

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0608301

Insp Area: 3

Thos Bros: 318C5

Site Address: 7809 36TH AV SAC

Parcel No: 027-0251-022

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
COMMUNITY RESOURCE
250 HARRIS AV STE 6
SACRAMENTO CA 95838

OWNER
CLAYTON YOLANDA A
7809 36TH AVE
SACRAMENTO, CA 95824

ARCHITECT

Nature of Work: C/O ROOF MOUNT HVAC

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 B License Number 620462 Date 6/7/06 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 _____

PAID
CITY OF SACRAMENTO
JUN 07 2006

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant has 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 6/7/06 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.

02 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 FUND Policy Number 0619596-2004 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 6/7/06 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.

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

Inspector

Installation Certificate Prescriptive Method - HVAC-only Alteration CF-6R-ALT

Project Title: <i>Volanda Clayton</i>	Date: <i>6-8-06</i>	© 2005 CalCERTS
Project Address: <i>7809 36th Ave</i>	Climate Zone: <i>12</i>	Enforcement Agency Use Only
Installing Contractor: <i>Alan Henderson</i>	Telephone: <i>261-3730</i>	Building Permit #: <i>0608301</i>
Company Name: <i>CRP Inc</i>		Plan Check Date:
		Field Check Date:

IMPORTANT: This CF-6R form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # _____ of _____ systems altered in this house.
Copies to: Homeowner, HERS Rater, and Building Department

List the specifications for the newly installed equipment. These must match the installed equipment exactly. Installed equipment must match type/location and meet or exceed efficiencies/R-values from CF-1R.

Equipment Type	Manufacturer	Model Number	Efficiency	Load**	Capacity***
Furnace			AFUE		
Heat Exchanger			N/A		
Heat Pump fan coil			N/A		
Hydronic fan coil			N/A		
Other FAU					
Describe					
Package gas/AC	<i>Frigidare</i>	<i>R46DX30K 072X</i>	AFUE SEER	<i>78</i> <i>13</i>	
Package heatpump			HSPF SEER EER*		
A/C Condenser			SEER		
Heatpump Condenser			HSPF SEER		
Indoor DX coil			EER*		
Hydronic coil					

* Provide EER if needed for compliance (line 24 of CF-1R-ALT). Installer must provide adequate documentation to verify EER. In some cases the specific furnace may need to be verified in order to achieve a specific EER. In some cases a time delay relay and/or TXV may need to be verified in order to achieve a specific EER.
** Loads are sensible for cooling.
*** Capacities are sensible at design conditions for cooling and adjusted (altitude, downflow, etc.) output for heating.

TXV:
 If TXV is required by the CF-1R form (line 23 on CF-1R-ALT form), it has been installed and access has been provided for visual verification by HERS rater. Sampling is allowed for TXV verification.

Entirely New Duct System: (Line 5 of CF-1R ALT)
 For Entirely new duct systems, the required leakage is 6% rather than 15% for altered systems. The alternative to duct sealing by increasing the efficiency of the equipment is not an option for entirely new duct systems.

I, the undersigned, verify that the equipment listed above is: 1) the actual equipment installed in the home; 2) equal to or more efficient than required by the Certificate of Compliance (CF-1R-ALT Form); and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (Appliance Efficiency Standards), where applicable.

I, the undersigned, verify that diagnostic test results listed on this form were performed in conformance with the requirements for compliance and that the newly installed or retrofitted mechanical system components conform with the Mandatory requirements specified in Section 150(m) of the 2005 Building Energy Efficiency Standards.

Signed (Installer): 	Date: <i>6-8-06</i>
Notes:	

Project Title: <i>Volanda Clayton</i>	Date: <i>6-8-09</i>	© 2005 CalCERTS
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IMPORTANT: This CF-6R form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # _____ of _____ systems altered in this house. Copies to: Homeowner, HERS Rater, and Building Department

Duct Leakage test Results (If duct testing is required per CF-1R-ALT form)

Step 1 - Pre-test: Leakage of the system before any alterations. This test is optional and is only used for the 60% reduction option

1	Pre-test leakage :	CFM25
2	Line 1 x 0.4 =	target for 60% reduction

Step 2 - Determine Total System Fan Flow. Use any of these methods. Use values for equipment after alterations.

3	Cooling: Condenser tonnage: <i>2.5</i> tons x 400 CFM/ton =	<i>1000</i> CFM
4	Heating: Furnace output: <i>56 K</i> Btuh x .0217 CFM/Btuh =	<i>1215.2</i> CFM
5	Measured: (refer to ACM Manual Appendix RE, section 4.1) =	CFM
6	Measurement method: <input type="checkbox"/> flow hood <input type="checkbox"/> plenum pressure matching <input type="checkbox"/> flow grid	
7	Total system fan flow value to be used:	<i>1215.2</i> CFM may use highest of lines 3, 4, or 5.

Step 3 - Determine Targets:

8a	Total System fan flow (line 7 from above) x 0.06 =	CFM25 = 6% leakage target (new duct systems)
8b	Total System fan flow (line 7 from above) x 0.15 =	<i>182.28</i> CFM25 = 15% leakage target
9	Total System fan flow (line 7 from above) x 0.10 =	CFM25 = 10% leakage to outside target

Step 4 - Alterations: Must be consistent with the CF-1R form.

