

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0502094
Insp Area: 4
Thos Bros: 336-C4

Site Address: 47 NORTHWICH CT SAC
Parcel No: 052-0200-055
N

STEAMBOAT BEND UNIT 3 LOT #139
Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
HOFMANN CONSTRUCTION
PO BOX 907
CONCORD CA 94522

OWNER

ARCHITECT

Nature of Work: NSFR MP2725 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, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

PAID
CITY OF SACRAMENTO
APR 28 2005
NORTH PERMIT CENTER

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

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

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

Date 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:

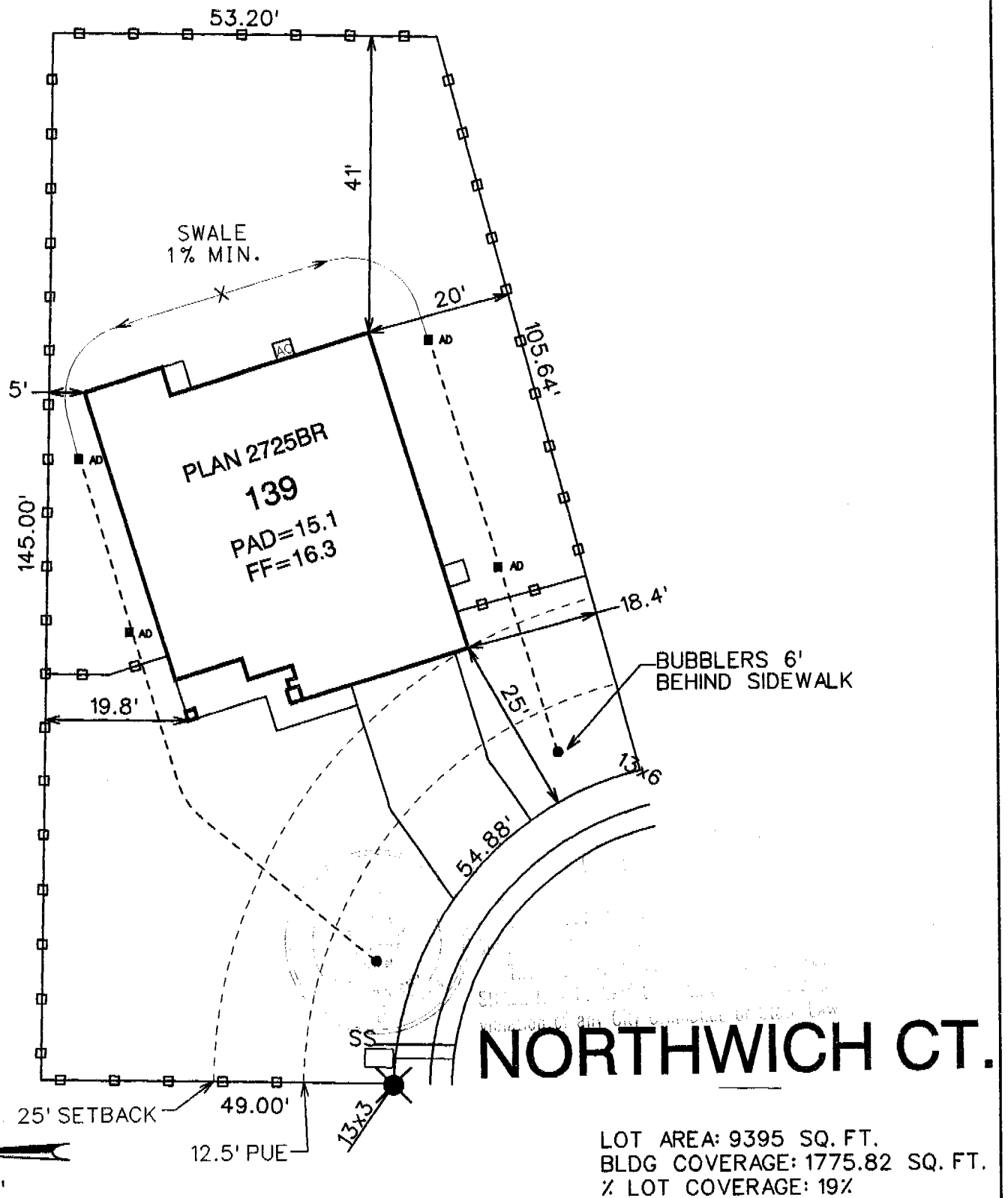
Carrier STATE FUND Policy Number 1633130 Exp Date 04/01/2005

____ (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.



NORTHWICH CT.

