

B

Type

Docs

Plans

BLD05-4534

Building Permit Number

22095

Street Number

UMLAND CIR

Street Name

TIM

Community Code

109-420-013

APN

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
 (707) 565-1900 FAX (707) 565-1103

Building Permit Invoice: BLD05-4534

Project Address: 22095 UMLAND CIR TIM
Cross Street: RUOFF
APN: 109-420-013

Status: **PREISSUE**
Printed: Thursday, March 23, 2006
Initialized by: CNIEDERM
Activity Type: B-BLD 501

Description: NEW SFD W ATT GARAGE BREEZEWAY, DECK AND PORCH

Res/Com: R
Std/Quick: S
Fire District: TIMBER COVE FIRE

Insp Area: 02
Site Review File #:
Site Review Fees Paid: \$119.00

Owner: WILLES CRAIG E & LINDA A
 387 MICHELL ST
 LIVERMORE CA 94550
 925 373 7451

Applicant: WILLES CRAIG E & LINDA A
 387 MICHELL ST
 LIVERMORE CA 94550
 925 373 7451

Valuation:

| Occupancy | Type | Factor | Sq Feet | Valuation |
|----------------------|-----------------------|--------|---------|---------------|
| Dwellings | DWEL-Type V - wd Frme | 127.55 | 2,110 | \$269,130.50 |
| Private Garage/Carpo | Wood Frame or Steel | 28.18 | 1,000 | \$28,180.00 |
| Res Deck/Porch/Patio | Covered Porch | 23.61 | 169 | \$3,990.09 |
| Res Deck/Porch/Patio | Residential Deck | 11.82 | 396 | \$4,680.72 |
| Totals... | | | 3,675 | \$305,981.31* |

Fees:

| Item# | Description | Account Code | Tot Fee | Prev. Pmts | Cur. Pmts |
|-------|--------------------------|--------------|----------|------------|-----------|
| 50 | S.M.I.P. RESIDENTIAL | 327023-4040 | 30.60 | .00 | .00 |
| 60 | BLDG PERM PLAN CHECK FEE | 025015-1341 | 1,974.00 | 1,974.00 | .00 |
| 100 | SITE REVIEW/ELEV. CERT. | 025015-1341 | 119.00 | 119.00 | .00 |
| 120 | FSS INSPECTIONS | 649103-3641 | 436.00 | .00 | .00 |
| 121 | FIRE RESIDENTIAL REVIEW | 649103-3641 | 218.00 | 218.00 | .00 |
| 122 | ELECTRICAL FEE | 025015-1341 | 126.60 | .00 | .00 |
| 123 | MECHANICAL FEE | 025015-1341 | 63.30 | .00 | .00 |
| 124 | PLUMBING FEE | 025015-1341 | 189.90 | .00 | .00 |
| 132 | BUILDING PERMIT FEE | 025015-1341 | 3,036.92 | .00 | .00 |
| 140 | TECH ENHANCEMENT FEE | 025015-4040 | 65.56 | 23.91 | .00 |
| 366 | CLEARANCE OFFICE REVIEW | 025015-1342 | 69.00 | .00 | .00 |
| 735 | NPDES - BUILDING | 025015-1341 | 242.95 | .00 | .00 |
| 1165 | ZONING PERMITS W/O D.R. | 025015-3829 | 80.00 | 80.00 | .00 |
| 2003 | CTY-WDE WE TRAFFIC MIT | 035493-4040 | 5,376.65 | .00 | .00 |
| 2101 | PRM-PARK MIT AREA 1 | 032615-1347 | 2,408.00 | .00 | .00 |

PAYMENT ~~\$14,436.48~~
 \$ 12,021.57
 MAR 24 2006
 PERMIT AND RESOURCE
 MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

\$2,414.91

Total Fees: \$14,436.48
Total Paid: \$2,414.91

Balance Due: \$12,021.57

Refunds are regulated by the California Building Code (CBC) which reads: "Under Section 107.8, CBC, the building official may authorize refunding of not more than 80 percent of the plan review fee paid when an application is withdrawn or canceled before any plan reviewing is done. The building official may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under the permit. There shall be no refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of fee payment."

When validated below this is your receipt

FOR INTERNAL USE ONLY

Address: 22095 UMLIND CIRCLE

P.C.# B4D 05- 4534

Inspector: JCR

Date: 8/29/05

The proposed construction appears to be located in:

| | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Flood Hazard: | <input type="checkbox"/> FIRM Flood Zone (ASFH) BFE = _____ ft. NGVD. | <input type="checkbox"/> Portions of property in flood zone but project site not in flood zone. |
| | Lowest finish floor at 12 above BFE = _____ ft. NGVD. | |
| Geo-technical: | <input type="checkbox"/> Design for moving water is recommended | <input type="checkbox"/> Building is in FIRM Floodway |
| | Section _____ is _____ Ft/sec | <input type="checkbox"/> Main building on site is Post-FIRM |
| | Section _____ is _____ Ft/sec | <input type="checkbox"/> Sensitive drainage area, review by drainage section recommended. |
| | <input type="checkbox"/> Area subject to flooding (not on adopted FIRM). | <input type="checkbox"/> Appears to be a "substantial improvement" (40%), therefore flood regulations apply. |
| | <input type="checkbox"/> Project is on flood zone major damage list. | <input type="checkbox"/> Located inside the <i>Laguna de Santa Rosa</i> below elevation of 75 ft (Ord.#4906). |
| | <input type="checkbox"/> Flood Prone Urban Area defined by Ordinance #4906. | |
| | <input type="checkbox"/> Area of suspected slides, slumps, earth flow, or soil creep. (a.) | <input type="checkbox"/> Area without recommended setback from stream (Drainage Division recommendations). |
| | <input type="checkbox"/> Area of previous fill placement. (g.) | <input type="checkbox"/> Area of high moisture content in soil. (f.) |
| | <input type="checkbox"/> Area of suspected expansive soil. (c.) | <input type="checkbox"/> Area subject to high erosion (water or wind). |
| | <input type="checkbox"/> Area without sufficient slope setback as set forth in UBC Section 1806. (b.) | <input checked="" type="checkbox"/> Area of soft soil due to past deep ripping or cultivation below minimum foundation depth. (h.) |
| <input type="checkbox"/> Area subject to possible liquefaction. (e.) | <input type="checkbox"/> Area within 1000 feet of a solid waste disposal site. | |
| <input type="checkbox"/> Area of suspected soft, compressible, or organic soil with low bearing capacity. | | |
| Soils Investigation: | Required <input checked="" type="checkbox"/> Included <input type="checkbox"/> Available <input type="checkbox"/> | <i>Due to removal of large tree's</i> |
| Geologic: | <input type="checkbox"/> Located in the Alquist-Priolo Special Studies Zone. | <input type="checkbox"/> Geologic report required (see CGS Publication 42). |
| General: | <input type="checkbox"/> Building addition will affect the required light and ventilation in an existing room. | <input type="checkbox"/> Indications of existing substandard conditions that are not addressed by the proposed construction. |
| | <input type="checkbox"/> Existing electric meter must be replaced. | <input type="checkbox"/> Indications of past work done without a permit. |
| | <input type="checkbox"/> Existing gas meter must be replaced. | <input type="checkbox"/> Grading permit required for road, driveway, or site preparation. |
| | Slope is <u>12% TO 15%</u> | <input checked="" type="checkbox"/> Site is likely to be acceptable for conventional construction methods. |
| Wind: | Exposure "B" Exposure "C" Exposure " <u>D</u> " | N.S.C. Air Pollution Control District [] Yes [] No |

- ① site has lots of soft organic material @ site. Depth of organic material unknown.
- ② large fir tree's will need to be removed for proposed foundation. Removal of tree stumps will disturb soil to a depth unknown.
- ③ Undeveloped site ready for construction!

Grading Permit Questionnaire

BPC-017

Purpose: This form is used to determine if your project requires a grading permit in addition to a building permit. Grading is defined in Appendix Chapter 33 of the 2001 California Building Code (CBC) as "any excavating or filling or combination thereof." Grading can take the form of excavating and/or filling for foundations of structures, driveway construction and modification of topography. No person shall commence any grading without first having obtained a grading permit unless exempt as determined by the Permit and Resource Management Department (PRMD).

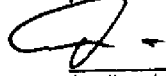
To determine if a project requires a grading permit, please answer the following questions. If you are unable to answer any questions, you should contact your design professional for assistance and/or consult with a PRMD plans examiner.

