

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0614678
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2307 DONNER PASS AV SAC
Parcel No: NATOMAS PARK COTTAGES LOT #12

CONTRACTOR
LENNAR RENAISSANCE INC
1075 CREEKSIDE RIDGE DR #100
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1805 2 STORY 8RM 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'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 10 License Number 732348 Date 12/13/06 Contractor Signature Jinda Hill

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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12/13/06 Applicant/Agent Signature Jinda Hill

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 OLD REPUBLIC INS. CO. Policy Number MWC11114500 Exp Date 02/28/2007

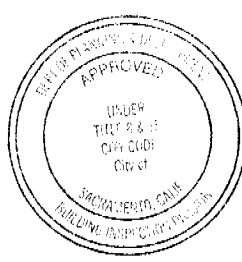
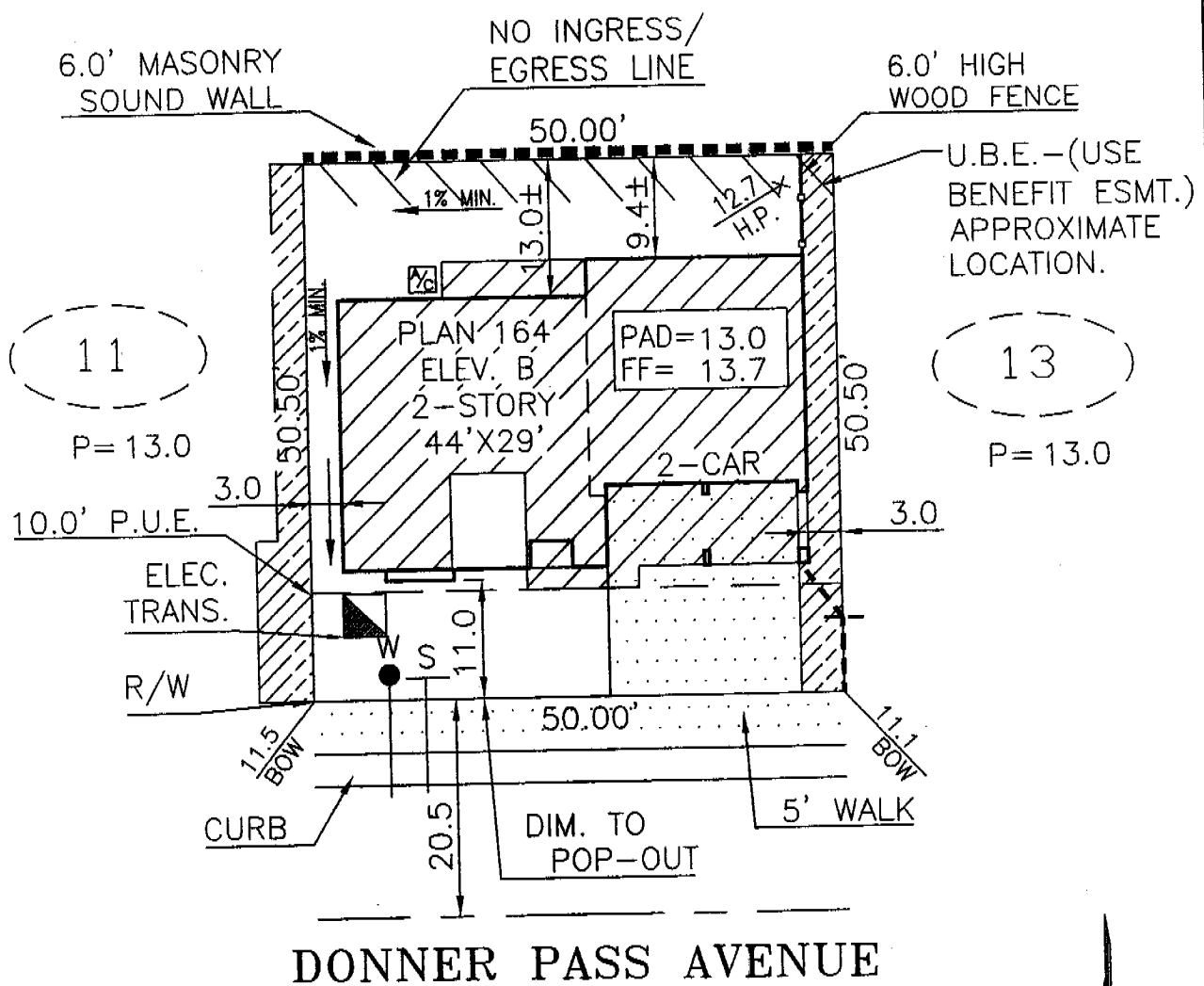
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 12/13/06 Applicant Signature Jinda Hill

