

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0606869

Insp Area: 4

Site Address: 3005 TOUCHMAN ST SAC  
Parcel No: RIVERDALE NORTH VIL. #1 LOT #5

PAID  
CITY OF SACRAMENTO  
AUG 14 2006

Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

CONTRACTOR  
BEAZER HOMES  
3721 DOUGLAS BL. STE. 100  
ROSEVILLE CA 95661

OWNER

ARCHITECT

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Nature of Work: MP 816 1 STORY 4 RM 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 B License Number 724191 Date 8/14/06 Contractor Signature N. Collins

**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 8/14/06 Applicant/Agent Signature N. Collins

**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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2007

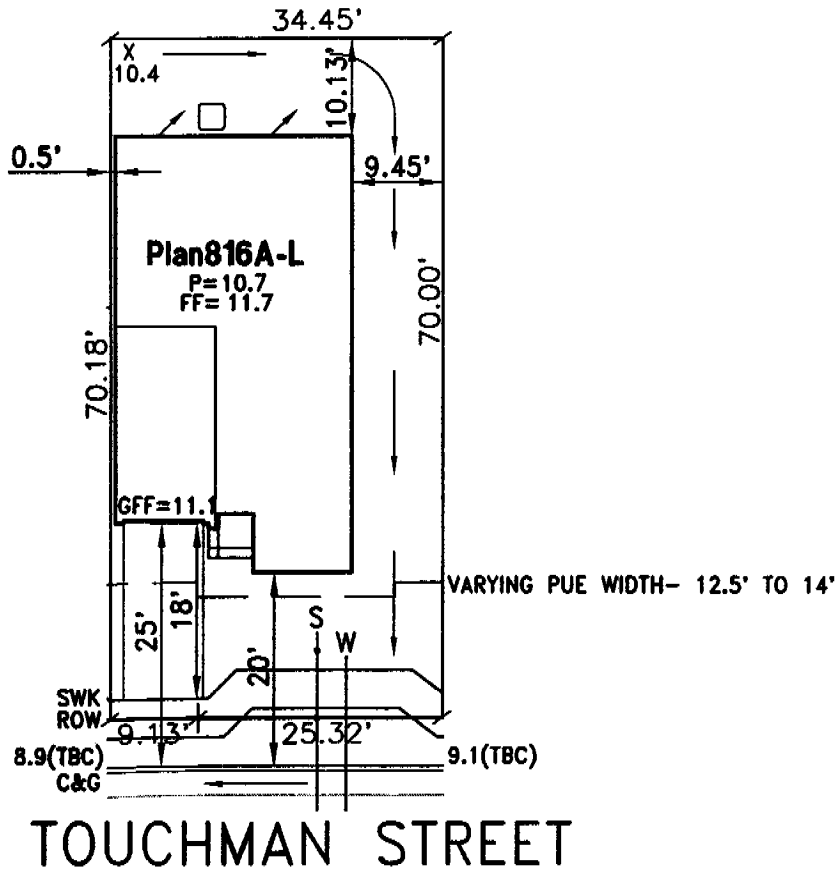
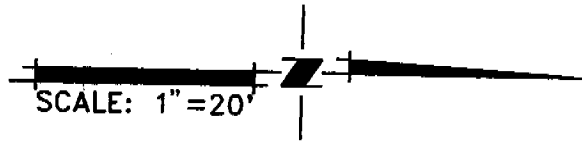
\_\_\_\_\_, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should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

Date 8/14/06 Applicant Signature N. Collins

**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 PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, 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.



- STREET SIGN
- UTILITY SERVICE BOX
- DRAIN INLET
- STREET LIGHT
- TRANSFORMER
- SERVICE POINT
- FIRE HYDRANT



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specifications SHALL NOT be held to permit or approve a violation of any City Ordinance or State Law.

ROUTING/APPROVAL		
APPROVAL	DATE	INITIALS
Development		
Construction		
Engineering		
Admin.		
Accounting		

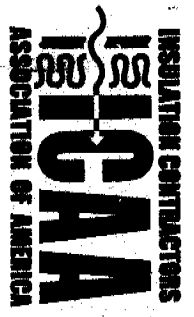
## RIVERDALE VILLAGE 1

### "THE AMERICAN COLLECTION" FOR BEAZER HOMES

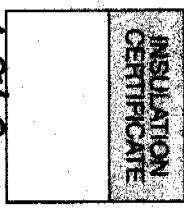
#### PLOT PLAN FOR LOT 05

<p>A.P.N.:                  LOT AREA: 2412 S.F.                  ADDRESS:                  CITY OF SACRAMENTO, CALIFORNIA</p>	<p style="text-align: center;"><b>WOOD RODGERS</b></p> <p style="text-align: center; font-size: small;">ENGINEERING • PLANNING • MAPPING • SURVEYING                  3301 C STREET, BLDG. 100-B, SACRAMENTO, CA 95816                  PHONE: (916) 341-7760 FAX: (916) 341-7767</p> <p>03-23-06    DRAWN: BL    1055.030</p>
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J:\Jobs\1055-Riverdale\Riverdale-V1\Civil\Plotplan\Lot\_05.dwg 4/05/06 1:18pm gmckoin