- Yes No Unknown 1. Does the project include an excavation that (1) is 2 feet or more in depth or (2) creates a cut slope greater than 5 feet in height and steeper than 1 unit vertical in 1 ½ units horizontal that is not an excavation below finished grade for a basement, footing, retaining wall or other structure authorized by a valid building permit?
- Yes No Unknown 2. Does the project include a fill 1 foot or more in depth and placed on natural terrain with a slope steeper than 1 unit vertical in 5 units horizontal?
- Yes No Unknown 3. Does the project include a fill 3 feet or more in depth?
- Yes No Unknown 4. Does the project include a fill that is intended to support structures?
- Yes No Unknown 5. Does the project include a fill that exceeds 50 cubic yards on any one lot?
- Yes No Unknown 6. Does the project include an excavation or fill that alters or obstructs a drainage course?
- Yes No Unknown 7. Does the project include grading more than 5,000 cubic yards? (Soils report mandatory)

ACKNOWLEDGMENT

I, as the applicant, understand that a "YES" answer to any of the above questions means that I will need to apply for a grading permit. If any answers are "UNKNOWN" to me, I should contact my design professional immediately to determine if a grading permit is required.

I acknowledge that I will not be able to obtain a building permit for the site prior to issuance of the grading permit. I further acknowledge that obtaining a grading permit will add additional time to the review process.


Applicant Signature
Linda Willes
Applicant Printed Name
Craig & Linda Willes
Assessor's Parcel Number(s)
109-420-013

8-16-05
Date
22095 Umland Circle, JENNER, CA 94551
Property Address
BLD05-4534
Building Permit (BLD) Number

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1103

NAME Willeks, Craig + Linda

Mobilehome Park Name _____

Lot/Space No. _____

OWNER'S PARCEL NO. 109-420-013

PROJECT DESCRIPTION: Include number of dwelling units. If agriculture, state specific use. Also include information regarding whether or not replacement dwelling, building used for religious purposes, private school or owned and occupied by governmental entity.
SFD

Building Type: Residential Commercial/Industrial Mobilehome/Manufactured Home

Square footage breakdown per residential unit: residential area* 2110 #

Total No. of residential units 1 Total Square Fee of Eligible Building Area*: 2110 #

I declare under penalty of perjury under the laws of the State of California on behalf of see attached letter Developer/Owner

and that the information furnished above is accurate and correct to the best of my knowledge. [Signature] Applicant's Signature

The County of Sonoma (Permit and Resource Management) on August 16, Year 2005 has verified the square footage and use information furnished by the above developer.

County of Sonoma Signature [Signature]

- Residential Buildings are building occupancies for single and multiple family dwellings, apartments, condominiums, and residential hotels where the primary purpose is to provide a residence and not a service, such as health care.
- Commercial/Industrial Area Buildings are building occupancies other than residential. Includes those buildings where the primary purpose is to provide a service, such as health care. Also includes senior citizen housing (Civil Code 51.3), residential care facility for elderly (H&S Code 15432(d)(9)), and adult only mobilehomes (Gov. Code 65995.2(a))
- Eligible Commercial/Industrial Area is all chargeable covered and enclosed space calculated by the building department. Chargeable Covered and Enclosed Space includes all the covered and enclosed space within the perimeter of a commercial or industrial structure but does not include any storage areas incidental to the principal use the development, garage, parking structure, unenclosed walkway, or utility or disposal area.
- Eligible Residential Area means the Assessable Space calculated by the building department which includes all the square footage within the perimeter of a residential structure, but does not include any carport, walkway, overhang, patio, detached accessory structure, or similar area.

To be completed by school districts

SCHOOL DISTRICT CERTIFICATION

School District requirements for the above project have been satisfied pursuant to (circle one):

Ed. Code 17620FEES Mitigation Agreement Not Subject to Fee Requirement

This Certification covers only the amount of square footage identified above. Any additional square footage for the project is subject to another certification of compliance.

ELEM. SCHOOL DISTRICT recpt. no. 792552
Square footage: 2110 at \$ 1.34 sq.ft.
Total Fee Amount Collected: \$ 2819.38

HIGH SCHOOL DISTRICT recpt. no. 792552
Square footage: 2110 at \$.59 sq.ft.
Total Fee Amount Collected: \$ 1253.02

Authorized School District Official [Signature]
Date: 12/9/05 Accts Payable

Authorized School District Official [Signature]
Date: 12/9/05 Accts Payable

With regard to mobilehomes / manufactured homes, it is understood that the validity of any certificate of occupancy or Statement of Installation Acceptance issued by the City is conditioned on the concurrent payment of fees set forth above.

Applicant is hereby noticed that anyone filing a protest on the imposition of Education Code Section 17620 fees must do so within 90 days from payment of the fee.

Fort Ross area
BLD05-4584

SCHOOL DISTRICT CERTIFICATION OF COMPLIANCE

TO: Permit and Resource Management, County of Sonoma, 2550 Ventura Avenue, Santa Rosa, CA 95403

FROM: High School District WSCUHSD Elementary District Fort Ross

Proof of school development fee payment must be provided to Permit and Resource Management Department prior to permit issuance.
It is best to pay the school development fees after notification that the plan check is complete and the square footage is verified.

To be completed by applicant for building permit(s) and verified by Permit and Resource Management, County of Sonoma.

EFFECTIVE DATE: 8/16/05 (Date Plan Check Fee Was Paid) CITY RECEIPT NO. _____
PROJECT ADDRESS 22095 Mulland Cir 95450 TIMBER COVE Homes Assn
PROPERTY OWNER'S NAME Willes, Craig & Linda
If applicable: Mobilehome Park Name _____ Lot/Space No. _____
ASSESSOR'S PARCEL NO. 109-420-013

PROJECT DESCRIPTION: Include number of dwelling units. If agriculture, state specific use. Also include information regarding whether or not replacement dwelling, building used for religious purposes, private school or owned and occupied by governmental entity.
SFD

Building Type: Residential Commercial/Industrial Mobilehome/Manufactured Home
Square footage breakdown per residential unit: residential area* 2110 sq ft
Total No. of residential units 1 Total Square Fee of Eligible Building Area*: 2110 sq ft

I declare under penalty of perjury under the laws of the State of California on behalf of see attached letter Developer/Owner

and that the information furnished above is accurate and correct to the best of my knowledge. Linda Willes Applicant's Signature

The County of Sonoma (Permit and Resource Management) on August 16, 2005 Year 2005
has verified the square footage and use information furnished by the above developer.
County of Sonoma Signature C. Mederian

- * Residential Buildings are building occupancies for single and multiple family dwellings, apartments, condominiums, and residential hotels where the primary purpose is to provide a residence and not a service, such as health care.
- * Commercial/Industrial Area Buildings are building occupancies other than residential. Includes those buildings where the primary purpose is to provide a service, such as health care. Also includes senior citizen housing (Civil Code 51.3), residential care facility for elderly (H&S Code 15432(d)(9)), and adult only mobilehomes (Gov. Code 65995.2(a))
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To be completed by school districts

SCHOOL DISTRICT CERTIFICATION

School District requirements for the above project have been satisfied pursuant to (circle one):

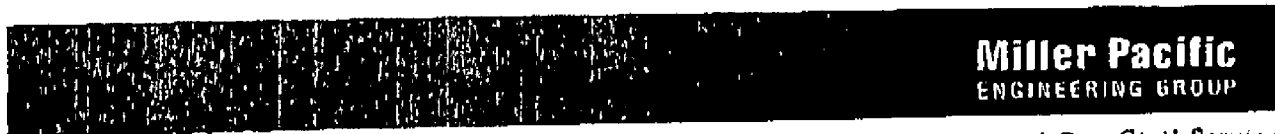
Ed. Code 17620FEES Mitigation Agreement Not Subject to Fee Requirement

of square footage identified above. Any additional square footage for the project

Scott Anderson

Linda Willes
Bld 05-4534

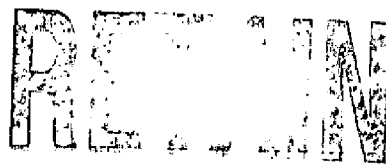
707 847 3609
19 2 7 2 P.2



Complete Geotechnical, Geological and Geo-Civil Services

September 1, 2006
Filo: 1275.01cltr_rev.doc
Revised April 22, 2008

Craig and Linda A. Willes
22095 Umland Circle
Jenner, California 95450



Re: Final Geotechnical Report of Observations During Construction
New Single-Family Residence
22095 Umland Circle
APN 109-420-013
Sonoma County, California

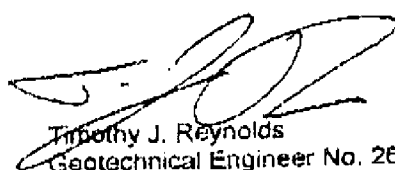
Dear Mr. and Mrs. Willes:

This letter briefly summarizes our observations of foundation excavations for the new residence and garage on your property at 22095 Umland Circle in Timber Cove. MPEG previously completed a geotechnical investigation for the project and presented the results in a letter report dated November 14, 2005. Foundation details are shown on project plans provided to us, Sheets 1, 6, 10, 12, and D-2, prepared by The Original Lincoln Logs, Ltd., dated February 2, 2006.

We observed foundation excavations for the two-story residence with attached garage. The purpose of our observations was to check that the dimensions of the excavations were in accordance with the project plans and that the soil conditions encountered were as anticipated. Per our recommendations, footing excavations were typically excavated to a minimum depth of 24 inches to provide a uniform bearing below loose near-surface native soil. Where firm native soil was encountered closer to the ground surface, shallower trenches were approved and where soft soils were deeper, trenches were deepened. Based on our observations, footing excavations were in general conformance with the intent of our recommendations.

We trust that this provides the information required at this time. This letter constitutes the Final Report of our geotechnical services. If you or others have further questions or comments, please call us.

Yours very truly,
MILLER PACIFIC ENGINEERING GROUP


Timothy J. Reynolds
Geotechnical Engineer No. 2686
(Expires 12/31/08)



3 copies submitted

1333 N. McDowell Boulevard, Suite C, Petaluma, California 94954
707/765-6140 Fax 707/765-6222

Insulation Certificate

| | | |
|--------------------------|-------------|-------------------|
| <u>22095 Umland Cir.</u> | | <u>Timbercove</u> |
| Number and street | | City |
| <u>Santa Clara</u> | <u></u> | <u></u> |
| County | Subdivision | Lot Number |

Description of Installation

ROOF

| | |
|---------------------------------|-----------------------------------------|
| Material <u>Fiberglass batt</u> | Brand Name <u>Knauf</u> |
| Thickness (inches) <u>10</u> | Thermal Resistance (R-Value) <u>38C</u> |

CEILING

| | |
|-----------------------------------------------------------------------------------------------|----------------------------------------|
| Batt or Blanket Type <u>Fiberglass batt</u> | Brand Name <u>Knauf</u> |
| Thickness (inches) <u>10"</u> | Thermal Resistance (R-Value) <u>38</u> |
| Loose Fill type _____ | Brand Name _____ |
| Contractor's minimum installed weight/ft _____ lb | Minimum thickness _____ inches |
| Manufacturer's installed weight per square foot to achieve thermal resistance (R-Value) _____ | |

EXTERIOR WALL

| | |
|------------------------------------|-------------------------------------------|
| Material <u>Fiberglass batt</u> | Brand Name <u>Knauf</u> |
| Thickness (inches) <u>3.5/6.25</u> | Thermal Resistance (R-Value) <u>13/19</u> |

RAISED FLOOR

| | |
|------------------------------------|-------------------------------------------|
| Material <u>Fiberglass Batt</u> | Brand Name <u>Knauf</u> |
| Thickness (inches) <u>6.25/3.5</u> | Thermal Resistance (R-Value) <u>19/11</u> |

SLAB FLOOR

| | |
|--------------------------|------------------------------------|
| Material _____ | Brand Name _____ |
| Thickness (inches) _____ | Thermal Resistance (R-Value) _____ |
| Width (inches) _____ | |

FOUNDATION WALL

| | |
|--------------------------|------------------------------------|
| Material _____ | Brand Name _____ |
| Thickness (inches) _____ | Thermal Resistance (R-Value) _____ |

Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Building Energy Efficiency Standards for new residential buildings contained in Title 24 of the California Administrative Code.

| |
|---------------------------------------------------------------------------|
| _____ General Contractor (Builder) |
| _____ Signature and Title |
| <u>North Bay Insulation Inc.</u> Sub-Contractor (Insulation Installer) |
| <u>Dan Low</u> owner Signature and Title |

| |
|---------------------------------|
| _____ License Number |
| _____ Date |
| <u>857560</u> License Number |
| <u>4/30/2008</u> Date |

INSTALLATION CERTIFICATE

22095 Winkwood Ct, Tenner

BLD05-4534

Site Address

Permit Number

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: Underfloor Radiant Heating

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.)1, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Row 1: W/P GAS, NOBLITZ HEATER H-06315, 1, .84, RADIANT, N/A, 175K, 175K.

R30 Insulation

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.)1, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Row 1: N/A, N/A, N/A, N/A, N/A, N/A, N/A, N/A.

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: [Signature] 5-2-08

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: CRAIG WILLES

WATER HEATING SYSTEMS: Tankless Water Heater

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated2 Input (kW or Btu/hr), Tank Volume (gallons), Efficiency2 (EF, RE), Standby3 Loss (%), External Insulation R-value3. Row 1: LPGAS, PALOMA PTG-74AP, N/A, N/A, 1, Tankless, Tankless, .84, 0, N/A.

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: Linda Willes 8-16-05 4-30-08

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: T. O'MALLEY PUMPING LLC #743583

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

Tom O'Malley

Site Address

Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|------------|-------------------------------------------|-------------|-------------------------------------|------------------------------------|
| 1. Vetter | 0.43 | 0.42 | 2 | 15 | 382.8 | 4 1/2" SUE3 | |
| 2. ANDERSON | 0.45 | 0.42 | 2 | 2 | 60 | 4 1/2" SUE3 | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

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

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

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

| | | | |
|----------------------------|-----------------|--------|-----------------------------------------------------------------------------------------------------------|
| 1 | [Signature] | 5-2-08 | CRAIG WILLES |
| Item #s (if applicable) | Signature, Date | | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor |
| 2 | [Signature] | 5-2-08 | CRAIG WILLES |
| Item #s (if applicable) | Signature, Date | | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor |
| | [Signature] | | |
| Item #s (if applicable) | Signature, Date | | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor |

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

Site Address

Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

No FORCED AIR HEATING

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM)

Fan Flow

If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) =

Pass if leakage fraction <= 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:

Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve is installed and Access is provided for inspection

Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed, Duct Design is on the plans and duct installation matches plans.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow =

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify 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 sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests Performed

Signature, Date

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

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

N/A

Site Address

Permit Number

REFRIGERANT CHARGE AND AIRFLOW MEASUREMENT

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #
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)

No AIR CONDITIONING

Standard Charge and Airflow Measurement (outdoor air dry-bulb 55 °F and above):

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 1) °F
Actual Superheat - Target Superheat °F
(System passes if between -5 and +5°F)

Temperature Split Method Calculations for Adequate Airflow

Actual Temperature Split = T return, db - Tsupply, db °F
Target Temperature Split (from Table 2) °F
Actual Temperature Split - Target Temperature Split °F
(System passes if between -3°F and +3°F or, upon remeasurement, if between +3°F and -25°F)

Standard Charge and Airflow Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated

System Passes _____ yes or _____ no

Site Address

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Alternate Charge and Airflow Measurement (outdoor air dry-bulb below 55 °F):

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length: _____ ft.

Manufacturers Standard liquid line length: _____ ft.

Difference (Actual - Standard): _____ ft.

Manufacturers correction (ounces per foot) _____ x difference in length = _____ ounces
(+ = add) (- = remove)

N/A

Measured Airflow Method for Adequate Airflow

Airflow criterion: Cooling Capacity _____ X 0.032 = _____ CFM

Measured Airflow is _____ CFM and passes since it is greater than the criterion.

Alternate Charge and Airflow Measurement Summary:

System charge shall be corrected and it shall also pass measured adequate airflow criterion.

System Passes _____ yes or _____ no

Site Address

Permit Number

Table K-1: Target Superheat (Suction Line Temperature - Evaporator Saturation Temperature)

| | Return Air Wet-Bulb Temperature (°F) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|
| | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | |
| 55 | 8.8 | 10.1 | 11.5 | 12.8 | 14.2 | 15.6 | 17.1 | 18.5 | 20.0 | 21.5 | 23.1 | 24.6 | 26.2 | 27.8 | 29.4 | 31.0 | 32.4 | 33.8 | 35.1 | 36.4 | 37.7 | 39.0 | 40.2 | 41.5 | 42.7 | 43.9 | 45.0 | |
| 56 | 8.6 | 9.9 | 11.2 | 12.6 | 14.0 | 15.4 | 16.8 | 18.2 | 19.7 | 21.2 | 22.7 | 24.2 | 25.7 | 27.3 | 28.9 | 30.5 | 31.8 | 33.2 | 34.6 | 35.9 | 37.2 | 38.5 | 39.7 | 41.0 | 42.2 | 43.4 | 44.6 | |
| 57 | 8.3 | 9.6 | 11.0 | 12.3 | 13.7 | 15.1 | 16.5 | 17.9 | 19.4 | 20.8 | 22.3 | 23.8 | 25.3 | 26.8 | 28.3 | 29.9 | 31.3 | 32.6 | 34.0 | 35.3 | 36.7 | 38.0 | 39.2 | 40.5 | 41.7 | 43.0 | 44.2 | |
| 58 | 7.9 | 9.3 | 10.6 | 12.0 | 13.4 | 14.8 | 16.2 | 17.6 | 19.0 | 20.4 | 21.9 | 23.3 | 24.8 | 26.3 | 27.8 | 29.3 | 30.7 | 32.1 | 33.5 | 34.8 | 36.1 | 37.5 | 38.7 | 40.0 | 41.3 | 42.5 | 43.7 | |
| 59 | 7.5 | 8.9 | 10.2 | 11.6 | 13.0 | 14.4 | 15.8 | 17.2 | 18.6 | 20.0 | 21.4 | 22.9 | 24.3 | 25.7 | 27.2 | 28.7 | 30.1 | 31.5 | 32.9 | 34.3 | 35.6 | 36.9 | 38.3 | 39.5 | 40.8 | 42.1 | 43.3 | |
| 60 | 7.0 | 8.4 | 9.8 | 11.2 | 12.6 | 14.0 | 15.4 | 16.8 | 18.2 | 19.6 | 21.0 | 22.4 | 23.8 | 25.2 | 26.6 | 28.1 | 29.6 | 31.0 | 32.4 | 33.7 | 35.1 | 36.4 | 37.8 | 39.1 | 40.4 | 41.6 | 42.9 | |
| 61 | 6.5 | 7.9 | 9.3 | 10.7 | 12.1 | 13.5 | 14.9 | 16.3 | 17.7 | 19.1 | 20.5 | 21.9 | 23.3 | 24.7 | 26.1 | 27.5 | 29.0 | 30.4 | 31.8 | 33.2 | 34.6 | 35.9 | 37.3 | 38.6 | 39.9 | 41.2 | 42.4 | |
| 62 | 6.0 | 7.4 | 8.8 | 10.2 | 11.7 | 13.1 | 14.5 | 15.9 | 17.3 | 18.7 | 20.1 | 21.4 | 22.8 | 24.2 | 25.5 | 27.0 | 28.4 | 29.9 | 31.3 | 32.7 | 34.1 | 35.4 | 36.8 | 38.1 | 39.4 | 40.7 | 42.0 | |
| 63 | 5.3 | 6.8 | 8.3 | 9.7 | 11.1 | 12.6 | 14.0 | 15.4 | 16.8 | 18.2 | 19.6 | 20.9 | 22.3 | 23.6 | 25.0 | 26.4 | 27.8 | 29.3 | 30.7 | 32.2 | 33.6 | 34.9 | 36.3 | 37.7 | 39.0 | 40.3 | 41.6 | |
| 64 | - | 6.1 | 7.6 | 9.1 | 10.6 | 12.0 | 13.5 | 14.9 | 16.3 | 17.7 | 19.0 | 20.4 | 21.7 | 23.1 | 24.4 | 25.8 | 27.3 | 28.7 | 30.2 | 31.6 | 33.0 | 34.4 | 35.8 | 37.2 | 38.5 | 39.9 | 41.2 | |
| 65 | - | 5.4 | 7.0 | 8.5 | 10.0 | 11.5 | 12.9 | 14.3 | 15.8 | 17.1 | 18.5 | 19.9 | 21.2 | 22.5 | 23.8 | 25.2 | 26.7 | 28.2 | 29.7 | 31.1 | 32.5 | 33.9 | 35.3 | 36.7 | 38.1 | 39.4 | 40.8 | |
| 66 | - | - | 6.3 | 7.8 | 9.3 | 10.8 | 12.3 | 13.8 | 15.2 | 16.6 | 18.0 | 19.3 | 20.7 | 22.0 | 23.2 | 24.6 | 26.1 | 27.6 | 29.1 | 30.6 | 32.0 | 33.4 | 34.9 | 36.3 | 37.6 | 39.0 | 40.4 | |
| 67 | - | - | 5.5 | 7.1 | 8.7 | 10.2 | 11.7 | 13.2 | 14.6 | 16.0 | 17.4 | 18.8 | 20.1 | 21.4 | 22.7 | 24.1 | 25.6 | 27.1 | 28.6 | 30.1 | 31.5 | 33.0 | 34.4 | 35.8 | 37.2 | 38.6 | 39.9 | |
| 68 | - | - | - | 6.3 | 8.0 | 9.5 | 11.1 | 12.6 | 14.0 | 15.5 | 16.8 | 18.2 | 19.5 | 20.8 | 22.1 | 23.5 | 25.0 | 26.5 | 28.0 | 29.5 | 31.0 | 32.5 | 33.9 | 35.3 | 36.8 | 38.1 | 39.5 | |
| 69 | - | - | - | 5.5 | 7.2 | 8.8 | 10.4 | 11.9 | 13.4 | 14.8 | 16.3 | 17.6 | 19.0 | 20.3 | 21.5 | 22.9 | 24.4 | 26.0 | 27.5 | 29.0 | 30.5 | 32.0 | 33.4 | 34.9 | 36.3 | 37.7 | 39.1 | |
| 70 | - | - | - | - | 6.4 | 8.1 | 9.7 | 11.2 | 12.7 | 14.2 | 15.7 | 17.0 | 18.4 | 19.7 | 20.9 | 22.3 | 23.9 | 25.4 | 27.0 | 28.5 | 30.0 | 31.5 | 33.0 | 34.4 | 35.9 | 37.3 | 38.7 | |
| 71 | - | - | - | - | 5.6 | 7.3 | 8.9 | 10.5 | 12.1 | 13.6 | 15.0 | 16.4 | 17.8 | 19.1 | 20.3 | 21.7 | 23.3 | 24.9 | 26.4 | 28.0 | 29.5 | 31.0 | 32.5 | 34.0 | 35.4 | 36.9 | 38.3 | |
| 72 | - | - | - | - | - | 6.4 | 8.1 | 9.8 | 11.4 | 12.9 | 14.4 | 15.8 | 17.2 | 18.5 | 19.7 | 21.2 | 22.8 | 24.3 | 25.9 | 27.4 | 29.0 | 30.5 | 32.0 | 33.5 | 35.0 | 36.5 | 37.9 | |
| 73 | - | - | - | - | - | 5.6 | 7.3 | 9.0 | 10.7 | 12.2 | 13.7 | 15.2 | 16.6 | 17.9 | 19.2 | 20.6 | 22.2 | 23.8 | 25.4 | 26.9 | 28.5 | 30.0 | 31.5 | 33.1 | 34.6 | 36.0 | 37.5 | |
| 74 | - | - | - | - | - | - | 6.5 | 8.2 | 9.9 | 11.5 | 13.1 | 14.5 | 15.9 | 17.3 | 18.6 | 20.0 | 21.6 | 23.2 | 24.8 | 26.4 | 28.0 | 29.5 | 31.1 | 32.6 | 34.1 | 35.6 | 37.1 | |
| 75 | - | - | - | - | - | - | 5.6 | 7.4 | 9.2 | 10.8 | 12.4 | 13.9 | 15.3 | 16.7 | 18.0 | 19.4 | 21.1 | 22.7 | 24.3 | 25.9 | 27.5 | 29.1 | 30.6 | 32.2 | 33.7 | 35.2 | 36.7 | |
| 76 | - | - | - | - | - | - | - | 6.6 | 8.4 | 10.1 | 11.7 | 13.2 | 14.7 | 16.1 | 17.4 | 18.9 | 20.5 | 22.1 | 23.8 | 25.4 | 27.0 | 28.6 | 30.1 | 31.7 | 33.3 | 34.8 | 36.3 | |
| 77 | - | - | - | - | - | - | 5.7 | 7.5 | 9.3 | 11.0 | 12.5 | 14.0 | 15.4 | 16.8 | 18.3 | 20.0 | 21.6 | 23.2 | 24.9 | 26.5 | 28.1 | 29.7 | 31.3 | 32.8 | 34.4 | 36.0 | | |
| 78 | - | - | - | - | - | - | 6.7 | 8.5 | 10.2 | 11.8 | 13.4 | 14.8 | 16.2 | 17.7 | 19.4 | 21.1 | 22.7 | 24.4 | 26.0 | 27.6 | 29.2 | 30.8 | 32.4 | 34.0 | 35.6 | 37.2 | | |
| 79 | - | - | - | - | - | - | 5.9 | 7.7 | 9.5 | 11.1 | 12.7 | 14.2 | 15.6 | 17.1 | 18.8 | 20.5 | 22.2 | 23.8 | 25.5 | 27.1 | 28.8 | 30.4 | 32.0 | 33.6 | 35.2 | 36.8 | | |
| 80 | - | - | - | - | - | - | 6.9 | 8.7 | 10.4 | 12.0 | 13.5 | 15.0 | 16.6 | 18.3 | 20.0 | 21.7 | 23.3 | 25.0 | 26.7 | 28.3 | 29.9 | 31.6 | 33.2 | 34.8 | 36.4 | 38.0 | | |
| 81 | - | - | - | - | - | - | 6.0 | 7.9 | 9.7 | 11.3 | 12.9 | 14.3 | 16.0 | 17.7 | 19.4 | 21.1 | 22.8 | 24.5 | 26.2 | 27.9 | 29.5 | 31.2 | 32.8 | 34.4 | 36.0 | | | |
| 82 | - | - | - | - | - | - | 5.2 | 7.1 | 8.9 | 10.6 | 12.2 | 13.7 | 15.4 | 17.2 | 18.9 | 20.6 | 22.3 | 24.0 | 25.7 | 27.4 | 29.1 | 30.7 | 32.4 | 34.0 | 35.6 | | | |
| 83 | - | - | - | - | - | - | 6.3 | 8.2 | 9.9 | 11.6 | 13.1 | 14.9 | 16.6 | 18.4 | 20.1 | 21.8 | 23.5 | 25.2 | 26.9 | 28.6 | 30.3 | 32.0 | 33.7 | 35.4 | 37.1 | | | |
| 84 | - | - | - | - | - | - | 5.5 | 7.4 | 9.2 | 10.9 | 12.5 | 14.3 | 16.1 | 17.8 | 19.6 | 21.3 | 23.0 | 24.8 | 26.5 | 28.2 | 29.9 | 31.6 | 33.3 | 35.0 | 36.7 | | | |
| 85 | - | - | - | - | - | - | 6.6 | 8.5 | 10.3 | 11.9 | 13.7 | 15.5 | 17.3 | 19.0 | 20.8 | 22.6 | 24.3 | 26.0 | 27.8 | 29.5 | 31.2 | 32.9 | 34.6 | 36.3 | 38.0 | | | |
| 86 | - | - | - | - | - | - | 5.8 | 7.8 | 9.6 | 11.3 | 13.2 | 15.0 | 16.7 | 18.5 | 20.3 | 22.1 | 23.8 | 25.6 | 27.3 | 29.1 | 30.8 | 32.6 | 34.4 | 36.2 | 38.0 | | | |
| 87 | - | - | - | - | - | - | 5.0 | 7.0 | 8.9 | 10.6 | 12.6 | 14.4 | 16.2 | 18.0 | 19.8 | 21.6 | 23.4 | 25.1 | 26.9 | 28.7 | 30.4 | 32.2 | 34.0 | 35.8 | 37.6 | | | |
| 88 | - | - | - | - | - | - | 6.3 | 8.2 | 10.0 | 11.9 | 13.9 | 15.7 | 17.5 | 19.3 | 21.1 | 22.9 | 24.7 | 26.5 | 28.3 | 30.1 | 31.8 | 33.6 | 35.4 | 37.2 | 39.0 | | | |
| 89 | - | - | - | - | - | - | 5.5 | 7.5 | 9.4 | 11.5 | 13.3 | 15.1 | 17.0 | 18.8 | 20.6 | 22.4 | 24.3 | 26.1 | 27.9 | 29.7 | 31.5 | 33.3 | 35.1 | 36.9 | 38.7 | | | |
| 90 | - | - | - | - | - | - | 6.8 | 8.8 | 10.9 | 12.8 | 14.6 | 16.5 | 18.3 | 20.1 | 22.0 | 23.8 | 25.6 | 27.5 | 29.3 | 31.1 | 32.9 | 34.7 | 36.5 | 38.3 | 40.1 | | | |

Site Address

Permit Number

Table K-1: Target Superheat (Suction Line Temperature - Evaporator Saturation Temperature) (continued)

| Condenser Air Dry-Bulb Temperature (°F) | Returns Air Wet-Bulb Temperature (°F) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------|---------------------------------------|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|
| | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 |
| 91 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.1 | 8.1 | 10.3 | 12.2 | 14.1 | 15.9 | 17.8 | 19.7 | 21.5 | 23.4 | 25.2 | 27.1 | 28.9 | 30.8 |
| 92 | - | - | - | - | - | - | - | - | - | - | - | - | 5.4 | 7.5 | 9.8 | 11.7 | 13.5 | 15.4 | 17.3 | 19.2 | 21.1 | 22.9 | 24.8 | 26.7 | 28.5 | 30.4 | - |
| 93 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.8 | 9.2 | 11.1 | 13.0 | 14.9 | 16.8 | 18.7 | 20.6 | 22.5 | 24.4 | 26.3 | 28.2 | 30.1 | - |
| 94 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.2 | 8.7 | 10.6 | 12.5 | 14.4 | 16.3 | 18.2 | 20.2 | 22.1 | 24.0 | 25.9 | 27.8 | 29.7 | - |
| 95 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.6 | 8.1 | 10.0 | 12.0 | 13.9 | 15.8 | 17.8 | 19.7 | 21.6 | 23.6 | 25.5 | 27.4 | 29.4 | - |
| 96 | - | - | - | - | - | - | - | - | - | - | - | - | - | 7.5 | 9.5 | 11.4 | 13.4 | 15.3 | 17.3 | 19.2 | 21.2 | 23.2 | 25.1 | 27.1 | 29.1 | 31.0 | - |
| 97 | - | - | - | - | - | - | - | - | - | - | - | - | - | 7.0 | 8.9 | 10.9 | 12.9 | 14.9 | 16.8 | 18.8 | 20.8 | 22.7 | 24.7 | 26.7 | 28.7 | 30.7 | - |
| 98 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.4 | 8.4 | 10.4 | 12.4 | 14.4 | 16.4 | 18.3 | 20.3 | 22.3 | 24.3 | 26.3 | 28.3 | 30.3 | - |
| 99 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.8 | 7.9 | 9.9 | 11.9 | 13.9 | 15.9 | 17.9 | 19.9 | 21.9 | 23.9 | 25.9 | 27.9 | 29.9 | - |
| 100 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.3 | 7.3 | 9.3 | 11.4 | 13.4 | 15.4 | 17.5 | 19.5 | 21.5 | 23.6 | 25.6 | 27.7 | 29.7 | - |
| 101 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.8 | 8.8 | 10.9 | 12.9 | 14.9 | 16.9 | 18.9 | 20.9 | 22.9 | 24.9 | 26.9 | 28.9 | 30.9 | - |
| 102 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.2 | 8.3 | 10.4 | 12.4 | 14.5 | 16.6 | 18.6 | 20.7 | 22.8 | 24.9 | 27.0 | 29.1 | 31.2 | - |
| 103 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.7 | 7.8 | 9.9 | 11.9 | 14.0 | 16.1 | 18.2 | 20.3 | 22.4 | 24.5 | 26.6 | 28.7 | 30.8 | - |
| 104 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.2 | 7.2 | 9.3 | 11.5 | 13.6 | 15.7 | 17.8 | 19.9 | 22.1 | 24.2 | 26.3 | 28.4 | 30.5 | - |
| 105 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.7 | 8.8 | 11.0 | 13.1 | 15.2 | 17.4 | 19.5 | 21.7 | 23.8 | 26.0 | 28.2 | 30.4 | 32.6 | - |
| 106 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.2 | 8.3 | 10.5 | 12.6 | 14.8 | 17.0 | 19.1 | 21.3 | 23.5 | 25.7 | 27.9 | 30.1 | 32.3 | - |
| 107 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.7 | 7.9 | 10.0 | 12.2 | 14.4 | 16.6 | 18.7 | 21.0 | 23.2 | 25.4 | 27.6 | 29.8 | 32.0 | - |
| 108 | - | - | - | - | - | - | - | - | - | - | - | - | - | 7.4 | 9.5 | 11.7 | 13.9 | 16.1 | 18.4 | 20.6 | 22.8 | 25.1 | 27.3 | 29.5 | 31.7 | 33.9 | - |
| 109 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.9 | 9.1 | 11.3 | 13.5 | 15.7 | 18.0 | 20.2 | 22.5 | 24.7 | 26.9 | 29.1 | 31.3 | 33.5 | - |
| 110 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.4 | 8.6 | 10.8 | 13.1 | 15.3 | 17.6 | 19.9 | 22.1 | 24.4 | 26.6 | 28.8 | 31.0 | 33.2 | - |
| 111 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.9 | 8.1 | 10.4 | 12.6 | 14.9 | 17.2 | 19.5 | 21.8 | 24.1 | 26.4 | 28.7 | 31.0 | 33.3 | - |
| 112 | - | - | - | - | - | - | - | - | - | - | - | - | - | 5.4 | 7.6 | 9.9 | 12.2 | 14.5 | 16.8 | 19.1 | 21.5 | 23.8 | 26.1 | 28.4 | 30.7 | 33.0 | - |
| 113 | - | - | - | - | - | - | - | - | - | - | - | - | - | 7.2 | 9.5 | 11.8 | 14.1 | 16.4 | 18.8 | 21.1 | 23.5 | 25.8 | 28.1 | 30.4 | 32.7 | 35.0 | - |
| 114 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.7 | 9.0 | 11.4 | 13.7 | 16.1 | 18.4 | 20.8 | 23.2 | 25.5 | 27.8 | 30.1 | 32.4 | 34.7 | - |
| 115 | - | - | - | - | - | - | - | - | - | - | - | - | - | 6.2 | 8.6 | 10.9 | 13.3 | 15.7 | 18.1 | 20.5 | 22.9 | 25.3 | 27.7 | 30.1 | 32.5 | 34.9 | - |

Site Address

Permit Number

Table K-2: Target Temperature Split (Return Dry-Bulb – Supply Dry-Bulb)

| | | Return Air Wet-Bulb (°F) (T _{return,wb}) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|------|----------------------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|
| | | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | |
| 70 | 20.9 | 20.7 | 20.6 | 20.4 | 20.1 | 19.9 | 19.9 | 19.5 | 19.1 | 18.7 | 18.2 | 17.7 | 17.2 | 16.5 | 15.9 | 15.2 | 14.4 | 13.7 | 12.8 | 11.9 | 11.0 | 10.0 | 9.0 | 7.9 | 6.8 | 5.7 | 4.5 | 3.2 | |
| 71 | 21.4 | 21.3 | 21.1 | 20.9 | 20.7 | 20.4 | 20.1 | 19.7 | 19.3 | 18.8 | 18.3 | 17.7 | 17.1 | 16.4 | 15.7 | 15.0 | 14.2 | 13.4 | 12.5 | 11.5 | 10.6 | 9.5 | 8.5 | 7.4 | 6.2 | 5.0 | 3.8 | | |
| 72 | 21.9 | 21.8 | 21.7 | 21.5 | 21.2 | 20.9 | 20.6 | 20.2 | 19.8 | 19.3 | 18.8 | 18.2 | 17.6 | 17.0 | 16.3 | 15.5 | 14.7 | 13.9 | 13.0 | 12.1 | 11.1 | 10.1 | 9.0 | 7.9 | 6.8 | 5.6 | 4.3 | | |
| 73 | 22.5 | 22.4 | 22.2 | 22.0 | 21.8 | 21.5 | 21.2 | 20.8 | 20.3 | 19.9 | 19.4 | 18.8 | 18.2 | 17.5 | 16.8 | 16.1 | 15.3 | 14.4 | 13.6 | 12.6 | 11.7 | 10.6 | 9.6 | 8.5 | 7.3 | 6.1 | 4.8 | | |
| 74 | 23.0 | 22.9 | 22.8 | 22.6 | 22.3 | 22.0 | 21.7 | 21.3 | 20.9 | 20.4 | 19.9 | 19.3 | 18.7 | 18.1 | 17.4 | 16.6 | 15.8 | 15.0 | 14.1 | 13.2 | 12.2 | 11.2 | 10.1 | 9.0 | 7.8 | 6.6 | 5.4 | | |
| 75 | 23.6 | 23.5 | 23.3 | 23.1 | 22.9 | 22.6 | 22.2 | 21.9 | 21.4 | 21.0 | 20.4 | 19.9 | 19.3 | 18.6 | 17.9 | 17.2 | 16.4 | 15.5 | 14.7 | 13.7 | 12.7 | 11.7 | 10.7 | 9.5 | 8.4 | 7.2 | 5.9 | | |
| 76 | 24.1 | 24.0 | 23.9 | 23.7 | 23.4 | 23.1 | 22.8 | 22.4 | 22.0 | 21.5 | 21.0 | 20.4 | 19.8 | 19.2 | 18.5 | 17.7 | 16.9 | 16.1 | 15.2 | 14.3 | 13.3 | 12.3 | 11.2 | 10.1 | 8.9 | 7.7 | 6.5 | | |
| 77 | - | 24.6 | 24.4 | 24.2 | 24.0 | 23.7 | 23.3 | 22.9 | 22.5 | 22.0 | 21.5 | 21.0 | 20.4 | 19.7 | 19.0 | 18.3 | 17.5 | 16.6 | 15.7 | 14.8 | 13.8 | 12.8 | 11.7 | 10.6 | 9.5 | 8.3 | 7.0 | | |
| 78 | - | - | - | 24.7 | 24.5 | 24.2 | 23.9 | 23.5 | 23.1 | 22.6 | 22.1 | 21.5 | 20.9 | 20.2 | 19.5 | 18.8 | 18.0 | 17.2 | 16.3 | 15.4 | 14.4 | 13.4 | 12.3 | 11.2 | 10.0 | 8.8 | 7.6 | | |
| 79 | - | - | - | - | - | 24.8 | 24.4 | 24.0 | 23.6 | 23.1 | 22.6 | 22.1 | 21.4 | 20.8 | 20.1 | 19.3 | 18.5 | 17.7 | 16.8 | 15.9 | 14.9 | 13.9 | 12.8 | 11.7 | 10.6 | 9.4 | 8.1 | | |
| 80 | - | - | - | - | - | - | 25.0 | 24.6 | 24.2 | 23.7 | 23.2 | 22.6 | 22.0 | 21.3 | 20.6 | 19.9 | 19.1 | 18.3 | 17.4 | 16.4 | 15.5 | 14.4 | 13.4 | 12.3 | 11.1 | 9.9 | 8.7 | | |
| 81 | - | - | - | - | - | - | - | 25.1 | 24.7 | 24.2 | 23.7 | 23.1 | 22.5 | 21.9 | 21.2 | 20.4 | 19.6 | 18.8 | 17.9 | 17.0 | 16.0 | 15.0 | 13.9 | 12.8 | 11.7 | 10.4 | 9.2 | | |
| 82 | - | - | - | - | - | - | - | - | 25.2 | 24.8 | 24.2 | 23.7 | 23.1 | 22.4 | 21.7 | 21.0 | 20.2 | 19.3 | 18.5 | 17.5 | 16.6 | 15.5 | 14.5 | 13.4 | 12.2 | 11.0 | 9.7 | | |
| 83 | - | - | - | - | - | - | - | - | - | 25.3 | 24.8 | 24.2 | 23.6 | 23.0 | 22.3 | 21.5 | 20.7 | 19.9 | 19.0 | 18.1 | 17.1 | 16.1 | 15.0 | 13.9 | 12.7 | 11.5 | 10.3 | | |
| 84 | - | - | - | - | - | - | - | - | - | - | 25.9 | 25.3 | 24.8 | 24.2 | 23.5 | 22.8 | 22.1 | 21.3 | 20.4 | 19.5 | 18.6 | 17.6 | 16.6 | 15.6 | 14.4 | 13.3 | 12.1 | 10.8 | |

Return Air Dry-Bulb (°F) (T_{return,db})

Site Address

Permit Number

NONE

DUCT LOCATION AND AREA REDUCTION DIAGNOSTICS

DUCT IN CONDITIONED SPACE

Yes No Duct in conditioned space criteria matches CF-1R

Yes is a Pass Pass Fail

REDUCED DUCT SURFACE AREA

Measured duct exterior surface area in the following unconditioned duct locations (square feet):

Attics

Crawlspace

Basements

Other (e.g., garages, etc.)

N/A

Yes No Duct surface area matches CF-1R?

Yes is a Pass Pass Fail

I, the undersigned, verify that the duct surface area and duct locations claimed for duct surface area reductions and duct location improvements beyond those covered by default assumptions match those on the plans. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests

Performed

COPY TO:

Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Signature, Date

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

Site Address

Permit Number

BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

ENVELOPE SEALING INFILTRATION REDUCTION

Diagnostic Testing Results

Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater

- 1. [X] Yes [] No Is measured envelope leakage less than or equal to the required level from CF-1R?
2. [X] Yes [] No Is Mechanical Ventilation shown as required on the CF-1R?
2a. [X] Yes [] No If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?
2b. [X] Yes [] 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. [X] Yes [] 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. [X] Yes [] 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.

[X] Pass [] Fail

Pass if:
d. Yes in line 1 and line 3, or
e. Yes in line 1 and line2, 2a, and 2b, or
f. Yes in line 1 and Yes in line 4.

