CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0606905
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 3083 TOUCHMAN ST SAC
Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #18

PAID
CITY OF SACRAMENTO
AUG 14 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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

OWNER

ARCHITECT

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'sAddress _____

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 8/14/06 Contractor Signature D. 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 8/14/06 Applicant/Agent Signature D. 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.

__X__ 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 04/01/2007

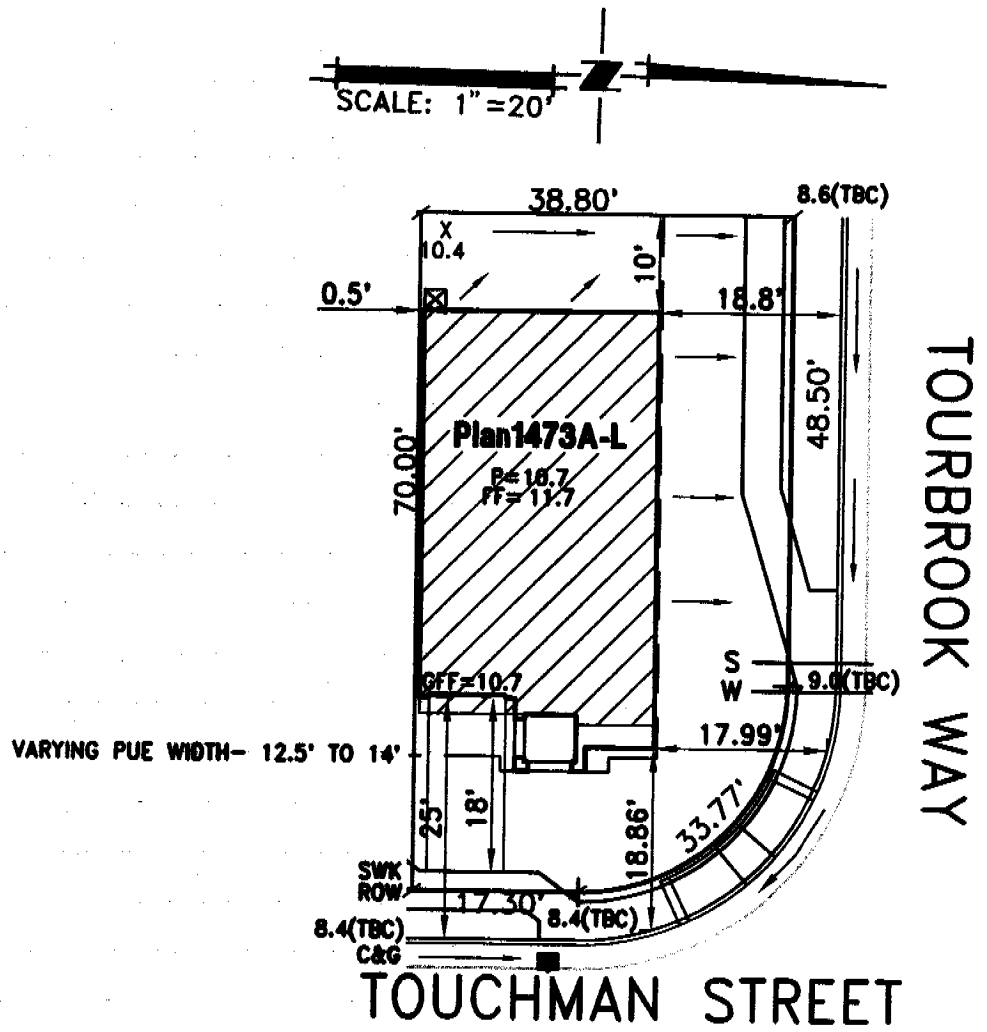
_____ (This section need not be completed if the permit is for $100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 8/14/06 Applicant Signature D. 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.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



- STREET SIGN
- [U] – UTILITY SERVICE BOX
- ■ – DRAIN INLET
- ○ – STREET LIGHT
- ▲ – TRANSFORMER
- [SL] – SERVICE POINT
- ⊕ – FIRE HYDRANT

DEPT. OF PLANNING AND BUILDING DEVELOPMENT APPROVED * UNDER TITLE 6 & 15 CITY CODE CITY OF SACRAMENTO, CALIF. BUILDING INSPECTION DIVISION

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.

ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	
Marketing	✓	
Admin.		
Accounting		

RIVERDALE VILLAGE 1
"THE AMERICAN COLLECTION" FOR BEAZER HOMES
PLOT PLAN FOR LOT 18

A.P.N.:
LOT AREA: 2617 S.F.
ADDRESS:
CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
ENGINEERING • PLANNING • MAPPING • SURVEYING
3301 C STREET, BLDG. 100-B, SACRAMENTO, CA 95816
PHONE: (916) 341-7760 FAX: (916) 341-7767

03-22-06	DRAWN: BL	1055.030

J:\Jobs\1055-Riverdale\Riverdale-VI\Civil\Plotplan\Lot_18.dwg 4/05/06 1:14pm gmckain

INSULATION CONTRACTORS ASSOCIATION OF AMERICA

CERTIFICATE

0006905

1321 DUKE STREET, SUITE [illegible] ALEXANDRIA, VA 22314 • (703) 739-0356

BEEN INSTALLED IN CONFORMANCE WITH ADMINISTRATIVE CODE TITLE 24, STATE OF

LOT # 5084 18 TRACT # Riverdale N

STREET 3045 Touchstone St CITY Natomas

INTERIOR FINISH F/G THICKNESS/TYPE 3 5/8 R-VALUE 13/19

CEILINGS CATHEDRAL CEILINGS THICKNESS/TYPE 12 R-VALUE 38

FLOORS OVER UNHEATED SPACES MINIMUM THICKNESS 14 3/4 R-VALUE 38

MANUFACTURER INSU-Tech 580 NUMBER OF BAGS USED 20

SQUARE FOOTAGE COVERED THICKNESS/TYPE R-VALUE

BLOWN-IN INSULATION THICKNESS/TYPE R-VALUE

MANUFACTURER INCHES

PERIMETER INSULATION THICKNESS/TYPE R-VALUE

SQUARE FOOTAGE WALLS

MANUFACTURER

GENERAL CONTRACTOR LICENSE # DATE

CALIFORNIA CONTRACTORS LICENSE # TITLE

SIGNATURE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING DATE 2/13/07

CALIFORNIA CONTRACTORS LICENSE #815286

C-2 CONTRACTORS LICENSE #0055201 2/13/07 TITLE

SIGNATURE

00

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

3083 Foothill Rd
0606905

Builder : **BEAZER**
Project Name : **AMERICAN COLLECTION AT RIVERDALE**

Lot Number: 1018 Date of Job Completion: February 18, 2007

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.

February 21, 2007
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.

Lot 48 0606905 American Riverdale

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

Project Address: 3283 Touchman Street Sacramento, CA 95834	Builder or Installer Name: Beazer
Builder or Installer Contact: Beutler — Telephone:	Plan/Permit (Additions or Alterations) Number: 1473
HERS Rater: Aaron Evans — Telephone: 916-847-6514	Sample Group Number:
Compliance Method (Prescriptive)	Climate Zone:
Certifying Signature — Date: 3-7-07	Sample House Number:
Firm: A+E	HERS Provider: CHEERS
Street Address: 9704 Mosquito Rd	City/State/Zip: Sacramento, CA 95834

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 ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- ☑ New ducts with 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:	36	
2	Fan Flow: Calculated (Nominal: ✓ ☐ Cooling ✓ ☑ Heating) or ✓ ☐ Measured Enter Total Fan Flow in CFM:	998	✓ ✓
3	Pass if Leakage Percentage < 6% [100 x [36 (Line # 1) / 998 (Line # 2)]]	3.6%	☑ Pass ☐ 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)		✓ ✓
8	Enter New Duct System - Pass if Leakage Percentage < 6% [100 x [_____(Line # 5) / _____Line # 2)]]		☐ Pass ☐ 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)]]		☐ Pass ☐ Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [_____(Line # 7) / _____(Line # 2)]]		☐ Pass ☐ Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [_____(Line # 6) / _____(Line # 4)]]		☐ Pass ☐ Fail
	and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
	Pass if One of Lines # 9 through # 12 pass		

Lot #18 0606905 American Ridgedale

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8) CF-4R

Project Address: 5083 Tomchuman St. Sacramento, CA 95834	Builder Name: Beazer
Builder Contact: Beutler — Telephone	Plan Number: 1473
HERS Rater: Aaron Evans — Telephone: 916-847-6314	Sample Group Number:
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature: Aaron Evans — Date: 3-7-07	Sample House Number
Firm: ACS	HERS Provider: CHEERS
Street Address: 9524 Marquito Rd	City/State/Zip: Sacramento, CA 95834

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.

				✓	✓
✓	☑ Yes	☐ 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.	☑	☐
			Yes is a pass	Pass	Fail

✓ ☐ 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 RJ2.

✓	☐ Yes	☐ No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.

