

CITY OF SACRAMENTO

Permit No: 0513499

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Thos Bros: 317F5

Site Address: 3121 36TH AV SAC

PAID
CITY OF SACRAMENTO

Sub-Type: NSFR

Parcel No: 025-0201-025

MAY 15 2006

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

DUTT BIMAL / NIRMALA WATER
PO BOX 231065 NEIGHBORHOODS PLANNING
SACRAMENTO, CA 95823 AND DEVELOPMENT SERVICES

Nature of Work: NEW 1947 SF SFR W/ 420 SF GARAGE & 72 SF PORCH--IN DESIGN REVIEW AREA--

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 _____ License Number _____ Date _____ Contractor 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 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);

DR 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 05-15-06 Owner Signature [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 05-15-06 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 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 _____ Policy Number _____ Exp Date _____

DR (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 05-15-06 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.



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below -- I or my immediate family (parent, spouse, or child) will perform:

- A - [] all the work authorized by this permit.
B - [X] a portion of the work.
C - [] none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- [] all of the authorized work. [] a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. [] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner [Signature]
(Printed name) (Signature)

Date 05-15-06 Case No. Permit No. 0573499

Job Address 3121 - 36th Ave SAC - CA 95824

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3121 36 TH AVENUE	APN: 025-0201-025
DRPB AREA / PUD / SPD: NONE	ZONING: R-1-EA-4
EXISTING LAND USE: VACANT	
PROPOSED USE: NEW SFR	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved <i>before</i> project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: ER05-130 APPROVED 06-13-2005
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS:	Building permit must conform to approved plans and comply with all conditions of approval of ER05-130. LOT SIZE: 9329.4 sq ft FOOTPRINT: approx. 40' x 62' = 2480 sq ft LOT COVERAGE: approx. 26.5% SETBACKS AND LOT COVERAGE OK PER APPROVED SITE PLAN. NO DESIGN REVIEW ISSUES. NO OTHER PLANNING ISSUES.
DATE: 06-13-2005	BY: ERIN HALEY



CITY OF SACRAMENTO

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SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 025-0701-025 PERMIT # 0513499
 SITE ADDRESS 3121 36th Ave ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | | |
|--|------------------------------------|------------------------------------|-----|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | <input checked="" type="radio"/> Y | *N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | Y | <input checked="" type="radio"/> N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | Y | *N | |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | N | |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | N | |
| 8. Is the curb at the street square? | *Y | <input checked="" type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> N | N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | *N | |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> N | |
| 13. Does another lot drain across this parcel? | *Y | <input checked="" type="radio"/> N | |
| 14. Does the lot drain from side to side? | *Y | <input checked="" type="radio"/> N | |
| 15. Does the site have an existing low area or drainage swale? | *Y | <input checked="" type="radio"/> N | |
| 16. Does the drainage swale drain to an adjacent parcel? | *Y | <input checked="" type="radio"/> N | N/A |
| 17. Does the drainage swale drain to the street? | Y | <input checked="" type="radio"/> N | N/A |
| 18. Will existing drainage be re-routed? | *Y | <input checked="" type="radio"/> N | |
| 19. Will drainage ditches or culverts be constructed or modified? | *Y | <input checked="" type="radio"/> N | N/A |
| 20. Did this project require approval from the Zoning Administrator? | *Y | <input checked="" type="radio"/> N | |
| 21. Did the project require approval from the Planning Administrator? | *Y | <input checked="" type="radio"/> N | |

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address NIRMALA INATI RAM & DHANI RAM
 Project Address 3121 - 36th AVENUE SACRAMENTO CA. 95824
 Parcel Number 025 0201-025 Lot No. _____
 Subdivision Name _____ No. of Units 1
 Applicant's Signature [Signature] Title _____
 Phone No. 916 682-7150 Date 05-12-06

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect the same from the district(s), whichever is earlier.

CITY OF SACRAMENTO
NORTH PERMIT
CENTER

MAY 15 2006

Part II - To be completed by the BUILDING DEPARTMENT

RECEIVED

Plan Identification Number 0513499
 Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 1,947 sq ft
 Signature/Title [Signature] Date 11-9-05

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 11551

Exempt Comments _____
 Residential/Apartment/etc. 1947 sq ft Square ft. x \$ 221 = \$ 430,287
 Commercial/Industrial 0 Square ft. x \$ 0 = \$ 0
 Total fees collected 11/9/05 = \$ 430,287

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature [Signature] Date 05/15/06

White & Canary - School District • Pink - Building Department • Goldenrod - Applicant

PC# RES-0618961

Installation Certificate Prescriptive Method - HVAC-only Alteration CF-6R-ALT

Project Title: Ramirez	Date:	© 2005 CalCERTS
Project Address: 4991 BRADFORD DR.	Climate Zone: 12	Enforcement Agency Use Only
Installing Contractor: KEVIN BROWN	Telephone: 519-8600	Building Permit # RES-0618961
Company Name: ROYAL BREEZE		Plan Check Date
		Field Check Date

IMPORTANT: This CF-6R form is only for use when an HVAC-only alteration is made to an existing home Use one form for each system being altered. This is system # of systems altered in this house.
Copies to: Homeowner, HERS Rater, and Building Department

List the specifications for the newly installed equipment. These must match the installed equipment exactly. Installed equipment must match type/location and meet or exceed efficiencies/R-values from CF-1R.

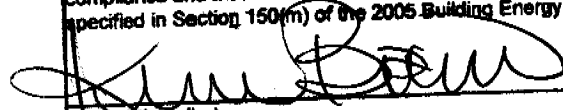
Equipment Type	Manufacturer	Model Number	Efficiency	Load**	Capacity***
Furnace			AFUE		
Heat Exchanger			N/A		
Heat Pump fan coil			N/A		
Hydronic fan coil			N/A		
Other FAU					
Describe					
Package gas/AC	Trane	27CC303WA1075AA	AFUE SEER 13	3Ton	
Package heatpump			HSPF SEER EER*		
A/C Condenser			SEER		
Heatpump Condenser			HSPF SEER EER*		
Indoor DX coil					
Hydronic coil					

* Provide EER if needed for compliance (line 24 of CF-1R-ALT). Installer must provide adequate documentation to verify EER.
In some cases the specific furnace may need to be verified in order to achieve a specific EER.
In some cases a time delay relay and/or TXV may need to be verified in order to achieve a specific EER.
** Loads are sensible for cooling.
*** Capacities are sensible at design conditions for cooling and adjusted (altitude, downflow, etc.) output for heating.

TXV:
 If TXV is required by the CF-1R form (line 23 on CF-1R-ALT form), it has been installed and access has been provided for visual verification by HERS rater. Sampling is allowed for TXV verification.

Entirely New Duct System: (Line 5 of CF-1R ALT)
 For Entirely new duct systems, the required leakage is 6% rather than 15% for altered systems. The alternative to duct sealing by increasing the efficiency of the equipment is not an option for entirely new duct systems.

I, the undersigned, verify that the equipment listed above is: 1) the actual equipment installed in the home; 2) equal to or more efficient than required by the Certificate of Compliance (CF-1R-ALT Form); and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (Appliance Efficiency Standards), where applicable.
I, the undersigned, verify that diagnostic test results listed on this form were performed in conformance with the requirements for compliance and that the newly installed or retrofitted mechanical system components conform with the Mandatory requirements specified in Section 150(m) of the 2005 Building Energy Efficiency Standards.

Signed (Installer):  Date: 12/8/06

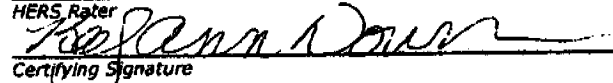
Notes:

Installation Certificate Prescriptive Method - HVAC-only Alteration CF-6R-ALT

Project Title: <i>Ramirez</i>		Date:	© 2005 CalCERTS
IMPORTANT: This CF-6R form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # _____ of _____ systems altered in this house. Copies to: Homeowner, HERS Rater, and Building Department			
Duct Leakage test Results (if duct testing is required per CF-1R-ALT form)			
Step 1 - Pre-test: Leakage of the system before any alterations. This test is optional and is only used for the 60% reduction option			
1	Pre-test leakage:	CFM25	
2		Line 1 x 0.4 =	target for 60% reduction
Step 2 - Determine Total System Fan Flow: Use any of these methods. Use values for equipment after alterations.			
3	Cooling: Condenser tonnage:	tons x 400 CFM/ton =	CFM
4	Heating: Furnace output: <i>60,501</i>	Btuh x .0217 CFM/Btuh =	<i>1313</i> CFM
5	Measured: (refer to ACM Manual Appendix RE, section 4.1) =		CFM
6	Measurement method:	<input type="checkbox"/> flow hood <input type="checkbox"/> plenum pressure matching <input type="checkbox"/> flow grid	
7	Total system fan flow value to be used:	<i>1313</i> CFM	may use highest of lines 3, 4, or 5.
Step 3 - Determine Targets:			
8a	Total System fan flow (line 7 from above) x 0.06 =		CFM25 = 6% leakage target (new duct systems)
8b	Total System fan flow (line 7 from above) x 0.15 =	<i>197</i>	CFM25 = 15% leakage target
9	Total System fan flow (line 7 from above) x 0.10 =		CFM25 = 10% leakage to outside target
Step 4 - Alterations: Must be consistent with the CF-1R form.			
10	<input type="checkbox"/> Seal all new connections with approved materials.		
11	<input type="checkbox"/> No newly constructed portions of the system can have unducted building cavities to convey system air.		
12	<input type="checkbox"/> If adding or replacing more than 40 feet of duct, insulate new ducts per package D for that climate zone.		
Step 5 - Final Leakage (regular duct leakage test, for 15% total and 60% reduction)			
13	leakage =	<i>151</i> CFM25	refer to 2005 ACM appendix RC, Sections RC 4.3.1
14a	<input type="checkbox"/> If line 13 is less than line 8a, house passes the 6% leakage requirement. Go to Step 9.		
14b	<input checked="" type="checkbox"/> If line 13 is less than line 8b, house passes the 15% leakage requirement. Go to Step 9.		
15	<input type="checkbox"/> If line 13 is less than line 9, house passes the 60% reduction requirement, continue.		
16	<input type="checkbox"/> If either of lines 14a, 14b or 15 are checked, HERS verification is required. Sampling can be used.		
17	<input type="checkbox"/> If line 15 is checked, but not 14a or 14b, Smoke Test and Visual Inspection of Accessible Duct Sealing is required. Go to Step 8.		
Step 6 - Leakage to Outside: Similar to a regular duct blaster test but the house is pressurized to 25 pascals at the same time.			
18	leakage =		CFM25 refer to 2005 ACM appendix RC, Sections RC 4.3.3
19	<input type="checkbox"/> If line 18 is less than line 9, house passes the 10% leakage to outside requirement.		
20	<input type="checkbox"/> If line 18 passes, HERS verification is required. Sampling can be used.		
Step 7 - If the house does not pass any of lines 14, 15 or 18.			
21	<input type="checkbox"/> Smoke Test and Visual Inspection of Accessible Duct Sealing is required. See Step 8.		
22	<input type="checkbox"/> Install required label per ACM Appendix RC, Sections RC 4.3.5.		
Step 8 - Smoke Test and Visual Verification (See 2005 Residential ACM Appendix RC, Sections RC 4.3.5-7)			
23	<input type="checkbox"/> Perform smoke test per ACM Appendix RC, Sections RC 4.3.6.		
24	<input type="checkbox"/> Perform Visual Inspection and repair of excessively damaged ducts per ACM Appendix RC, Sections RC 4.3.7.		
25	<input type="checkbox"/> Seal register boots to surrounding material per ACM Appendix RC, Sections RC 4.3.7.		
HERS Verification			
26	<input checked="" type="checkbox"/> If line 14 is checked, 15% leakage to be verified by HERS rater. Sampling is allowed.		
27	<input type="checkbox"/> If line 16 is checked, 60% leakage reduction to be verified by HERS rater (post test only) AND Smoke Test and Visual Verification to be performed by HERS Rater. Sampling is allowed.		
28	<input type="checkbox"/> If line 19 is checked, 10% leakage to outside to be verified by HERS rater. Sampling is allowed.		
29	<input type="checkbox"/> If none of lines 14, 15 or 19 are checked Smoke Test and fix all accessible leaks. No sampling allowed.		
Sampling - Only if house passes on lines 14, 15 or 19.			
30	<input type="checkbox"/> 1.) Homeowner chooses to be put into a group of homes for random third party HERS sampling. 2.) Homeowner, installer and rater must sign the three-party agreement. 3.) All above tests must be completed by the installer or their representative, not the third party rater.		
No Sampling - House does not pass by lines 14, 15 or 19. OR homeowner chooses not to be part of a sample group			
31	<input type="checkbox"/> 1.) House to be tested by a third party HERS rater selected by installer. 2.) Homeowner, installer and rater must sign the three-party agreement. 3.) All above tests may be completed by the installer or their representative, and then verified by a third party rater. OR, all above tests may be performed solely by the third party rater.		
32	<input type="checkbox"/> 1.) House to be tested by third party HERS rater selected by homeowner. 2.) All above tests may be completed by the installer or their representative, and then verified by a third party rater. OR, all above tests may be performed solely by the third party rater.		

