

TRANSMISSION VERIFICATION REPORT

TIME : 12/19/2005 10:40
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/19 10:38
93878032
00:02:13
03
OK
STANDARD

Permit

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

**ISSUED
CITY OF SACRAMENTO**

DEC 19 2005

**DOWNTOWN PERMIT
CENTER**

RECEIPT NUMBER: R0524086

TRANSACTION DATE: 12/19/2005
TRANSACTION AMOUNT: 186.75
NOTATION:

APD #: **0519643**
SITE ADDRESS: 1389 LAS LOMITAS CR SAC
PARCEL: 029-0081-006

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: **ISSUED**

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	186.75

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	1.80	.00	1.80
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

1389 Los Angeles Blvd., Berkeley, Ca. 94701

0519843

Site Address

Permit Number

FENESTRATION

Manufacturer (Group Like Product)	U-Factor	SHGC	Visible Transmittance	Test Method (ASTM)	Sample Size	Manufacturer's Name	Comments/Location/Serial Number
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

1. Manufactured fenestration products use values from the product label. Field fabricated fenestration products use the default values from the table below for efficiency of fenestration.

2. Installed U-Factor and SHGC 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 value less than or equal to the weighted average U-Factor and SHGC as specified on the CF-1R. Alternatively, installed weighted average U-Factor and SHGC must be less than or equal to values from CF-1R.

I, the undersigned, hereby certify that the following information is true and correct: 1) in the actual fenestration product installed; 2) in each case, the U-Factor and SHGC are less than or equal to the values specified in the certificate of compliance (Form CF-1R) and the product meets the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the requirements for fenestration devices (from Part 6), where applicable.

Item #s (if applicable)		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

COPY TO: Building Department
Housing Department
Building Department

1389 Las Vegas Blvd. S. Las Vegas, NV 89102 95831 0519643

Site Address

Project Number

REFRIGERANT CHARGE AND AIR FLOW MEASUREMENT

Verification for Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #

Outdoor Unit Make

Outdoor Unit Model

Cooling Capacity

Date of Verification

Date of Refrigerant Charge (must be checked monthly)

Date of Thermostat Calibration (must be checked monthly)

Standard Charge and Adequate Airflow (see air flow chart T and above):

Note: The system should be checked and adjusted in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

Supply (average of 4 supply air temperatures, db) _____ °F

Return (average of 4 return air temperatures, db) _____ °F

Return (average of 4 return air temperatures, wb) _____ °F

Evaporator (average of 4 evaporator, db) _____ °F

Suction Line (average of 4 suction, db) _____ °F

Condenser (average of 4 condenser, db) _____ °F

Superheat Charge and Subcooling

Actual Superheat (average of 4 superheat, db) _____ °F

Target Superheat (average of 4 superheat, db) _____ °F

Actual Subcooling (average of 4 subcooling, db) _____ °F

Temperature Split (Average of 4 Adequate Airflow)

Actual Temperature Split (Average of 4, db - Supply) _____ °F

Target Temperature Split (Average of 4, db - Supply) _____ °F

Actual Temperature Split (Average of 4, db - Supply) _____ °F

Standard Charge and Adequate Airflow Summary

System is properly charged and adequate airflow calculation criteria from manufacturer's specifications have been taken, both criteria must be met.

System Passes _____ or _____

1389 Las Lomas, San Ramon, Ca. 94583 9519643

Site Address

Serial Number

Alternate Charge and Discharge Airflow (below 55 °F):

Weight-In Charge and Weight-Out Charge

Actual Length _____ ft.

Manufacturers Recommended Length: _____ ft.

Difference (Add or Subtract) _____ ft.

Manufacturers Recommended Length (Add or Subtract) _____ ft.
Difference in Length = _____ ft.
(Add) (- = remove)

Measured Airflow _____ CFM

Airflow correction factor _____ CFM

Measured Airflow _____ CFM (Measured pressure is greater than the original)

Alternate Charge and Discharge Airflow (above 55 °F):

System charge and discharge air shall also be measured adequate airflow condition.

System Pressure _____ or _____

INSTALLATION CERTIFICATE

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Site Address

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Table K-1: Target Superheat (Section Line Temperature - Evaporator Saturation Temperature)

		Evaporator Sat. Temp. (°F)		Section Line Temp. (°F)		Target Superheat (°F)	
°F	°C	40		50		60	
		40	50	40	50	40	50
40	4.4	40	50	40	50	40	50
41	4.9	41	51	41	51	41	51
42	5.4	42	52	42	52	42	52
43	5.9	43	53	43	53	43	53
44	6.4	44	54	44	54	44	54
45	6.9	45	55	45	55	45	55
46	7.4	46	56	46	56	46	56
47	7.9	47	57	47	57	47	57
48	8.4	48	58	48	58	48	58
49	8.9	49	59	49	59	49	59
50	9.4	50	60	50	60	50	60
51	9.9	51	61	51	61	51	61
52	10.4	52	62	52	62	52	62
53	10.9	53	63	53	63	53	63
54	11.4	54	64	54	64	54	64
55	11.9	55	65	55	65	55	65
56	12.4	56	66	56	66	56	66
57	12.9	57	67	57	67	57	67
58	13.4	58	68	58	68	58	68
59	13.9	59	69	59	69	59	69
60	14.4	60	70	60	70	60	70
61	14.9	61	71	61	71	61	71
62	15.4	62	72	62	72	62	72
63	15.9	63	73	63	73	63	73
64	16.4	64	74	64	74	64	74
65	16.9	65	75	65	75	65	75
66	17.4	66	76	66	76	66	76
67	17.9	67	77	67	77	67	77
68	18.4	68	78	68	78	68	78
69	18.9	69	79	69	79	69	79
70	19.4	70	80	70	80	70	80
71	19.9	71	81	71	81	71	81
72	20.4	72	82	72	82	72	82
73	20.9	73	83	73	83	73	83
74	21.4	74	84	74	84	74	84
75	21.9	75	85	75	85	75	85
76	22.4	76	86	76	86	76	86
77	22.9	77	87	77	87	77	87
78	23.4	78	88	78	88	78	88
79	23.9	79	89	79	89	79	89
80	24.4	80	90	80	90	80	90
81	24.9	81	91	81	91	81	91
82	25.4	82	92	82	92	82	92
83	25.9	83	93	83	93	83	93
84	26.4	84	94	84	94	84	94
85	26.9	85	95	85	95	85	95
86	27.4	86	96	86	96	86	96
87	27.9	87	97	87	97	87	97
88	28.4	88	98	88	98	88	98
89	28.9	89	99	89	99	89	99
90	29.4	90	100	90	100	90	100
91	29.9	91	101	91	101	91	101
92	30.4	92	102	92	102	92	102
93	30.9	93	103	93	103	93	103
94	31.4	94	104	94	104	94	104
95	31.9	95	105	95	105	95	105
96	32.4	96	106	96	106	96	106
97	32.9	97	107	97	107	97	107
98	33.4	98	108	98	108	98	108
99	33.9	99	109	99	109	99	109
100	34.4	100	110	100	110	100	110

INSTALLATION CERTIFICATE

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1389 Las Lomitas Cir. Sacramento, Ca. 95831 0519643

Site Address

Permit Number

Table K-1: Target Superheat (Suction Line Temperature - Evaporator Saturation Temperature) (continued)

		Suction Air Wet-Bulb Temperature (°F)																											
		(°F)																											
Evaporator Saturation Temperature (°F)	Target Superheat (°F)																												
		30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
30	10	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
31	10	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58
32	10	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
33	10	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
34	10	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
35	10	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62
36	10	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
37	10	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
38	10	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
39	10	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66
40	10	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
41	10	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
42	10	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69
43	10	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
44	10	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71
45	10	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72
46	10	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73
47	10	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
48	10	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
49	10	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
50	10	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77
51	10	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78
52	10	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
53	10	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
54	10	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81
55	10	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82
56	10	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83
57	10	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
58	10	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
59	10	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86
60	10	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87
61	10	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
62	10	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89
63	10	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
64	10	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91
65	10	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92
66	10	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93
67	10	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94
68	10	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95
69	10	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96
70	10	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97
71	10	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98
72	10	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
73	10	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
74	10	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101
75	10	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102
76	10	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103
77	10	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104
78	10	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
79	10	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
80	10	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107
81	10																												