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



0606869

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

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENGINEER REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT

Beaver H LOT # 5 TRACT # Riverdale N  
STREET 3005 Touchman St CITY Nat.

EXTERIOR WALLS:

MANUFACTURER F/E THICKNESS/TYPE 3 5/8 R- VALUE 13/19

CEILINGS:

BATTS: MANUFACTURER CT THICKNESS/TYPE 12 R- VALUE 38

BLOWN IN: MANUFACTURER Insul-It THICKNESS 14 3/4 R- VALUE 28

MANUFACTURER SQUARE FOOTAGE COVERED 932 709 R- VALUE 1619

FLOORS: MANUFACTURER THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION \_\_\_\_\_ INCHES R- VALUE

FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 2/20/17

NEVADA CONTRACTORS LICENSE #0055201 SIGNATURE [Signature] TITLE [Title]

3005 Touchman St.

0606869

**OMEGA PRODUCTS INTERNATIONAL, INC.**  
DIAMOND WALL INSULATING STUCCO SYSTEM  
ICBO Report # 4004

Builder : **BEAZER**  
Project Name : **AMERICAN COLLECTION AT RIVERDALE**

Lot Number: 1005

Date of Job Completion: March 4, 2007

**PLASTERING CONTRACTOR:**

Name: **STUCCO WORKS, INC.**

Address: 5900 WAREHOUSE WAY- SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's Inspections.

February 21, 2007  
Date

  
Signature of authorized representative of Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

(Page 2 of 12) CR-GR

**INSTALLATION CERTIFICATE**

Site Address: **3005 Touchman St**

Permit Number: **0606869**

**THE SWISS COLLEGE at RIVERSIDE NORTH - 6997 N.**

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 10-10(a).

**FENESTRATION/GLAZING:**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (# CR-IR value) <sup>2</sup>	Product SHGC <sup>1</sup> (# CR-IR value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Quantity)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1	XO CASER	.35	.22	2				
2	XO CASER	.35	.29	2				
3	SH NO CASER	.35	.22	2				
4	SH CASER	.35	.29	2				
5	PJ NO CASER	.34	.35	2				
6	PJ CASER	.34	.31	2				
7	Primo OVER	.35	.34	2				
8								
9								
10								
11								
12								
13								
14								
15								

- <sup>1</sup> Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.
- <sup>2</sup> Installed U-factor must be less than or equal to values from CR-IR. Installed SHGC must be less than or equal to values from CR-IR, or a shading device (exterior or overhang) is installed as specified on the CR-IR. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CR-IR. If using default table SHGC values from §116 identify whether tinted or not.

✓ I, the undersigned, verify that the fenestration/glazing listed above (my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CR-IR) submitted 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.

Item #s (if applicable) 1-7	Signature <i>Dennis M. ...</i>	Date 3/30/06	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, MECS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Beazer Homes  
Site Address 3005 Touchman St.

Sunrise Collection  
Permit Number 0606869

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 1007, 1559

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-IR 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.) <sup>1</sup> (≥CF-IR 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-IR) 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, Central Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
GAS	A.O. Smith GVR-40	STD	N/A	1	40,000	40	.62	N/A	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-IR) 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 [Signature] 3/27/06

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

COPY TO: Building Department  
Building Owner at Occupancy

Beacons Homes  
 Site Address 3005 Touchman St.

American Collection  
 Parcel Number 0606869

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).

Plan 3-816, 1194, 1195

**HVAC SYSTEMS:**

Heating Equipment

Equip. Type (e.g. heat pump)	CFC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [2CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (e.g. heat pump)	CFC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [2CF-1R value]	Duct Location (attic, 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) 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	CFC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith</u> <u>CR-40</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>40</u>	<u>.62</u>	<u>N/A</u>	<u>R-20</u>

1. 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.

Tommy Smith 3/21/06  
 Signature, Date

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

COPY TO: Building Department  
 Building Owner at Occupancy

lot #5

0606869 American

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8) CF-4R	
Project Address 3005 Touchman way Sacto, Ca 95834	Builder Name Beazer
Builder Contact Beutler	Plan Number 967
HERS Rater Josh McKeonell	Sample Group Number
Certifying Signature <i>[Signature]</i>	Sample House Number
Firm ACS	HERS Provider Cheers
Street Address 4524 Maguito Rd	City/State/Zip Placerville, Ca 95667

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

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<b><input checked="" type="checkbox"/> WALLS</b>			
<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
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<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.
Yes	No	NA	
<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
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	



**✓ 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 air barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<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
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed
Yes	No	NA	

**✓ ROOF/CEILING BATTS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4 in. deep or more than 10% of the batt surface area
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	

**✓ 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
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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).
Yes	No	NA	

at final

Lot # 5

0606869

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1) CF-4R

Project Title: Sunrise @ Riverdale SAC, CA. 95834 Date: 3/15/07  
 Project Address: 3005 Touchman Street Builder Name: Beazer Homes  
 Job # 1002259 L# 5 Plan Number: 1473  
 Builder Contact: Demetri Welus Telephone: \_\_\_\_\_  
 HERS Rater: Demetri Welus Telephone: \_\_\_\_\_ Date: 3/15/07 Sample Group Number: \_\_\_\_\_  
 Certifying Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sample House Number: \_\_\_\_\_  
 Firm: Alamo AlAM HERS Provider: CHERS  
 Street Address: 9524 Mosquito Rd. City/State/Zip: Placerville CA. 95667  
 Copies to: Builder, HERS Provider

**HERS RATER COMPLIANCE STATEMENT**

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- 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 as duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

**Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)**

Duct Pressurization Test Results (CFM @ 25 Pa) Measured values

Test Leakage in CFM) 54 CFM

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1,000 AC

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.4%

Check Box for Pass or Fail (Pass = 6% or less)  Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV)** or Commission approved equivalent

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection

Yes is a pass  Pass  Fail

**MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT**

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)
  2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = \_\_\_\_\_  Pass  Fail
- Yes for both 1 and 2 is a Pass

Site Address 3005 TOUCHMAN STREET SACRAMENTO, CA 95834 Permit Number LOT# 5

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

BEAZER / SUNRISE & RIVEDALE

INSTALLER COMPLIANCE STATEMENT

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

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

- 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.

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:	54	
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 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:	1000	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [ 54 (Line # 1) / 1000 (Line # 2) ]]	5.4%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
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)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [ (Line # 5) / Line # 2 ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>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:</b>			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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) OR General Contractor (Co. Name) OR Owner	BEAZER
Signature:	Date: 3/15/07

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

<b>INSTALLATION CERTIFICATE</b> 308#1002259	<b>(Page 8 of 12) CF-6R</b>
Site Address <b>3005 TOUCHMAN STREET SACRAMENTO, CA 95834</b>	Permit Number <b>LOT# 5</b>

**FAN WATT DRAW**

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

<b>Method For Fan Watt Draw Measurement</b>			
<input type="checkbox"/>	RE3.2.1	Portable Watt Meter Measurement	
<input type="checkbox"/>	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
			✓    ✓
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R	<input type="checkbox"/> <input type="checkbox"/>
Yes is a pass			Pass    Fail

**ADEQUATE AIRFLOW VERIFICATION**

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

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

**MAXIMUM COOLING CAPACITY**

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

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

**HIGH EER AIR CONDITIONER**

*Procedures for verification are available in RACM, Appendix RI.*

1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	EER values of installed systems match the CF-1R		
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	✓    ✓	<input checked="" type="checkbox"/> <input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<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						Pass    Fail

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	<b>BEULER</b>
Signature:	Date: <b>3/15/07</b>

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

Site Address 3005 TOUCHMAN STREET SACRAMENTO, CA	95834	Permit Number LOT# 5
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THERMOSTATIC EXPANSION VALVE (TXV)  
*Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.*

✓	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Yes is a pass	Pass

REFRIGERANT CHARGE MEASUREMENT  
 Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	Btu/hr
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

**Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):**

*Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.*  
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)		°F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		°F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		°F
Evaporator saturation temperature (Tevaporator, sat)		°F
Suction line temperature (Tsuction, db)		°F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		°F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db - Tevaporator, sat		°F
Target Superheat (from Table RD-2)		°F
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)		°F

Temperature Split Method Calculations for Adequate Airflow

*Split Method Calculation is not necessary if Adequate Airflow credit is taken*

Actual Temperature Split = T return, db - Tsupply, db		°F
Target Temperature Split (from Table RD3)		°F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F)		°F