

## TRANSMISSION VERIFICATION REPORT

TIME : 08/07/2006 15:56  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

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

08/07 15:56  
96382517  
00:00:00  
00  
BUSY  
STANDARD

BUSY: BUSY/NO RESPONSE

*JR Putman*

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0614484  
TRANSACTION DATE: 08/07/2006  
TRANSACTION AMOUNT: 191.67  
NOTATION:

**ISSUED  
CITY OF SACRAMENTO  
AUG 07 2006  
DOWNTOWN PERMIT  
CENTER**

APD #: 0612006  
SITE ADDRESS: 6750 LANGRELL WY SAC  
PARCEL: 030-0163-002

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	191.67

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	3.77	.00	3.77
213	General Plan Surcharge	1760	5.90	.00	5.90
259	Bldg-Technology Surcharge	1750	7.00	.00	7.00



Inspection Request # (916) 264-7622

## Building Permit

ISSUED

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

Permit No: 0612004  
 Date Issued: \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 Insp Area #: \_\_\_\_\_

DOWNTOWN PERMIT  
CENTER

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*

Site Address: 6750 Lanarkell Way, Sac 95831  
 Nature of Work: Home Change Out

\*\*\*\*\*  
 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-20 License Number 401802 Date 8-4-06 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 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 Professions 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 8-4-06 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of accident to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

☒ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier State Fund  
 Policy Number 93-0000767-25 Expiration Date 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 8-4-06 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.

TOTAL P.01



## FAXBACK PERMIT APPLICATION

(certain restrictions apply)

06/2006

Faxed request received in this office before 3:00 p.m. will be processed the following work day.

Contractors must have a current certificate of Worker's Compensation Insurance.

Work started before a Building Permit is Issued will be subject to quad fees.

## Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information

MUST be provided:

Credit Card Info on File? Yes ☒ No ☐

RESIDENTIAL ☒

APARTMENTS (4+ units per building) ☐

COMMERCIAL (limited) ☐

Job Address: 6750 LANGRISH WAY

95831

Contract Price \$ 9433

Unit #

Parcel Number:

CONTACT PERSON: Krista Putman

CONTACT PHONE: 916-638-2447

Property Owner: Martin GAO220

Contractor: T. Putman, Inc. License # 401807

Address: 3400

Address: 3400 Pittsburg, CA 95742

City/State/Zip:

City/State/Zip: 95742

Phone: (916) 341-4247

Phone: (916) 638-2442

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work:

HVAC change out

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> SQUARES <input type="checkbox"/> STORIES <input type="checkbox"/> MATERIAL:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Packaged <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Outdoor <input type="checkbox"/> Heat pump or a/c unit to gas.	<input type="checkbox"/> WATER HEATER <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* <input type="checkbox"/> SNAIL <input type="checkbox"/> POLE <input type="checkbox"/> REPAIR <input type="checkbox"/> Floating/locks <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Minor ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste

\* Design Review approval may be required.

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\* NOTE: Correction Notice items will require an additional building permit.

NR Faxback Permit updated 12/29/01

## INSTALLATION CERTIFICATE

(Page 3 of 12) CF-6R

Site Address

6750 Langrell Wy, San Francisco, CA 94120

Permit Number

0612006

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).

## HVAC SYSTEMS:

## Heating Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split AC + Gas	XXXXXXXXXX	1	90	Grainspace	4	87000	90

## Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split AC + Gas	XXXXXXXXXX	1	90	Grainspace	4	38000	42000

1. ≥ symbol reads *greater than or equal to* what is indicated on the CF-1R value.  
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ ☒ 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.

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

J.R. Purnan, Inc.

Signature:



Date:

06/23/06

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

# **INSTALLATION CERTIFICATE**

(Page 4 of 12) CF-6R

Site Address

6750 Langrell Wy, Sacramento, CA 95834

Permit Number

0612006

## **INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE**

### **INSTALLER COMPLIANCE STATEMENT**

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

### **INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:**

- ☒ 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
- ☒ New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platforms returns in lieu of ducts).

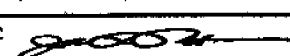
### **☒ DUCT LEAKAGE REDUCTION**

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:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input checked="" type="checkbox"/> 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 output, enter total calculated or measured fan flow in CFM here:	1400	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ for Final or $\leq 4\%$ at Rough-in: [100 x [ (Line # 1) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
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.	193	
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)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage $\leq 6\%$ for Final [100 x [ (Line # 5) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>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:</b>			
9	Pass if Leakage Percentage $\leq 15\%$ [100 x [ (Line # 5) / (Line # 2) ]]	13.8	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [100 x [ (Line # 7) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [100 x [ (Line # 6) / (Line # 4) ]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

☒ 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	J.R. Phipps, Inc.
Signature: 	Date: 08/23/06

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

Residential Compliance Forms

September 2005

**INSTALLATION CERTIFICATE****(Page 5 of 12) CF-6R**

Site Address

6750 Langrell Wy

Permit Number

9642006

☒ **THERMOSTATIC EXPANSION VALVE (TXV)**

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			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 = Treturn, 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