10	<input checked="" type="checkbox"/> Seal all new connections with approved materials.
11	<input checked="" type="checkbox"/> No newly constructed portions of the system can have unducted building cavities to convey system air.
12	<input checked="" type="checkbox"/> If adding or replacing more than 40 feet of duct, insulate new ducts per package D for that climate zone

Step 5 - Final Leakage (regular duct leakage test, for 15% total and 60% reduction)

13	leakage = <i>156</i> CFM25 refer to 2005 ACM appendix RC, Sections RC 4.3.1
14a	<input type="checkbox"/> If line 13 is less than line 8a, house passes the 6% leakage requirement. Go to Step 9.
14b	<input checked="" type="checkbox"/> If line 13 is less than line 8b, house passes the 15% leakage requirement. Go to Step 9.
15	<input type="checkbox"/> If line 13 is less than line 2, house passes the 60% reduction requirement, continue.
16	<input type="checkbox"/> If either of lines 14a, 14b or 15 are checked, HERS verification is required. Sampling can be used.
17	<input type="checkbox"/> If line 15 is checked, but not 14a or 14b, Smoke Test and Visual Inspection of Accessible Duct Sealing is required. Go to Step 8

Step 6 - Leakage to Outside: Similar to a regular duct blaster test but the house is pressurized to 25 pascals at the same time.

18	leakage = _____ CFM25 refer to 2005 ACM appendix RC, Sections RC 4.3.3
19	<input type="checkbox"/> If line 18 is less than line 9, house passes the 10% leakage to outside requirement.
20	<input type="checkbox"/> If line 19 passes, HERS verification is required. Sampling can be used.

Step 7 - If the house does not pass any of lines 14, 15 or 19.

21	<input type="checkbox"/> Smoke Test and Visual Inspection of Accessible Duct Sealing is required. See Step 8.
22	<input type="checkbox"/> Install required label per ACM Appendix RC, Sections RC.4.3.5.

Step 8 - Smoke Test and Visual Verification (See 2005 Residential ACM Appendix RC, Sections RC 4.3.5-7)

23	<input type="checkbox"/> Perform smoke test per ACM Appendix RC, Sections RC 4.3.6.
24	<input type="checkbox"/> Perform Visual Inspection and repair of excessively damaged ducts per ACM Appendix RC, Sections RC 4.3.7.
25	<input type="checkbox"/> Seal register boots to surrounding material per ACM Appendix RC, Sections RC 4.3.7.

HERS Verification

26	<input checked="" type="checkbox"/> If line 14 is checked. 15% leakage to be verified by HERS rater. Sampling is allowed.
27	<input type="checkbox"/> If line 15 is checked. 60% leakage reduction to be verified by HERS rater (post test only) AND Smoke Test and Visual Verification to be performed by HERS Rater. Sampling is allowed.
28	<input type="checkbox"/> If line 19 is checked. 10% leakage to outside to be verified by HERS rater. Sampling is allowed.
29	<input type="checkbox"/> If none of lines 14, 15 or 19 are checked Smoke Test and fix all accessible leaks. No sampling allowed.

Sampling - Only if house passes on lines 14, 15 or 19.

30	<input type="checkbox"/> 1.) Homeowner chooses to be put into a group of homes for random third party HERS sampling. 2.) Homeowner, installer and rater must sign the three-party agreement. 3.) All above tests must be completed by the installer or their representative, not the third party rater.
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No Sampling - House does not pass by lines 14, 15 or 19; OR homeowner chooses not to be part of a sample group

31	<input checked="" type="checkbox"/> 1.) House to be tested by a third party HERS rater selected by installer. 2.) Homeowner, installer and rater must sign the three-party agreement. 3.) All above tests may be completed by the installer or their representative, and then verified by a third party rater. OR, all above tests may be performed solely by the third party rater.
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32	<input type="checkbox"/> 1.) House to be tested by third party HERS rater selected by homeowner. 2.) All above tests may be completed by the installer or their representative, and then verified by a third party rater. OR, all above tests may be performed solely by the third party rater.
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CalCERTS - Certificate

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

1809 36th Ave Project Address		Community Resource Project, Inc. / 620462 Contractor Name / License No.	
		0608301	
Contractor Contact: Laura Costello		Telephone: 916-832-0010	Permit Number: 27554
HERS Rater: <i>Laura Costello</i>		Telephone: June 8, 2006	Sample Group Number: CC14-1798368136
Certifying Signature: <i>Laura Costello</i>		Date Certificate Number	
Firm: A/C Girl Heat, Air & H.E.R.S. Rater		HERS Provider: CalCERTS	
Street Address: 13389 Folsom Blvd.		City/State/Zip: Folsom / CA / 95630	

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			
		Measured Values	
1	Duct Pressurization Test Results (CFM @ 25 Pa)		
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:	1215.2	
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: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.	185	
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.	156	
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)	29	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass If Leakage Percentage $\leq 6\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]:		<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 $\leq 15\%$ [$100 \times (\text{Line 5} / \text{Line 2})$]:	12.84%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass If Leakage to Outside Percentage $\leq 10\%$ [$100 \times (\text{Line 7} / \text{Line 2})$]:		<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		<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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail