

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0606870

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 2960 SPOONWOOD WY SAC
Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #1

PAID
CITY OF SACRAMENTO

CONTRACTOR
BEAZER HOMES
3721 DOUGLAS BL. STE. 100
ROSEVILLE CA 95661

OWNER

AUG 14 2006

ARCHITECT

Nature of Work: MP 1194 2 STORY 6 RM SFR

NEIGHBORHOODS PLANNING
AND DEVELOPMENT CENTER

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 724191 Date 8/14/06 Contractor Signature N. Collins

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 8/14/06 Applicant/Agent Signature N. Collins

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2007

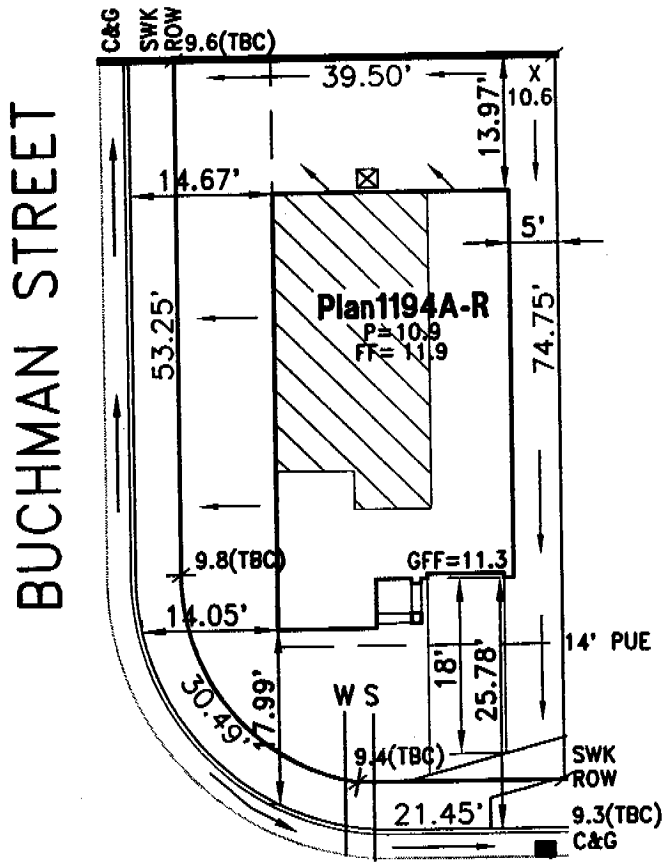
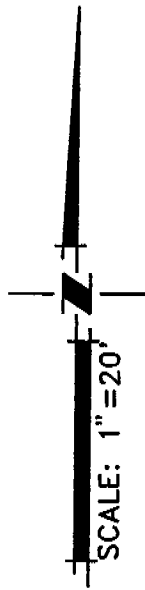
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 8/14/06 Applicant Signature N. Collins

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.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



- STREET SIGN
- UTILITY SERVICE BOX
- DRAIN INLET
- STREET LIGHT
- TRANSFORMER
- SERVICE POINT
- FIRE HYDRANT

SPOONWOOD WAY



This set of plans and specifications kept on the job at all times and it is to make any changes or alterations same without written permission Building Inspection Division. The approval of this plan and specifications SHALL NOT be held to permit or approval of any City Ordinance or State Law.

| MUST BE OBTAINED/ APPROVAL | | |
|----------------------------|-------------------------------------|----------|
| Project Development | <input checked="" type="checkbox"/> | INITIALS |
| Construction | <input checked="" type="checkbox"/> | |
| Marketing | <input checked="" type="checkbox"/> | |
| Admin. | <input type="checkbox"/> | |
| Accounting | <input type="checkbox"/> | |

RIVERDALE VILLAGE 1

"THE AMERICAN COLLECTION" FOR BEAZER HOMES

PLOT PLAN FOR LOT 01

A.P.N.:
 LOT AREA: 2857 S.F.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING • PLANNING • MAPPING • SURVEYING
 3301 C STREET, BLDG. 100-B, SACRAMENTO, CA 95816
 PHONE: (916) 341-7760 FAX: (916) 341-7767

03-23-06 DRAWN: BL 1055.030

| | | | | | |
|-----------|-------|------------|-----|-----|---------------------------------------|
| Job | Truss | Truss Type | Qty | Ply | Beazer/Hms/AmericanCollection/Pin1194 |
| REP_1194A | B04 | CAL HIP | 1 | 1 | Revision 23462 - Beazer - Lot 1001 |

A.C. Houston Lumber Co., Roseville, CA 95678 6,500 @ Oct 5 2006 MITek Industries, Inc. Thu Jan 25 08:12:04 2007 Page 1 of 2

