento

NEW CITY HALL

Office Use Only

ISSUED

CITY OF SACRAMENTO

MAY 11 2006

LMC

Permit No: 0606696
Date Issued: _____
Total Amount: _____
Insp Area #: _____

DOWNTOWN PERMIT CENTER



INSPECTION DIVISION
(916) 304-4100 (2334)
Inspection Request # (916) 364-7622

Please Fill in the Following

Site Address: 3953 3rd Ave
Nature of Work: FURNACE CHANGE-OUT

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 C20 License Number 611372 Date _____ 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 statement of exemption of the job 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 individual for a permit subject to the license is a civil penalty of not more than five hundred dollars (\$500.00);

I, as owner of the property, or person acting in lieu of the owner, am the owner of the property, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code). I am the owner of the property who builds or improves thereon, and who does such work himself or herself or through his or her employees, and 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 a contractor 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 & P Code for this reason: _____
Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant has made and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanied 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 abovementioned property for inspection purposes.
Date _____ Applicant/Agent Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain certificates 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 this 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 COMP. FUND INC.
Policy Number 713-019692-05 Expiration Date 10-1-16

(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 said provisions.
Date _____ 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, AS PROVIDED BY SECTION 3706 OF THE LABOR CODE, INTEREST AND COSTS.

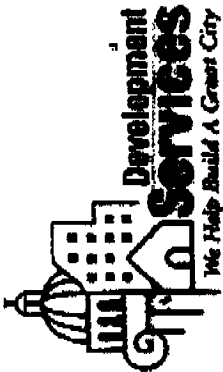
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

PBF10004

5-12

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-800-5056 OR 1-800-EZ-PERMIT
Inspection Request: 1-916-800-7622



DOWNTOWN PERMIT CENTER
12311 Street, Suite 200
Sacramento, CA 95814
North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 5-10-96

Permit request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a quad fee.

Permits involving Plan Review are not eligible for the MINOR PERMIT PROGRAM. Design Review and Historic Preservation approval may be required if job address is located in these areas (additional forms may be required).

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 3953 WARD AVE Phone: 909 931 5900 License #: 661572
Bid Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Contract Price

CONTACT INFO Name: WARA SWAN Phone: 909 931 5900 License #: 661572
Property Owner: MARRA SWAN Contractor: Air Tech Heating & A/C
Address: 3953 WARD AVE Address: 2000X 690458
City/State/Zip: SAC 95817 City/State/Zip: ST CA
Phone: (916) 455-4286 Phone: 209 931 5900 Fax: 209 931 6972
Pre-Registered? YES NO Registration #

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: Furnace Change Out

Description of Work: Furnace Change Out
 Reroof (excluding tile) Tear-Off Resheet House Garage
Stories: # Squares:
Material: Siding Wood T-111 Horiz Vinyl Stucco
 HVAC Installations (Residential Only) Change-out New Heat Pump Package Split system Roof mount Cut-in Heat pump or elect unit to gas Wall furnace Other (describe below):
Value of duct work: Equipment \$: Cabinet \$:
 Water Heater (Residential Only) Electric Gas Change-out Electric to Gas Relocate New Dry Rot or Termites Damage Repair Clearing/forests Mud/silt/Sluds Roof Structure Exterior
 Minor Electric and/or Plumbing (Residential Only) Electric Service Change # amps New electric circuits Re-wire Water Service Replacement Sewer Service Replacement Gas Line Replacement Re-plumb Water Waste
 Public Utilities Safety Inspection (Residential and single apartment units Only) SMUD PG&E
* NOTE *
Correction Notice items will require an additional building permit

Office Use Only:

Minor permit application fee: \$44.00

(Page 4 of 12) CF-6R	
INSTALLATION CERTIFICATE	Permit Number
Site Address 3953 3RD AVE SAC	0606696
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 chamois backed rubber adhesive duct tape is used
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platforms returns in lieu of ducts).

DUCT LEAKAGE REDUCTION

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

NEW CONSTRUCTION:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input 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 output, enter total calculated or measured fan flow in CFM here:		✓ ✓
3	Pass if Leakage Percentage: 6% for Final or ≤ 4% at Rough-in: [100 x ((Line # 1) / (Line # 2))]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		✓ ✓
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Pass if New Duct System - Pass if Leakage Percentage ≤ 6% for Final [100 x ((Line # 5) / (Line # 2))]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% [100 x ((Line # 5) / (Line # 2))]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x ((Line # 7) / (Line # 2))]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x ((Line # 6) / (Line # 4))]		<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 retrofitted 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) General	
Contractor (Co. Name) General	
Signature: <i>[Handwritten Signature]</i>	Date: 5-22-06

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

INSTALLATION CERTIFICATE	(Page 4 of 12) CF-6R
Site Address 3953 3RD AVE SAC	Permit Number 0606696

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 chain backed rubber adhesive duct tape is used
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platforms returns in lieu of ducts).

DUCT LEAKAGE REDUCTION

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

NEW CONSTRUCTION:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input 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 output, enter total calculated or measured fan flow in CFM here:		✓ ✓
3	Pass if Leakage Percentages 6% for Final or ≤ 4% at Rough-in. [100 x (Line # 1) / (Line # 2)]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		✓ ✓
8	Enter New Duct System - Pass if Leakage Percentage ≤ 6% for Final [100 x (Line # 5) / (Line # 2)]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use any of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% [100 x (Line # 5) / (Line # 2)]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x (Line # 7) / (Line # 2)]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x (Line # 6) / (Line # 4)] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) General Contractor (Co. Name) OK	Date: 5-22-06
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Copies to: BUILDING DEPARTMENT; HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

(Page 4 of 12) CF-6R	
INSTALLATION CERTIFICATE	
Site Address: 3953 3RD AVE SAC	Permit Number: 0606696
INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE	

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platforms returns in lieu of ducts).

DUCT LEAKAGE REDUCTION

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

NEW CONSTRUCTION:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as ARI capacity x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr output, enter total calculated or measured fan flow in CFM here:		
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: (100 x [(Line # 1) / (Line # 2)])		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System (Line # 4) Minus (Line # 5) - (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Enter New Duct System - Pass if Leakage Percentage ≤ 6% for Final (100 x [(Line # 5) / (Line # 7)])		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% (100 x [(Line # 5) / (Line # 2)])		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% (100 x [(Line # 7) / (Line # 2)])		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% (100 x [(Line # 6) / (Line # 4)])		<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

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	Date: 5-02-06
Signature: <i>[Handwritten Signature]</i>	

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

(Page 4 of 12) F-6R

INSTALLATION CERTIFICATE	
Site Address 3953 3RD AVE SAC	Permit Number 0606696

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.
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NEW CONSTRUCTION:		Measured Values	
1	Enter Tested Leakage Flow in CFM:		
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3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: $100 \times [\text{Line # 1} / \text{Line # 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System $[\text{Line # 4} \text{ Minus } \text{Line # 5}] - \text{ (Only if Applicable)}$	✓ ✓	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Enter New Duct System - Pass if Leakage Percentage ≤ 6% for Final $100 \times [\text{Line # 5} / \text{Line # 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage ≤ 15% $100 \times [\text{Line # 5} / \text{Line # 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% $100 \times [\text{Line # 7} / \text{Line # 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% $100 \times [\text{Line # 6} / \text{Line # 4}]$ and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection Pass if One of Lines # 9 through # 12 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner [Signature]	Date: 5-22-06
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Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY