

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603339

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Site Address: 2318 NUCLA WY SAC

Parcel No: MACHADO LOT # 68 Housing (Y/N):

N

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

OWNER

PAID
CITY OF SACRAMENTO
ARCHITECT

MAR 21 2006

NEIGHBORHOOD PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: MP 1473 2 STORY 6 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 3/21/06 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3/21/06 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 04/01/2005

(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 3/21/06 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.

DATE: 5/9/06
 PROJECT NO. 7007
 PROJECT: P.V. / BECKER HOME
 LOCATION: NO 7th Hwy LOT-68

DSA FILE/APPL. NO. _____
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: _____ TEMP: _____

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AE-255 GAGE: AE-1009 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE/SIZE	# TESTED	% of TOTAL	LOAD lb of Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>PHOSFATED ANCHOR BOLT</u>	<u>5/8"</u>	<u>1</u>		<u>6855</u>	<u>2670</u>	<u>1</u>	<u>0</u>	<u>0</u>
<u>2318 NUCLA WAY</u>								
<u># 0603339</u>								
<u>MICRO PLZ</u>								

Type of epoxy / grout used: _____ Method of application / cleaning: _____
 Visual inspection was performed on _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Except As Noted

Superintendent/Representative: _____

Inspector/Technician: _____

DATE: 5-9-06
PROJECT NO. 2007
PROJECT: C.V. / BEAZER HOMES
LOCATION: NOTTINGHAM LOT- 66

DSA FILE/APPL. NO. _____
OSHPD NO. _____
PERMIT NO. _____
WEATHER: _____ TEMP: _____

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AZ-255 GAGE: AZ-1004 TORQUE WRENCH: _____
RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE/SIZE	# TESTED	% of TOTAL	LOAD lb of Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>PHOS & POX IED ANCHOR BOLTS</u>	<u>5/8</u>	<u>1</u>		<u>6955</u>	<u>2670</u>	<u>1</u>	<u>0</u>	<u>0</u>
<u>2350 NUTS</u>								
<u># 0603330</u>								
<u>MICRO. PLZ. 8FB</u>								

Type of epoxy / grout used: _____ Method of application / cleaning: _____
 Visual inspection was performed on _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Except As Noted
Superintendent/Representative: _____

Inspector/Technician: [Signature]

DATE: 5-9-06
PROJECT NO. 2007
PROJECT: C.V. / BEAZER HOME
LOCATION: NOTING FROM LOT-65

DSA FILE/APPL. NO. _____
OSHPD NO. _____
PERMIT NO. _____
WEATHER: _____ TEMP: _____

PROOF LOAD TORQUE WITNESSING

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

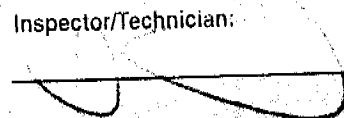
RAM: AZ-255 GAGE: AZ 7007 TORQUE WRENCH: _____
RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE/SIZE	# TESTED	% of TOTAL	LOAD lb of Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>PHOS EPOX IRD ANCHOR B-257</u>	<u>5/16"</u>	<u>1</u>		<u>6855</u>	<u>2670</u>	<u>1</u>	<u>0</u>	<u>0</u>
<u>2330 NUCLA</u>								
<u># 060 3340</u>								
<u>MICRO. PLZ J.E.B.</u>								