Otherwise 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 sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

2-20-8 [Signature] 2-20-8 [Signature]
Test Performed Signature Date Testing Subcontractor (Co. Name) OR General Contractor (Co. Name)

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

Certificate of Compliance in Accordance with page 4 of CF-1R. No testing necessary

Site Address

Permit Number

The following is an explanation of many of the input values required on this form:

HVAC SYSTEMS

Heating Equipment Type must be one of the following:

| | |
|----------------|---------------------------------------------------------------------------------------------------|
| Furnace: | Gas (including Liquefied Petroleum Gases) or oil-fired central furnace & space heater |
| Boiler: | Gas or oil-fired boiler |
| PckgHeatPump: | Packaged central heat pump |
| SplitHeatPump: | Split central heat pump |
| RoomHeatPump: | Room heat pump |
| LgPkgHeatPump: | Large packaged heat pump ($\geq 65,000$ Btu/hr output) |
| Electric: | Electric resistance heating (fixed HSPF = 3.413); radiant electric resistance (fixed HSPF = 3.55) |
| CombinedHydro: | Reference water heater under water heating systems below |

CEC Certified Manufacturer Name & Model Number from applicable Commission approved appliance directory.

of Identical Systems is for those systems with the same efficiency, duct location, duct R-value and capacity.

Efficiency from applicable Commission certified appliance directory.

Duct (or Piping) Location is attic, crawl space, CVC crawl space, conditioned space, unconditioned space or none.

Duct (or Piping) R-Value from Directory of Certified Insulation Materials and/or manufacturer's data.

Heating/Cooling Load refer to Commission approved load calculation procedure.

Heating/Cooling Capacity from the applicable Commission certified appliance directory. Note: location elevations over 2,000 ft above sea level require a derating of output capacity (refer to manufacturer's literature).

Cooling Equipment Type must be one of the following:

| | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| SplitAirCond: | Split system air conditioner |
| PckgAirCond: | Packaged air conditioner |
| Split Heat Pump: | Split system heat pump |
| PckgHeatPump: | Packaged heat pump |
| RoomHeatPump: | Room heat pump |
| LgPkgHeatPump: | Large packaged heat pump ($\geq 65,000$ Btu/hr output). Substitute EER for SEER when SEER is not available |
| RoomAirCond: | Room air conditioner. Minimum SEER varies* |
| LgPkgAirCond: | Large packaged air conditioner ($\geq 65,000$ Btu/hr output). Substitute EER for SEER when SEER is not available |
| EvapDirect: | Direct evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 11.0; duct location = attic; duct insulation R-value = 4.2 |
| EvapIndirect: | Indirect evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 13.0; duct location = attic; duct insulation R-value = 4.2 |

*Refer to Energy Commission publication *Appliance Efficiency Regulations*, P400-92-029

Site Address

Permit Number

The following is an explanation of many of the input values required on this form:

WATER HEATING SYSTEMS

Distribution Systems Refer to *Residential Manual* for more details:

| | |
|-------------------|---------------------------------------------------------|
| Standard: | Standard – Supply pressure based system, no pumps |
| Pipe Insulation: | Pipe Insulation on all 3/4-inch pipes |
| POU/HWR: | Point of Use/Hot Water Recovery System |
| Recirc/NoControl: | Recirculation loop with no controls |
| Recirc/Timer: | Recirculation loop with a timer |
| Recirc/Temp: | Recirculation loop with temperature control |
| Recirc/Time+Temp: | Recirculation loop with a timer and temperature control |
| Recirc/Demand: | Recirculation loop with demand control |

Water Heater Type

| | Information Needed | | | |
|------------------------------|--------------------|---------------------|--------------|-------------|
| | Energy Factor | Recovery Efficiency | Standby Loss | Rated Input |
| Storage Gas, Oil or Electric | Yes | No | No | No |
| Heat Pump | Yes | No | No | No |
| Instantaneous Gas | No | Yes | No | No |
| Instantaneous Electric | Yes | No | No | No |
| Large Storage Gas | No | Yes | Yes | Yes |
| Indirect Gas (Boiler) | No | Yes (AFUE) | No | Yes |

FENESTRATION/GLAZING

| | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fenestration: | Windows, sliding glass doors, French doors, skylights, garden windows, and any door with more than one square foot of glass |
| Operator Type: | Slider, hinged, fixed |
| U-Factor: | Installed U-Factor must be less than or equal to value from CF-1R OR Installed weighted average U-Factor for the total fenestration area is less than or equal to value from CF-1R |
| SHGC: | Installed SHGC must be less than or equal to value from CF-1R OR Installed weighted SHGC for the total fenestration area is less than or equal to value from CF-1R OR An interior shading device, overhang, or exterior shading device is installed consistent with the CF-1R |
| Shading Device: | Include when the building complied using an <i>exterior</i> shading device: woven sunscreen, louvered sunscreen, low sun angle sunscreen, roll-down awning, roll-down blinds or slats (do not list bug screen), or an overhang (include depth in feet) |

Site Address

Permit Number

The following is an explanation of many of the input values required on the Diagnostic portion of this form (page 3 of 6):

TYPE OF CREDIT

Refer to *Residential Manual* Chapters 4 and 5 for more details:

| | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reduced Duct Surface Area: | Calculated as the outside area of the duct. Areas must be measured and verified by a HERS rater. |
| Improved Duct Location: | Supply duct located in other than attic, as verified by location of registers (does not require HERS rater verification). |
| Catastrophic Leakage: | Pressure pan test readings must be less than 1.5 Pascal at a house pressure of 25 Pascal. |
| TXV: | Access cover required to facilitate verification. |
| Infiltration Reduction: | Infiltration is measured without mechanical ventilation operating. Mechanical ventilation is required for very tight house construction when credits for infiltration reduction using diagnostic testing are being used for achieving compliance. These very tight houses are defined as those with SLA of less than 1.5. The compliance documentation (CF-IR) will contain the measured CFM target value from a blower door test at 50 Pascal pressure difference that represents this SLA of 1.5. Mechanical ventilation is also required if the builder chooses to design the building to use mechanical ventilation and claims a credit for infiltration below an SLA of 3.0. The compliance documentation (CF-IR) will contain the measured CFM target value that represents this 3.0 SLA. If the builder claims credit in a design for infiltration reduction that is at an SLA of 3.0 or higher, and the actual measured SLA is 1.5 or greater, then mechanical ventilation is not required. If the SLA in this case were below 1.5, then mitigation (such as mechanical ventilation) would be required. |

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT.

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Please Print
Your Name:

CRAIG & LINDA Willes

Date

Applied: **8-16-05**

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

| | | | | |
|--------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------|--------------------------------------|------------------------------------|
| Site Address: 22095 Umland Circle | | City: JENNER | | ZIP: 95450 |
| Cross-Street: Ruoff | | APN: 109-420-013 | Project Phone #: 925-373-7451 | Project Fax #: 925-373-7451 |
| Directions: Hwy 1 To Timber Cove, Ruoff, Umland | | Subd. Name: Timber Cove | Living Area: 2110 | Contract Price: |
| Describe Project: Build Lincoln Log Home w/ att garage, breezeway, deck & porch | | Garage: 1900 | Deck: 396 | Breezeway: 88 + porch |
| OWNER NAME AND ADDRESS | | APPLICANT NAME AND ADDRESS | | |
| Name: Craig & Linda Willes | | Name: Craig & Linda Willes | | |
| Mailing Address: 387 Mitchell St. | | Mailing Address: 387 Mitchell St | | |
| City: Livermore | State: CA | ZIP: 94551 | City: Livermore | State: CA |
| Day Ph: 925 373 7451 | Fax: 925 373 7451 | Day Ph: 925 373 7451 | Fax: 925 373 7451 | |
| CONTRACTOR INFORMATION | | OTHER PERSONS (ARCHITECT, ENGINEER, ETC.) | | |
| Company Name: | | Name: CHARLES BARTON (650) 996-2998 | | |
| Address: | | Address: | | |
| City: | State: | ZIP: | City: | State: |
| Day Ph: () | Fax: () | Day Ph: () | Fax: () | |

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

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

Carrier: _____
Policy #: _____
No. _____

(This section need not be completed if the permit is for one hundred dollars (\$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 worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Exp. Date: _____ Applicant: **CRAIG & LINDA Willes**

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 FEES.

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's 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 Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code. The Contractor's 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 or 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 or 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 Contractor's 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 Contractor's License Law.)

I am exempt under Sec. _____ B & P.C. for this reason _____

Date: **8-16-05** Owns: **CRAIG & LINDA Willes**

LICENSED CONTRACTOR'S 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.

Lic. Class _____ Lic. No. _____

Exp. Date _____ Contractor _____

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. I hereby declare that demolition authorized by this permit is from construction that () does () does not contain asbestos, or that no demolition is authorized by this permit.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked.

Craig & Linda Willes _____
PERMITTEE SIGNATURE _____
387 Mitchell St. Livermore, CA 94551
ADDRESS CITY ZIP

Contractor Owner Other Licensed Professional

CONSTRUCTION LENDING DECLARATION

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.)

