

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0604167**  
**Insp Area: 3**  
**Thos Bros: 317F1**

**Site Address: 3801 6TH AV SAC**  
**Parcel No: 013-0301-018**

**PAID**  
**CITY OF SACRAMENTO**  
**Sub-Type: NSFR**  
**Housing (Y/N): N**

CONTRACTOR

OWNER  
WILLIAMS NUNEZ CARY/ANGELO Q  
3800 BIGLER WY  
SACRAMENTO, CA 95817

**AUG 14 2005**

ARCHITECT

**NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES**

**Nature of Work: APPROX. 1350 SF NEW SFR. NEW APN WILL NEED TO BE ASSIGNED.**

**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 195582 Date 14A06 Contractor Signature \_\_\_\_\_

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

\_\_\_\_ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above-mentioned property for inspection purposes.

Date 14A06 Applicant/Agent 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.

\_\_\_\_ 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 14A06 Applicant Signature \_\_\_\_\_

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

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



**CITY OF SACRAMENTO**

[WWW.CITYOFSACRAMENTO.ORG](http://WWW.CITYOFSACRAMENTO.ORG)

Downtown Permit Center  
 New City Hall, 915 I Street, 3<sup>rd</sup> Floor, Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

1-916-808-5656 or 1-866-EZ-PERMIT

**SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE**

PARCEL # 013 - 0301 - 018 PERMIT # 0604167  
 SITE ADDRESS 3801 Cth AV. ACREAGE \_\_\_\_\_

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- |   |                                     |                                     |     |
|---|-------------------------------------|-------------------------------------|-----|
| 1. Are there existing structures on the site?   | Y                                   | <input checked="" type="radio"/> N  |     |
| 2. Is there an existing concrete or paved driveway to this parcel from the street?      | Y                                   | <input checked="" type="radio"/> *N |     |
| 3. Will the existing access to this parcel be changed in any way for this project?      | <input checked="" type="radio"/> *Y | <input type="radio"/> N             |     |
| 4. Are all portions of the lot higher than the crown of the street?                     | <input checked="" type="radio"/> Y  | <input type="radio"/> *N            |     |
| 5. Are all portions of the lot higher than the back of the sidewalk?                    | <input checked="" type="radio"/> Y  | <input type="radio"/> *N            |     |
| 6. Is there a curb and gutter at the street level?                                      | <input checked="" type="radio"/> *Y | <input type="radio"/> N             |     |
| 7. Is there a sidewalk with <u>curb and gutter</u> at the street?                       | <input checked="" type="radio"/> *Y | <input type="radio"/> N             |     |
| 8. Is the curb at the street square?  | <input checked="" type="radio"/> *Y | <input type="radio"/> N             | N/A |
| 9. Is there a rolled curb at the street?  | Y                                   | <input checked="" type="radio"/> N  | N/A |
| 10. Is there a drainage ditch or culvert at the street?                                 | Y                                   | <input checked="" type="radio"/> *N | N/A |
| 11. Does the lot drain from back to front?  | <input checked="" type="radio"/> Y  | <input type="radio"/> *N            |     |
| 12. Does the lot drain from front to rear?  | Y                                   | <input checked="" type="radio"/> *N |     |
| 13. Does another lot drain across this parcel?  | *Y                                  | <input checked="" type="radio"/> N  |     |
| 14. Does the lot drain from side to side?   | *Y                                  | <input checked="" type="radio"/> N  |     |
| 15. Does the site have an existing low area or drainage swale?                          | *Y                                  | <input checked="" type="radio"/> N  |     |
| 16. Does the drainage swale drain to an adjacent parcel?                                | *Y                                  | <input checked="" type="radio"/> N  | N/A |
| 17. Does the drainage swale drain to the street?  | <input checked="" type="radio"/> Y  | <input type="radio"/> *N            | N/A |
| 18. Will existing drainage be re-routed?  | *Y                                  | <input checked="" type="radio"/> N  |     |
| 19. Will drainage ditches or culverts be constructed or modified?                       | *Y                                  | <input checked="" type="radio"/> N  | N/A |
| 20. Did this project require approval from the Zoning Administrator? <u>ALREADY HAS</u> | *Y                                  | <input checked="" type="radio"/> N  |     |
| 21. Did the project require approval from the Planning Administrator? <u>Y</u>          | <input checked="" type="radio"/> *Y | <input type="radio"/> N             |     |

**CITY OF SACRAMENTO  
 DOWNTOWN PERMIT  
 CENTER**

**JUL 18 2006**

**RECEIVED**

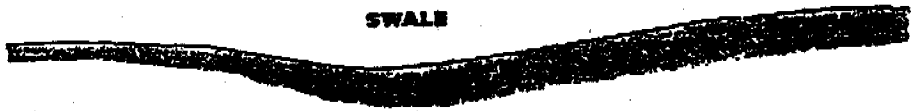
# SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

- |   |    |          |
|---|----|----------|
| 22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? | *Y | (N)      |
| 23. Is this a corner lot?   | *Y | (N)      |
| 24. Is the posted speed limit on this street greater than 25 MPH?   | *Y | (N)      |
| 25. Is this parcel located on a four-lane street?   | *Y | (N)      |
| 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted?   | Y  | *N (N/A) |
| 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted?                                    | Y  | *N (N/A) |
| 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted?        | Y  | *N (N/A) |


**CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.**

#1) NO CURB, CUTTER OR SIDEWALK STREET OR ROAD

SWALE

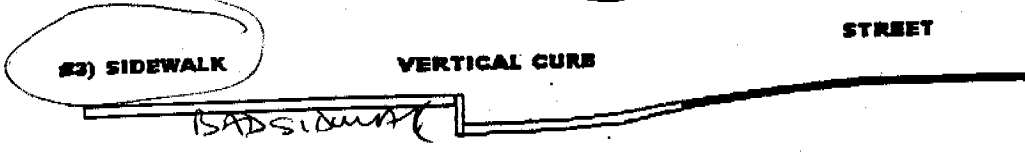


#2) SIDEWALK ROLLED CURB STREET




#3) SIDEWALK VERTICAL CURB STREET

*BASE SIDEWALK*



#4) NO SIDEWALK DITCH WITH CULVERT ROAD



#5 OTHER  
PROVIDE  
DETAIL HERE

The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED *[Signature]* DATE 16 July 00  
 TITLE *Contractor*  
 PHONE NO. 916 7192812

#0604167

# DENNIS MOFFETT

Certified Energy Analyst #R05-001-5144

Title 24 Consultant

CHEERS Certified H.E.R.S. Rater

CCNDM345513

7836 Fair Oaks Blvd., Carmichael, California, 95608

Phone: 916-944-2484 Fax: 916-944-3307

E-Mail: [DenMof@aol.com](mailto:DenMof@aol.com)

NUNES RESIDENCE  
3801 6<sup>TH</sup> AVENUE  
SACRAMENTO, CALIFORNIA

TITLE 24 HERS VARIFICATION REPORT

By Dennis Moffett

Cheer Rater

CCNDM345513



Member of California Association of Building Energy Consultants



## My Account Details

### Company

**Name** Air Design Contractors

### Member

**First Name** Dennis

**Last Name** Moffett

**Phone** (916) 944-2484

**Fax** (916) 944-3307

**Email** DenMof@aol.com

**Certification Number** CCNDM345513

### Location

**Location** 7836 Fair Oaks Blvd.  
Suite A  
Carmichael, California 95608

### Statistics

**Status** Active

**Roles(s)** Rater

**Certification(s)** Building Envelope Module, New Construction and/or HVAC Replacement (T24 / Energy Star)

**INSTALLATION CERTIFICATE**

Site Address <b>3801 6<sup>TH</sup> AVE - SACRAMENTO</b>	Permit Number <b>0604167</b>
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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 10-103(a).

**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-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<b>RUUD-furn</b>	<b>M VETNOTNANER</b>	<b>1</b>	<b>92% AFUE</b>	<b>ATTIC</b>	<b>R-6</b>	<b>53000</b>	<b>70000</b>

*Cooling Equipment*

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<b>COND UNIT</b>	<b>RWEEM RANDO 365BZ</b>	<b>1</b>	<b>13 SEER</b>	<b>ATTIC</b>	<b>R-6</b>	<b>32860</b>	<b>36000</b>

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*  
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓  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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

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

Site Address

3801 6<sup>TH</sup> AVENUE - SACRAMENTO

Permit Number

0604167

**INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE**

**INSTALLER COMPLIANCE STATEMENT**

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

**INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:**

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

**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:	62	
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:	1200	✓ ✓
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [ 62 (Line # 1) / 1200 (Line # 2) ]]	5.17%	<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 Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [ _____ (Line # 4) Minus _____ (Line # 5) - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [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
<b>Pass if One of Lines # 9 through # 12 pass</b>			<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	
Signature:	Date:

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 <b>3801 6<sup>TH</sup> AVE - SACRAMENTO</b>	Builder or Installer Name <b>MCKNIGHT CONST</b>
Builder or Installer Contact <b>MCKNIGHT CONST</b>	Telephone <b>0604167</b>
HERS Rater <b>DENNIS MOFFETT</b>	Telephone <b>(916)949-2484</b>
Compliance Method (Prescriptive)	Climate Zone <b>12</b>
Certifying Signature 	Date <b>1-14-06</b>
Firm <b>AIR DESIGN CONTRACTORS</b>	HERS Provider <b>CHEERS</b>
Street Address:	City/State/Zip <b>SACRAMENTO</b>

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 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 CF-6R (Installation Certificate).
- New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands 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**

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

**Duct Diagnostic Leakage Testing Results**

NEW CONSTRUCTION:		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:	<b>62</b>	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	<b>1200</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% [100 x [ <b>62</b> (Line # 1) / <b>1200</b> (Line # 2)]]	<b>5.17%</b>	<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) 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% [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
	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 of 8) CF-4R**

Project Address 3801 6 <sup>TH</sup> AVENUE E - SACRAMENTO		Builder Name MCKNIGHT CONST	
Builder Contact MCKNIGHT CONST		Telephone	Plan Number 0604167
HERS Rater DENNIS MOTTETT (916) 944-2984		Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone 12	
Certifying Signature 		Date	Sample House Number 3801
Firm AIR DESIGN CONTRACTORS		HERS Provider CHEERS	
Street Address 2536 PARK OAKS - CARLISLE		City/State/Zip SACRAMENTO	

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 the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

**THERMOSTATIC EXPANSION VALVE (TXV)**

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input checked="" type="checkbox"/>	<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 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 (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
--	--

**The Pelgen Company**  
**Custom Construction New and Remodel**  
4836 Cypress Avenue, Carmichael, CA 95608  
(916) 719-2812 or Fax (916) 488-2186  
CA License # 793582

16 April 2007

This is to certify that I installed R-38 fiberglass insulation in the second story ceiling and R-15 fiberglass insulation in the exterior walls, at 3801 6<sup>th</sup> Ave Sacramento Ca. in accordance with City of Sacramento building permit No. 0604167

Thank you,



Leonard McKnight