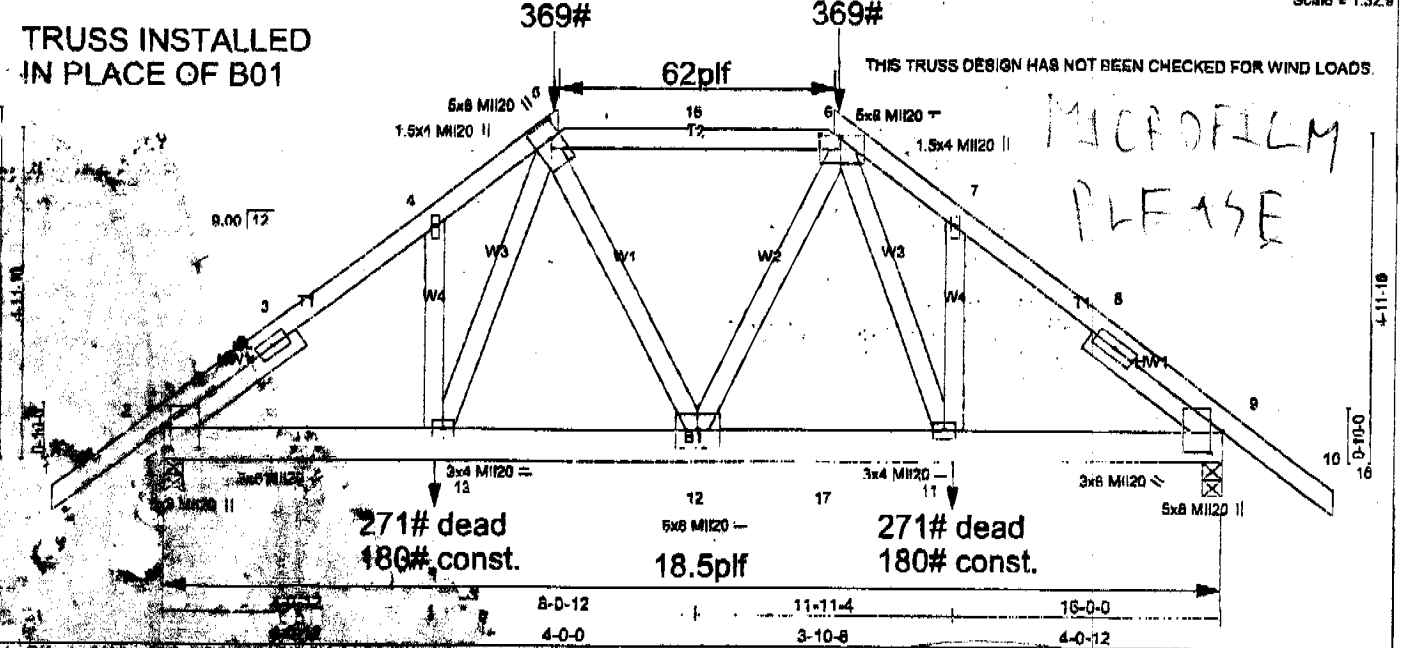
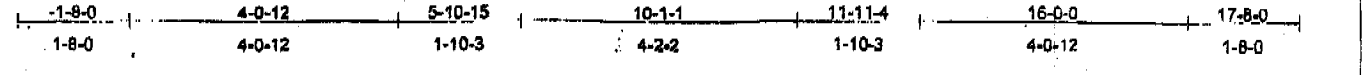


Plate Offsets (X,Y): 2-0-4, 4-0-1, 5-1-1, 6-1-1, 7-1-1, 8-1-1, 9-1-1, 10-1-1, 11-1-1, 12-1-1, 13-1-1, 14-0-0, 12-1-1, 13-0-3, 14-0-2-1

| | | | | | | | | | |
|---------------|----------------------|----------|----------|-------|-------|-------|-----|--------|---------|
| LOADING (psf) | SPACING (in) | CSI | DEFL | In | (loc) | l/den | L/d | PLATES | GRIP |
| TCLL 16.0 | Plate Increase 1.25 | TC 0.33 | Vert(LL) | -0.03 | 12 | >999 | 360 | MI120 | 280/195 |
| TCDL 17.5 | Lumber Increase 1.25 | BC 0.52 | Vert(TL) | -0.07 | 11-12 | >999 | 240 | | |
| BCLL 0.0 | Rep Stress Inr NO | WB 0.28 | Horz(TL) | 0.03 | 9 | n/a | n/a | | |
| BCDL 10.0 | Code UBC97/ANSI95 | (Matrix) | | | | | | | |

Weight 107 lb

LUMBER
TOP CHORD 2 x 4 DF No. 1550 G
BOT CHORD 2 x 6 DF No. 2
WEBS 2 x 4 DF No. 1550 G
SLIDER Left 2 x 4 DF Std - G 2-5-7, Right 2 x 4 DF Std - G 2-5-7

BRACING
TOP CHORD Sheathed or 3-9-9 oc purlins.
BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.

REACTIONS (lb/size) 2=1816/0-3-8, 9=2118/0-3-8

FORCES (lb) - Maximum Compression/Maximum Tension
TOP CHORD 1-14=0/0, 2-14=0/40, 2-3=-2380/0, 3-4=-2303/0, 4-5=0/23/0, 5-15=-2178/0, 6-15=-2178/0, 6-7=-2863/0, 7-8=-2693/0, 8-9=-2780/0, 9-16=0/40, 10-16=0/0
BOT CHORD 2-13=0/1755, 12-13=0/1896, 12-17=0/2028, 11-17=0/2028, 9-11=0/2054
WEBS 4-15=0/418, 5-13=-462/0, 5-12=0/700, 6-11=-10/196, 7-11=0/506, 8-12=0/407

- NOTES**
- Unbalanced roof live loads have been considered for this design.
 - Provide adequate drainage to prevent water ponding.
 - This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
 - A plate rating reduction of 20% has been applied for the green lumber members.
 - Load case(s) 1, 2, 3, 4 has/have been modified. Building designer must review loads to verify that they are correct for the intended use of this truss.
 - Girdor carries hip end with 6-0-0 end setback and tie-in span of 2-0-0 from subgirdor.
 - Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s) 369 lb down at 10-1-3, and 369 lb down at 5-10-13 on top chord, and 271 lb down at 11-11-4, and 768 lb down at 8-0-12 on bottom chord. The design/selection of such connection device(s) is the responsibility of others.
 - In the LOAD CASE(S) section, loads applied to the face of the truss are noted as front (F) or back (B).

- LOAD CASE(S)** Standard
- Regular: Lumber Increase=1.25, Plate Increase=1.25
Uniform Loads (plf)
Vert: 5-14=-67, 5-6=-129, 6-16=-67, 2-12=-20, 9-12=-39(F=-19)
Concentrated Loads (lb)
Vert: 5=-369 6=-369 12=-768(F) 11=461(F)
 - UBC: Lumber Increase=1.25, Plate Increase=1.25
Uniform Loads (plf)
Vert: 5-14=-35, 5-6=-67, 6-16=-35, 2-12=-40, 9-12=-77(F=-37)
Concentrated Loads (lb)
Vert: 5=-193 6=-193 12=-497(F) 11=271(F)
 - 1st unbalanced Regular: Lumber Increase=1.25, Plate Increase=1.25
Uniform Loads (plf)
Vert: 5-14=-67, 5-6=-129, 6-16=-35, 2-12=-20, 9-12=-39(F=-19)

Continued on page 2
SEE PAGE 2 FOR REVISION NOTES

Lot 1001
2961 Spoonwood
Permit # 0606870



January 25, 2007

| | | | | | | |
|------------------|--------------|-----------------------|----------|----------|-------------------------------------|-----------------------------------|
| Job REP_1194A | Truss B04 | Truss Type CAL HIP | Qty 1 | Ply 1 | BezerHms/AmericanCollection/Pln1194 | Revision 23462 - Bezer - Lot 1001 |
|------------------|--------------|-----------------------|----------|----------|-------------------------------------|-----------------------------------|

A.C. Houston Lumber Co., Roseville, CA 95678

6.500 = Oct 5 2006 MITek industries, Inc. Thu Jan 25 08:12:04 2007 Page 2 of 2

LOAD CASE(S) Standard
 Concentrated Loads (lb)
 Vert: 5=-369 6=-369 12=-768(F) 11=-451(F)
 4) 2nd unbalanced Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-14=-35, 5-6=-129, 6-16=-67, 2-12=-20, 4-12=-20
 Concentrated Loads (lb)
 Vert: 5=-369 6=-369 12=-768(F) 11=-451(F)

NEW CSI's AND DEFL.

| CSI | DEFL |
|---------------------|----------|
| TC 0.30 | Vert(LL) |
| BC 0.45 | Vert(TL) |
| WB 0.18 (Matrix) | Horz(TL) |

*Lot 1001
2961
Spoon wood*

NEW BRACING

* TOP CHORD Sheathed or 2x4
 BOT CHORD Rigid ceiling directly applied

NEW REACTIONS AND FORCES

REACTIONS (lb/size) 2=1883/0-3-6, 4=1883/0-3-6

FORCES (lb) - Maximum Compression/Maximum Tension

TOP CHORD 1-14=0/0, 2-14=0/40, 2-3=2431/0, 3-4=1215/0, 4-5=2550/0, 5-6=-1290/0, 6-16=-1783/0, 6-7=-2055/0, 7-8=-2343/0, 8-9=-2430/0, 9-16=0/40, 10-16=0/0
 BOT CHORD 2-13=0/1787, 12-13=0/1790, 12-17=0/1781, 14-15=0/1781, 8-11=0/1788
 WEBS 4-13=0/433, 5-13=0/167, 5-12=0/167, 6-11=0/167, 7-11=0/167, 6-12=0/167

Permit # 060870

NEW NOTES

Hanger(s) or other connection device(s) shall be designed and installed to support connections and loads) 389 lb down at 10-1-3, and 369 lb down at 5-10-13 on top chord, and 271 lb down at 11-11-3 and 351 lb down at 4-0-12 on bottom chord. The design/selection of such connection device(s) is the responsibility of the contractor.

NEW LOAD CASES

1) Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-14=-67, 5-6=-129, 6-16=-67, 2-12=-39(F), 8-12=-39(F)=19)
 Concentrated Loads (lb)
 Vert: 5=-369 6=-369 13=-451(F) 11=-451(F)



January 25, 2007

General Revision Notes:
 1) This revision is for installing this truss in place of B01.
 All other lumber and plates are intact and unaltered.
 2) Shore truss to original geometry prior to revision.
 3) No repair is needed.
 4) Mechanical, if in the way, is to be relocated to accommodate revision.
 This revision was designed using a description of existing conditions as provided by others.
 The truss designer performs no field inspection of trusses.

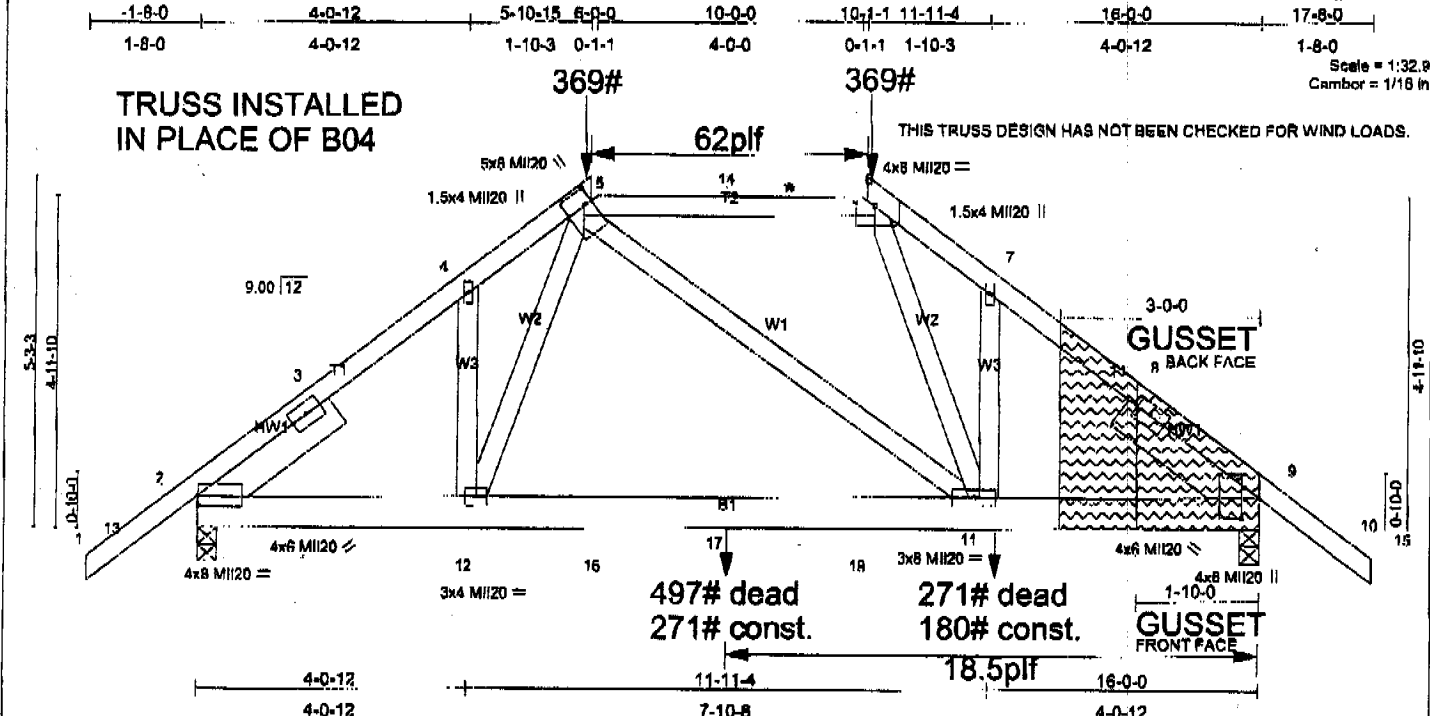


Plate Offsets (X,Y): [2:0-0-2,0-1-14], [5:0-2-15,0-1-9], [6:0-3-9,0-0-11], [8:0-3-10,0-3-2]