Q0006905

INSTALLATION CERTIFICATE JOB# 1001934	(Page 5 of 12) CF-6R
Site Address 3093 TOUCHMAN STREET SACRAMENTO, CA 95834	Permit Number LOT# 18

✓ ☒ THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

				✓	✓
✓	☒ Yes	☐ 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.	☒	☐
			Yes is a pass	Pass	Fail

✓ ☐ 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 -100°F)		°F

0606905

INSTALLATION CERTIFICATE JOB# 100934 **(Page 4 of 12)** **CF-6R**

Site Address	Permit Number
3083 TOUCHMAN STREET SACRAMENTO, CA 95834	LOT# 18

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

BEAZER / AMERICAN RIVERDALE

INSTALLER COMPLIANCE STATEMENT

The building was: ✓ ☒ Tested at Final ✓ ☐ Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

☒ 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 *on new ducts.*

✓ ☒ **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:	36	
2	Fan Flow: Calculated (Nominal: ✓ ☐ Cooling ✓ ☒ Heating) or ✓ ☐ 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:	998	✓ ✓
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [36 (Line # 1) / 998 (Line # 2)]]	3.6%	☒ Pass ☐ 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)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final, [100 x [_____(Line # 5) / _____Line # 2)]]		☐ Pass ☐ 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)]]		☐ Pass ☐ Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [___ ____ (Line # 7) / _____ (Line # 2)]]		☐ Pass ☐ Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [_____(Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
	Pass if **One of Lines # 9 through # 12 pass**		☐ Pass ☐ Fail

✓ ☒ 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	BEASLER
Signature	Date: 3/1/07

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

American 0006905 Lot 4 1618

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8) CF-4R

Project Address 3093 Touchmeup Cir 95833	Builder Name BRAZEN
Builder Contact Telephone	Plan Number 1473
HERS Rater Allen Amen 916-726514 Telephone	Sample Group Number
Certifying Signature Allen Amen Date 02/08/07	Sample House Number
Firm AES	HERS Provider Ekeru
Street Address: 9524 Mesquite Rd	City/State/Zip: Placerville Ca 95667

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 all applicable requirements of the "High Quality Installation of Insulation" protocols as specified in the Residential ACM, Appendix RH and as checked on this form. Note that to PASS and receive compliance credit, NONE of the BOXES below may be checked "No" and the first three boxes also must be checked. Check "NA" only if the item is not part of the design of the building (i.e., single story buildings do not have rim joists or there may be no recessed can lights installed, etc.).

✓ ☐ **REQUIREMENTS FOR "HIGH QUALITY INSTALLATION OF INSULATION" COMPLIANCE CREDIT**

- ✓ ☒ The building is wood frame construction with wall stud cavities, ceilings, and roof assemblies insulated with mineral fiber or cellulose insulation in low-rise residential buildings.
- ✓ ☒ Description of insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches.
- ✓ ☐ Installation Certificate, (CF-6R) signed by the installer certifying that the installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH).

✓ **FLOOR**			
☐ Yes	☐ No	☒ NA	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
☐ Yes	☐ No	☒ NA	Insulation in contact with the subfloor or rim joists insulated
☐ Yes	☐ No	☒ NA	Insulation properly supported to avoid gaps, voids, and compression
✓ **WALLS**			
☒ Yes	☐ No	☐ NA	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
☒ Yes	☐ No	☐ NA	No gaps
☒ Yes	☐ No	☐ NA	No voids over ¾" deep or more than 10% of the batt surface area.
☒ Yes	☐ No	☐ NA	Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub shower enclosures insulated to proper R-Value
☒ Yes	☐ No	☐ NA	Small spaces filled
☒ Yes	☐ No	☐ NA	Rim-joists insulated
☐ Yes	☐ No	☐ NA	Wall stud cavities caulked or foamed to provide an air tight envelope

0606905 | 60T# 1018

Project Address	Builders Name
3083 Teach Man wy Sac 95833	[illegible]

✓ ROOF/CEILING PREPARATION

Yes	No	NA	
☐ Yes	☐ No	☐ NA	All draft stops in place to form a continuous ceiling and wall air barrier
☐ Yes	☐ No	☐ NA	All drops covered with hard covers
☐ Yes	☐ No	☐ NA	All draft stops and hard covers caulked or foamed to provide an air tight envelope
☐ Yes	☐ No	☐ NA	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
☐ Yes	☐ No	☐ NA	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
☐ Yes	☐ No	☐ NA	Eave vents prepared for blown insulation - maintain net free-ventilation area
☐ Yes	☐ No	☐ NA	Knee walls insulated or prepared for blown insulation
☐ Yes	☐ No	☐ NA	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
☐ Yes	☐ No	☐ NA	Attic rulers installed

✓ ROOF/CEILING BATTS

Yes	No	NA	
☐ Yes	☐ No	☐ NA	No gaps
☐ Yes	☐ No	☐ NA	No voids over ¾ in. deep or more than 10% of the batt surface area
☐ Yes	☐ No	☐ NA	Insulation in contact with the air-barrier
☐ Yes	☐ No	☐ NA	Recessed light fixtures covered
☐ Yes	☐ No	☐ NA	Net free-ventilation area maintained at eave vents

✓ ROOF/CEILING LOOSE-FILL

Yes	No	NA	
☐ Yes	☐ No	☐ NA	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls
☐ Yes	☐ No	☐ NA	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
☐ Yes	☐ No	☐ NA	Attic access insulated
☐ Yes	☐ No	☐ NA	Recessed light fixtures covered
☐ Yes	☐ No	☐ NA	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
☐ Yes	☐ No	☐ NA	Loose-fill mineral fiber insulation meets or exceeds manufacturer's minimum weight and thickness requirement for the target R-value. Target R-value ________ Manufacturer's minimum required weight for the target R-value ________ (pounds-per-square foot). Sample weight ________ (pounds per square foot).
☐ Yes	☐ No	☐ NA	Manufacturer's minimum required thickness at time of installation ________ (inches) Manufacturer's minimum required settled thickness ________ (inches). Number of days since loose-fill insulation was installed ________ (days). At the time of installation, the insulation shall be greater than or equal to the manufacturer's minimum initial insulation thickness. If the HERS rater does not verify the insulation at the time of installation, and if the loose-fill insulation has been in place less than seven days the thickness shall be greater than the manufacturer's minimum required thickness at the time of installation less 1/2 inch to account for settling. If the insulation has been in place for seven days or longer the insulation thickness shall be greater than or equal to the manufacturer's minimum required settled thickness. Minimum thickness measured (inches).

[illegible]

1204600308

Lot 1018

INSTALLATION CERTIFICATE

(page 1 of 4) **CF-6R**

REAZER HOMES — 0606905
Site Address — Permit Number

3083 FOUCHTMAN

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).

Plans - 4 and 5

HVAC SYSTEMS:

Heating Equipment

Equip. Type (e.g. 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)

Cooling Equipment

Equip. Type (e.g. 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)

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-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	Input (Btu/hr or Btu/lb)[2]	Tank Volume (gallons)	Efficiency[2] (EF, P.E)	Standby[2] Loss (%)	External Insulation R-value
GAS	A.O. Smith GDYS-40	Direct Vent	N/A	1	36,000	40	.59	N/A	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.

Faucets & Shower Heads:
All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 1.1.

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-1R) 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.

Signature, Date — Clavel 6/20/06

Installing Subcontractor (Co. Name) OR — J.R. Pierce Plumbing Co.
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE (page 1 of 4) CF-6R

BEAZER HOMES — 0606905
Site Address — Permit Number
3083 FOUCAULT

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).

Plans (1, 2, 3)

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)

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)

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-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[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	40,000	40	.62	N/A	R-20

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.

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 is: 1) is the actual equipment installed; 2) is 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) 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

J.R. Pierce Plumbing Co.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

Lot 1018

CF-6R

2000905

Beazer Homes - Nottingham

Permit Number

Site Address 3083 Foxhound

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-1R 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#LY8S060A12	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
FURNACE	YORK#LY8S060A12	1	80%					

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R 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
A/C	YORK # H* RD030 *	1	13.0					

* = TXV valve installed as part of the coil

(1) ≥ means 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-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.

9-6-05

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

(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 [illegible]

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)

OR General Contractor (Co. Name) OR Owner

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

INSTALLATION CERTIFICATE Lot 1018 **(Page 2 of 12) CF-6R**

Site Address 3083 Touchman

Permit Number 0606905

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 RODUCTS)	Product U-factor[1] (≤ CF-1R value)[2]	Product SHGC[1] (≤CF-1R value)[2]	# of Panes	Total Quantity of Like Product (*Optional*)	Area Square Foot	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	XO W/GRIDS	.35	.29					
2.	XO NO GRIDS	.35	.32					
3.	SH W/GRIDS	.35	.29					
4.	SH NO GRIDS	.35	.32					
5.	PW W/GRIDS	.34	.31					
6.	PW NO GRIDS	.34	.35					
7.	PATIO 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	Dennis	6/6/06	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