

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0606127  
Insp Area: 2  
Thos Bros: 317D7

CITY OF SACRAMENTO

Site Address: 6654 DEMARET DR SAC  
Parcel No: 035-0222-011

MAY 02 2006

Sub-Type: RES  
Housing (Y/N): N

CONTRACTOR  
OWNER BUILDER

OWNER  
NEW CITY HALL  
GARCIA JOSE/MARIBEL  
6654 DEMARET DR  
SACRAMENTO, CA 95822

ARCHITECT

Nature of Work: INSTALL NEW ROOF-MOUNT HVAC UNIT - COMPLIANCE DOCS REQUIRED PRIOR TO FINAL INSPECTION

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 \_\_\_\_\_

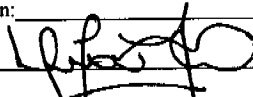
LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class \_\_\_\_\_ License Number 0 \_\_\_\_\_ Date \_\_\_\_\_ 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);

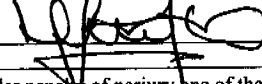
DC I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, 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 5-2-06 \_\_\_\_\_ 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 5-2-06 \_\_\_\_\_ 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:

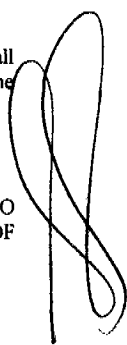
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

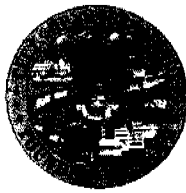
\_\_\_\_ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should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

Date 5-2-06 \_\_\_\_\_ 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 3706 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  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION**

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Inspection: (916) 808-4677

**OWNER BUILDER VERIFICATION**

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A -  all the work authorized by this permit.
- B -  a portion of the work.
- C -  none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (\*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name Dorian Cruz Phone 916) 2714230  
Address 9415 Ivydale cir Elk Grove 95758  
Type of Work install new HVAC.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

3.  I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

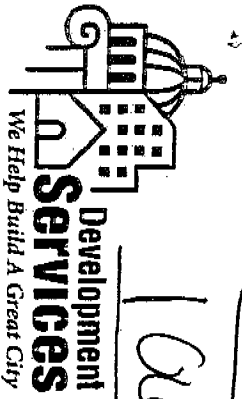
Signed: Property Owner [Signature]  
Date 5/2/00 Case No. \_\_\_\_\_ Permit No. 01006127  
Job Address 1054 Demaret Drive

Note: \* Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

I Jose Garcia give Dorian  
Cruz permission to  
get an air-conditioner  
permit.

X ~~Jose Garcia~~

5.07.06



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CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7622

MAY 02 2006

Fax # 916-264-1901

PAID

CITY OF SACRAMENTO

Downtown Permit Center  
 1234 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

MINOR PERMIT APPLICATION

NEW CITY HALL Date: 5-2-06

*Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.*

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM. Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required).*

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 6654 Demarest Dr SAC CA 95822  
 CONTACT INFO Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Bidge Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Property Owner: JOSE GARCIA  
 Address: 6654 Demarest Dr. Contractor: OWNER  
 City/State/Zip: SAC CA 95822 City/State/Zip: SAC CA 95822  
 Phone: 916) 392 3341 Phone: 916) 392 3341 Fax: \_\_\_\_\_  
 Nature of Work: Provide description of work & indicate type of work in selections below.  
 Pre-Registered? YES NO Registration # \_\_\_\_\_

Description of Work: *Install new HVAC system. Full cut-in*

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof mount <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$ <u>2900.00</u> Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____				