| LOADING (psf) | SPACING | 2-0-0 | CSI | DEFL | In | (loc) | V/defl | L/d | PLATES | GRIP |
|---------------|-----------------|--------------|---------|----------|-------|-------|--------|-----|--------|----------------|
| TCLL 18.0 | Plates Increase | 1.25 | TC 0.35 | Vert(LL) | -0.04 | 11-12 | >999 | 360 | MI120 | 220/195 |
| TCDL 17.5 | Lumber Increase | 1.25 | BC 0.28 | Vert(TL) | -0.11 | 11-12 | >999 | 240 | | |
| BCLL 0.0 | Rep Stress Incr | NO | WB 0.27 | Horz(TL) | 0.02 | 9 | n/a | n/a | | |
| BCDL 10.0 | Code | UBC97/ANSI95 | (Matrb) | | | | | | | Weight: 108 lb |

LUMBER
 TOP CHORD 2 x 4 DF No.1&Btr G
 BOT CHORD 2 X 6 DF SS
 WEBS 2 x 4 DF Stud/Std G
 SLIDER Left 2 X 6 DF No.2 -G 2-5-7, Right 2 X 6 DF No.2 -G 2-5-7

BRACING
 TOP CHORD Sheathed or 4-0-12 oc purlins.
 BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.

REACTIONS (lb/size) 2=1889/0-3-8, 9=1884/0-3-8

FORCES (lb) - Maximum Compression/Maximum Tension
 TOP CHORD 1-13=0/0, 2-13=0/40, 2-3=-2498/0, 3-4=-2411/0, 4-5=-2109/0, 5-14=-1862/0, 6-14=-1651/0, 6-7=-2224/0, 7-8=2400/0, 8-9=-2488/0, 9-15=0/40, 10-15=0/0
 BOT CHORD 2-12=0/1835, 12-16=0/1727, 16-17=0/1727, 17-18=0/1727, 11-18=0/1727, 9-11=0/1823
 WEBS 4-12=0/454, 5-12=0/441, 5-11=-146/0, 6-11=0/675, 7-11=0/241

- NOTES**
- Unbalanced roof live loads have been considered for this design.
 - Provide adequate drainage to prevent water ponding.
 - This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
 - A plate rating reduction of 20% has been applied for the green lumber members.
 - Load case(s) 1, 2, 3, 4 has/have been modified. Building designer must review loads to verify that they are correct for the intended use of this truss.
 - Girder carries hip end with 6-0-0 and setback and tie-in span of 2-0-0 from subgirder.
 - Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s) 369 lb down at 10-2-5, and 369 lb down at 5-10-13 on top chord, and 271 lb down at 11-11-4 on bottom chord. The design/selection of such connection device(s) is the responsibility of others.
 - In the LOAD CASE(S) section, loads applied to the face of the truss are noted as front (F) or back (B).

LOAD CASE(S) Standard

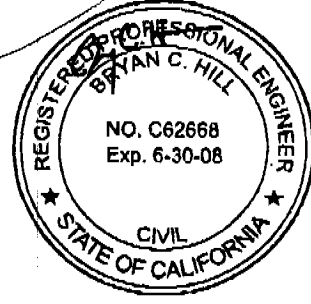
- Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-13=-87, 3-6=-128, 6-15=-67, 2-9=-39(F=-19)
 Concentrated Loads (lb)
 Vert: 5=-368 6=-369 12=-451(F) 11=-451(F)
- UBC: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-13=-35, 5-6=-67, 6-15=-35, 2-9=-77(F=-37)
 Concentrated Loads (lb)
 Vert: 5=-193 6=-193 12=-271(F) 11=-271(F)
- 1st unbalanced Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-13=-87, 5-6=-129, 6-15=-35, 2-9=-39(F=-19)

Continued on page 2

PLEASE MICRORFILM

2961 Spawwood

Lot 1001 Permit # 0606870



January 25, 2007

SEE PAGE 2 FOR REPAIR NOTES

| | | | | | |
|--|-------|------------|-----|-----|-------------------------------------|
| Job # | Truss | Truss Type | Qty | Ply | BeazerHms/AmericanCollector/Pln1194 |
| REP_1194A | B01 | CAI, HIP | 1 | 1 | Repair 23461 - Bonzer - Lot 1001 |
| A.C. Houston Lumber Co., Roseville, CA 95678 | | | | | Job Reference (optional) |

6.500 a Oct 5 2006 MiTnk Industries, Inc. Thu Jan 25 07:47:54 2007 Page 2 of 2

LOAD CASE(S) Standard

Concentrated Loads (lb)
 Vert: 5=-369 6=-369 12=-451(F) 11=-451(F)
 4) 2nd unbalanced Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-13=-35, 5-6=-129, 6-15=-67, 2-9=-39(F=-19)
 Concentrated Loads (lb)
 Vert: 5=-369 6=-369 12=-451(F) 11=-451(F)

NEW CSI's AND DEFL.

| CSI | DEFL | in (loc) | I/defl | L/d |
|---------------------|----------|-------------|--------|-----|
| TC 0.52 | Vert(LL) | -0.08 11-12 | >999 | 360 |
| BC 0.65 | Vert(TL) | -0.24 11-12 | >796 | 240 |
| WB 0.35 (Matrix) | Horz(TL) | 0.02 9 | n/a | n/a |

NEW BRACING

*TOP CHORD Sheathed or 3-5-8 oc purlins.
 BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.

NEW REACTIONS AND FORCES

REACTIONS (lb/size) 2=1825/0-3-8, 9=2116/0-3-8
 FORCES (lb) - Maximum Compression/Maximum Tension
 TOP CHORD 1-13=0/0, 2-13=0/40, 2-3=-2646/0, 3-4=-2572/0, 4-5=-2218/0, 5-14=-1975/0, 6-14=-1963/0, 6-7=-2693/0, 7-9=-2935/0, 8-9=-3008/0, 9-15=0/40, 10-15=0/0
 BOT CHORD 2-12=0/1938, 12-16=0/1872, 16-17=0/1872, 11-17=0/1872, 9-11=0/2213
 WEBS 4-12=0/546, 5-12=0/272, 5-11=0/171, 6-11=0/872, 7-11=0/360

NEW NOTES

Hanger(s) or other connection device(s) shall be provided sufficient to support concentrated load(s) 369 lb down at 10-2-5, and 369 lb down at 5-10-13 on top chord, and 271 lb down at 11-11-4 on bottom chord. The design/selection of such connection device(s) is the responsibility of others.

NEW LOAD CASES

1) Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 5-13=-67, 5-6=-129, 6-15=-67, 2-15=-20, 9-16=-39(F=-19)
 Concentrated Loads (lb)
 Vert: 5=-369 6=-369 11=-451(F) 16=-768(F)

General Repair Notes

- This repair is for installing this truss in place of B04. All other lumber and plates are intact and undisturbed.
- Shore truss to original geometry prior to repair.
- Attach 23/32" OSB (48/24) or 1/2" plywood Str. 1 gussets nailed to EACH face of truss w/10d gun nails (0.131" dia. Ry 3" long) 1 row(s) @ 3" o.c. staggered. Nails to be placed with sufficient edge distances and end distances as to prevent splitting of wood members. Do not damage repair.
- Mechanical, if in the way, is to be relocated to accommodate repair. This repair was designed using a description of existing conditions as provided by others. The truss designer performs no field inspection of trusses.



January 25, 2007

2961 Spoonwood way 0606870
OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder : **BEAZER**
Project Name : **AMERICAN COLLECTION AT RIVERDALE**

Lot Number: 1001

Date of Job Completion: March 5, 2007

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

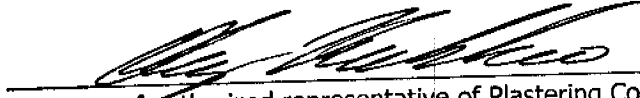
Address: 5900 WAREHOUSE WAY- SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's Inspections.

February 21, 2007
Date


Signature of authorized representative of Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

(Page 2 of 12) CF-6R

INSTALLATION CERTIFICATE

Site Address: 2961 Spoonwood Way Permit Number: 0606870

THE SURPRISE COLLECTION AT RIVERSIDE NORTH - 6342

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).

FENESTRATION/GLAZING:

| Item | Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-factor (or CF-IR value) ¹ | Product SHGC (or CF-IR value) ² | # of Panels | Total Quantity of Like Product (Equivalent Area) | Area Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|------|---|--|--|-------------|--|------------------|-------------------------------------|------------------------------------|
| 1. | XO NO GLAZ | .35 | .32 | 2 | | | | |
| 2. | XO GLAZ | .35 | .29 | 2 | | | | |
| 3. | SH NO GLAZ | .34 | .32 | 2 | | | | |
| 4. | SH GLAZ | .35 | .29 | 2 | | | | |
| 5. | PJ NO GLAZ | .34 | .35 | 2 | | | | |
| 6. | PJ GLAZ | .34 | .31 | 2 | | | | |
| 7. | PATIO DOOR | .32 | .34 | 2 | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-IR. If using default table SHGC values from §116 identify whether tinted or not.

✓ 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 | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor |
| 1-7 | <i>Dennis M...</i> | 3/30/06 | |
| Item #s (if applicable) | Signature | Date | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor |
| | <i>ALBIO - AREA SUPERVISOR</i> | | |
| Item #s (if applicable) | Signature | Date | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor |
| | | | |

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

Beazer Homes
 Site Address 2961 Spoonwood way

American Collection
 Permit Number 0606870

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; however, use of this form to provide the information is optional.) 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(b).

Plans-816, 1194, 1195

HYAC SYSTEMS:

Heating Equipment

| Equip. Type (pkg. heat pump) | CEC Certified Mfr Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ (≥CF-1R value) | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| | | | | | | | |

Cooling Equipment

| Equip. Type (pkg. heat pump) | CEC Certified Compressor Unit Mfr Name and Model Number | # of Identical Systems | Efficiency (SEER, etc.) ¹ (≥CF-1R value) | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|
| | | | | | | | |

1. ≥ reads greater than or equal to.
 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.

Signature, Date

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

WATER HEATING SYSTEMS:

| Heater Type | CEC Certified Mfr Name & Model Number | Distribution Type (Std. Point-of-Use) | (Recovery, Control Type) | # of Identical Systems | Rated ¹ Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ¹ (SE, RE) | Standby ¹ Loss (%) | External Insulation R-value |
|-------------|---------------------------------------|---------------------------------------|--------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|-----------------------------|
| <u>GAS</u> | <u>A.O. Smith</u> <u>CR-40</u> | <u>STD</u> | <u>N/A</u> | <u>1</u> | <u>40,000</u> | <u>40</u> | <u>.62</u> | <u>N/A</u> | <u>R-20</u> |

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

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Tom Chisholm 3/21/06
 Signature, Date

JR Pierce Plumbing Co.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

Beazer Homes - Sunrise Collection at Riverdale, North
 Site Address 2961 Spoonwood Way Permit Number 0606870

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, however, use of this form to provide the information is optional.) 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(b).

HVAC SYSTEMS:

Heating Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Mfr Name and Model # | # of Identical Systems | (1) Efficiency (AFUE, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) | |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|----------------|
| Furnace | York, #LY8S040A12 | 1 | 0.80 | Attic | R-6.0 | 25,259 | 40,000 | PLAN 1007 |
| Furnace | YORK, #LY8S060A12 | 1 | 0.80 | Attic | R-6.0 | 28,259 | 60,000 | PLAN 1007/ OPT |
| Furnace | YORK, #LY8S060A12 | 1 | 0.80 | Attic | R-6.0 | 27,354 | 60,000 | PLAN 1385 |
| Furnace | YORK, #LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 31,982 | 60,000 | PLAN 1559 |
| Furnace | YORK, #LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 33,117 | 80,000 | PLAN 1775 |
| Furnace | YORK, #LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 34,131 | 60,000 | PLAN/ SITTING |

Cooling Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Compressor Unit Mfr Name and Model # | # of Identical Systems | (1) Efficiency (SEER, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) | |
|------------------------------|--|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|----------------|
| A/C | YORK, #H1RD024 | 1 | 13.0 | Attic | R-6.0 | 16,882 | 20,800 | PLAN 1007 |
| A/C | YORK, #H1RD024 | 1 | 13.0 | Attic | R-6.0 | 18,286 | 20,800 | PLAN 1007/ OPT |
| A/C | YORK, #H1RD024 | 1 | 13.0 | Attic | R-6.0 | 17,603 | 20,800 | PLAN 1385 |
| A/C | YORK, #H1RD030 | 1 | 13.0 | Attic | R-4.2 | 21,364 | 26,900 | PLAN 1559 |
| A/C | YORK, #H1RD030 | 1 | 13.0 | Attic | R-4.2 | 23,377 | 26,900 | PLAN 1775 |
| A/C | YORK, #H1RD030 | 1 | 13.0 | Attic | R-4.2 | 24,020 | 26,900 | PLAN/ SITTING |

(1) > reads greater than or equal to.
 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.

Signature, Date _____
 Beutler Corporation
 Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

| Heater Type | CEC Certified Mfr Name & Model # | Distribution Type (Std. point of use) | If Recirculation Control Type | # of Identical Systems | (2) Rated Input (kW or Btu/hr) | Tank Volume (gallons) | (2) Efficiency (EF, RE) | (2) Standby Loss (%) | External Insulation R-value |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|-----------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(2) For small gas storage (rated input 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 Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
 (3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature 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.

Signature, Date _____
 Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy

American

Lab 1

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) | | CF-4R |
|--|--|---|
| Project Address 2980 Sparrowood Way Sacramento, CA | | Builder or Installer Name Prosser |
| Builder or Installer Contact 1001934 | | Plan/Permit (Additions or Alterations) Number 1194 |
| HERS Rater Anthe Douglas 916 847 6514 | | Sample Group Number 10606870 |
| Compliance Method (Prescriptive) | | Climate Zone |
| Date 3/26/07 | | Sample House Number |
| Firm ACS | | HERS Provider Chelms |
| Street Address 9524 Mosquito Rd | | City/State/Zip Placerville, CA 95657 |

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).
- New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands 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

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

| NEW CONSTRUCTION: | | Measured Values | |
|--|---|-----------------|---|
| Duct Pressurization Test Results (CFM @ 25 Pa) | | 914 | |
| 1 | Enter Tested Leakage Flow in CFM: | 1000 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 2 | Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured | | |
| 3 | Enter Total Fan Flow in CFM: | 5.4% | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Pass if Leakage Percentage < 6% [100 x (Line # 1) / (Line # 2)] | | | |
| 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. | | |
| 6 | Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] (Only if Applicable) | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 7 | Enter Tested Leakage Flow in CFM to Outside (Only if Applicable) | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 8 | Entire New Duct System - Pass if Leakage Percentage < 6% [100 x (Line # 5) / (Line # 2)] | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 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)] | | <input 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)] | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| and Verification by Smoke Test and Visual Inspection | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 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 | | | |

December 2005

Residential Compliance Forms

1204600301

WHT - BUILDING DEPARTMENT CAN - BEUTLER PINK - CUSTOMER COPY

REV. 08/06

American

Lab 1

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8) | | CF-4R |
|--|-----------|---|
| Project Address 2960 Spoonwood Ln, Sacramento, CA | Telephone | Builder Name BOZEL |
| Builder Contact 1001924 | Telephone | Plan Number 11924 |
| HERS Rater Andee Douglas 916 847 6514 | Telephone | Sample Group Number |
| Compliance Method (Prescriptive) | Date | Climate Zone |
| Certifying Signature <i>[Signature]</i> | 3/26/07 | Sample House Number |
| Firm ACS | | HERS Provider Chow |
| Street Address 9524 Mosquito Rd | | City/State/Zip Placerville, CA 95667 |

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix R1.

| | | | | | | | |
|-------------------------------------|------------------------------|-----------------------------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | | | |
| <input checked="" type="checkbox"/> | <input 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"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Yes is a pass | | | | Pass | Fail | | |

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge 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 (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

| | | | | | |
|-------------------------------------|------------------------------|-----------------------------|--|--|--|
| | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented. | | |

Lab 1

American

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8) CF-4R

| | |
|--|---|
| Project Address 2960 Spoonwood Way Sacramento, CA | Builder Name Greiner |
| Builder Contact 1001A 74 | Plan Number 11944 |
| HERS Rater Anthe Douglas | Sample Group Number |
| Telephone 916 947 6714 | Sample House Number |
| HERS Rater Signature <i>Anthe Douglas</i> | HERS Provider Chew |
| Date 3/26/07 | City/State/Zip Placerville, CA 95667 |
| Firm ACS | |
| Street Address 9524 Magnolia Rd | |

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).

ADEQUATE AIRFLOW VERIFICATION

Procedures for field verification and diagnostic testing of adequate airflow are available in RACM, Appendix RE4.1.

| Method For Airflow Measurement | | | |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Duct design exists on plans | |
| <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | RE4.1.1 Diagnostic Fan Flow Using Flow Capture Hood | |
| <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | RE4.1.2 Diagnostic Fan Flow Using Plenum Pressure Matching | |
| <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | RE4.1.3 Diagnostic Fan Flow Using Flow Grid Measurement | |
| | | Measured Airflow: | Total CFM |
| | | Rated Tons: | cfm/ton |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Measured airflow is greater than the criteria in Table RE-2 | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| | | Yes is a pass | Pass Fail |

MAXIMUM COOLING CAPACITY

Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

| | | | | | |
|--|-------------------------------------|--|---|-------------------------------------|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Adequate airflow verified (see adequate airflow credit) | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Refrigerant charge or TXV | | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Duct leakage reduction credit verified | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3. | | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R and RF-4. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass | | | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

HIGH EER AIR CONDITIONER

Procedures for verification are available in RACM, Appendix RI.

| | | | | | |
|---|-------------------------------------|---|--|-------------------------------------|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | EER values of installed systems match the CF-1R | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | For split system, indoor coil is matched to outdoor coil | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Time Delay Relay Verified (If Required) | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes to 1 and 2; and 3 (If Required) is a pass | | | | Pass | Fail |

Lot 1

Americas

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 6 of 8) | | CF-4R |
|--|---|---------------------|
| Project Address 2060 Sparrowood Way Sacramento, CA | Builder Name Becker | |
| Builder Contact 1001934 | Telephone 1194 | Plan Number |
| HERS Rater Andrea Douglas | Telephone 916 847 6511 | Sample Group Number |
| Certifying Signature <i>[Signature]</i> | Date 3/26/07 | Sample House Number |
| Firm ACS | HERS Provider CH2M | |
| Street Address 9524 N. Merquito Rd | City/State/Zip Folsomville, CA 95667 | |

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 CF-6R (Installation Certificate).

FAN WATT DRAW

Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

| Method For Fan Watt Draw Measurement | | | | |
|---|-----------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> | RE3.2.1 | Portable Watt Meter Measurement | | |
| <input type="checkbox"/> | RE3.2.2 | Utility Revenue Meter Measurement | | |
| | | Measured Fan watt Draw: (enter watts here) | | Watts |
| | | Measured Fan Flow (Enter total cfm from airflow verification) | | cfm |
| | | Enter results of Watts/cfm: | | Watts/cfm |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Calculated fan watt/cfm is equal to or lower than the fan watt/cfm draw documented in CF-1R | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Yes is a pass | Pass Fail |

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 CF-6R (Installation Certificate).

MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of infiltration reduction are available in RACM Section 3.5.

| | | Diagnostic Testing Results | | |
|---|---|--|--|--|
| | | Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater: | | 2.97 |
| 1. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is measured envelope leakage less than or equal to the required level from CF-1R? | | |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is Mechanical Ventilation shown as required on the CF-1R? | | |
| 2a. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed? | | 805 |
| 2b. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R. | | |
| 3. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Check this box yes if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no, mechanical ventilation is required.) | | |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating. | | |
| Pass if: a) Yes in line 1 and line 3, or b) Yes in line 1 and line 2, 2a, and 2b, or c) Yes in line 1 and line 4, Otherwise Fail. | | | | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

lot #1

American

| CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8) CF-4R | | |
|--|---------------------------|---|
| Project Address 2961 Spearwood way Sacramento, Ca 95874 | Builder Name Beazer | |
| Builder Contact Beazer | Telephone | Plan Number 1194 / 0606870 |
| HERS Rater Susan McLennan | Telephone 916 997 6514 | Sample Group Number |
| Certifying Signature [Signature] | Date 2/20/07 | Sample House Number |
| Firm AUS | | HERS Provider Cheers |
| Street Address 4524 Mosquito rd | | City/State/Zip Placerville, Ca 95667 |

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

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 all applicable requirements of the "High Quality Installation of Insulation" protocols as specified in the Residential ACM, Appendix RH and as checked on this form. Note that to PASS and receive compliance credit, NONE of the BOXES below may be checked "No" and the first three boxes also must be checked. Check "NA" only if the item is not part of the design of the building (i.e., single story buildings do not have rim joists or there may be no recessed can lights installed, etc.).

REQUIREMENTS FOR "HIGH QUALITY INSTALLATION OF INSULATION" COMPLIANCE CREDIT

- The building is wood frame construction with wall stud cavities, ceilings, and roof assemblies insulated with mineral fiber or cellulose insulation in low-rise residential buildings.
- Description of insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches.
- Installation Certificate, (CF-6R) signed by the installer certifying that the installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH).

FLOOR

| | | | |
|---|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end |
| Yes | No | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insulation in contact with the subfloor or rim joists insulated |
| Yes | No | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insulation properly supported to avoid gaps, voids, and compression |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> WALLS | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No gaps |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No voids over 1/4" deep or more than 10% of the batt surface area. |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Small spaces filled |
| Yes | No | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Rim-joists insulated |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall stud cavities caulked or foamed to provide an air tight envelope |
| Yes | No | NA | |

107#1

Beazer/American

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

| | |
|--|------------------------------|
| Project Address 2961 Spornwood way Sacramento, Ca 95834 | Builders Name Plant #1164 |
|--|------------------------------|

✓ ROOF/CEILING PREPARATION

| | | | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All draft stops in place to form a continuous ceiling and wall air barrier |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All drops covered with hard covers |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All draft stops and hard covers caulked or foamed to provide an air tight envelope |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eave vents prepared for blown insulation - maintain net free-ventilation area |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knee walls insulated or prepared for blown insulation |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area under equipment platforms and cat-walks insulated or accessible for blown insulation |
| Yes | No | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attic rulers installed |
| Yes | No | NA | |

✓ ROOF/CEILING BATTS

| | | | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No gaps |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No voids over 1/4 in. deep or more than 10% of the batt surface area |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation in contact with the air-barrier |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recessed light fixtures covered |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Net free-ventilation area maintained at eave vents |
| Yes | No | NA | |

✓ ROOF/CEILING LOOSE-FILL

| | | | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attic access insulated |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recessed light fixtures covered |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value |
| Yes | No | NA | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loose-fill mineral fiber insulation meets or exceeds manufacturer's minimum weight and thickness requirement for the target R-value. Target R-value _____ Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square foot). Sample weight _____ (pounds per square foot). |
| Yes | No | NA | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manufacturer's minimum required thickness at time of installation _____ (inches) Manufacturer's minimum required settled thickness _____ (inches). Number of days since loose-fill insulation was installed _____ (days). At the time of installation, the insulation shall be greater than or equal to the manufacturer's minimum initial insulation thickness. If the HERS rater does not verify the insulation at the time of installation, and if the loose-fill insulation has been in place less than seven days the thickness shall be greater than the manufacturer's minimum required thickness at the time of installation less 1/2 inch to account for settling. If the insulation has been in place for seven days or longer the insulation thickness shall be greater than or equal to the manufacturer's minimum required settled thickness. Minimum thickness measured (inches). |
| Yes | No | NA | |