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.

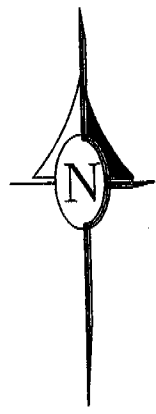
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

PAID
CITY OF SACRAMENTO
DEC 13 2006
NEW HOODS PLANNING
AND DEVELOPMENT SERVICES





This set of plans and specifications shall be kept on the job at all times and the contractor shall be held responsible to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

 A Lennar Company 1075 CREEKSIDE RIDGE DR. SUITE 100. ROSEVILLE, CA 95678 PHONE (916) 773-4083 FAX (916) 773-4086	COTTAGES		PLOT PLAN NOTES:
	NATOMAS PARK COMMONS CITY OF SACTO. SACTO. COUNTY, CALIFORNIA		
ADDRESS: 2307 DONNER PASS AVENUE	LOT COV: 40.7%		
PLAN NO.: 164-B	LOT SQ. FT.: 2,555.5	APN:	LOT 12
DRAWN BY: R.P.	APPROVED BY: 	DATE: 8/28/06	



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE
46844

0614678

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

THIS IS TO CERTIFY THAT THE WORK HAS BEEN COMPLETED IN CONFORMANCE WITH CURRENT ENERGY CODES AND REGULATIONS CALIFORNIA TITLE 24, STATE OF CALIFORNIA

Renaissance LOT # 12 TRACT # Commons
STREET 2307 Donner Pass CITY Sac.

EXTERIOR WALLS:
MANUFACTURER F/G THICKNESS/TYPE 3 5/8 R-VALUE 13/19

CEILINGS:
BATTES:
MANUFACTURER CT THICKNESS/TYPE 10 R-VALUE 30
BLOWN IN:
MANUFACTURER INSUL SP MINIMUM THICKNESS 11 3/4 R-VALUE 30

SQUARE FOOTAGE COVERED 1005 NUMBER OF BAGS USED 15
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 _____ DATE _____
CALIFORNIA CONTRACTORS LICENSE # _____

SIGNATURE _____ TITLE _____
INSULATION CONTRACTOR ARCADE INSULATION
CALIFORNIA CONTRACTORS LICENSE # 815288
NEVADA CONTRACTORS LICENSE # 55201
OAK SIGNATURE DATE 7/2/7
Inst. TITLE

KwikKote

No. 200-914943

Stucco System Installation Card

Job Name: *RENAISSANCE COMMONS AT NATOMAS PARK*
Address: *2307 DUNN PASS AVE*
SACRAMENTO, CA

Lot #:
PERMIT# 0614678

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion:

Home Builder: LENNAR RENAISSANCE
Address: 2240 DOUGLAS BLVD #250
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 04/25/2003

is to certify that the stucco system on the building exterior at the above address had been installed
cordance with the evaluation report specified above and the manufacturer's instructions.

Kevin A. Alving

authorized representative of stucco contractor

Date

Lennar Homes - Natomas Commons - All Plans

Site Address

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; 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).

#0614678

2307 Donner Pass Ave

HVAC SYSTEMS:

Heating Equipment

Table with columns: 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). Rows include Furnace units for Plan 162, 163, and 164.

