

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0421066
Insp Area: 4
Thos Bros: 277J3

Site Address: 3804 BELDEN ST SAC
Parcel No: 251-0064-015 DESIGN REVIEW AREA

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

CONTRACTOR
SOTELO CONSTRUCTION
4905 KENROY WAY
FAIR OAKS CA 95628

OWNER
MARSDEN MICHAEL K/GARY M SOT
4905 KENROY WAY
FAIR OAKS, CA 95628

ARCHITECT

Nature of Work: NEW 1 STORY SFR 1708 SQ FT LIVING, 436 SQ FT GARAGE, AND 137 SQ FT PORCH ---DESIGN REVIEW AREA----

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 685957 Date 4/1/05 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 for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

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

Date _____ Owner Signature _____

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

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

Date 4/1/05 Applicant/Agent Signature [Signature] PAID CITY OF SACRAMENTO JUN 01 2005

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 6/1/05 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.

3804 Belden St.
04210666

CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: CARY M. SOTELO Phone: (916) 997 0362

Property Address: 3804 Belden St

APN: 251-0064-015 Zoning: R-1 No. of Units: 1

This project qualifies for the fee waiver because it is in a:

- REDEVELOPMENT AREA; or
- DESIGNATED INFILL AREA; or
- QUALIFIED INFILL AREA, meeting all of the following requirements:

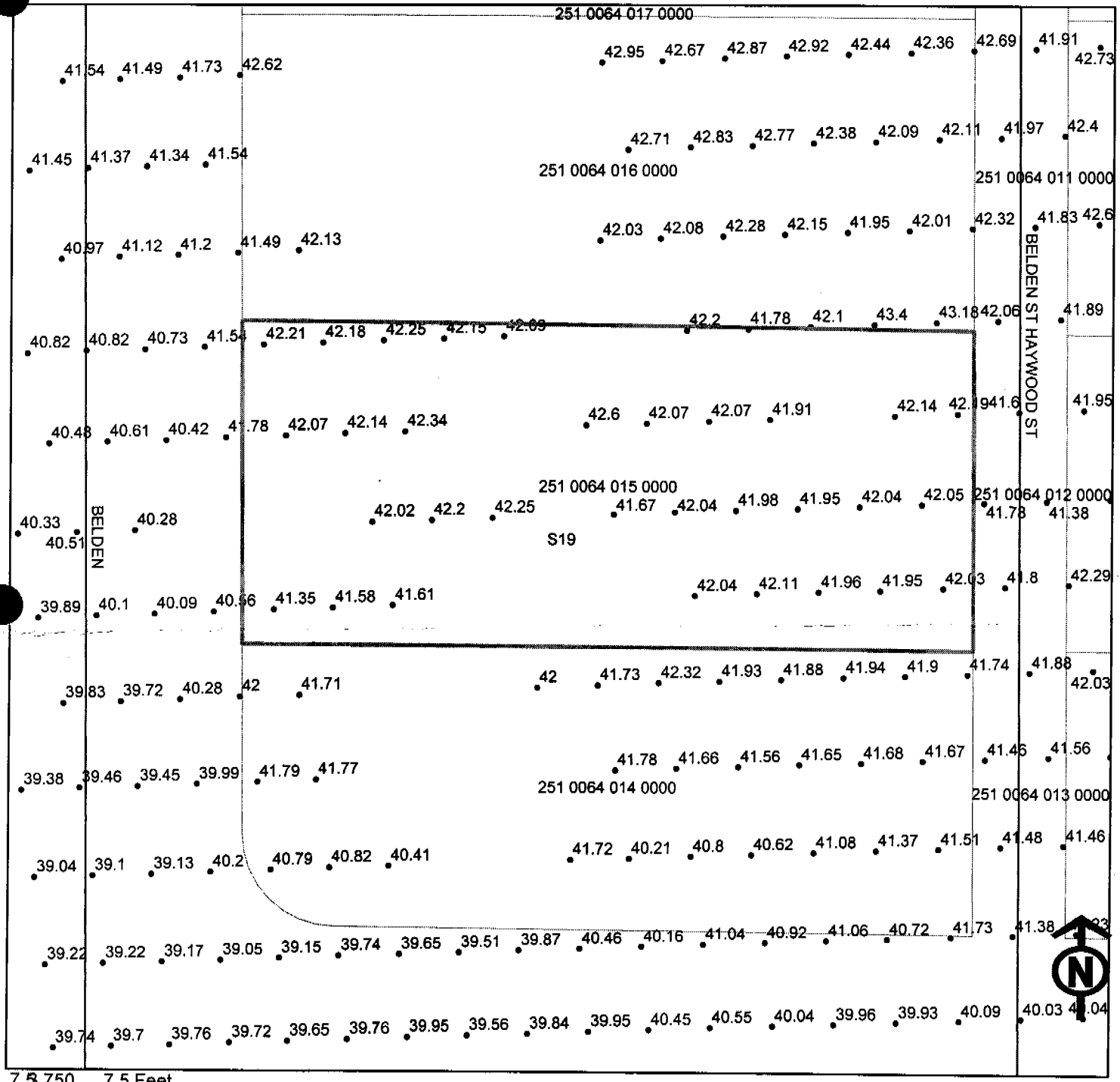
1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____ Date: _____