INSTALLATION CERTIFICATE

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CF-6R

1389 Las Lomitas Cir. Sacramento, Ca. 95831 0519643

Site Address

Pertail Number

Table K-2: Target Temperature Split (Return Dry-Bulb – Supply Dry-Bulb)

		Return Air Wet-Bulb (°F) (T _{amb} - 2)																															
		30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
70	20.3	20.7	20.8	20.9	21.0	21.1	21.2	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8
71	20.4	20.8	21.0	21.1	21.2	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0
72	20.5	20.9	21.1	21.2	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1
73	20.6	21.0	21.2	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2
74	20.7	21.1	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3
75	20.8	21.2	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4
76	20.9	21.3	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5
77	21.0	21.4	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6
78	21.1	21.5	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7
79	21.2	21.6	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8
80	21.3	21.7	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9
81	21.4	21.8	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0
82	21.5	21.9	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1
83	21.6	22.0	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2
84	21.7	22.1	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3
85	21.8	22.2	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4
86	21.9	22.3	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5
87	22.0	22.4	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6
88	22.1	22.5	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7
89	22.2	22.6	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8
90	22.3	22.7	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9
91	22.4	22.8	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0
92	22.5	22.9	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1
93	22.6	23.0	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2
94	22.7	23.1	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3
95	22.8	23.2	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4
96	22.9	23.3	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5
97	23.0	23.4	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6
98	23.1	23.5	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7
99	23.2	23.6	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8
100	23.3	23.7	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9
101	23.4	23.8	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0
102	23.5	23.9	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1
103	23.6	24.0	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2
104	23.7	24.1	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3
105	23.8	24.2	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3	27.4
106	23.9	24.3	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3	27.4	27.5
107	24.0	24.4	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3	27.4	27.5	27.6
108	24.1	24.5	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3	27.4	27.5	27.6	27.7
109	24.2	24.6	24.8	24.9	25.0	25.1	25.2	25.3	25.4																								

1389 Las Vegas Blvd. S. Henderson, NV 95831

95831

0519643

Site Address

Permit Number

The following is extracted from the test report values entered on the Diagnostic portion of this form (page 3 of 6):

TYPE OF CREDIT

Refer to *Residential Energy Efficiency* for more details.

Reduced Duct Leakage	Tests the overall quality of the duct. Areas must be measured and sealed to HERS requirements.
Improved Duct Location	Ducts must be located in unconditioned attic, as verified by location of registers (no HERS verification).
Combustion Appliance Ventilation	Combustion test results must be less than 1.5 Pascal at a blower pressure of 30 Pascal.
	Combustion test results must be less than 1.5 Pascal at a blower pressure of 30 Pascal.
Infiltration	<p>For airtightness measurement, mechanical ventilation operating. The building must be sealed for very tight house construction when using diagnostic testing. Diagnostic testing is being used for compliance with very tight houses as defined as those with SLA of 1.5. The compliance documentation (CF-IR) will contain the minimum CFM target from a blower door test at 30 Pascal pressure that represents an SLA of 1.5. Mechanical ventilation is also required for the building to design the building to use mechanical ventilation and climate control for infiltration below an SLA of 1.0. The compliance documentation (CF-IR) will contain the minimum CFM target for the building to design the building to use mechanical ventilation below an SLA of 1.0 or higher, and the actual infiltration rate. If the actual infiltration rate is 1.5 or lower, then mechanical ventilation is not required. If the actual infiltration rate is above 1.5, then mitigation (such as mechanical ventilation) would be required.</p>

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 1 of 3)

CF-1A

CLIFF SHIRLEY
 Project Title
 1389 Las Lomas Dr. Santa CA 95826
 Project Address
 Arland Whiddon (916) 682-8574
 Documentation Author Telephone
 (prescriptive) Zone 12
 Compliance Method (Footings or Computer) Climate Zone

