

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0502079
Insp Area: 2
Thos Bros: 319-C4

Site Address: 7829 CAVALIER WY SAC
Parcel No: 052-0190-063
N
STEAMBOAT BEND UNIT 3 LOT #63
Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
HOFMANN CONSTRUCTION
PO BOX 907
CONCORD CA 94522

OWNER

ARCHITECT

Nature of Work: NSFR MP2271 11 RMS 2 STORY

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 B1 License Number 189167 Date 11-30-05 Contractor Signature (Signature)

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

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

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

I am exempt under Sec. _____ B & PC for this reason: _____
Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
APR 28 2005
NORTH PERMIT CENTER

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

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

Date 4-28-05 Applicant/Agent Signature (Signature)

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

_____, I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND Policy Number 1633130 Exp Date 04/01/2005

_____, (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 4-28-05 Applicant Signature (Signature)

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

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

CERTIFICATION OF INSULATION

PART I GENERAL

The Holman LOT # *63*
7829 Cavalier Wy
0502079

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651 FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1691 RENO, NV 89505 LIC. #10675
- 3326 A PONDOSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED *11/28/15*

SteamBoat

PART II AREAS INSULATED

WALLS			DOORS			FLOORS		
SQUARE FEET			SQUARE FEET			SQUARE FEET		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL			MATERIAL			MATERIAL		
FORM			FORM			FORM		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
CT	OC	JM	CT	OC	JM	CT	OC	JM
R-VALUE INSTALLED	THICKNESS	R-VALUE INSTALLED	THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS		
<i>13</i>	<i>3.5</i>	<i>38</i>	<i>12-1/2"</i>	<i>---</i>	<i>19</i>	<i>5.5</i>		
MATERIAL			MATERIAL			MATERIAL		
FORM			FORM			FORM		
R-VALUE			R-VALUE			MANUFACTURER		
FIBERGLASS			BATTES			CT OC JM		
MATERIAL			MATERIAL			MATERIAL		
Foam			HIETI			HANDY FOAM		

PART III CERTIFICATION

THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS AND MANUFACTURER'S INSTRUCTIONS.

SIGNATURE — INSULATION CONTRACTOR	<i>B. B.</i>	TITLE	MANAGER	DATE	<i>10/10/05</i>
SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE	<i>11/28/15</i>
REMARKS					

SIC - 303

BUILDER COPY

INSTALLATION CERTIFICATE

CF-6R

7829 Callalier Wy

0502079

Site Address **Steamboat Lot 63 Plan 2309**

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 (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
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Furnace	Gibson #GLIRC090D16B	1	92%	Attic	R6	90,000	
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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 (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
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Condensor	Gibson #JS3BA036KA	1	10 SEER	Attic	R6	36,000	
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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.

Blue Mountain Air, Inc

Jahby Gonzalez 12/5/15
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, Control Type	# of Identical Systems	Rated ₂ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ₂ (EF, RE)	Standby Loss (%)	External Insulation R-value ₃
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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.

Faucets & Shower Heads:

All faucets 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

7829 CALALISTE WY
Site Address

0502079
Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 P)

Fan Flow	Test Leakage (CFM)	Downstairs	Upstairs
		64	0
If fan flow is calculated as 400cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu Hr. enter calculated value here		64 Sq. FT.	
If fan flow is measured enter measured value here			
Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) =		6.0	0.0
Pass if leakage fraction <= 6%		<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:
Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

- Yes No Pressure pan test of House pressurization te
- Yes No Visual Inspection of Duct Connections

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion valve is installed and Access is provided for inspection
Yes is a pass Pass Fail

DUCT DESIGN

- 1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans
- 2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design

Measured Fan Flow = _____
Yes for both 1 and 2 is a Pass Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests Performed	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)
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COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupanc

INSTALLATION CERTIFICATE

Lot-63

CF-6R

Hofmann Company - Steamboat Bend - Plan 2309 Elev All

0502079

Permit Number

Site Address 7829 Callalisse Wy

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-1 (\leq CF-1R Value) ¹	Product SHGC-1 (\leq CF-1R Value) ²	# of Panes	Total Quantity of Like Product (Optional)	Total Square Feet	Interior or Exterior Shading Device or Overhang	Comments- Special Features
Philips 800 S & N (Low E)	Slider	.36	.33					U-Values based on Products supplied
Philips 800 S & N (Low E)	Single Hung	.36	.33					by Insight Glass
Philips 800 S & N (Low E)	Fixed	.33	.36					Only !!
Philips 800 S & N (Low E)	Patio Door	.35	.35					U-Values On fenestration
								Products supplied by others are not available.

1. Manufactured Fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards. Alternatively, installed weighted average U-Values for the total fenestration area are less than or equal to values from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R. Installed U-value must be less than or equal to value from CF-1R. Installed SHGC must be less than or equal to values from CF-1R. Alternatively, installed weighted average U-Values for the total fenestration area are less than or equal to values from CF-1R. The undersigned verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is equivalent to or more efficient than that specified in the certificate or compliance (Form CF-1R) 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.

[Signature] 2/22/05
Signature, Date
Items #s (if applicable)

Insight Glass Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Signature, Date
Items #s (if applicable)

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

Signature, Date
Items #s (if applicable)

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

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

July 1, 1999

Compliance Forms

Feb 22 2005 2:29PM Insight Glass

Plan 2309

NO. 511 0002

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

7829 Cavalier Wy
Site Address

0502079
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 num)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc) ¹ (>CF-1R value)	Duct Location (spic, etc)	Duct or Pipes R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg heat num)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc) ¹ (>CF-1R value)	Duct Location (spic, 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 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, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallon)	Efficiency ¹ (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
NATURAL GAS	6.5L SOXOSTG 50 GAL	STORAGE		1	40,000	50	16.2	3.05	R-16

- 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-17 external insulation is mandatory for storage water heaters with an energy factor of less than 0.50

Faucets & Shower Heads:

All faucets 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.

Robert C. ... 2/22/05
Signature, Date

Antioch Plumbing Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