Fee Waiver Approved by: Emilee S. James Date: 6/1/05

WD No: _____

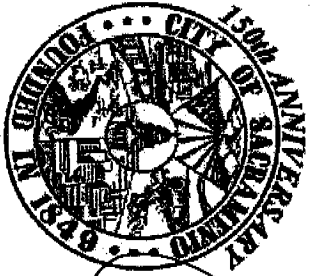
04210660



3804 BELDEN ST
251 - 0064 - 015

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3804 BELDEN STREET	APN: 251-0064-015
DRPB AREA / PUD / SPD: DEL PASO HEIGHTS	ZONING: R-1
EXISTING LAND USE: VACANT	
PROPOSED USE: NEW ONE STORY SFR	
<p>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</p> <p><input type="checkbox"/> Planning review is NOT required.</p> <p><input type="checkbox"/> Use is NOT allowed; applicant CANNOT submit for plan check.</p> <p><input checked="" type="checkbox"/> Requires APPLICATION(s): PC ZA IR ER DR X PB</p> <p style="padding-left: 40px;">Required Planning application must be submitted <i>before</i> project can be submitted for plan check.</p> <p><input type="checkbox"/> Application(s) IN PROGRESS:</p> <p style="padding-left: 40px;">Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.</p> <p><input checked="" type="checkbox"/> Application(s) COMPLETED: DR04-117 (approved 4/30/04)</p> <p style="padding-left: 40px;">Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.</p> <p><input checked="" type="checkbox"/> Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.</p> <p><input checked="" type="checkbox"/> Meets setback & lot coverage requirements as shown on site plan provided.</p> <p><input checked="" type="checkbox"/> Plans to be submitted have been stamped/signed by Planning counter staff.</p> <p><input type="checkbox"/> Route to SITE for plan check and inspection.</p> <p><input type="checkbox"/> Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.</p>	
<p>COMMENTS: Building permit must conform to approved plans and comply with all conditions of approval DR04-117. Do NOT issue building permit prior to end of 10 day appeal period.</p> <p>LOT: 50 X 120 = 6000 SQ FT PER METROSCAN, SFR APPROX. 40 X 59 = 1960 SQ FT / 6000 = 33% LOT COVERAGE. SETBACKS HAVE BEEN REVISED TO MEET REQUIRED MIN. 25 FT FRONT SETBACKS. SETBACKS OKAY. NO PLANNING ENTITLEMENTS NEEDED.</p>	
DATE: 04-14-2004	BY: PCALDWELL



#0421066

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to grand fee

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (united) CONTRACT PRICE \$

JOB ADDRESS: 1038 BARNETT ST. SAC CA 95834 UNIT # _____

CONTACT PERSON: GARY SOTER CONTACT PHONE: 916 997 0362

Property Owner: GARY SOTER License # 685957

Address: 4905 KENNEDY WAY FARM OAKS

City/State/Zip: CA 95628 Phone: 916 965 3250 FAX: 916 965 3250

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding the) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # STAIRS: 150sq <input type="checkbox"/> GARAGE <input type="checkbox"/> #SQUARES Material:	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <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)	<input checked="" type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hertz <input type="checkbox"/> vinyl <input checked="" type="checkbox"/> stucco	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) N/GW <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	
Note: Design Review approval may be required in certain areas.	Note: Design Review approval may be required for rooftop units.	Note: Design Review approval may be required in certain areas.	