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)

CF-4R

4991 Bradford Dr - sacramento, CA 95820		Royal breeze / 856850	
<i>Project Address</i>		<i>Contractor Name / License No.</i>	
KEVIN BROWN		ref-0618961	
<i>Contractor Contact</i>		<i>Permit Number</i>	
Keely Ann		(916)402-1681 49092	
<i>HERS Rater</i>		<i>Telephone Sample Group Number</i>	
		December 15, 2006 CC14-1798389674	
<i>Certifying Signature</i>		<i>Date Certificate Number</i>	
Firm: A.D.T./Anytime Duct Testing		HERS Provider: CalCERTS, Inc.	
Street Address: 5150 Fair Oaks suite 101-350		City/State/Zip: Carmichael / CA / 95608	

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 HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT: Main System

NEW CONSTRUCTION			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	N/A	
2	Fan Flow: Calculated (Nominal <input type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1313	
3	Pass if Leakage Percentage < 6% [100 x (Line 1 / Line 2)]:	N/A	N/A

ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	157	
6	Enter Reduction in Leakage for Altered Duct System (Line 4 - Line 5) - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage < 6% [100 x (Line 5 / 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 for compliance:

9	Pass if Leakage Percentage <= 15% [100 x (Line 5 / Line 2)]:	11.96%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage <= 10% [100 x (Line 7 / Line 2)]:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage >= 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

Project Title: Ramirez
 Project Address: 4991 Bradford Dr.
 Documentation Author: Nisha Rogers
 Compliance Method (Package or Computer): _____
 Date: 12/8/06
 Telephone: (916) 369-8358
 Climate Zone: 12

Building Permit #
Plan Check / Date
Field Check / Date
Enforcement Agency Use Only

PCA RES-0618961

GENERAL INFORMATION

Total Conditioned Floor Area: 1500 ft²
 Conditioned Slab Floor Area: _____ ft²
 Average Ceiling Height: _____ ft
 Building Type: Single Family Addition
 (check one or more) Multi-Family Existing-Plus-Addition
 Front Orientation: _____ North / South / East / West / All Orientations
 (input front orientation in degrees from True North and circle one)
 Number of Stories: 1
 Number of Dwelling Units: 1
 Floor Construction Type: Slab/Raised Floor (circle one or both)

RADIANT BARRIER (required in climate zones 2, 4, 8-15) Required for this submittal yes no

BUILDING ENVELOPE INSULATION

Component Type	Frame Type wd = wood stl = steel	Cavity Insulation R-Value	Sheathing 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 prescriptive compliance, Total R-Value and Assembly U-Factor are not required for a wood-framed wall that meets cavity R-value insulation requirements for the Prescriptive Package.

FENESTRATION

Fenestration #/Type/Pos.	Orien- tation	Area (ft ²)	Fenestration U-Factor	Fenestration SHGC	Shading Devices	
					Exterior Shading Att.	Overhangs/ Fins
Front						
Front						
Left						
Left						
Rear						
Rear						
Right						
Right						
Skylight						
Skylight						

Project Title Ramirez Date 12/2/02

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 (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Heat Pump Configuration (split or package)
Package GAS/A/C	80%	roof		white Rodgers	Package
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)
Air Conditioning	13	roof		white Rodgers	Package

SEALED DUCTS and TXVs (or Alternative Measures)

- 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 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

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

Climate Zone	Window SHGC	Window U-Factor	SEER	Heating

WATER HEATING SYSTEMS

Water Heater Type	Distribution Type	Number in System	Rated ¹ Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy ¹ Factor or Recovery Efficiency	Standby ¹ Loss (%)	External Tank 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 and Standby Loss. For instantaneous gas water heaters, list rated input and recovery efficiencies.

SPECIAL FEATURES (add extra sheets if necessary). Package C and D: TXVs, 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, covering, thickness, and description).

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 recognize that compliance using duct sealing and TXVs requires installer testing and certification and field verification by an approved HERS rater.

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Name: _____
Title: _____
Agency: _____
Telephone: _____

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