Call Form 1



4700 Lang Avenue • McClellan, CA 95652
 916.646.2222 • Contractor Lic. #162634

2960 Spoonwood Way Sac, Ca 95834
 Site Address

Job 1001934 0606870
 Permit Number

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT

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

Lot 1001

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

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: | 57 |
| 2 | Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input 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/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here: | 1000 |
| 3 | Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in: [100 x [57 (Line # 1) / 1000 (Line # 2)]] | 5.7% <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 [(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 ≤ 6% for Final or ≤ 4% at Rough-in [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 #)]] | <input 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)]] | <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 | | |

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

Signature: Gary Kastner Date: 3/26/07

Installing Subcontractor (Co. Name) or General Contractor (Co. Name): Beutler HA

Brazier Homes Cal/American @ Riverdale Lot 1001

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

Site Address: 2965 Spoonwood Way, La Ca 95834
 Permit Number: Lot 1001934

THERMOSTATIC EXPANSION VALVE (TXV)
 Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RJ.

| | | | | | |
|-------------------------------------|---|-----------------------------|---|-------------------------------------|--------------------------|
| <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 |

Lot 1001

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 |

Gary Kaestner 3/26/07 Beutler H/A
 Residential Compliance Forms April 2005

Site Address: 3960 Spornwood Way Ste Ca 95834
 Permit Number: Lot 1001934

FAN WATT DRAW
 Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.

Method For Fan Watt Draw Measurement

| | | |
|--------------------------|---------|-----------------------------------|
| <input type="checkbox"/> | RE3.2.1 | Portable Watt Meter Measurement |
| <input type="checkbox"/> | RE3.2.2 | Utility Revenue Meter Measurement |

Measured Fan Watt Draw: _____ Watts
 Measured Fan Flow (enter total cfm from airflow verification): _____ cfm
 Enter results of Watts/cfm: _____ Watts/cfm

Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R
 Yes No

Yes is a pass Pass Fail

Lot 1001

ADEQUATE AIRFLOW VERIFICATION
 Procedures for measuring the airflow are available in RACM, Appendix RE3.1.

Method For Airflow Measurement

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> | RE4.1.1 | Diagnostic Fan Flow Using Flow Capture Hood |
| <input type="checkbox"/> | RE4.1.2 | Diagnostic Fan Flow Using Plenum Pressure Matching |
| <input type="checkbox"/> | RE4.1.3 | Diagnostic Fan Flow Using Flow Grid Measurement |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Duct design exists on plans |

Measured Airflow: _____ Total cfm
 Rated Tons cfm/ton: _____ cfm/ton

Measured airflow is greater than the criteria in Table RE-2
 Yes No

Yes is a pass Pass Fail

MAXIMUM COOLING CAPACITY
 Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.

| | | | | | |
|---|-------------------------------------|--|--|--------------------------|--------------------------|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Adequate airflow verified (see adequate airflow credit) | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Refrigerant charge or TXV | | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Duct leakage reduction credit verified | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3. | | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R. | <input type="checkbox"/> | <input type="checkbox"/> |

Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass Pass Fail

HIGH EER AIR CONDITIONER
 Procedures for verification are available in RACM, Appendix RI.

| | | | | | |
|---|-------------------------------------|---|--|-------------------------------------|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | EER values of installed systems match the CF-1R | | |
| 2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | For split system, indoor coil is matched to outdoor coil | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Time Delay Relay Verified (If Required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Yes to 1 and 2; and 3 (If Required) is a pass Pass Fail

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: Beutler HA
 Signature: Gary Roestner Date: 3/26/07

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

Blazer Homes / American @ Riverdale Lot 1001

| | | |
|--------------------------------------|---------------|-----------------------------|
| INSTALLATION CERTIFICATE | | (Page 9 of 12) CF-6R |
| Site Address | Permit Number | |
| 2965 Spoonwood Way Los Angeles 95834 | Lot 1001934 | |

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).

Lot 1001

BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

ENVELOPE SEALING INFILTRATION REDUCTION

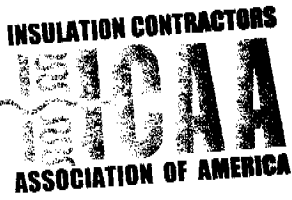
Procedures for field verification and diagnostic testing of envelope leakage are available in RACM, Appendix RC.

| Diagnostic Testing Results | | | |
|--|---|-----------------------------|--|
| Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater: | | | 805 |
| 1. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 805 |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2a. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2b. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Pass if: a. Yes in line 1 and line 3, or b. Yes in line 1 and line 2, 2a, and 2b, or c. Yes in line 1 and Yes in line 4. Otherwise fail. | | | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

I, the undersigned, verify that the building envelope leakage meets the requirements claimed for building leakage reduction below default assumptions as used for compliance on the CF-1R. This is to certify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. (The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or subcontractors certifying that diagnostic testing and installation meet the requirements for compliance credit.)

| | | |
|---|-------------|---------------|
| Test Performed | Blower Door | |
| Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner | Beutler H/A | |
| Signature: | Dary Rauton | Date: 3/26/07 |

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



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

0606870

INSULATION CERTIFICATE

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

LOT # 4 TRACT #
STREET 2960 Spinnwood CITY

EXTERIOR WALLS:
MANUFACTURER F/G THICKNESS/TYP... R-VALUE 13/19

CEILINGS:
BATTs:
MANUFACTURER T THICKNESS/TYP... R-VALUE 38
BLOWN IN:
MANUFACTURER W/11 THICKNESS... R-VALUE 38

SQUARE FOOTAGE COVERED 525 NUMBER OF BAGS USED

FLOORS:
MANUFACTURER THICKNESS/TYP... R-VALUE
SLAB ON GRADE:
MANUFACTURER THICKNESS/TYP... R-VALUE

WIDTH OF INSULATION INCHES
FOUNDATION WALLS:
MANUFACTURER THICKNESS/TYP... R-VALUE

GENERAL CONTRACTOR
CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE
INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING
CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201 DATE 3/9/7

SIGNATURE TITLE