DESCRIPTION OF WORK: NEW 1 STORY SFRC

DATE: 12/27/04

J.P.

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address SOTELO CONSTRUCTION
 Project Address 3804 BOLDEN ST.
 Parcel Number 251-0064-015 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title [Signature]
 Date 4/7/05 Phone No. _____

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0421066
 Square Feet of Chargeable Building Area ~~2117~~ 1708
 Signature [Signature]
 Title CASHIER
 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Date 4-7-05

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 05-1185
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
1708 Sq.Ft. x \$ 2.24 = \$ 3825.92
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 3825.92

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.
 As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

GRANT	Authorized School District Official	ROBLA
Signature <u>[Signature]</u>	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date <u>4/7/05</u>	Date _____	Date _____

Original: Grant Joint Union High School District / Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant
 GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5655

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 251 - 0064 - 015 PERMIT # 04-21066
 SITE ADDRESS 3804-BELDEN ST ACREAGE .13

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

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

ENGEL INSULATION, INC.

CALIFORNIA CONTRACTOR'S LICENSE # 45646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 786-2064

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:

TRACT TRI WEST HOMES LOT _____
STREET 3804 BELDEN ST CITY _____

EXTERIOR WALLS:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

CEILING AREA: BAITS

MANUFACTURER CT THICKNESS 10" R-VALUE 30

CEILINGS: BLOWN IN

MANUFACTURER INSUL-SAFE THICKNESS 3/4 R-VALUE 38

SQUARE FOOTAGE 1624 NUMBER OF BAGS USED 37

FLOOR AREA:

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

EXTERIOR KNEEWALL:

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

INTERIOR KNEEWALL:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

APPLIED CAULK & SEALANT TO ALL EXTERIOR
OPENINGS & PENETRATIONS

YES NO _____

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS
LICENSE # _____ DATE _____

SIGNATURE TITLE
Mary M. Marigliano BOOKKEEPER 7 12 2006
INSULATOR CONT. SIGNATURE TITLE DATE

INSTALLATION CERTIFICATE (Page 2 of 12) **CF-6R**

Site Address: **3804 Beldon St., Sacto, CA** Permit Number: **0421066**

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: **ALSIDE ALPINE 7000 SERIES WINDOWS**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (± CF-1R value) ²	Product SHGC ¹ (± CF-1R value) ²	# of Pans	Total Quantity of Like Product (Quantity)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.	SLIDERS	.35	.32	2		126		LOW-E GLASS
3.								
4.	SINGLE HUNG	.35	.32	2		61		
5.								
6.	PICTURE WINDOW	.34	.35	2		15		
7.								
8.	PATIO DOORS	.35	.35	2		78		
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
2, 4, 6, 8		7-5-06	Y.T. GLASS & WINDOWS INC. 3200 DWIGHT RD STE 400 EMERY GROVE, CA 95758-6451

Copies to: Building Department, HERS Rater (if applicable), Building Owner at Occupancy

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address 3804 Baden St.

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 [CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<u>WHRM</u>	<u>RITA 07EN100ES</u>		<u>90+</u>	<u>ATTIC</u>	<u>4 1/2</u>	<u>70,000</u>	

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<u>WHRM</u>	<u>RAND-02630Z</u>		<u>13 SEER</u>	<u>ATTIC</u>	<u>4 1/2</u>		<u>36,000</u>

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 of Part 6), where applicable.

Signature, Date _____

[Signature]
 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 ³ (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
<u>STIC</u>	<u>6564040210</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>.53</u>		

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 of Part 6), where applicable.

Signature, Date _____

[Signature]
 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 2 of 8)

CF-6R

3804 BUDEN ST. SACTO, CA.
 Site Address

0421066
 Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____	_____	_____

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-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.

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 1), where applicable.

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
Item #s (if applicable)	Signature, Date	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

January 4, 2001