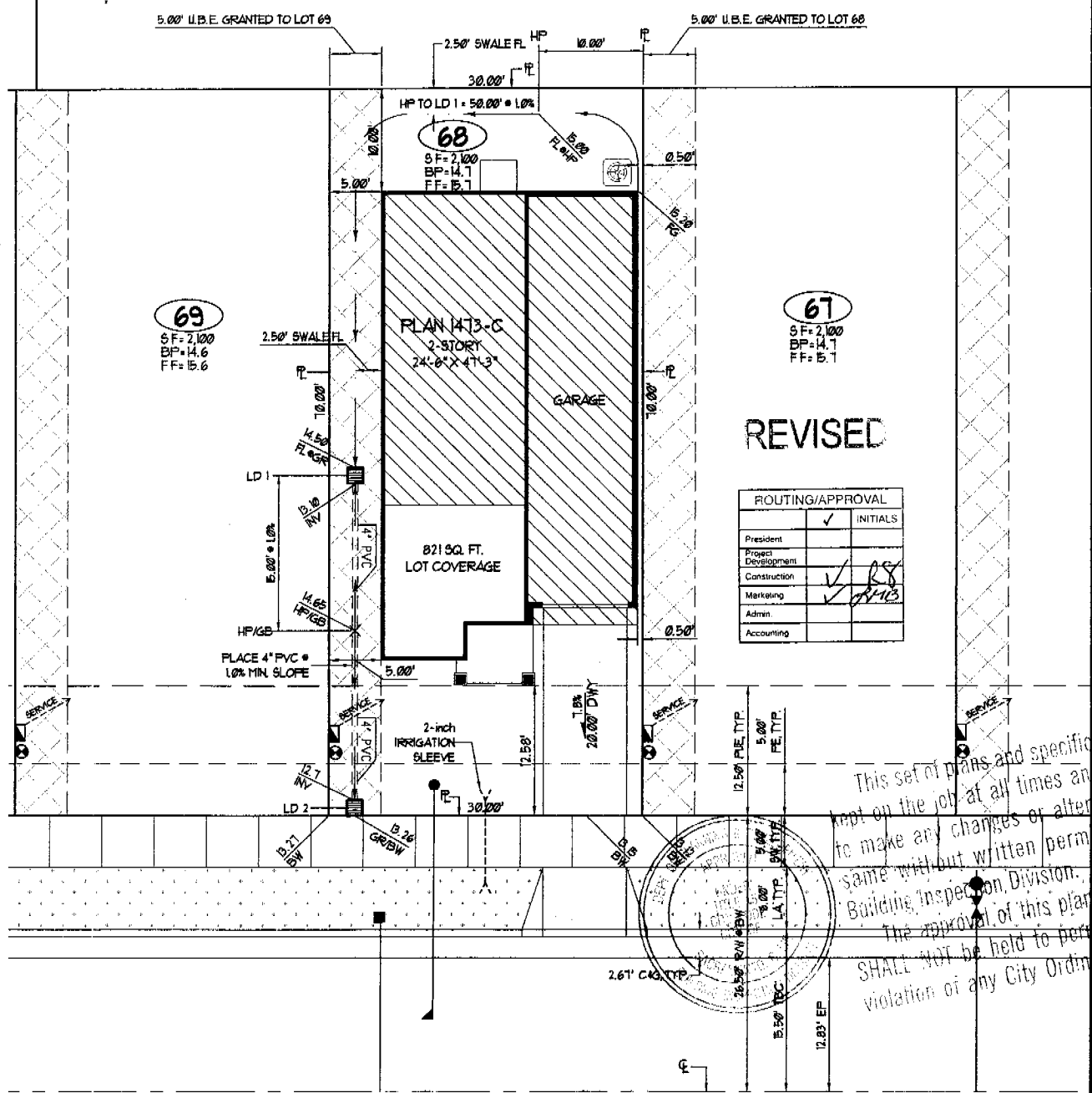
Type of epoxy / grout used: _____ Method of application / cleaning: _____
 Visual inspection was performed on _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Except As Noted
Superintendent/Representative: _____

Inspector/Technician: 

NOTE: Invert elevation of landscape drain pipe may vary due to construction methods & materials used.



REVISED

ROUTING/APPROVAL	
	INITIALS
President	
Project Development	
Construction	✓ B.S.
Marketing	✓ A.M.B.
Admin	
Accounting	

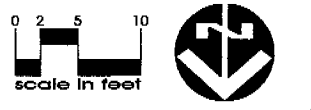
This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation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

Fire protection shall not be required where building is located at a minimum of 3'-3" from property line per CBC 503.2 & Table 5-A

NUCLA WAY

plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY CHANGE OR VARY WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



ALL ERRORS, OMISSIONS OR CONFLICTS BETWEEN THE VARIOUS ELEMENTS OF THIS PLOT PLAN SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF BEAZER HOMES FOR CORRECTION OR CLARIFICATION. IF NOTIFICATION IS NOT MADE AND WORK IS CONTINUED, RESPONSIBILITY FOR ANY FUTURE PROBLEMS CREATED WILL BE BORNE BY THE CONTRACTOR OR SUB-CONTRACTOR INVOLVED.

