CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0517447**
Insp Area: 4
Thos Bros: 257A7

Sub-Type: ATTACHI

Site Address: 2400 DEL PASO RD SAC
Parcel No: 225-0070-083 LYON REAL ESTATE

CONTRACTOR
PACIFIC NEON
2939 ACADEMY WY
SACRAMENTO CA 95851

OWNER
MARVIN L OATES TRUST
1792 TRIBUTE RD 450
SACRAMENTO, CA 95825

TENANT

Nature of Work: S/F ILLUMINATED CHANNEL LETTERS

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 C-10 License Number 303019 Date 11/1/05 Contractor Signature Carl Cook

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).

RECEIVED
CITY OF SACRAMENTO
NOV 01 2005
NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES

____ 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 11/1/05 Applicant/Agent Signature Carl Cook

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

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

Carrier STATE FUND Policy Number 478-00 Exp Date

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

Date 11/1/05 Applicant Signature Carl Cook

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.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 1 of 5)		CF-1R
Project Title: Hughes	Date:	Building Permit #: 05185 78
Project Address: 3070 Bridgeford Sacramento CA 95833		Plan Check / Date:
Documentation Author: Teri Jones	Telephone: 916-565-0658	Field Check / Date:
Compliance Method (Prescriptive): Prescriptive	Climate Zone: 12	Enforcement Agency Use Only

✓ ☐ Alternative Component Package Method: (check one) _____C _____D _____D (Alternative)

• Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)

For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

GENERAL INFORMATION

Total Conditioned Floor Area (CFA) _____ ft^2

Average Ceiling Height: _____ ft

Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C ---- (5% X CFA) _____ ft^2

Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C ----(20% X CFA) _____ ft^2

✓ ☐ Building Type: (check one or more) __X__ Single Family_____ Multifamily_____ Addition _____ Alteration
(If adding fenestration fill out WS-4R, Fenestration Maximum Allowed Area Worksheet and see Section 8.3.2 for Additions and 8.3.3 for Alterations.)

Number of Stories:_____ Number of Dwelling Units: _____

Floor Construction Type: _____ Slab/Raised Floor (circle one or both)

Front Orientation:_____ North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).

✓ ☐ **RADIANT BARRIER** (required in climate zones 2, 4, 8-15)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies) [1]	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or No	Location Comments (attic, garage, typical, etc.)

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 5) CF-1R

Project Title Hughes | *Date*

FENESTRATION PRODUCTS – U-FACTOR AND SHGC

✓ ☐ FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R –must be included for New Construction, Additions and Alterations.

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Orien-tation, N, S, E, W[1]	Area (ft^2)	U-factor[2]	U-factor Source[3]	SHGC[4]	SHGC Source[5]	Exterior Shading/Overhangs[6, 7] ✓ box if WS-3R is included
							☐
							☐
							☐
							☐
							☐
							☐
							☐

1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual

2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.

3) Indicate source either from NFRC or Table 116A,

4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.

5) Indicate source either from NFRC or Table 116B.

6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.

7) See Section 3.2.4 in the Residential Manual.

HVAC SYSTEMS

Heating Equipment Type and Capacity (furnace, heat pump, boiler, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Configuration (split or package)
duas pack	80%	attic	R6	Setback	package

Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
duas pack	14/12	attic	R6	Setback	package

Project Title Hughes	*Date*

SEALED DUCTS and TXVs (or Alternative Measures)

A signed CF-4R Form must be provided to the building department for each home for which the following. are required.

✓	
☑	Sealed Ducts (all climate zones) (Installer testing and certification and HERS rater field verification required.)
☑	TXVs, readily accessible (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)
☐	Refrigerant Charge (climate zones 2 and 8-15 only) (Installer testing and certification and HERS Rater field verification required.)

OR

☐	Alternative to Sealed Ducts and Refrigerant Charge /TXVs (See Package D Alternative Package Features for Project Climate Zone in the RM Appendix B Table 151-C, Footnotes 7-14.

OR

☐	For additions and alterations, duct systems that are not documented to have been previously sealed as confirmed through field verification and diagnostic testing in accordance with procedures in the Residential ACM Manual and duct systems with more than 40 linear feet in unconditioned spaces shall meet the requirements of Section 150(m) and duct insulation requirements of Package D.

WATER HEATING SYSTEMS

✓	
☐	Check box if system meets criteria of a "Standard" system. Standard system is one gas-fired water heater per dwelling unit. If the water heater is a storage type, 50 gallons is the maximum capacity and recirculation system is not allowed.
☐	Check box when using Preapproved Alternative Water Heating table, Table 5-4 in Chapter 5 in the Residential Manual. No water heating calculations are required, and the system complies automatically.
☐	Check box if system does not meet criteria of "Standard" system, and does not comply with the Preapproved Alternative Water Heating table. In this case, the Performance Method must be used and must be included in the submittal.
☐	Check box to verify that a time control is required for a recirculating system pump for a system serving multiple units

Systems serving single dwelling units

Water Heater Type/Fuel Type	Distribution Type	Number in System	Rated Input[1] (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor[1] or Thermal Efficiency	Standby[1] Loss (%)	Tank External Insulation R-Value

System serving multiple dwelling units

Water Heater Type	Distribution Type	Number in System	Rated Input[1] (kW or Btu/hr)	Tank Capacity (gallons)	Energy Factor[1] or Thermal Efficiency	Standby[1] Loss (%)	Tank External Insulation R-Value

1) For small gas storage water heaters (rated inputs 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 Rated Input, Recovery Efficiency, Thermal Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Thermal Efficiencies.

Pipe Insulation (kitchen lines ≥ 3/4 inches) All hot water pipes from the heating source to the kitchen fixtures that are ¾ inches or greater in diameter shall be thermally insulated as specified by Section 150 (j) 2 A or 150 (j) 2 B.

Project Title Hughes | *Date*

SPECIAL FEATURES NOT REQUIRING HERS VERIFICATION (add extra sheets if necessary)

Indicate which special features are part of this project. The list below represents special features relevant to the Prescriptive and Performance Method.

✓	Feature	Required Forms (if applicable)	Description
☐	Metal Framed Walls	CF-1R	
☐	Radiant Barriers	CF-1R	
☐	Exterior Shades	WS-4R	
☐	Cool Roof	N/A; Performance Calculation Required. Attach CRRC Label to Forms.	
☐	Dedicated Hydronic Heating System	Performance Calculation Required; Attach Run to Forms.	
☐	Combined Hydronic System	Performance Calculation Required; Attach Run to Forms.	
☐	Gas Cooling	N/A; Performance Calculation Required.	
☐	Buried Ducts	N/A; Indicate on building plans.	
☐	Kitchen Pipe Insulation	See Section 5.6.2 Distribution Systems in Residential Manual.	
☐	Multiple Water Heaters Per Dwelling Unit	See Table 5-13 or use Performance Calculation and attach Run to Forms.	
☐	Central Water Heating System Serving Multiple Dwellings	Performance Calculation and attach Run to Forms.	
☐	Non-NAECA Large Water Heater	CF-1R	
☐	Indirect Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
☐	Instantaneous Gas Water Heater	See Table 5-13 or use Performance Calculation and attach Run to Forms	
☐	Solar Water Heating System	See Table 5-13 or use Performance Calculation and attach Run to Forms	
☐	Wood Stove Boiler	Performance Calculation and attach Run to Forms	

SPECIAL FEATURES REQUIRING HERS RATER VERIFICATION

(add extra sheets if necessary) Indicate to the HERS Rater which credits are part of this project and need verification.

✓	Feature	Required Forms (if applicable)	Description
☐	Duct Sealing	CF-6R part 4 of 12	
☐	Refrigerant Charge	CF-6R part 5 of 12	
☐	Thermostatic Expansion Valve	CF-6R part 6 of 12	

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 5 of 5)	CF-1R
Project Title: Hughes	Date:

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and 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. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business and Professions Code)	**Documentation Author**
Name: Bob Kennedy	Name: Teri Jones
Title/Firm: Perfection Home Systems	Title/Firm: Perfection Home Systems
Address: 2430 Grand Ave # D	Address: 2430 Grand Ave # D
Sacramento, CA 45838	Sacramento CA 95838
Telephone: 916-565-0658	Telephone: 916-565-0658
License #: 464658	
B Kennedy 12/20/05	
(signature) (date)	(signature) (date)