Lenders Name _____
Lenders Address _____

FOR DEPARTMENT USE

Zoning: **PRCC** (b) (5) _____ Acres _____

Existing Use/Structures: **GRASS**

Proposed Use/Structures: **FRONT YARD**

Zoning Min. Yard Requirements: Front **10'** Left **10'** Right **10'** Back **20'**

NOTE: Fire Safe Standards require all parcels greater than 1/2 acre to have a min. 30' setback unless mitigated. Mitigation Required Address subject to change

Approval for Permit Issuance: _____ Approval for Occupancy: _____

By: **Cynthia Wren** _____ Date: **3-23-06** _____

Conditions: **ASSURANCE ONLY NEED OUT SHEET FOR EXTERIOR LIGHTING UTILITIES**

CPN 05-0008 **MAY BE UNDERGROUND**

Sewer Connection: Available Fees Paid

Approved by: _____ Date: _____

Road Encroachment: Fees Paid **PRIVATE RD**

Approved by: _____ Date: **8/16/05**

Septic System/Permit/Change: **SEAB-1112**

Approved by: **D. B. Wren** _____ Date: **3/23/06**

Flood Zone: Yes No 100 Year Flood Elevation: _____

Site Review

Approved by: _____ Date: _____

Fire: **JA**

Approved by: _____ Date: **8/16/05**

Code Enforcement Violation Yes No Violation # _____

This permit is limited to _____ days.

Work Authorized: **NEW SPD / ATT GARAGE**

DECK / PORCH

Plans Approved: No Plans _____

Pre-FIRM: Pre-FIRM Geotechnical report Available

Classification: **COASTAL**

Permittee: **BU WILLES** Date: **3-23-06**

Inspector: **UN** Date: **3-23-06**

Auto Fire Sprinklers Rec'd: _____ No. of Units: _____ Certificate of Occupancy: _____

Machine Stamp to Permit Fee: **12-021-57 RD**

MAR 24 2006

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
COUNTY OF SONOMA

Final Date: **5-2-08'** Inspector: **Scott**

THIS PERMIT SHALL EXPIRE IN THREE (3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

Distribution: White - File Green - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector

JOB ADDRESS: **22095 Umland Circle**

PERMIT NUMBER: **BLD05-4534**

INSPECTION AREA: **2**

| 131) | SPECIAL INSPECTION REQUIRED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF YES, SEE ADDITIONAL SHEET |
|------|----------------------------------------------|------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| | INSPECTION RECORD | DATE | NAME | REMARKS |
| 101) | ROUGH GRADING | | | (187) O.K. TO COMM. PERIOD'S SHEAR PLANS DETAIL: T.M. Edge, 900 C.M. 1-19-07 S.A. (186) O.K. TO COMM. S.E. NO. CASEL. 1-19-07 S.A. |
| 103) | FOUNDATION | | | |
| | FORMS/SETBACK | | | |
| | FOOTING | 8-30-06 | RU | |
| | WALLS | | | |
| 106) | UFER GROUND # | 8-30-06 | RU | |
| 104) | CAISSONS/PIERS | | | |
| 105) | SLAB @ GARAGE & DAY | 9-8-06 | NU | |
| 107) | UNDERGROUND UTILITIES | 7-TANK & SUPPLY 2-20-08 S.A. | | |
| 110) | MASONRY | | | |
| 109) | RETAINING WALLS | | | |
| 113) | FIREPLACE | | | |
| | FOOTING | | | |
| | HEARTH/PROTECTION | | | |
| | THROAT | | | |
| 114) | CHIMNEY | 4-21-08 | S.A. | |
| 120) | UNDERFLOOR/UNDERSLAB | | | |
| 115) | HYDRONICS | | | |
| 116) | U/F ELECTRICAL | 5-20-08 | S.A. | |
| 117) | U/F MECHANICAL | 10-11-06 | SB | |
| 118) | U/F PLUMBING | by S.B. on 10-11-06 | | |
| 119) | U/F FRAMING | | | |
| 139) | U/F INSULATION | | | |
| 126) | SHEAR WALLS | | | |
| | <input type="checkbox"/> INTERIOR | | | |
| | <input checked="" type="checkbox"/> EXTERIOR | PH. 3-23-07 | SB | |
| 127) | DIAPHRAGMS | | | |
| | <input checked="" type="checkbox"/> ROOF | 3-23-07 | SB | |
| | <input type="checkbox"/> FLOOR | 10-20-06 | NU | |
| 134) | SIDING/SHEATHING | 5-20-08 | S.A. | |
| 125) | HOLD DOWNS | 8-17-07 | RP | |
| 132) | CLOSE-IN | 8-17-07 | RP | |
| 122) | ROUGH ELECTRICAL | | | |
| 123) | ROUGH MECHANICAL | | | |
| 124) | ROUGH PLUMBING | 8-17-07 | RP | |
| 128) | ROUGH FRAME | | | |
| 160) | SMOKE DETECTORS | 5-20-08 | S.A. | |
| 139) | INSULATION | | | |
| 142) | WALLBOARD | 9-7-07 | RP | |
| 143) | FIREWALLS | | | |
| 135) | STUCCO/PLASTER | | | |
| | <input type="checkbox"/> LATH | | | |
| | <input type="checkbox"/> SCRATCH | | | |
| 137) | ROOFING | 5-20-08 | S.A. | |
| 130) | TUB/SHOWER PAN | | | |
| 162) | FIRE DAMPERS/DOORS | | | |
| 164) | SUSPENDED CEILING | | | |
| | <input type="checkbox"/> ROUGH ELEC. | | | |
| | <input type="checkbox"/> ROUGH MECH. | | | |
| 165) | EXITING - RAMPS/STAIRS | | | |
| 163) | HANDRAILS/GUARDRAILS | | | |
| | CORRIDORS/DOORS | | | |
| 166) | ACCESSIBILITY COMPLIANCE | | | |
| 144) | WATER TANKS | | | |
| | <input type="checkbox"/> SLAB | | | |
| | <input type="checkbox"/> WALLS | | | |
| 170) | TEMPORARY OCCUPANCY | | | |
| 171) | TEMPORARY ELECTRICAL | 6-16-06 | NU | |
| 172) | TEMPORARY GAS | | | |
| 174) | ELECTRIC METER AUTHORIZATION | | | |
| 152) | PANEL BOARDS/SERVICE | | | |
| 189) | SEPTIC ELECTRIC FINAL | 1-11-08 | FA | |
| 175) | GAS METER AUTHORIZATION | | | |
| 153) | GAS PRESSURE TEST | | | |
| | HOUSE 9-7-07 | | | |
| | YARD - 5-20-08 | | S.A. | |
| 190) | MANUF. HOME FOUNDATION | | | |
| 191) | MANUF. HOME INSTALLATION | | | |
| | CONTINUITY | | | |
| | STAIRS/SKIRTS | | | |
| | RIDGE BOLTING | | | |
| 193) | MANUF. HOME COND. FINAL | | | |
| | SWIMMING POOLS | | | |
| 194) | PRE-GUNITE | | | |
| 195) | PRE-DECK | | | |
| 196) | PRE-PLASTER/FENCE | | | |
| 197) | VINYL/FIBERGLASS POOL EXCAVATION | | | |
| 102) | GRADING FINAL | | | |
| 176) | ELECTRICAL FINAL | | | |
| 177) | MECHANICAL FINAL | | | |
| 178) | PLUMBING FINAL | | | |
| 199) | FINAL | | | |
| | OCCUPANCY (OK TO OCCUPY) | | | |

| 500) | INSPECTION REQUIRED | DATE | NAME |
|------|---------------------------------------------------------------------|---------|------|
| 501) | SUSMP INSPECTION | | |
| 502) | NPDES EROSION COMPLIANCE | | |
| 503) | NPDES SEDIMENT COMPLIANCE | | |
| 504) | NPDES DOCS/SWPPP | | |
| 505) | FIRE INSPECTION REQUIRED | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 759) | KNOX BOX | | |
| 760) | PROPANE TANK HOLD DOWNS | | |
| 770) | SPRINKLER FINAL | | |
| 771) | ABOVEGROUND HYDROSTATIC | 4-20-07 | |
| 772) | UNDERGROUND HYDROSTATIC | | |
| 773) | UNDERGROUND FLUSH | | |
| 774) | THRUST BLOCKS | | |
| 775) | PIPE WELD | | |
| 776) | HYDRANTS/APPLIANCES | | |
| 777) | PUMP ACCEPTANCE | | |
| 778) | WATER SUPPLY/TANK | | |
| 779) | ALARM SYSTEM | | |
| 780) | HOOD & DUCT SYSTEM | | |
| 781) | ABOVEGROUND TANK/DISPENSER | | |
| 198) | FIRE FINAL | | |
| | CLEARANCES: | | |
| | FIRE <input type="checkbox"/> Local <input type="checkbox"/> County | | |
| | HEALTH DEPARTMENT | | |
| | ZONING | | |
| | SANITATION | | |
| | PLAN RETENTION REQUIRED? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PERMIT # BLD065-4534