symbols legend

	CUT OR FILL SLOPE BANK (2:1 MAXIMUM, U.O.N.)		STREET LIGHT
	SPOT ELEVATION / LOCATION		GAS SERVICE
	DRAINAGE SWALE		CATCH BASIN / DROP INLET
	FIRE HYDRANT		ELECTRIC SERVICE
	WATER SERVICE		AIR CONDITIONING CONDENSER UNIT
	SEWER SERVICE		PAD-MOUNTED TRANSFORMER

use and benefit easement
 USE A BENEFIT EASEMENT (U.B.E.) IS A GRANT TO THE ADJACENT LOT FOR INGRESS/EGRESS FOR THE PURPOSE OF REPAIR, MAINTENANCE, DRAINAGE, AND IMPROVEMENT OF ANY OF THE LOTS THAT ARE CONTIGUOUS TO THE EASEMENT AREA. NO STRUCTURE AND/OR OTHER PERMANENT IMPROVEMENT OF ANY NATURE SHALL BE PLACED, MAINTAINED OR PERMITTED TO REMAIN ON OR WITHIN THE EASEMENT AREA.

abbreviations

BP BUILDING PAD	FF FINISHED FLOOR	INV PIPE INVERT	PE POSTAL EASEMENT
BW BACK OF WALK	FG FINISHED GRADE	L CURVE LENGTH	PUE PUBLIC UTILITIES EASEMENT
CL STREET CENTERLINE	FL FLOW LINE	LA LANDSCAPE AREA	R/W RIGHT OF WAY
C&G CURBS AND GUTTER	GB GRADE BREAK	LD LANDSCAPE DRAIN	R/R RADIAL / RADIALS
DWT DRIVEWAY	GR DRAIN GRATE	LF LINEAR FEET	SW SIDEWALK
EP EDGE OF PAVEMENT	HP HIGH POINT	PL PROPERTY LINE	TBC TOP BACK OF CURB

- NOTES**
- RIGHT OF WAYS, LOTS, EASEMENTS AND CENTERLINE SHOWN AS PER THE FINAL MAP OF MACHADO SUBDIVISION NO. P04-14, PREPARED BY HRO ENGINEERS, INC.
 - GRADING & UTILITIES SHOWN AS PER THE IMPROVEMENT PLANS FOR MACHADO SUBDIVISION, A.P.N. 225-056-023, WDD NO. 5634C332568, PREPARED BY HRO ENGINEERS, INC.
 - LOT DRAINAGE SHOWN BASED UPON LOT GRADING PLAN DETAIL, GRADING PLAN SHEET C9 OF THE CIVIL IMPROVEMENT PLANS, PREPARED BY HRO ENGINEERS, INC., LAST DATED 2/13/05 (DELTA REVISION A).
 - 3.1.1 POSITIVE SURFACE DRAINAGE FROM REAR YARD TO FRONT OF LOT SHALL BE ASSURED.
 - ELECTRIC AND GAS SHOWN IN PROPOSED LOCATIONS AS PER MACHADO SUBDIVISION JOINT TRENCH COMPOSITE PLAN PREPARED BY LUFTON EXCAVATION, INC., DATED 10/10/05.



Nottingham Village

homesite 68

Nucla Way
 ASSESSOR'S PARCEL NO.:
 MACHADO SUBDIVISION
 CITY OF SACRAMENTO, CALIFORNIA

1473	RIGHT	C	1009
plan no.	gar.	elev.	color
2100	821	39%	
lot sq. ft.	footprint sq. ft.	lot cvrg.	
1	BCB	2/27/06	10:1
phase	drawn by	revision	scale



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

0603339

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

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

Blaze Homes LOT # 1473 TRACT # NATOMAS
2318 NUCUA WY CITY

EXTERIOR WALLS: f9 THICKNESS/TYPE 3 1/2 R- VALUE 11/13

MANUFACTURER f9 R- VALUE 30
CEILINGS: f9 THICKNESS/TYPE 10 R- VALUE 30

BATS: f9 R- VALUE 30
MANUFACTURER CT THICKNESS 12 R- VALUE 17

BLOWN IN: 9lb NUMBER OF BAGS USED

SQUARE FOOTAGE COVERED FLOORS: THICKNESS/TYPE R- VALUE

MANUFACTURER THICKNESS/TYPE R- VALUE
SLAB ON GRADE: THICKNESS/TYPE R- VALUE
MANUFACTURER INCHES

WIDTH OF INSULATION FOUNDATION WALLS: THICKNESS/TYPE R- VALUE
MANUFACTURER

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #
DATE

SIGNATURE TITLE
ALCAL ARCADE CONTRACTING DATE 6-5-08
INSULATION CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #815286
CALIFORNIA CONTRACTORS LICENSE #0055201
NEVADA CONTRACTORS LICENSE #0055201
SIGNATURE TITLE
INSTALLER

PERMIT 0603339

Nottingham

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)		CF-4R
Project Address 2318 Nucla Way Sacramento CA 95834	Builder Name Beazer	
Builder Contact Lot 08	Telephone (916) 847-6514	Plan Number 1473
HERS Rater Robert Veruet	Telephone (916) 847-6514	Sample Group Number Job 1000118
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature <i>[Signature]</i>	Date 10/7/04	Sample House Number
Firm Amaro Construction		HERS Provider cherry
Street Address: 9524 Mosquito Rd.		City/State/Zip: Pinetville CA.