LOT AREA: 9395 SQ. FT.
 BLDG COVERAGE: 1775.82 SQ. FT.
 % LOT COVERAGE: 19%

<ul style="list-style-type: none"> FIRE HYDRANT D.I. ELECTRICAL BOX WATER SERVICE STREET LIGHT SS SANITARY SEWER CABLE T.V. BOX SWALE(1% MIN.) AREA DRAIN BUBBLERS 	<ul style="list-style-type: none"> R OR L GARAGE LOCATION FACING HOUSE FF FINISH FLOOR LP/HP LOW/HIGH POINT TC TOP OF CURB TW TOP OF WALL BW BOTTOM OF WALL FG FINISH GRADE P.U.E. PUBLIC UTILITY EASEMENT GL GARAGE LIP D/W DRIVEWAY 	<ul style="list-style-type: none"> 225 LOT NUMBER LOT LINE S.S. CLEAN OUT WATER METER BOX TRANSFORMER EMBANKMENT(2:1 MAX.) RETAINING WALL MASONRY FENCE 6' VIEW FENCE 6' HIGH WOOD FENCE
 <p>CONSULTING KASL ENGINEERS</p> <p>7777 Greenback Lane Suite 104 Citrus Heights, CA 95610 Tel. (916) 722-1800 Fax (916) 722-4595</p> <p>CIVIL - WATER RESOURCES - SURVEYING</p>	<p style="text-align: center;">PLOT PLAN FOR LOT 139</p> <p style="text-align: center;">STEAMBOAT BEND 3</p> <p>A.P.N. ADDRESS: COUNTY: SACRAMENTO</p>	
		<p>SCALE: 1"=20'</p> <p>DATE: 2-03-05</p> <p>REVISED:</p> <p>DRAWN BY: PWG</p> <p>CHK'D. BY: DLA</p> <p>W.O. 3940-03</p>

CERTIFICATION OF INSULATION

PART I GENERAL	THE HOFMANUS CO. 47. NORTHWICH CT - 0502094 STEAMBOAT BEND		LOT # 138 139	<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675						
	DATE INSULATION COMPLETED				9/29/15					
PART II AREAS INSULATED	WALLS		CEILINGS			FLOORS				
	(SQUARE FEET)		(1452 SQUARE FEET)			(SQUARE FEET)				
	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS				
	FORM BATTS		FORM BATTS & BLOW			FORM BATTS				
	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	
	BAGS - 33									
	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. DISTANCE WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS			
	13	3.5	38	12-14.75	---	---	---			
MATERIAL FIBERGLASS		FORM BATTS			R VALUE			MANUFACTURER		
								CT	OC	JM
MATERIAL		AIR INJECTION SEALANT			MANUFACTURER					
		FOAM			HILTI			HANDY FOAM		
THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS.		FOR SEALANT APPLICATIONS.			DATE					
SIGNATURE — INSULATION CONTRACTOR		3 G.			TITLE MANAGER			DATE 9/29/15		
SIGNATURE — GENERAL CONTRACTOR					TITLE			DATE 9/29/15		
REMARKS										

INSTALLATION CERTIFICATE

CF-6R

LOT 139

47 Northwich Ct.

0502094

Site Address

Steamboat Plan 2725

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 #GL1RC120D20C 1	1	92%	Attic	R6	120,000	
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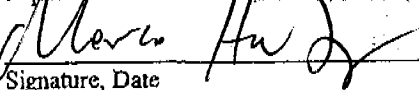
Cooling Equipment

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 #JS3BA042KA 1	1	10 SEER	Attic	R6	42,000	
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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.


Signature, Date

Blue Mountain Air, Inc

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 (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-values
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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

Installation Certificate

(Page 3 of 13)

CF-6

Lot-139- 47 Northwich Ct.
Site Address

0502094
Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 Pa)

Fan Flow	Test Leakage (CFM)	Downstair	Upstairs
		102	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		114 Sq. FT.	
If fan flow is measured enter measured value here		5.1	0.0
Leakage Fraction = Test Leakage/(Measured or Calculated Fan Flow) =			

Pass if leakage fraction <= 6%

Pass 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 tes
- 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 = _____ Pass Fail
Yes for both 1 and 2 is a Pass

I, the undersigned, verify that the above diagnostic test results and the work I 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)

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

Plan 2925

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

LOT 139 47 Northwich CT

0502094

Site Address

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) ¹ (CE-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 (CE-IR value)	Duct Location (attic, etc)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. \geq reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) 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 ² (EF, UEF)	Standby Loss (%)	External Insulation R-value ³
NATURAL GAS	65L50X0CTG 50 GAL	STORAGE		1	4000	50	162	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-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.

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

Antidoch 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

Site Address

Permit Number

47 Northwich C.T.

FENESTRATION/ GLAZING

Manufacturer/ Brand Name:	Operator Type	Product U-Values-1 (\leq CF-1R Value) ²	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
Philips 800 S & N (Low E)	Single Hung	.36	.33					Products supplied
Philips 800 S & N (Low E)	Fixed	.33	.36					by Insight Glass
Philips 800 S & N (Low E)	Patio Door	.35	.35					Only !!
								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

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

I, 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.

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

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

Items #s Signature, Date
 (if applicable)

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

Items #s Signature, Date
 (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