0606127

**Certificate of Compliance Prescriptive Method - HVAC-only Alteration CF-1R-ALT**

Project Title: <i>José Garcia Res.</i>	Date: <i>6/15/06</i>	© CalCERTS 2005
<p><b>IMPORTANT:</b> This CF-1R-ALT form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # _____ of _____ systems altered in this house.</p>		
<p><b>Section 6 - Minimum Requirements for Equipment to be Installed/Altered.</b>                  Installed equipment must match type/location and meet or exceed efficiencies/R-values.</p>		
28	Configuration: <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Package Unit	
29 <input type="checkbox"/>	Air Handler <input type="checkbox"/> Gas furnace, AFUE: _____ <input type="checkbox"/> Heatpump FAU <input type="checkbox"/> Hydronic FAU <input type="checkbox"/> Other _____	
30 <input type="checkbox"/>	Heat Exchanger <input type="checkbox"/> A/C <input type="checkbox"/> Heatpump Efficiency SEER/HSPF: <i>13</i> EER (if reqd): _____	
31 <input type="checkbox"/>	Outdoor Condensing Unit <input type="checkbox"/> A/C <input type="checkbox"/> Heatpump <input type="checkbox"/> Hydronic	
32 <input type="checkbox"/>	Cooling or heating coil Location: _____ Length (ft): _____ R-value: _____	
33 <input type="checkbox"/>	Ducts _____	

**All mandatory measures apply to any altered component. See MF-1R - ALT form.**

**Compliance Statement:**  
 This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall project responsibility. The undersigned recognizes that compliance using duct sealing, verification of refrigerant charge, and TXV require installer testing and certification and verification by an approved HERS rater.

Home Owner or Authorized Agent	Documentation Author
Name: <i>José Garcia</i>	Name:
Address: <i>16154 Demart</i>	Company Name:
City/State/Zip: <i>Sac. Ca</i>	Address:
Phone: <i>271 4230</i>	City/State/Zip:
Signature: <i>[Signature]</i>	Phone:
Enforcement Agency (Building Department)	Signature:
Name:	Notes/Comments:
Title:	
Department:	
Phone #:	
Fax #:	
Signature or Stamp:	

**Required forms:**  
 CF-1R-ALT: by anyone. Required at time of permit application. Copies to home owner, enforcement agency, HERS rater.  
 CF-6R-ALT: by installing contractor. Required to close permit. Copies to home owner, enforcement agency, HERS rater.  
 CF-4R-ALT: by HERS rater. Required to close permit. Copies to home owner, enforcement agency, installer. The CF-4R forms for a sample group shall not be released until all testing and verification is completed and passed for the entire group.

Page 2 of 2  
www.calcerts.com

Version 03-10-06  
 This form can only be used on projects being verified by CalCERTS certified raters.

0606127

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)**

CF-4R

6654 DEMARET DR. Project Address	ELITE HEATING and AIR / 786819 Contractor Name / License No.
Contractor Contact Robert Vincent HERS Rater	0606127 Permit Number
Telephone 916-988-5441	28890 Sample Group Number
June 15, 2006 Date	CC14-1798369472 Certificate Number
Certifying Signature Firm: Associated HERS Raters Street Address: 9580 Oak Ave.	HERS Provider: CalCERTS City/State/Zip: Folsom / CA / 95630

**Copies to: Homeowner, HERS Provider and Building Department**

This CF-4R has been registered with the CalCERTS® registry in accordance with the **Title 24 & Title 20** of the CCR. CalCERTS® is an approved HERS provider by the California Energy Commission.

**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 the CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

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

NEW CONSTRUCTION		
	Measured Values	
1	Duct Pressurization Test Results (CFM @ 25 Pa)	N/A
2	Enter Tested Leakage Flow in CFM: Fan Flow: Calculated (Nominal <input type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1171
3	Pass if Leakage Percentage $\leq 6\% [100 \times (\text{Line 1} / \text{Line 2})]$ :	N/A
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.	133
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)	
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)	
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\% [100 \times (\text{Line 5} / \text{Line 2})]$ :	<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 $\leq 15\% [100 \times (\text{Line 5} / \text{Line 2})]$ :	11.36% <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\% [100 \times (\text{Line 7} / \text{Line 2})]$ :	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\% [100 \times (\text{Line 6} / \text{Line 4})]$ 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