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 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 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:	58	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	998	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% [100 x [58 (Line # 1) / 998 (Line # 2)]]	5.8%	<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
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail



Job
1000118

Installation Certificate

4700 Lang Avenue • McClellan, CA 95652
916.646.2222 • Contractor Lic. #162634

2318 Nucla Way Sacramento, Ca. 95834 Lot 68 Plan 1473

Site Address

Beazer / Nottingham

Permit Number

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

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:	58
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" 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
3	Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [58 (Line # 1) / 1000 (Line # 2)]]	5.8% <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)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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 #)]]	<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		

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

Signature

7/6/06
Date

Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

Nottingham

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 2318 Nucla way Sacramento CA 95834	Builder Name Beazer	
Builder Contact Lot 608	Telephone Telephone	Plan Number 1473
HERS Rater Robert V. Sault	Telephone (916) 847-6514	Sample Group Number 2007 1000118
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature <i>[Signature]</i>	Date 7/6/06	Sample House Number
Firm Amaro Construction		HERS Provider cheers
Street Address: 9524 mosquito Rd		City/State/Zip: Placerville CA

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 checked="" 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.
----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

Joh 1000118

Beazer / Nottingham

INSTALLATION CERTIFICATE

(Page 5 of 12) CF-6R

Site Address

2318 Nuclea Way Sacramento, Ca. 95834

Permit Number

Lot 68 Plan 1473

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 -10°F)		°F

[Signature]

7/6/06

Beazer

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **BEAZER HOMES**

Project Name: **NOTTINGHAM**

Lot Numbers: 68

0603339
Date of Job Completion: June 4, 2006

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.

June 20, 2006
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.

INSTALLATION CERTIFICATE

CF-6R

Beazer Homes - Nottingham

Site Address 2318 Nova Way

Permit Number
0603339

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 #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-IR value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	YORK #LY8S040A12	1	80%	ATTIC	4.2	23,409	40,000	PLAN 816
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	27,902	60,000	PLAN 1194
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	26,552	60,000	PLAN 1195
FURNACE	YORK #LY8S080A12	1	80%	ATTIC	4.2	27,647	60,000	PLAN 1360
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	29,182	60,000	PLAN 1473
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	30,126	60,000	PLAN 1473 + SF

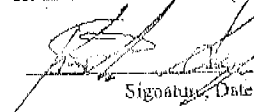
Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	YORK # H* RD024 *	1	13.0	ATTIC	4.2	14,865	20,800	PLAN 816
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	17,720	26,900	PLAN 1194
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	17,286	26,900	PLAN 1195
A/C	YORK # H* RD030 *	1	13.0	ATTIC	4.2	17,019	26,900	PLAN 1360
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	18,470	26,900	PLAN 1473
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	19,506	26,900	PLAN 1473 + SF

* = TXV valve installed as part of the 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.

 2-6-05
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

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 (%)	External Insulation R-value
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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.

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)

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

OR General Contractor (Co. Name) OR Owner

MONA

INSTALLATION CERTIFICATE	(Page 2 of 12) CF-6R
Site Address 2318 NOLLA WAY NOTTINGHAM VILLAGE SACRAMENTO CA BEARER	Permit Number 0603339

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).

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO w/GARD	.35	.29					
2.	XO NO GARD	.35	.32					
3.	SH w/GARD	.35	.29					
4.	SH NO GARD	.35	.32					
5.	PL w/GARD	.34	.31					
6.	PL NO GARD	.34	.35					
7.	Partia Doors	.35	.34					
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

- ¹ 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.
 - ² Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. 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 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.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
1-7	<i>Dennis Mal Ghelos</i>		ALSIDE
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, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

BEAZER HOMES

NOTTINGHAM

Site Address

2318 NUCCA WAY

Permit Number

0603339

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).

HYAC SYSTEMS:

Plans (1,2,3)

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥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.) ¹ (≥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 (SIU, Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ¹ (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
GAS	A.O. Smith GVR-40	STD	N/A	1	49000	40	.62	N/A	R=20

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-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.

Ivan Clavel 6/20/06
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