Date 12-15-05
 Building Permit # 0519643
 Plan Check / Date
 Field Check / Date
 Estimated Righting One Day

GENERAL INFORMATION

Total Conditioned Floor Area N/A ft² Average Ceiling Height N/A ft
 Conditioned Slab Floor Area N/A ft²
 Building Type: ☒ Single Family ☐ Addition
 (check one or more) ☐ Multi-Family ☒ Existing-Remodel/Alter

Front Orientation: N/A North / South / East / West / All Orientations
 (Input front orientation in degrees from True North and check one)

Number of Stories 1
 Number of Dwelling Units: 1
 Floor Construction Type: Slab/Gravel Floor (check one or both) N/A

RADIANT BARRIER (required in climate zones 2, 4, 5-15) N/A Requested for this submittal ☐ yes ☒ no

BUILDING ENVELOPE INSULATION N/A

Component Type	Frame Type wd = wood stl = steel	Cavity Insulation R-Value	Shading Insulation R-Value	Total R- Value ¹	Assembly U-Factor ¹	Location/Comments (attic, garage, typical, etc.)
Wall						
Wall						
Roof						
Roof						
Floor						
Floor						
Slab Edge						

¹ For assemblies containing Total R-Value and Assembly U-Factor are not required for a wood-framed wall that meets cavity R-value insulation requirements for the Foundation Footings.

FENESTRATION N/A

Penetration #/Type/Fac.	Orientation	Area (ft ²)	Penetration U-Factor	Penetration SHGC	Shading Devices	
					Exterior Shading Dev.	Overhang/ Fins
Front						
Front						
Left						
Left						
Right						
Right						
Right						
Right						
Skylight						
Skylight						

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 3)**CF-1K**Project Title CLIFF SHIPLEYDate 12-19-05**HVAC SYSTEMS**

Note: Input hydronic or combined hydronic data under Water Heating Systems, except Design Heating Load.

Heating Equipment Type (furnace, heat pump, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (duct, rail, etc.)	Duct or Piping R-Value	Thermostat Type	Heat Pump Configuration (split or package)
<u>GAS FURNACE</u>	<u>8070</u>	<u>INSTE ATTN</u>	<u>R-9.2</u>	<u>SET BACK</u>	<u>SPLIT</u>
Cooling Equipment Type (air conditioner, heat pump, evap. cooling)	Minimum Efficiency (SEER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Heat Pump Configuration (split or package)
<u>AK CONDENSING</u>	<u>11</u>	<u>SAME</u>	<u>SAME</u>	<u>SAME</u>	<u>SAME</u>

SEALED DUCTS and TKVs (or Alternative Measures)

- ☒ Sealed Ducts (all climate zones)
(installer testing and certification and HERS Rater field verification required)
- ☒ TKVs, readily accessible (climate zones 2 and 8-15 only)
(installer testing and certification and HERS Rater or field verification required)
- ☐ Refrigerant Charge/Air Flow (climate zones 2 and 8-15 only)
(installer testing and certification and HERS Rater or field verification required)

OR N/A

- ☐ Alternative to Sealed Ducts and TKVs (see Package C or D Alternative Package Features for Project Climate Zone)

Climate Zone	Window SHGC	Window U-Value	SHGC	Heating
N/A				

WATER HEATING SYSTEMS

Water Heater Type	Distribution Type	Number in System	Rated Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy/ Factor or Recovery Efficiency	Standby/ Loss (%)	Insulation R-Value

1. For small gas storage water heaters (rated inputs of less than or equal to 21,000 Btu/hr), electric resistance, and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 21,000 Btu/hr), list Rated Input, Recovery Efficiency and Standby Loss. For instantaneous gas water heaters, list rated input and recovery efficiency.

SPECIAL FEATURES (add extra sheets if necessary) Package C and D: TKVs, Sealed Ducts, Radiant Barriers (see installation requirements for radiant barriers in Section 8.13 of the 2001 Residential Manual). Package C: thermal mass (thermal mass type, location, thickness and description).