Coil Equipment

Table with columns: 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.), ARI #. Rows include Coil units for Plan 162, 163, and 164.

Cooling Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr Name and Model #, Compressor 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). Rows include Condenser units for Plan 162, 163, and 164.

* = TXV valve installed w/coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy

Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

External Insulation R-value

Handwritten signature and date: Greg Bus 4-10-07

Beutler Corporation

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with columns: 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 than 0.58.

Facets & Shower Heads:

All facets 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

Plan : 164A;164(REV)

Work Order :

175688

Builder :

RENAISSANCE - THE COMMONS

Site Address :

2307 Donner Pass Ave

Permit #

0614678

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Operator Type (e.g., fixed, slider)	Manufactured Products	Site Built Products		Quantity (options)	Total Square Feet	Comments/Special Features
		Labelled U-value (≤ CF-1R value) ²	# of Panes	Default U-Value ²			
(DUP LIKE PRODUCTS)							
WINDFORD WINDOW	Fixed	0.320				41.8	
WINDFORD WINDOW	S/Hung	0.350				104.5	
WINDFORD WINDOW	P/Door	0.350				48.0	
WINDFORD WINDOW	H/Slider	0.350				61.0	
Weighted Average	----->	0.345	----	----	----	255.3	-----

Weighted U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above by signature (1) is the actual fenestration product listed; (2) is the equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) listed for compliance with the Energy Efficiency Standards for residential buildings; and (3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Signature, Date

(printable)

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

Signature, Date

(printable)

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

Signature, Date

(printable)

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

U-values reflect plan changes as of 02/13/06

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

0614678

Site Address: 2307 Donner pass Ave.

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; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

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

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

Signature, Date

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

WATER HEATING SYSTEMS:

Water Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	IF Radi-calling Control Type	# of Identical Systems	Rated Input (KW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, EEF)	Standby Loss (%)	External Insulation R-value
HS	A-Q Smith GWR-5070	STD	N/A	1	40,000	50	.62	N/A	N/A

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:

If faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 11.

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 Appliances Efficiency Regulations or Part 6), where applicable.

Paul J. ...
 Signature/Date

BIRNOM PLUMBING CO., INC
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

OPY TO: Building Department
 Building Owner at Occupancy

Job # 1003036

Lennar / The Commons

INSTALLATION CERTIFICATE (Page 4 of 12) CF-6R

Site Address: 2307 Donner Pass Ave., Sacto, Ca. 95835 Plan # 164 (1805) Lot # 12 Permit Number

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT
The building was: [X] Tested at Final [] Tested at Rough-in

- INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:
[X] 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 on new ducts.

[X] DUCT LEAKAGE REDUCTION

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

Table with columns for test results, measured values, and pass/fail status. Includes sections for NEW CONSTRUCTION, ALTERATIONS, and TEST OR VERIFICATION STANDARDS.

[X] 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: [Signature] Date: 7/2/07

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

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

Project Address 2307 Donner Pass Ave - Sacramento, CA 95835		Builder Name Renaissance Homes	
Builder Contact Ryan 825-4510		Telephone Plan Number 164	
HERS Rater John Flores		Telephone Sample Group Number / Lot # (if applicable) 916-624-2092 23817 / 012	
Compliance Method (Prescriptive)		Climate Zone 12	
Certifying Signature 		Date Certificate Number February 15, 2007 CC3-1798364743	
Firm: Valley Duct Testing		HERS Provider: CalCERTS, Inc.	
Street Address: 6345 Rainier Ave		City/State/Zip: Rocklin / CA / 95677	

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was Associated.
 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: Main System

NEW CONSTRUCTION			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	32	
2	Fan Flow: Calculated (Nominal <input type="radio"/> Cooling <input type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1000	
3	Pass if Leakage Percentage < 6% [100 x (Line 1 / Line 2)]:	3.20%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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.		
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.		
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - 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% [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)] 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

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3-4 of 8)		CF-4R
Project Address	Builder Name	
2307 Donner Pass Ave - Sacramento, CA 95835	Renaissance Homes	
Builder Contact	Telephone	Plan Number
Kvan 825-4516		164
HERS Rater	Telephone	Sample Group Number / Lot # (if applicable)
John Flores	916-624-2092	23817 / 012
Compliance Method (Prescriptive)		Climate Zone
		12
Certifying Signature	Date	Certificate Number
	February 15, 2007	CC3-1798364743
Firm:	Valley Duct Testing	HERS Provider: CalCERTS, Inc.
Street Address:	6345 Rainier Ave	City/State/Zip: Rocklin / CA / 95677

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was Associated.

