

CITY OF SACRAMENTO

Permit No: 0519078

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 7856 OTHEL WY SAC

Thos Bros:

Parcel No: GLENWOOD LOT # 21 Housing (CITY OF SACRAMENTO)

Std Type: NSFR

CONTRACTOR
MERCY HOUSING CALIFORNIA
3120 FREEBOARD DR #202
WEST SACRAMENTO CA 95691

OWNER

PAID
JAN 11 2006

ARCHITECT

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: MP 1411 1 STORY 9 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's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 801692 Date 1/11/06 Contractor Signature Randy Underwood

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

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

Date _____ Owner Signature _____

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

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

Date 1/11/06 Applicant/Agent Signature Randy Underwood

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.

PU 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 ACE AMERICAN INS CO Policy Number WLR44334793 Exp Date 07/01/2006

(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 1/11/06 Applicant Signature Randy Underwood

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.

PC# 0519078

INSTALLATION CERTIFICATE		(Part 2 of 13)	CF-6R
SITE ADDRESS <i>Other way - Sacramento</i>		PERMIT NUMBER	
FENESTRATION/GLAZING			
<i>M.H. Home Products</i>			
Product <i>Capital Series</i>	U-Factor ¹ (≤ CF-1R value) ²	SHGC ¹ (≤ CF-1R value) ²	# of Panels
Manufacturer/Brand Name	CF-1R value ²	CF-1R value ²	Panels
		Total Quantity of Like Product (Optional)	Square Feet
			Exterior Shading Device or Overhang
			Comments/Location/ Special Features
(GROUP LIKE PRODUCTS)			
1. <i>Single Hung</i>	<i>.32</i>		<i>2</i>
2. <i>Picture Window</i>	<i>.33</i>		<i>1</i>
4. <i>Horizontal Slider</i>	<i>.32</i>		<i>2</i>
6. <i> patio door</i>	<i>.34</i>		<i>2</i>
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			

through out project

1 Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

2 Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature, Date <i>[Signature]</i>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor <i>M.H. Home Products</i>
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

PC # 0519078

(Page 4 of 12) CF-6R

INSTALLATION CERTIFICATE

Site Address: (Lot #10) 7857 OTHER WAY SAC. A. GLENWOOD SUBDIVISION GROUP #2 Permit Number: _____

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 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:

	Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)		
1 Enter Tested Leakage Flow in CFM:	5 CFM	
2 Fan Flow: Calculated (Mechanical <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(cFm/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1000 CFM	<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail
3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handler: $100 \times [\text{Line \# 1}] / [\text{Line \# 2}]$	96 CFM	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> 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 $[\text{Line \# 4}] \text{ Minus } [\text{Line \# 5}] - \text{ (Only if Applicable)}$		<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail
7 Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8 Entire New Duct System - Pass if Leakage Percentage < 6% for Final: $100 \times [\text{Line \# 7}] / [\text{Line \# 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> 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:		
9 Pass if Leakage Percentage < 10% $100 \times [\text{Line \# 5}] / [\text{Line \# 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10 Pass if Leakage to Outside Percentage < 10% $100 \times [\text{Line \# 7}] / [\text{Line \# 2}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11 Pass if Leakage Reduction Percentage > 50% $100 \times [\text{Line \# 6}] / [\text{Line \# 4}]$		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12 Pass if Leakage to Outside Percentage < 10% 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		

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit 1, 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 (a) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner <u>TOTAL HEATING & AIR CONDITIONING</u>	Date: <u>3-8-07</u>
Signature: <u>[Signature]</u>	

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

PC# 0519078

CE-6R

INSTALLATION CERTIFICATE

Use of this form to certify the requirements of the Administrative Code is optional, but the information must be provided and posted.

Site Address _____

Permit Number _____

An installation certificate is required to be posted at the building site prior to the issuance of the occupancy permit; this form may be used to meet these requirements. All appliance categories listed below are the actual equipment installed. Note that the efficiency and type of the appliance installed must be equivalent or better than the appliance specified on the certificate of compliance (Form CP-1R). This certificate (or its equivalent) shall be prepared and signed by the person(s) assuming overall responsibility for the appliance installation. Refer to the reverse side of this certificate for an explanation of information required.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

HVAC SYSTEMS:

Heating Equipment

Heating Equip. Type (Packaged heat pump, etc)	CEC Certified Manuf. Make & Model Number	Actual Efficiency (AFUE, etc)	Distribution Type and Location	Duct or Flueing R-Value	Heating Load Before Over-Size (Btu/h)	Heating Equipment Capacity (Btu/h)

Cooling Equipment

Cooling Equipment Type (Packaged heat pump, etc)	CEC Certified Compressor Unit Manuf. Make, Model Number	Actual Efficiency (SEER)	Duct Location	Duct R-Value

Signature, Date _____

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

WATER HEATING SYSTEMS

Distrib. System Type	Water Heater Type	CEC Certified Manuf. Make & Model #	Energy Factor	Tank Volume (gallons)	Insul. Wrap R-Value	Internal Insul. R-Value	Standby Loss (Btu/h)	Flue Light (Btu/h)	Rated Input (kW/Btu)	Solar/Wood Credits

FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commission's Directory of Certified Faucets And Showerheads, pursuant to Title 22, Part 8, Subchapter 2, Section 111.

Signature, Date _____

CVC Construction
Plumbing Subcontractor (Co. Name)
OR General Contractor OR Owner

PC# 0519078

INSTALLATION CERTIFICATE (Page 3 of 12) **CF-6R**

Site Address: **GLENWOOD SUBDIVISION GROUP #2** Permit Number: _____

LOT # 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21
 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).

EVAC SYSTEMS:
Heating Equipment

Equip Type (e.g. heat pump)	CFC Certified Mt. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) (CFR-10 value)	Duct Location (e.g. attic)	Duct or Piping R-value	Heating Load (Btu/h)	Heating Capacity (Btu/h)
SPLIT SYSTEM	CONFORTHEAT W/17 CONDRA324	13	90%	ATTIC	R-6.0	50,000	50,000
	1050B126 FURNACE						

Cooling Equipment

Equip Type (e.g. heat pump)	CFC Certified Mt. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) (CFR-10 value)	Duct Location (e.g. attic)	Duct R-value	Cooling Load (Btu/h)	Cooling Capacity (Btu/h)
SPLIT SYSTEM	CONFORTHEAT W/17 CONDRA324	10	13 SEER	ATTIC	R-6.0	30,000 Btu/h	30,000 Btu/h
SPLIT SYSTEM	CONFORTHEAT W/17 CONDRA324	2	13 SEER	ATTIC	R-6.0	24,000 Btu/h	24,000 Btu/h

1. \geq 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) 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: **TOTAL HEATING & AIR CONDITIONING**
 Signature: _____ Date: **3-8-07**

Copies to: BUILDING DEPARTMENT, BERS BAYER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