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 2)Project Title CLIFF SHIRLEYDate 12-19-05**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and performance 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 design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features/Remarks section. The undersigned recognizes that compliance using duct sealing and TXVs requires installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)

Name: CLIFF SHIRLEY
Title/Firm: Owner
Address: 1389-LAS LAMITAS CIR.
SACRED. CA. 95831
Telephone: 684-2667

Documentation Author

Name: Arland Whiddon
Title/Firm: MERIT Heating & Air Conditioning
Address: 5451 Warehouse Way
Sacramento, Ca. 95826
Telephone: (916) 682-8574

Lic. #

Cliff Shirley
(signature)12/19/05
(date)Arland Whiddon
(signature)12-19-05
(date)**Enforcement Agency**

Name: _____

Title: _____

Agency: _____

Telephone: _____

(signature / stamp)

(date)

CERTIFICATE OF FIELD TESTING AND DIAGNOSTIC TESTING (Page 1 of 3)

CF-4R

1389 Las Lomitas Cir.

Project Address

Contractor Contact

Floyd Patterson

HERS Rater

Certifying Signature

Firm:

Street Address:

AQIS

PO Box 50000

Heating and Air Conditioning / 735542

Contractor Name / License No.

Telephone Number

2432

Telephone Number

Group Number

1798354408

Certificate Number

Date

December 29, 2005

HERS Provider: CalCERTS

City/State/Zip: Elk Grove / CA / 95758

Copies to: Homeowner, Contractor, and Building Department

This CF-4R has been reviewed with the CalCERTS® register in accordance with the Title 24 & Title 20 of the CCR.

CalCERTS® is an approved testing agency for the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was ☒ Tested. ☐ Approved. ☐ Sample tested, but was not tested.

As the HERS rater provides a field verification, verify that the house identified on this form complies with the diagnostic tested compliance requirements. The HERS rater must check and verify that the new distribution system is fully ducted and sealed. The CF-4R must be released on every tested building. The HERS rater must not release the CF-4R until a properly sealed and ducted system has been installed for the sample and tested buildings.

- ☒ The installer has provided a list of the duct (Installation Details).
- ☒ New Distribution system is fully ducted and does not use planum or platform returns in lieu of ducts).
- ☒ New systems where ducts are not fully sealed, mastic and drawbands are used in combination with cloth backed, rubber adhesive to seal the duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT:

NEW CONSTRUCTION

	Duct Pressurization Test Results (CFM @ 0.05")	Measured Values	
1	Enter Tested Leakage (CFM @ 0.05")	N/A	
2	Fan Flow: Calculated (CFM @ 0.05") (Heating) or (Cooling) or (Total Fan Flow)	1400	
3	Pass If Leakage Percentage is $\leq 4\%$ (Line 1 / Line 2):	N/A	N/A

ALTERATIONS: Duct System and/or HVAC Equipment Change-Out

4	Enter Tested Leakage (CFM @ 0.05") from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out	246	
5	Enter Tested Leakage (CFM @ 0.05") from Post-Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out	98	
6	Enter Reduction in Leakage (CFM @ 0.05") (Line 4 - Line 5) - (Only if Applicable)	148	
7	Enter Tested Leakage (CFM @ 0.05") to Outside (Only if Applicable)		
8	Entire New Duct System - Pass If Leakage Percentage $\leq 4\%$ (Line 5 / Line 2):		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

TEST OR VERIFICATION REQUIRED FOR ALTERED DUCT SYSTEM and/or HVAC Equipment Change-Out. One of the following four Test or Verification Standards for compliance:

9	Pass If Leakage Percentage is $\leq 10\%$ (Line 5 / Line 2):	7%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass If Leakage to Outside is $\leq 10\%$ (Line 7 / Line 2):		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass If Leakage Reduction is $\geq 50\%$ (Line 6 / Line 4) and Verification by Blower Door and Visual Inspection		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass If Sealing of all Accessible Leaks and Verification by Blower Door and Visual Inspection		<input checked="" 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

CERTIFICATE OF FIELD TESTING AND DIAGNOSTIC TESTING (Page 3 of 3)

CF-4R

1389 Las Lomitas Cir.

Project Address

Contractor Contact

Heating and Air Conditioning / 735542

Contractor Name / License No.

Telephone Number

2432

Floyd Patterson
HERS Rater
Certifying Signature
Firm: ACIS
Street Address: PO Box 2432
Telephone: 951-798-2432
Date: December 29, 2005
Group Number: 798354408
License Number: 13826
HERS Provider: CalCERTS
City/State/Zip: Elk Grove / CA / 95758

Copies to: Homeowner, 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 provider for the California Energy Commission.

HERS RATER COMPLIANCE STATEMENT

The house was ☒ Tested ☐ Inspected as part of sample testing, but was not tested.

As the HERS rater providing the testing, I hereby verify that the house identified on this form complies with the diagnostic tested compliance requirements as shown on this form.

☒ The installer has provided proof of the TXV installation.

THERMOSTATIC EXPANSION VALVE (TXV):

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and identification of the specific equipment shall be verified.

HVAC System TXV

☒ Pass ☐ Fail

City of Sacramento



**PLANNING
& BUILDING
DEPARTMENT**
BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

***** Office Use Only *****

ISSUED
CITY OF SACRAMENTO

Permit No: 0519643Date Issued: DEC 19 2005Total Amount: 180.75Area: 2

DOWNTOWN PERMIT

***** Please Fill in the FORMER *****

Site Address: 1389-LAS LAMITAS CIR.Nature of Work: CHANGE OUT EXISTINGHVAC SPLIT SYSTEM

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 C License Number 735542 Date 12-16-05 Signature Arland Allred

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 3 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 above mentioned property for inspection purposes.

Date 12-16-05

Applicant/Agent Signature

Arland Allred

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 FUNDPolicy Number 1625930Expiration Date 2-10-06

(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 12-16-05

Applicant Signature

Arland Allred

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

www.cityofsacramento.org

 Help Line: 1-800-805-6153 OR 1-800-EZ-PERMIT
 Inspection Request: 1-916-808-1622

 Development Permit Center
 12311 Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2409 Arden Blvd., Suite 200
 Sacramento, CA 95834
 Fax: 916-264-1901

MINOR PERMIT APPLICATION

Date: 12-16-01

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

Permittees must be present for the MINOR PERMIT PROGRAM. Building Services and Electric Inspections must be present at job address to inspect the work areas (additional fees may be required).

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

Job Address: 1389- Las Ramitas Cir.
 Date Type: RESIDENTIAL
 CONTACT INFO Name: CHIEF SHIRLEY
 Unit #
 Phone: 684-2667
 Property Owner: CHIEF SHIRLEY
 Address: 4817-ST. AUGUSTINE DR.
 City/State/Zip: SACRAMENTO CA. 95758
 Phone: 684-2667
 Construction: MEET TENTATIVE 4/16/02 License # 735542
 Address: 5451-WAREHOUSE WAY # 108
 City/State/Zip: SACRAMENTO CA. 95826
 Phone: 682-8574
 Fax: 387-8032
 Pre-Registered? YES NO Registration #
 Contractor Price: \$4,500.00
 License # 735542

Return of Work: Provide description of work & indicate type of work in sections below.

Description of Work: CHANGE OUT EXISTING HVAC SPLIT SYSTEM

<input type="checkbox"/> Burnout (including tile) <input type="checkbox"/> Tear-Out <input type="checkbox"/> Rework <input type="checkbox"/> Hecce <input type="checkbox"/> Garage <input type="checkbox"/> Squire <input type="checkbox"/> Squares <input type="checkbox"/> Material <input type="checkbox"/> Sliding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Moist <input type="checkbox"/> Vinyl <input type="checkbox"/> Source	<input type="checkbox"/> HVAC Installation (Residential Only) <input checked="" 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 duct, unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: Equipment \$ Duct \$	<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"/> Reducate <input type="checkbox"/> New <input type="checkbox"/> Dry Heat or Terminate <input type="checkbox"/> Damage Repair <input type="checkbox"/> Plumbing/Water <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change <input type="checkbox"/> #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 <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Connection Notice items will require an additional building permit.
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Office Use Only: Permit # Date Received Date Issued Processor's Initials Permit #