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 CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV): Main System

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.

Main System HVAC System TXV

Pass Fail

FROM : 70061917 FAX NO. : 916 624-3352 Jun 15 2007 10:39AM P2

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8) CF-4R

Project Address 2307 Donner Pass Ave - Sacramento, CA 95835	Builder Name Renaissance Homes
Builder Contact Ryan 925-4516	Telephone 164
HERS Rater John Flores	Telephone 916-624-2992
Compliance Method (Prescriptive)	Sample Group Number / Lot # (if applicable) 23817 / 012
Certifying Signature	Climate Zone 12
	Date February 15, 2007
Firm: Valley Duct Testing	HERS Provider: CalCERTS, Inc.
Street Address: 6345 Rainier Ave	City/State/Zip: Rocklin / CA / 95677
	Certificate Number CC3-1798364743

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was Associated.
 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 CF-6R (Installation Certificate).

HIGH EER AIR CONDITIONER: Main System Associated in Sample
 Procedures for verification are available in RACH, Appendix R1.

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	EER values of installed systems match the CF-1R
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	For split systems, indoor coil is matched to outdoor coil
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Delay Relay Verified (If Required)
Yes to 1 and 2; and 3 (If Required) is a pass <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8)

Project Address 2307 Donner Pass Ave - Sacramento, CA 95835		Builder Name Renaissance Homes
Builder Contact Ryan 825-4516	Telephone 916-524-2092	Plan Number 164
HERS Rater John Flores	Telephone 916-524-2092	Sample Group Number / Lot # (if applicable) 23017 / 012
Compliance Method (Prescriptive)	Date February 15, 2007	Climate Zone 12
Certifying Signature <i>[Signature]</i>		Certificate Number CC3-1798364743
Firm: Valley Duct Testing	HERS Provider: CalCERTS, Inc.	
Street Address: 6345 Rainier Ave	City/State/Zip: Rocklin / CA / 95677	

**Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT
HERS RATER COMPLIANCE STATEMENT**

The house was Tested Approved as part of sample testing, but was Associated.

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the 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 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).

Yes	No	N/A	FLOOR
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All floor joint cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	N/A	WALLS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the batt surface area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as: corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope.

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 6 of 8)

CF-4R

Project Address
2307 Donner Pass Ave - Sacramento, CA 95835

Builder Name
Renaissance Homes

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

Yes	No	N/A	ROOF/CEILING PREPARATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall barrier
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with covers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixture: IC and air tight (AT) rated and sealed with gasket or caulk between the housing and the ceiling
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multi-story buildings have air tight draft stops to all adjoining attics
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed
Yes	No	N/A	ROOF/CEILING BATTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4 in. deep or more than 10% of the batt surface area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	N/A	ROOF/CEILING LOOSE-FILL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eave vents or soffit vents - maintain net free-ventilation area of eave vent
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-Value
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose-fill mineral fiber insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value <u>38</u> . Manufacturer's minimum required weight for the target R-value <u>.015</u> (pounds-per-square-foot). Sample weight <u>.025</u> (pounds per square foot).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer's minimum required thickness at time of installation <u>14.75</u> (inches) Manufacturer's minimum required settled thickness: <u>14.75</u> (inches). Number of days since loose-fill insulation was installed <u>5</u> (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 <u>15.0</u> (inches).

Jun. 15 2007 10:39AM PS

FAX NO. : 916 624-3352

FROM :