Project Title: Jose Garcia Res Date: 6/15/06 © 2005 CalCERTS

**IMPORTANT:** This CF-6R form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # \_\_\_\_\_ of \_\_\_\_\_ systems altered in this house. Copies to: Homeowner, HERS Rater, and Building Department

**Duct Leakage test Results (if duct testing is required per CF-1R-ALT form)**

Step 1 - Pre-test Leakage of the system before any alterations. This test is optional and is only used for the 60% reduction option

1 Pre-test leakage: \_\_\_\_\_ CFM25

2 \_\_\_\_\_ Line 1 x 0.4 = \_\_\_\_\_ target for 60% reduction

Step 2 - Determine Total System Fan Flow. Use any of these methods. Use values for equipment after alterations.

3 Cooling: Condenser tonnage: 2.5 tons x 400 CFM/ton = 1000 CFM

4 Heating: Furnace output: 54000 Btuh x .0217 CFM/Btuh = 1171 CFM

5 Measured: (refer to ACM Manual Appendix RE, section 4.1) = \_\_\_\_\_ CFM

6 Measurement method:  flow hood  plenum pressure matching  flow grid

7 Total system fan flow value to be used: 1171 CFM may use highest of lines 3, 4, or 5.

Step 3 - Determine Targets:

8a Total System fan flow (line 7 from above) x 0.06 = \_\_\_\_\_ CFM25 = 6% leakage target (new duct systems)

8b Total System fan flow (line 7 from above) x 0.15 = 1756 CFM25 = 15% leakage target

9 Total System fan flow (line 7 from above) x 0.10 = \_\_\_\_\_ CFM25 = 10% leakage to outside target

Step 4 - Alterations: Must be consistent with the CF-1R form.

10  Seal all new connections with approved materials.

11  No newly constructed portions of the system can have unducted building cavities to convey system air.

12  If adding or replacing more than 40 feet of duct, insulate new ducts per package D for that climate zone

Step 5 - Final Leakage (regular duct leakage test, for 15% total and 60% reduction)

13 leakage = 123 CFM25 refer to 2005 ACM appendix RC, Sections RC 4.3.1

14a  If line 13 is less than line 8a, house passes the 6% leakage requirement. Go to Step 9.

14b  If line 13 is less than line 8b, house passes the 15% leakage requirement. Go to Step 9.

15  If line 13 is less than line 2, house passes the 60% reduction requirement, continue.

16  If either of lines 14a, 14b or 15 are checked, HERS verification is required. Sampling can be used.

17  If line 15 is checked, but not 14a or 14b, Smoke Test and Visual Inspection of Accessible Duct Sealing is required. Go to Step 8

Step 6 - Leakage to Outside: Similar to a regular duct blaster test but the house is pressurized to 25 pascals at the same time.

18 leakage = \_\_\_\_\_ CFM25 refer to 2005 ACM appendix RC, Sections RC 4.3.3

19  If line 18 is less than line 9, house passes the 10% leakage to outside requirement.

20  If line 18 passes, HERS verification is required. Sampling can be used.

Step 7 - If the house does not pass any of lines 14, 15 or 19.

21  Smoke Test and Visual Inspection of Accessible Duct Sealing is required. See Step 8.

22  Install required label per ACM Appendix RC, Sections RC.4.3.5.

Step 8 - Smoke Test and Visual Verification (See 2005 Residential ACM Appendix RC, Sections RC 4.3.5-7).

23  Perform smoke test per ACM Appendix RC, Sections RC 4.3.6.

24  Perform Visual Inspection and repair of excessively damaged ducts per ACM Appendix RC, Sections RC 4.3.7.

25  Seal register boots to surrounding material per ACM Appendix RC, Sections RC 4.3.7.

**HERS Verification**

26  If line 14 is checked. 15% leakage to be verified by HERS rater. Sampling is allowed.

27  If line 15 is checked. 60% leakage reduction to be verified by HERS rater (post test only) AND Smoke Test and Visual Verification to be performed by HERS Rater. Sampling is allowed.