Enforcement Agency

Name:	Comments:
Title	
Agency:	
Telephone:	
(signature / stamp) (date)	

04/18/2006
9:15:16AM

Inspection Request Work Sheet
City of Sacramento

4 R
Plmg/Mech

Listed on Calendar:
INSP_GEN

3070 BRIDGEFORD DR
Location:

0518578
ISSUED
on 11/23/2005
Requested for:
04/19/2006
MORNING

A/P/D INFORMATION

Type of Permit: **BLD_MINR** Sub-Type: **RES** Map/Grid: 277D5
Activity Code: M1 Occupancy: Fed Code: **1A**
Valuation: **$ 9,437.00** Construction Type: Faxed Permit ?: No **FAXBACK Permit ?: No**

Applied Date: 11/23/2005

Parcel #: 2250336007
Owner: HUGHES KELLY V/ELIZABETH L Phone:
Applicant: PERFECTION HOME SYSTEMS Phone: 916-565-0658
Contractor: PERFECTION HOME SYSTEMS Phone: 916-565-0658
Nature of Work: C/O ROOF MOUNTED HVAC UNIT & ALL DUCTWORK **ALL COMPLIANCE DOCS REQ'D @ INSPECTION --SEE CONDITIONS

Notices: 11/23/2005 KMCCOLLUM **WEB-BACK PERMIT - PAPERLESS (added by script)**

Disciplines:	BLDG	MECH	PLMG	ELEC	SITE	FIRE	Flood Cert Required ?
	N	Y	Y	Y			

REQUEST INFORMATION

Request Entered By: **DatEx-Voice** **Date/Time Request Entered:** **04/17/2006 at 3:38PM**
Requestor: **IVR** **Phone 1:** **Phone 2:**
Request Notes: **916-923-5387* Request for insp.# 39** **Inspector Initials:** T.K

Comments: **Action:** AP **Mech - FINAL 39**

04/18/2006
9:15:16AM

Inspection Request Work Sheet
City of Sacramento

4 R
Plmg/Mech

Listed on Calendar:
INSP_GEN

3070 BRIDGEFORD DR
Location:

0518578
ISSUED
on 11/23/2005
Requested for:
04/19/2006
MORNING

A/P/D INFORMATION

Type of Permit:	**BLD_MINR**	Sub-Type:	**RES**	Map/Grid:	277D5
Activity Code:	M1	Occupancy:		Fed Code:	**1A**
Valuation:	**$ 9,437.00**	Construction Type:		Faxed Permit ?:	No **FAXBACK Permit ?:** No

Parcel #: 2250336007 Applied Date: 11/23/2005
Owner: HUGHES KELLY V/ELIZABETH L Phone:
Applicant: PERFECTION HOME SYSTEMS Phone: 916-565-0658
Contractor: PERFECTION HOME SYSTEMS Phone: 916-565-0658
Nature of Work: C/O ROOF MOUNTED HVAC UNIT & ALL DUCTWORK **ALL COMPLIANCE DOCS REQ'D @ INSPECTION --SEE CONDITIONS

Notices: 11/23/2005 KMCCOLLUM **WEB-BACK PERMIT - PAPERLESS (added by script)**

Disciplines:	BLDG	MECH	PLMG	ELEC	SITE	FIRE	Flood Cert Required ?
	N	Y	Y	Y			

REQUEST INFORMATION **Request Entered By: DatEx-Voice** **Date/Time Request Entered: 04/17/2006 at 3:39PM**
Requestor: IVR **Phone 1:** **Phone 2:**
Request Notes: 916-923-5387* Request for insp.# 59 **Inspector Initials:**

Comments: _____ **Action:** A P **Plmg - FINAL 59**

04/18/2006
9:15:16AM

Inspection Request Work Sheet
City of Sacramento

4 R
Elec

Listed on Calendar:
INSP_GEN

3070 BRIDGEFORD DR
Location:

0518578
ISSUED
on 11/23/2005
Requested for:
04/19/2006
MORNING

A/P/D INFORMATION

Type of Permit:	**BLD_MINR**	Sub-Type:	**RES**	Map/Grid:	277D5
Activity Code:	M1	Occupancy:		Fed Code:	**1A**
Valuation:	**$ 9,437.00**	Construction Type:		Faxed Permit ?:	No **FAXBACK Permit ?:** No

Parcel #: 2250336007 Applied Date: 11/23/2005
Owner: HUGHES KELLY V/ELIZABETH L Phone:
Applicant: PERFECTION HOME SYSTEMS Phone: 916-565-0658
Contractor: PERFECTION HOME SYSTEMS Phone: 916-565-0658
Nature of Work: C/O ROOF MOUNTED HVAC UNIT & ALL DUCTWORK **ALL COMPLIANCE DOCS REQ'D @ INSPECTION --SEE CONDITIONS

Notices: 11/23/2005 KMCCOLLUM WEB-BACK PERMIT - PAPERLESS (added by script)

Disciplines:	BLDG	MECH	PLMG	ELEC	SITE	FIRE	Flood Cert Required ?
	N	Y	Y	Y			

REQUEST INFORMATION **Request Entered By:** **DatEx-Voice** **Date/Time Request Entered:** **04/17/2006 at 3:40PM**
Requestor: **IVR** **Phone 1:** **Phone 2:**
Request Notes: **916-923-5387* Request for insp.# 79** **Inspector Initials:**

Comments: _____ **Action:** AP **Elec - FINAL 79**

21

04/25/2006
12:08:09PM

Inspection Request Work Sheet
City of Sacramento

2 R
Elec

Listed on Calendar:
INSP_GEN

3417 GATES WY
Location:

0604864
ISSUED
on 04/11/2006
Requested for:
04/26/2006
MORNING

A/P/D INFORMATION

Type of Permit: **BLD_MINR** Sub-Type: **RES** Map/Grid: 337F4
Activity Code: M1 Occupancy: R3 Fed Code: **1A**
Valuation: **$ 7,300.00** Construction Type: Faxed Permit ?: No **FAXBACK Permit ?: No**

Applied Date: 04/11/2006

Parcel #: 0530092004
Owner: FRANCIS WILLIAM/DIANNA Phone: 601-3068
Applicant: BROWER MECHANICAL INC Phone: 916-624-0808
Contractor: BROWER MECHANICAL INC Phone: 916-624-0808
Nature of Work: HVAC SPLIT SYSTEM C/O--GROUND MOUNTED UNIT
**HVAC system shall comply with 2005 California Building Energy Standards for residential buildings; field verification & diagnostic testing is required as specified in the Residential ACM Manual

Notices: 04/11/2006 LCASTRO **WEB-BACK PERMIT - PAPERLESS (added by script)**

Disciplines:	BLDG	MECH	PLMG	ELEC	SITE	FIRE	Flood Cert Required ?
	N	Y	Y	Y			

REQUEST INFORMATION **Request Entered By: KROBERTSON** **Date/Time Request Entered: 04/25/2006 at 9:49AM**
Requestor: Will **Phone 1:** 429-7915 **Phone 2:**
Request Notes: call 30 min prior **Inspector Initials:**

Comments: **Action:**

Elec - FINAL 79
Mech - FINAL 39
Plmg - FINAL 59

04/20/2006	CN	mw	39	Mech - FINAL	secure condenser permanently to vinyl base pad - unit slides on base much too easily --- compliance doc's are in permit folder at site

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

3417 Gates Way *Project Address*	Brower Mechanical Inc. / 686451 *Contractor Name / License No.*
Kevin Thorton 624-0801 *Contractor Contact* *Telephone*	0604864 *Permit Number*
John Flores 916-624-2092 *HERS Rater* *Telephone*	21401 *Sample Group Number*
Certifying Signature *Date*	CC14-1798361983 *Certificate Number*
Firm: Valley Duct Testing	HERS Provider: **CalCERTS**
Street Address: 6345 Rainier Ave	City/State/Zip: Rocklin / CA / 95677

Copies to: **Homeowner, HERS Provider and 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 HERS provider by the California Energy Commission.

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 the CF-6R (Installation Certificate).

☑ **THERMOSTATIC EXPANSION VALVE (TXV):** Main System

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.	
Main System HVAC System TXV	☑ Pass ☐ Fail