

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

PAID
CITY OF SACRAMENTO

Permit No: 0519846

Insp Area: 1

Thos Bros: 298C6

Site Address: 1005 VANDERBILT WY SAC DEC 21 2005

Parcel No: 295-0090-003

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
CLARKE & RUSH MECH
4411 AUBURN BL
SACRAMENTO CA 95841

OWNER NEW CITY HALL
HIBBITT ANNE ELIZABETH
1005 VANDERBILT WY
SACRAMENTO, CA 95825

ARCHITECT

Nature of Work: WALKIN PERMIT. C/OSPLITS SYSTEM HVAC IN ATTIC. CHNG HEAT PUMP. 2005 ENERGY STANDARDS APPLY.
COMPLIANCE DOC'S
REQ'D @ FINAL.

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-20 License Number 608005 Date 12-21-05 Contractor Signature [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 12-21-05 Applicant/Agent Signature [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.

[Signature] 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 ZENITH INS CO Policy Number Z066385801 Exp Date 10/01/2006

(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 12-21-05 Applicant Signature [Signature]

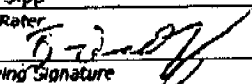
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S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

0519846

Hibbitt
05F4165

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)

CF-4R

1005 Vanderbilt Way Project Address:	Clarke & Rush Mechanical / 608005 Contractor Name / License No.
Contractor Contact	05-1984 Permit Number
Brian Sipp HERS Rater	916-965-8343 Telephone
 Certifying Signature	14647 Permit Number
	Sample Group Number
January 16, 2006 Date	CC14-1798355228 Certificate Number
Firm: Energy Analysis and Comfort Solutions, Inc.	HERS Provider: CalCERTS
Street Address: P.O. Box 2723	City/State/Zip: Orangevale / CA / 95662

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.

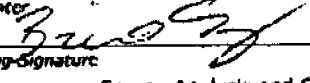
HERS RATER COMPLIANCE STATEMENT

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 installer has provided a copy of the 2-614 (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV):	
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.	
HVAC System TXV	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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

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	14647 Sample Group Number
January 16, 2006 Date	CC14-1798355228 Certificate Number
Firm: Energy Analysis and Comfort Solutions, Inc.	HERS Provider: CalCERTS
Street Address: P.O. Box 2233	City/State/Zip: Orangevale / CA / 95662

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- ... 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			
		Measured Values	
1	Duct Pressurization Test Results (CFM @ 25 Pa)	N/A	
2	Fan Flow: Calculated (Nominal Cooling Heating) or Measured Enter Total Fan Flow in CFM:	Not Tested	
3	Pass if Leakage Percentage <= 6% [100 x (Line 1 / 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: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.	Not Tested	
5	Enter Tested Leakage Flow in CFM: Final Test 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	Enter New Duct System Pass if Leakage Percentage <= 6% [100 x (Line 5 / Line 2)]:	Not Tested	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)]:	Not Tested	Pass Fail
10	Pass if Leakage to Outside Percentage <= 10% [100 x (Line 7 / Line 2)]:	Not Tested	Pass Fail
11	Pass if Leakage Reduction Percentage >= 60% [100 x (Line 6 / Line 4)] and Verification by Smoke Test and Visual Inspection	Not Tested	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

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CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)

CF-4R

1005 Vanderbilt Way <i>Project Address</i>		Clarke & Rush Mechanical / 608005 <i>Contractor Name / License No.</i>	
Brian Sipp <i>Contractor Contact</i>		916-965-8343 <i>Telephone</i>	14647 <i>Permit Number</i>
<i>HERS Rater</i>		January 16, 2006 <i>Telephone</i>	CC14-1798355228 <i>Sample Group Number</i>
<i>Certifying Signature</i>		<i>Date</i>	CC14-1798355228 <i>Certificate Number</i>
Energy Analysis and Comfort Solutions, <i>Firm:</i>		HERS Provider: CalCERTS	
P.O. Box 2233 <i>Street Address:</i>		Orangevale / CA / 95662 <i>City/State/Zip</i>	

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HVAC System TXV	Pass Fail

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

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	05-1984
Contractor Contact	Telephone
Brian Sipp	916-965-8343
HERS Rater	Permit Number
<i>Brian Sipp</i>	14647
HERS Rater	Sample Group Number
January 16, 2006	CC14-1798355228
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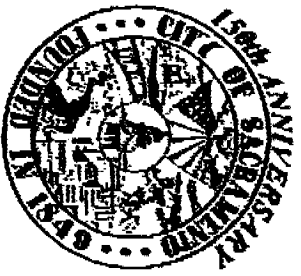
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MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT:

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 Cooling Heating) or Measured Enter Total Fan Flow in CFM:	Not Tested	
3	Pass if Leakage Percentage <= 5% [100 x (Line 1 / 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: Pre-Test of existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.	Not Tested	
5	Enter Tested Leakage Flow in CFM: Final Test 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	Enter New Duct System Pass if Leakage Percentage <= 5% [100 x (Line 5 / Line 2)]:	Not Tested	Pass Fail
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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

05F4165



PAID
CITY OF SACRAMENTO
DEC 21 2005

DATE: 05F4165

NEW CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Faxed request must be received in this office by 3:00 P.M. to be processed the following work day.
Notes: 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

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

RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (mixed)
JOB ADDRESS: 1005 Vandebilt Wy UNIT # _____ CONTRACT PRICE \$ 8312

CONTACT PERSON: Martha Rogers CONTACT PHONE: 909-26018
Property Owner: Anne Hibbitt Contractor: Clare & Bush Mech License #16080005
Address: 1005 Vandebilt Wy Address: 4411 Auburn Blvd.
City/State/Zip: Sacramento CA, 95844 City/State/Zip: Sacramento CA, 95844
Phone: 909-26018 Phone: 909-26018 FAX: 909-26035

NATURE OF REQUEST: <small>Indicate from the selections below & provide details under description of work.</small>				
<ul style="list-style-type: none"> • REEROOF (excluding tile) • TEAR-OFF • RESHIRT • HOUSE • GARAGE • SQUARES • Material: • SIDING <ul style="list-style-type: none"> • wood • T-111 • Hard • Vinyl • stucco 	<ul style="list-style-type: none"> • HVAC INSTALLATIONS (residential ONLY) • CHANGE-OUT • NEW <ul style="list-style-type: none"> • Heat Pump • Package • Split system • Roof mount • Cur-in • Heat pump or elect. unit to gas. • Wall furnace • Other (describe below) 	<ul style="list-style-type: none"> • WATER HEATER (residential ONLY) • GAS • ELECTRIC <ul style="list-style-type: none"> • Change-out • Electric to Gas • Relocate • New 	<ul style="list-style-type: none"> • MINOR ELECTRIC and/or MINOR 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 	<ul style="list-style-type: none"> • PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY). • SMUD • PGE <p>*NOTE: Corrector Notice Items will require an additional building permit</p>
Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ <u>3600</u>	Note: Design Review approval may be required for rooftop units.	Note: Design Review approval may be required in certain areas.	Note: Design Review approval may be required in certain areas.	Note: Design Review approval may be required in certain areas.

DESCRIPTION OF WORK: Attic A/P change-out

hasperm16.fm [rev online 3/10/00]

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