28  If line 19 is checked. 10% leakage to outside to be verified by HERS rater. Sampling is allowed.

29  If none of lines 14, 15 or 19 are checked Smoke Test and fix all accessible leaks. No sampling allowed.

Sampling - Only if house passes on lines 14, 15 or 19.

30  1.) Homeowner chooses to be put into a group of homes for random third party HERS sampling.  
2.) Homeowner, installer and rater must sign the three-party agreement.  
3.) All above tests must be completed by the installer or their representative, not the third party rater.

No Sampling - House does not pass by lines 14, 15 or 19; OR homeowner chooses not to be part of a sample group

31  1.) House to be tested by a third party HERS rater selected by installer.  
2.) Homeowner, installer and rater must sign the three-party agreement.  
3.) All above tests may be completed by the installer or their representative, and then verified by a third party rater.  
OR, all above tests may be performed solely by the third party rater.

32  1.) House to be tested by third party HERS rater selected by homeowner.  
2.) All above tests may be completed by the installer or their representative, and then verified by a third party rater.  
OR, all above tests may be performed solely by the third party rater.

Project Title: <i>Jose Garcia RES</i>	Date: <i>6/15/06</i>	© 2005 CalCERTS
Project Address: <i>6654 DEMARET DR</i>	Climate Zone: <i>12</i>	Enforcement Agency Use Only
Installing Contractor: <i>DORIAN CRUZ</i>	Telephone: <i>916 271-4230</i>	Building Permit # <i>0606127</i>
Company Name:		Plan Check Date
		Field Check Date

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List the specifications for the newly installed equipment. These must match the installed equipment exactly. Installed equipment must match type/location and meet or exceed efficiencies/R-values from CF-1R.

Equipment Type	Manufacturer	Model Number	Efficiency	Load**	Capacity***
Furnace			AFUE		
Heat Exchanger			N/A		
Heat Pump fan coil			N/A		
Hydronic fan coil			N/A		
Other FAU					
Describe					
Package gas/AC	<i>DUC NE</i>	<i>28913 B 3006P</i>	AFUE <i>80</i> SEER <i>13</i>		<i>2.5 ton</i>
Package heatpump		<i>SSN 1606A00012</i>	HSPF SEER EER*		
A/C Condenser			SEER		
Heatpump Condenser			HSPF SEER		
Indoor DX coil			EER*		
Hydronic coil					

\* Provide EER if needed for compliance (line 24 of CF-1R-ALT). Installer must provide adequate documentation to verify EER. In some cases the specific furnace may need to be verified in order to achieve a specific EER. In some cases a time delay relay and/or TXV may need to be verified in order to achieve a specific EER.

\*\* Loads are sensible for cooling.

\*\*\* Capacities are sensible at design conditions for cooling and adjusted (altitude, downflow, etc.) output for heating.

TXV:

If TXV is required by the CF-1R form (line 23 on CF-1R-ALT form), it has been installed and access has been provided for visual verification by HERS rater. Sampling is allowed for TXV verification.

Entirely New Duct System: (Line 5 of CF-1R ALT)

For Entirely new duct systems, the required leakage is 6% rather than 15% for altered systems. The alternative to duct sealing by increasing the efficiency of the equipment is not an option for entirely new duct systems.

I, the undersigned, verify that the equipment listed above is: 1) the actual equipment installed in the home; 2) equal to or more efficient than required by the Certificate of Compliance (CF-1R-ALT Form); and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (Appliance Efficiency Standards), where applicable.

I, the undersigned, verify that diagnostic test results listed on this form were performed in conformance with the requirements for compliance and that the newly installed or retrofitted mechanical system components conform with the Mandatory requirements specified in Section 150(m) of the 2005 Building Energy Efficiency Standards.

Signed (Installer): *[Signature]* Date: *6/15/06*

Notes: