B

Type

✓

Plans

BLD09-0300

Permit Number

1733

Street Number

SKILLMAN LN

Street Name

PET

Community Code

048-091-003

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 Plan Check Invoice : BLD09-0300

This is not a Building Permit**

Project Address:	1733 SKILLMAN LN PET	**Status:**	**STARTED**
Cross Street:	FAIR	**Printed:**	Tuesday, January 27, 2009
Fire District:	RANCHO ADOBE FIRE	**Initialized by:**	RDELACR1
APN:	048-091-003	**Activity Type:**	B-BLD 801
Description:	SFD ADDN & RMDL/NEW ATTD GARAGE/RPL DECKS		
Res/Com:	R	**Insp Area:**	03
Std/Quick:	S	**Site Review File #:**	SOILS REPORT
Fire District:	RANCHO ADOBE FIRE	**Site Review Fees Paid:**	$0.00
P/C Multiplier:	1		

Owner: GOLTERMANN JOHN K C
C/O GOLTERMANN REAL ESTATE
316 PETALUMA BLVD S
PETALUMA CA 94952
707-775-2525

Applicant: GOLTERMANN JOHN K C
C/O GOLTERMANN REAL ESTATE
316 PETALUMA BLVD S
PETALUMA CA 94952
707-775-2525

PAYMENT REC'D
$ 1234.84
JAN 27 2009
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
COUNTY OF SONOMA

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
Dwellings	DWEL-Type V - Wd Frme	127.55	749	$95,534.95
Dwellings	Residential Deck	11.82	352	$4,160.64
Priv Gar/Carport/Sto	Wood Frame or Steel	28.18	1,148	$32,350.64
	Additional Amount...			20,000.00
	Totals...		2,249	$152,046.23*

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
7	CREDIT CARD CONVEN FEE	025015-4020	28.94	.00	.00
60	BLDG PERM PLAN CHECK FEE	025015-1341	1,349.73	.00	.00
121	FIRE RESIDENTIAL REVIEW	649103-3641	246.00	.00	.00
132	BUILDING PERMIT FEE	025015-1341	-650.21	.00	.00
140	TECH ENHANCE FEE	025015-4040	18.38	.00	.00
366	CLEARANCE OFFICE REVIEW	025015-1342	78.00	.00	.00
706	DRN REV - MIN CLEARANCE	025015-3140	73.00	.00	.00
1165	ZONING PERMITS W/O D.R.	025015-3829	91.00	.00	.00
			$1,234.84	$0.00	

**These fees cover the cost of reviewing your plans prior to permit issuance. When your plans are approved, and BEFORE a building permit can be issued, payment of building permit fees is required.

Total Fees: $1,234.84
Total Paid: $0.00
Balance Due: $1,234.84

"**Refunds** of fees paid may be made pursuant to Section 108.6 of Appendix 1 of the California Building Code and adopted model codes, subject to the following: 1) 100% of a fee erroneously paid or collected. 2) 90% of the plan review fee when an application for a permit is withdrawn or canceled or expires or becomes void before any plan review effort has been expended. No portion of the plan review fee shall be refunded when any plan review effort has been expended. 3) 90% of the building, plumbing, electrical, and/or mechanical fee may be refunded when a permit is withdrawn, or cancelled or expires or becomes void before any work was done and before any inspections are performed. No portion of these fees shall be refunded when any work was done and/or any inspections have been performed. 4) Application for refund must be made within one year of the date the fee is paid."

When validated below, this is your receipt.
Plan Check EXPIRES 365 days from date plan check fees are paid

Certificate Of Compliance : Residential (Part 1 of 4) CF-1R

Golterman Addition
Project Title

1/8/2009
Date

1663 Skillman Lane Petaluma
Project Address

Building Permit #

Griffin Energy Compliance (707) 778-7818
Documentation Author Telephone

Plan Check/Date

EnergyPro 2
Compliance Method Climate Zone

Field Check/Date

TDV (kBtu/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating	18.97	17.12	1.85
Space Cooling	18.75	18.48	0.26
Fans	3.91	3.95	-0.04
Domestic Hot Water	9.62	7.03	2.60
Pumps	0.00	0.00	0.00
Totals	51.25	46.58	4.67

Percent better than Standard: 9.1%

BUILDING COMPLIES - NO HERS VERIFICATION REQUIRED

Building Type: [X] Single Family [ ] Addition [ ] Multi Family [X] Existing + Add/Alt

Building Front Orientation: (N) 0 deg

Fuel Type: Natural Gas

Fenestration:
Area: 528 ft² Avg. U: 0.40
Ratio: 18.6% Avg. SHGC: 0.40

Total Conditioned Floor Area: 2,834 ft²
Existing Floor Area: 2,085 ft²
Raised Floor Area: 2,834 ft²
Slab on Grade Area: 0 ft²
Average Ceiling Height: 10.0 ft
Number of Dwelling Units: 1.00
Number of Stories: 1

BUILDING ZONE INFORMATION

Zone Name	Floor Area	Volume	# of Units	Zone Type	Thermostat Type	Vent Hgt.	Vent Area
New HVAC	2,834	28,340	1.00	Conditioned	Setback	2	n/a

OPAQUE SURFACES

Type	Frame	Area	U-Fac.	Insulation Cav.	Insulation Cont.	Act. Azm.	Tilt	Gains Y	Gains N	Condition Status	JA IV Reference	Location / Comments
Roof	Wood	2,085	0.032	R-30	R-0.0	0	0	X		Altered	01-A17 (E=01-A2)	Existing Residence
Wall	Wood	557	0.102	R-13	R-0.0	0	90	X		New	09-A3	Existing Residence
Wall	Wood	133	0.102	R-13	R-0.0	90	90	X		New	09-A3	Existing Residence
Wall	Wood	240	0.356	None	R-0.0	90	90	X		Removed	09-A1	Existing Residence
Wall	Wood	476	0.102	R-13	R-0.0	180	90	X		New	09-A3	Existing Residence
Wall	Wood	325	0.102	R-13	R-0.0	270	90	X		New	09-A3	Existing Residence
Floor	Wood	2,085	0.037	R-19	R-0.0	0	180		X	New	20-A4	Existing Residence
Roof	Wood	749	0.032	R-30	R-0.0	0	0	X		New	01-A17	Addition
Wall	Wood	220	0.102	R-13	R-0.0	0	90	X		New	09-A3	Addition
Door	None	20	0.500	None	R-0.0	0	90	X		New	28-A4	Addition
Wall	Wood	264	0.102	R-13	R-0.0	90	90	X		New	09-A3	Addition
Wall	Wood	144	0.102	R-13	R-0.0	180	90	X		New	09-A3	Addition
Wall	Wood	63	0.102	R-13	R-0.0	270	90	X		New	09-A3	Addition
Floor	Wood	749	0.037	R-19	R-0.0	0	180		X	New	20-A4	Addition

Certificate Of Compliance : Residential (Part 2 of 4) CF-1R

Golterman Addition
Project Title

1/8/2009
Date

FENESTRATION SURFACES

#	Type			Area	U-Factor[1]	SHGC[2]	True Azm.	Tilt	Cond. Stat.	Glazing Type	Location/ Comments
1	Window	Front	(N)	123.0	0.400 NFRC	0.40 NFRC	0	90	New	Double Non Metal Low E	Existing Residence
2	Window	Rear	(S)	204.0	0.400 NFRC	0.40 NFRC	180	90	New	Double Non Metal Low E	Existing Residence
3	Window	Right	(W)	48.0	0.400 NFRC	0.40 NFRC	270	90	New	Double Non Metal Low E	Existing Residence
4	Window	Left	(E)	48.0	0.400 NFRC	0.40 NFRC	90	90	New	Double Non Metal Low E	Addition
5	Window	Rear	(S)	96.0	0.400 NFRC	0.40 NFRC	180	90	New	Double Non Metal Low E	Addition
6	Window	Right	(W)	9.0	0.400 NFRC	0.40 NFRC	270	90	New	Double Non Metal Low E	Addition

1. Indicate source either from NFRC or Table 116A. 2. Indicate source either from NFRC or Table 116B.

INTERIOR AND EXTERIOR SHADING

#	Exterior Shade Type	SHGC	Window Hgt.	Window Wd.	Overhang Len.	Overhang Hgt.	Overhang LExt.	Overhang RExt.	Left Fin Dist.	Left Fin Len.	Left Fin Hgt.	Right Fin Dist.	Right Fin Len.	Right Fin Hgt.
1	Bug Screen	0.76												
2	Bug Screen	0.76												
3	Bug Screen	0.76												
4	Bug Screen	0.76												
5	Bug Screen	0.76												
6	Bug Screen	0.76												

THERMAL MASS FOR HIGH MASS DESIGN

Type	Area (sf)	Thick. (in.)	Heat Cap.	Cond.	Inside R-Val.	JA IV Reference	Condition Status	Location/ Comments

PERIMETER LOSSES

Type	Length	R-Val.	Insulation Location	JA IV Reference	Condition Status	Location/ Comments

Certificate Of Compliance : Residential (Part 3 of 4) CF-1R

Golterman Addition — Project Title
1/8/2009 — Date

HVAC SYSTEMS

Location	Heating Type	Minimum Eff	Cooling Type	Minimum Eff	Condition Status	Thermostat Type
New HVAC	Central Furnace	94% AFUE	No Cooling	13.0 SEER	New	Setback

HVAC DISTRIBUTION

Location	Heating	Cooling	Duct Location	Duct R-Value	Condition Status	Ducts Tested?
New HVAC	Ducted	Ducted	Crawlspace	6.0	New	No

Hydronic Piping System Name	Pipe Length	Pipe Diameter	Insul. Thick.

WATER HEATING SYSTEMS

System Name	Water Heater Type	Distribution	# in Syst.	Rated Input (Btu/hr)	Tank Cap. (gal)	Condition Status	Energy Factor or RE	Standby Loss (%)	Tank Insul. R-Value Ext.
Takagi T-K2	Large Gas	No Pipe Insulation	2	185,000	0	New	0.85	0.00%	0.0

Multi-Family Central Water Heating Details

Control	Hot Water Pump #	Hot Water Pump HP	Hot Water Pump Type	Hot Water Piping Length (ft) In Plenum	Hot Water Piping Length (ft) Outside	Hot Water Piping Length (ft) Buried	Add 1/2" Insulation

REMARKS

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement the. This certificate has been signed by the individual with overall design responsibility. The undersigned recognizes that compliance using duct design, duct sealing, verification of refrigerant charge and TXVs, insulation installation quality, and building envelope sealing require installer testing and certification and field verification by an approved HERS rater.

Designer or Owner (per Business & Professions Code)
Name:
Title/Firm: Dixon Custom Builders
Address: 1015 Skillman Lane
Petaluma, CA 94952
Telephone: (707) 483-5778 Lic. #: 415100
(signature) (date)

Documentation Author
Name: P. Griffin-Young
Title/Firm: Griffin Energy Compliance
Address: P.O. Box 2099
Petaluma, CA 94953
Telephone: (707) 778-7818
(signature) 1/8/09 (date)

Enforcement Agency
Name:
Title/Firm:
Address:
Telephone:

STAMP

(signature) (date)

Run Initiation Time: 01/08/09 13:58:06 Run Code: 1231451886

Certificate Of Compliance : Residential (Part 4 of 4) CF-1R

Golterman Addition — 1/8/2009

Project Title — Date

Special Features and Modeling Assumptions

The local enforcement agency should pay special attention to the items specified in this checklist. These items require special written justification and documentation, and special verification to be used with the performance approach. The local enforcement agency determines the adequacy of the justification, and may reject a building or design that otherwise complies based on the adequacy of the special justification and documentation submitted.

	Plan	Field
The DHW System "Takagi T-K2" is a Large Gas water heater with Pilot Loss = 0 btuh.		
The HVAC System "New HVAC" has the Ducts in the Crawlspace. Supply registers may be no more than 2 feet above the floor.		

HERS Required Verification

Items in this section require field testing and/or verification by a certified home energy rater under the supervision of a CEC-approved HERS provider using CEC approved testing and/or verification methods and must be reported on the CF-4R Installation certificate.

	Plan	Field

Mandatory Measures Summary: Residential (Page 1 of 2) MF-1R

NOTE: Lowrise residential buildings subject to the Standards must contain these measures regardless of the compliance approach used. More stringent compliance requirements from the Certificate of Compliance supercede the items marked with an asterisk (*) below. When this checklist is incorporated into the permit documents, the features noted shall be considered by *all* parties as minimum component performance specifications for the mandatory measures whether they are shown elsewhere in the documents or on this checklist only.

DESCRIPTION — Check or initial applicable boxes or check NA if not applicable and included with the permit application documentation.	N/A	DESIGNER	ENFORCEMENT
Building Envelope Measures			
*§ 150(a): Minimum R-19 in wood ceiling insulation or equivalent U-factor in metal frame ceiling.	☐	☒	☐
§ 150(b): Loose fill insulation manufacturer's labeled R-Value:_____.	☐	☐	☐
*§ 150(c): Minimum R-13 wall insulation in wood framed walls or equivalent U-factor in metal frame walls (does not apply to exterior mass walls).	☐	☒	☐
*§ 150(d): Minimum R-13 raised floor insulation in framed floors or equivalent U-factor.	☐	☒	☐
§ 150(e): Installation of Fireplaces, Decorative Gas Appliances and Gas Logs.			
1. Masonry and factory-built fireplaces have:			
a. closable metal or glass door covering the entire opening of the firebox	☐	☐	☐
b. outside air intake with damper and control, flue damper and control	☐	☐	☐
2. No continuous burning gas pilot lights allowed.	☐	☐	☐
§ 150(f): Air retarding wrap installed to comply with §151 meets requirements specified in the ACM Residential Manual.	☐	☐	☐
§ 150(g): Vapor barriers mandatory in Climate Zones 14 and 16 only.	☐	☐	☐
§ 150(l): Slab edge insulation - water absorption rate for the insulation alone without facings no greater than 0.3%, water vapor permeance rate no greater than 2.0 perm/inch.	☐	☐	☐
§ 118: Insulation specified or installed meets insulation installation quality standards. Indicate type and include CF-6R Form: _____	☐	☒	☐
§ 116-17: Fenestration Products, Exterior Doors, and Infiltration/Exfiltration Controls.			
1. Doors and windows between conditioned and unconditioned spaces designed to limit air leakage.	☐	☒	☐
2. Fenestration products (except field fabricated) have label with certified U-Factor, certified Solar Heat Gain Coefficient (SHGC), and infiltration certification.	☐	☒	☐
3. Exterior doors and windows weatherstripped; all joints and penetrations caulked and sealed.	☐	☒	☐
Space Conditioning, Water Heating and Plumbing System Measures			
§ 110-13: HVAC equipment, water heaters, showerheads and faucets certified by the Energy Commission.	☐	☐	☐
§ 150(h): Heating and/or cooling loads calculated in accordance with ASHRAE, SMACNA or ACCA.	☐	☒	☐
§ 150(i): Setback thermostat on all applicable heating and/or cooling systems.	☐	☐	☐
§ 150(j): Water system pipe and tank insulation and cooling systems line insulation.			
1. Storage gas water heaters rated with an Energy Factor less than 0.58 must be externally wrapped with insulation having an installed thermal resistance of R-12 or greater.	☐	☐	☐
2. Back-up tanks for solar systems, unfired storage tanks, or other indirect hot water tanks have R-12 external insulation or R-16 internal insulation and indicated on the exterior of the tank showing the R-value.	☐	☐	☐
3. The following piping is insulated according to Table 150-A/B or Equation 150-A Insulation Thickness:			
1. First 5 feet of hot and cold water pipes closest to water heater tank, non-recirculating systems, and entire length of recirculating sections of hot water pipes shall be insulated to Table 150B.	☐	☐	☐
2. Cooling system piping (suction, chilled water, or brine lines), piping insulated between heating source and indirect hot water tank shall be insulated to Table 150-B and Equation 150-A.	☐	☐	☐
4. Steam hydronic heating systems or hot water systems > 15 psi, meet requirements of Table 123-A.	☐	☐	☐
5. Insulation must be protected from damage, including that due to sunlight, moisture, equipment maintenance, and wind.	☐	☐	☐
6. Insulation for chilled water piping and refrigerant suction piping includes a vapor retardant or is enclosed entirely in conditioned space.	☐	☐	☐
7. Solar water-heating systems/collectors are certified by the Solar Rating and Certification Corporation.	☐	☐	☐

Mandatory Measures Summary: Residential (Page 2 of 2) MF-1R

NOTE: Lowrise residential buildings subject to the Standards must contain these measures regardless of the compliance approach used. More stringent compliance requirements from the Certificate of Compliance supercede the items marked with an asterisk (*) below. When this checklist is incorporated into the permit documents, the features noted shall be considered by all parties as minimum component performance specifications for the mandatory measures whether they are shown elsewhere in the documents or on this checklist only.

DESCRIPTION — Instructions: Check or initial applicable boxes when completed or check N/A if not applicable.	N/A	DESIGNER	ENFORCEMENT
Space Conditioning, Water Heating and Plumbing System Measures: (continued)			
§ 150(m): Ducts and Fans			
1. All ducts and plenums installed, sealed and insulated to meet the requirements of the CMC Sections 601, 602, 603, 604, 605, and Standard 6-5; supply-air and return-air ducts and plenums are insulated to a minumum installed level of R-4.2 or enclosed entirely in conditioned space. Openings shall be sealed with mastic, tape or other duct-closure system that meets the applicable requirements of UL 181, UL 181A, or UL 181B or aerosol sealant that meets the requirements of UL 723. If mastic or tape is used to seal openings greater than 1/4 inch, the combination of mastic and either mesh or tape shall be used.	☐	☒	☐
2. Building cavities, support platforms for air handlers, and plenums defined or constructed with materials other than sealed sheet metal, duct board or flexible duct shall not be used for conveying conditioned air. Building cavities and support platforms may contain ducts. Ducts installed in cavities and support platforms shall not be compressed to cause reductions in the cross-sectional area of the ducts.	☐	☐	☐
3. Joints and seams of duct systems and their components shall not be sealed with cloth back rubber adhesive duct tapes unless such tape is used in combination with mastic and draw bands.	☐	☐	☐
4. Exhaust fan systems have back draft or automatic dampers.	☐	☐	☐
5. Gravity ventilating systems serving conditioned space have either automatic or readily accessible, manually operating dampers.	☐	☐	☐
6. Protection of Insulation. Insulation shall be protected from damage, including that due to sunlight, moisture, equipment maintenance, and wind. Cellular foam insulation shall be protected as above or painted with a coating that is water retardantand provides shielding from solar radiation that can cause degradation of the material.	☐	☒	☐
7. Flexible ducts cannot have porous inner cores.	☐	☒	☐
§ 114: Pool and Spa Heating Systems and Equipment			
1. A thermal efficiency that complies with the Appliance Efficiency Regulations, on-off switch mounted outside of the heater, weatherproof operating instructions, no electric resistance heating and no pilot light.	☐	☐	☐
2. System is installed with:			
a. At least 36" of pipe between filter and heater for future solar heating.	☐	☐	☐
b. Cover for outdoor pools or outdoor spas.	☐	☐	☐
3. Pool system has directional inlets and a circulation pump time switch.	☐	☐	☐
§ 115: Gas fired fan-type central furnaces, pool heaters, spa heaters or household cooking appliances have no continuously burning pilot light. (Exception: Non-electrical cooking appliances with pilot < 150 Btu/hr)	☐	☐	☐
§ 118 (i): Cool Roof material meets specified criteria	☐	☐	☐
Lighting Measures			
§ 150(k)1: HIGH EFFICACY LUMINAIRES OTHER THAN OUTDOOR HID: contain only high efficacy lamps as outlined in Table 150-C, and do not contain a medium screw base socket (E24/E26). Ballasts for lamps 13 Watts or greater are electric and have an output frequency no less than 20 kHz.	☐	☐	☐
§ 150(k)1: HIGH EFFICACY LUMINAIRES - OUTDOOR HID: contain only high efficacy lamps as outlined in Table 150-C, luminaire has factory installed HID ballast.	☐	☐	☐
§ 150(k)2: Permanently installed luminaires in kitchens shall be high efficacy luminaires. Up to 50% of the Wattage, as determined in Section 130(c), of permanently installed luminaires in kitchens may be in luminaires that are not high efficacy luminaires, provided that these luminaires are controlled by switches separate from those controlling the high efficacy luminaires.	☐	☐	☐
§ 150(k)3: Permanently installed luminaires in bathrooms, garages, laundry rooms, utility rooms shall be high efficacy luminaires. OR are controlled by an occupant sensor(s) certfied to comply with Section 119(d).	☐	☐	☐
§ 150(k)4: Permanently installed luminaires located other than in kichens, bathrooms, garages, laundry rooms, and utility rooms shall be high efficacy luminaires (except closets less than 70 ft) OR are controlled by a dimmer switch OR are controlled by an occupant sensor that complies with Section 119(d) that does not turn on automatically or have an always on option.	☐	☐	☐
§ 150(k)5: Luminaires that are recessed into insulated ceilings are approved for zero clearance insulation cover (IC) and are certified to ASTM E283 and labeled as air tight (AT) to less than 2.0 CFM at 75 Pascals.	☐	☐	☐
§ 150(k)6: Luminaires providing outdoor lighting and permanently mounted to a residential building or to other buildings on the same lot shall be high efficacy luminaires (not including lighting around swimming pools/water features or other Article 680 locations) OR are controlled by occupant sensors with integral photo control certified to comply with Section 119(d).	☐	☐	☐
§ 150(k)7: Lighting for parking lots for 8 or more vehicles shall have lighting that complies with Sections 130, 132, and 147. Lighting for parking garages for 8 or more vehicles shall have lighting that complies with Section 130, 131, and 146.	☐	☐	☐
§ 150(k)8: Permanently installed lighting in the enclosed, non-dwelling spaces of low-rise residential buildings with four or more dwelling units shall be high efficacy luminaires OR are controlled by occupant sensor(s) certified to comply with Section 119(d).	☐	☐	☐

Residential Kitchen Lighting Worksheet

WS-5R

Golterman Addition — 1/8/2009
Project Title — **Date**

At least 50% of the total rated wattage of permanently installed luminaires in kitchens must be in luminaires that are high efficacy luminaires as defined in Table 150-C. Luminaires that are not high efficacy must be switched separately.

Kitchen Lighting Schedule. **Provide the following information for all luminaires to be installed in kitchens.**

Luminaire Type	High Efficacy?	Watts		Quantity		High Efficacy Watts		Other Watts
(1) 26w Compact Fluorescent Quad 2 Pin	Yes [X] No [ ]	37.0	x	8	=	296	or	
50w Low Voltage Halogen Mag	Yes [ ] No [X]	55.0	x	3	=		or	165
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
	Yes [ ] No [ ]		x		=		or	
				Total	A:	296	B:	165

COMPLIES IF A> B YES [X] NO [ ]

HVAC SYSTEM HEATING AND COOLING LOADS SUMMARY

PROJECT NAME	DATE
Golterman Addition	1/8/2009
SYSTEM NAME	**FLOOR AREA**
New HVAC	2,834

ENGINEERING CHECKS

Number of Systems	1
Heating System	
Output per System	95,000
Total Output (Btuh)	95,000
Output (Btuh/sqft)	33.5
Cooling System	
Output per System	0
Total Output (Btuh)	0
Total Output (Tons)	0.0
Total Output (Btuh/sqft)	0.0
Total Output (sqft/Ton)	0.0
Air System	
CFM per System	900
Airflow (cfm)	900
Airflow (cfm/sqft)	0.32
Airflow (cfm/Ton)	0.0
Outside Air (%)	0.0
Outside Air (cfm/sqft)	0.00

Note: values above given at ARI conditions

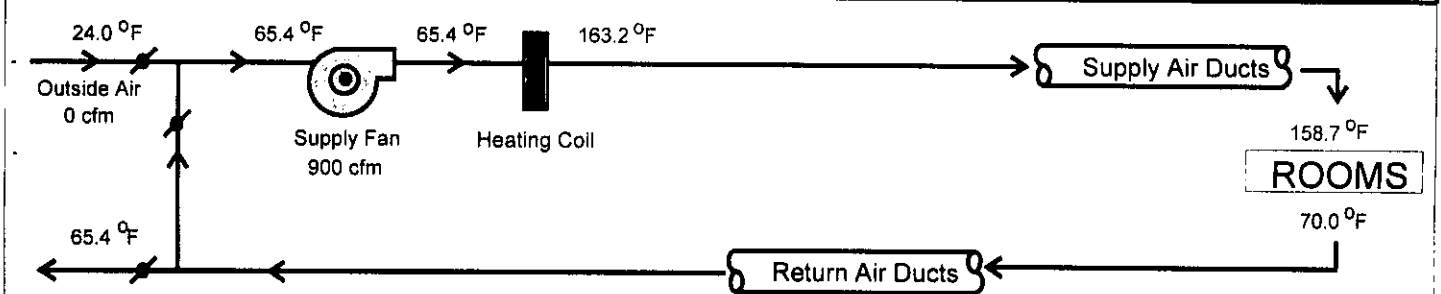
SYSTEM LOAD

	COIL COOLING PEAK			COIL HTG. PEAK	
	CFM	Sensible	Latent	CFM	Sensible
Total Room Loads	1,281	27,549	1,128	396	37,863
Return Vented Lighting		0			
Return Air Ducts		2,988			4,440
Return Fan		0			0
Ventilation	0	0	0	0	0
Supply Fan		0			0
Supply Air Ducts		2,988			4,440
TOTAL SYSTEM LOAD		33,525	1,128		46,743

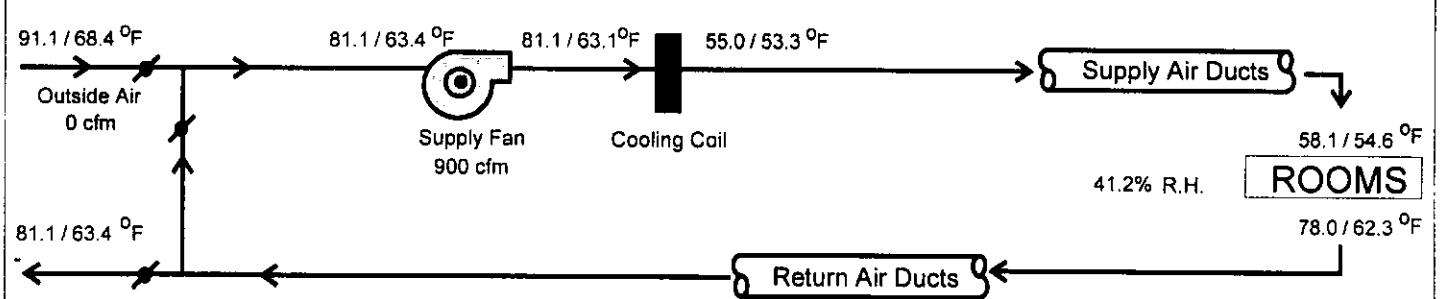
HVAC EQUIPMENT SELECTION

Lennox G32Q3/4-100	0	0	95,000
Total Adjusted System Output (Adjusted for Peak Design Conditions)	0	0	95,000
TIME OF SYSTEM PEAK	Aug 2 pm		Jan 12 am

HEATING SYSTEM PSYCHROMETRICS (Airstream Temperatures at Time of Heating Peak)



COOLING SYSTEM PSYCHROMETRICS (Airstream Temperatures at Time of Cooling Peak)



Miller Pacific
ENGINEERING GROUP

504 Redwood Blvd.
Suite 220
Novato, California 94947
T 415 / 382-3444
F 415 / 382-3450

December 5, 2008
File: 1561.01altr.doc

K.C. Goltermann
316 Petaluma Boulevard South
Petaluma, California 94954

Re: Foundation Recommendations
Residential Remodel/Repair
1663 Skillman Lane
Sonoma County, California

Mr. Goltermann:

Introduction

This letter summarizes our geotechnical evaluation and foundation recommendations for the planned remodel and repair of an existing single family residence located at 1663 Skillman Lane in Sonoma County. This letter summarizes our geotechnical discussion and recommendations for the project.

Project Description

The existing residence includes a single-family craftsman-style farm house on a parcel that gently slopes to the west. The house consists of an original living space and a later addition on the west side of the original structure. The eastern (original) portion of the house is founded on 8" x 8" post piers and the western portion is founded on 6" wide, shallow spread footings. Piers and footings have approximately 6-inches embedment into site soils. Ground beneath the house is relatively flat or slopes gently to the west. Based on our site observations, vertical clearance between current ground and bottom of floor joists is about one foot.

The proposed remodel project will include replacement of rotting wood on the existing residence, new foundations, and overall restoration to the original craftsman-style design.

Regional Geology

Upon review of available geologic maps, the Wilson Grove Formation (Twg) is mapped within the parcel area. This unit is described as light gray to light yellow brown fine-grained marine sandstone. This rock unit generally provides good foundation support for residential construction and excavation conditions are not expected to be difficult. Regional maps indicate that your home is located about six miles west of the Rodgers Creek Fault.

Subsurface Exploration and Laboratory Testing

We explored subsurface soil conditions with two shallow test pits, one within each of the repair areas where new foundations are proposed, to maximum depths of approximately 4 feet. We logged the pits to describe the soil and bedrock conditions encountered. The exploratory pits generally confirmed the mapped geology. The subsurface profile was relatively consistent and consisted of approximately two feet of loose gravelly sand over weathered sandstone (Twg) bedrock. The bedrock is completely weathered and friable at its contact with the soil above and becomes progressively stiffer with depth.

Geotechnical Evaluation and Recommendations

Conclusions: We judge that the site is suitable for the planned remodel from a geotechnical standpoint. Based on the mapped geology and limited subsurface exploration, the site would classify as Site Class S_C, dense soil and soft rock, if seismic design per 2007 CBC is employed. The primary geotechnical engineering concern is providing uniform bearing support for new foundations on stiff native soils or weathered rock. We note that any time new or repaired foundations are placed directly adjacent to older construction, some potential for differential movement under static or seismic loading will exist. Given the anticipated loading conditions and site soil/rock conditions observed, our recommended geotechnical design criteria provided below are intended to minimize future differential. However, some cosmetic distress could occur.

New/Repaired Foundations: Repair of existing foundations can be either by replacement or "sistering" new foundations with the old. Where existing foundations are to stay in-place next to new, doweling new to old should be considered to minimize differential movement between old and new.

New and/or repaired foundations should be shallow strip or spread footings bearing uniformly on the shallow stiff native soil/weathered rock. Geotechnical design criteria for foundations are provided in Table A, below.

TABLE A
FOUNDATION DESIGN CRITERIA
1663 SKILLMAN LANE
SONOMA COUNTY, CALIFORNIA

Strip/Spread Foundations:

Minimum embedment[1]:	24 inches
Allowable bearing capacity[2]:	
Dead load plus Live load:	2,000 psf
Total Design loads, including wind or seismic:	2,500 psf
Lateral passive resistance[3]:	300 pcf
Base friction coefficient:	0.35

(1) Below existing grade. Deepen as necessary to maintain uniform bearing.
(2) Uniform rectangular pressure distribution.
(3) Equivalent Fluid Pressure

Drainage: For improved long-term performance roof edges should be provided with gutters to collect rainfall runoff, and the downspouts should be connected to closed pipe leaders with discharge at least five feet away from the building or onto an impervious surface. If leaders are to be buried, they should consist of smooth rigid non-perforated pipe to facilitate future maintenance.

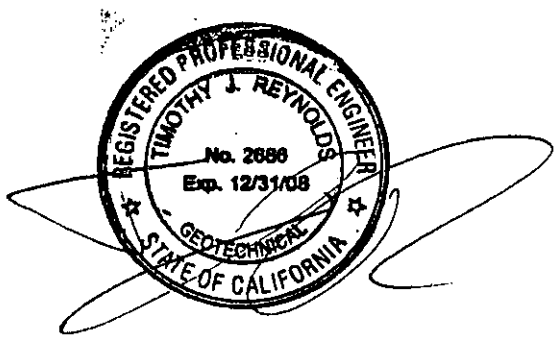
Additional Services

Prior to construction, we should review the completed project plans and specifications for conformance with the intent of our recommendations. If there are changes or additions to the project design or approach, we should review these changes in order to determine whether the conclusions and recommendations presented in this report are still valid.

During construction, we should observe foundation excavations and perform any required field and laboratory testing. These observations will permit us to determine that the exposed soil conditions are as anticipated, and to modify our recommendations, if necessary. Further, it will also permit us to check that the contractor's work is in conformance with the intent of the plans and our recommendations.

We trust that this provides the information required at this time. If you or others have further questions, please do not hesitate to call.

Yours very truly,
MILLER PACIFIC ENGINEERING GROUP



Nathaniel R. Swanson
Staff Geologist

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

3 copies hand delivered

Miller Pacific
ENGINEERING GROUP

504 Redwood Blvd.
Suite 220
Novato, California 94947
T 415 / 382-3444
F 415 / 382-3450

February 10, 2009
File: 1561.01dltr.doc

K.C. Goltermann
316 Petaluma Boulevard South
Petaluma, California 94954

Re: Geotechnical Plan Review and Comments
Residential Remodel/Repair
1663 Skillman Lane
Sonoma County, California

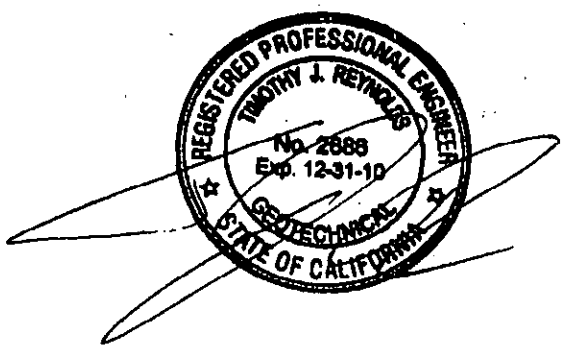
Mr. Goltermann:

This letter summarizes our geotechnical review of remodel and repair plans for the single family residence located at 1663 Skillman Lane in Sonoma County. We reviewed Plan Sheets 5 and 6 of the Project Plans drafted by Dixon Custom Builders dated January 21, 2009.

We judge that geotechnical portions of the plans, including foundation depths, comply with the recommendations provided in our geotechnical site evaluation report dated December 5, 2008. We observed foundation excavations prior to concrete placement and verified that foundations were excavated in general accordance to our recommendations and the Plans. We issued two letters approving foundations for the remodeled residence on December 29, 2008 and January 14, 2009.

We trust that this provides the information required at this time. If you or others have further questions, please do not hesitate to call.

Yours very truly,
MILLER PACIFIC ENGINEERING GROUP



Nathaniel R. Swanson
Professional Geologist No. 8579
(Expires 3/31/10)

Timothy J. Reynolds
Geotechnical Engineer No. 2686
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December 17, 2008
File: 1561.01bltr.doc
Re-issued December 29, 2008

K.C. Goltermann
316 Petaluma Boulevard South
Petaluma, California 94954

Re: Foundation Construction Observations
Residential Remodel/Repair
1663 Skillman Lane
Sonoma County, California

Mr. Goltermann:

Introduction

This letter summarizes our observation of new/repaired footing excavations for the remodel and repair of an existing single family residence located at 1663 Skillman Lane in Sonoma County. We previously performed a geotechnical site evaluation and summarized the results in a letter dated December 5, 2008.

Observations

We observed footing excavations for the remodel/repair project during the weeks of December 8 and December 15, 2008. Per the recommendations of our earlier letter, new footing excavations were deepened to a minimum of 24 inches below surrounding grade. We observed footing bottoms to uniformly expose firm native soil and/or weathered bedrock. During our site visit during the week of December 15, 2008, we observed that footing excavations had remained clean and sharp during several days of rain prior to the concrete pour and that footing steel was in accordance with project details and placed for appropriate clearance and concrete cover.

We trust that this provides the information required at this time. If you or others have further questions, please do not hesitate to call.

Yours very truly,
MILLER PACIFIC ENGINEERING GROUP

Nathaniel R. Swanson
Staff Geologist

Timothy J. Reynolds
Geotechnical Engineer No. 2686
(Expires 12/31/10)

3 copies hand delivered

Grading Permit Questionnaire

ENG-002

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 your 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. **Incorrect answers may cause delays processing and/or issuing the permit(s) for your project.**

☐ Yes ☑ No ☐ Unknown	1.	Does the project include a fill of 6 inches or more within the Flood Prone Urban Area? See map on reverse side of this form for the location of the Flood Prone Urban Area.
☐ 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 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	5.	Does the project include a fill that is intended to support structures?
☐ Yes ☑ No ☐ Unknown	6.	Does the project include a fill that exceeds 50 cubic yards on any one lot?
☐ Yes ☐ No ☐ Unknown	7.	Does the project include an excavation or fill that alters or obstructs a drainage course?

O/S RAINWATER

Acknowledgment:
I, as the applicant, understand that a "Yes" answer to **any** of the above questions means that a grading permit is required and shall be obtained before issuance of a building permit for the site. If any answers are "Unknown" to me, I should contact my design professional immediately to determine if a grading permit is required.

Applicant Signature

1-27-09
Date

CHAD GOLTERMANN
Applicant Printed Name

1733 SKILLMAN LN. PETALUMA 94952
Property Address

048-091-003
Assessor's Parcel Number(s)

BLD09-0300
Building Permit (BLD) Number

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-2210

3

FAX # 5651103

INSTALLATION CERTIFICATE

Site Address: 1733 SKILLMAN LN

Permit Number: BLD090300

Installation certificates (CF-6R) are required for each and every dwelling unit. When the installation of measures that require field verification and diagnostic testing is complete, the builder or the builder's subcontractor shall complete diagnostic testing and the procedures specified in this section. When the installation is complete, the builder or the builder's subcontractor shall complete the CF-6R (Installation Certificate), and keep it at the building site for review by the building department. The builder also shall provide a copy of the Installation Certificate to the HERS rater for any measures requiring field verification and diagnostic testing, per Section 10-103(a).

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)[1]	Tank Volume (gallons)	Efficiency (EF, RE)[2]	Standby Loss (%)[2]	External Insulation R-value[2]
GAS	R94-LSI	STD		2	199000	TANKLESS	84.0	N/A	N/A

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 (EF). For **large gas storage water heaters** (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For **instantaneous gas water heaters**, list Thermal Efficiency and Rated Input.

2. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Kitchen Piping:
If indicated on the CF-1R, all hot water piping ≥ 3/4 inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Faucets & Shower Heads:
All faucets and showerheads installed are certified to the Energy Commission, pursuant to Title 24, Part 6, Section 111.

Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)
✓

☐ All hot water piping in main circulating loop is insulated to requirements of §150(j)

☐ Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)

☐ Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

✓ ☑ 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	GOLTERMANN CONST.
Signature: [signature]	Date: 7-30-09

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

INSTALLATION CERTIFICATE

 CF-6R

Site Address: 1733 SKILLMAN LN

Permit Number: BLD090300

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 RODUCTS)	Product U-factor[1] (≤ CF-1R value)[2]	Product SHGC[1] (≤CF-1R value)[2]	# of Panes	Total Quantity of Like Product *(Optional)*	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.								
2.								
3.								
4.								
5.								
6.								
7.								
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-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. 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
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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

INSTALLATION CERTIFICATE	(Page 3 of 12) CF-6R
Site Address: 1733 SKILLMAN LN., PETALUMA CA	Permit Number: BLD090300

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).

HVAC 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)
FURN.	G9MVX100L20A DM3NFE		95%	SUBAREA	R6	70,000/ 100,000	96000/ 97000

Cooling Equipment

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

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*
   Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ ☒ I, the undersigned, verify that equipment listed above is: 1) 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	GOLTERMANN / OWNER / BUILDER
Signature:	Date: 7-30-09

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

INSTALLATION CERTIFICATE	(Page 4 of 12) CF-6R
Site Address: 1733 SKILLMAN LN. PETALUMA, CA	Permit Number: BLD090300

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

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

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

- ☑ Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- ☑ If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- ☑ Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used *on new ducts.*

✓ ☐ DUCT LEAKAGE REDUCTION

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

	NEW CONSTRUCTION:		
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: ✓ ☐ Cooling ✓ ☐ Heating) or ✓ ☐ 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:		✓ ✓
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [_____(Line # 1) / _____(Line # 2)]]		☐ Pass ☐ 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)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [_____(Line # 5) / _____Line # 2)]]		☐ Pass ☐ Fail
	TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:		✓ ✓
9	Pass if Leakage Percentage < 15% [100 x [_____(Line # 5) / _____ (Line # 2)]]		☐ Pass ☐ Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [_____ (Line # 7) /_____ (Line # 2)]]		☐ Pass ☐ Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [_____(Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		☐ Pass ☐ Fail
	Pass if One of Lines # 9 through # 12 pass		☐ Pass ☐ Fail

✓ ☐ 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.

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

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

Site Address	Permit Number
1733 SULLIVAN LN, PETALUMA, CA	BLD090300

✓ ☐ THERMOSTATIC EXPANSION VALVE (TXV)

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

				✓	✓
✓	☐ Yes	☐ 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.	☐	☐
			Yes is a pass	Pass	Fail

✓ ☐ 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 = T return, 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

INSTALLATION CERTIFICATE	(Page 6 of 12) CF-6R
Site Address: 1733 SKILLMAN LN, PETALUMA, CA	Permit Number: BLD090300

Standard Charge 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.

✓	☐ Yes	☐ No	System Passes

Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 °F)

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 55 °F or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length:		ft
Manufacturer's Standard liquid line length:		ft
Difference (Actual – Standard):		ft
Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces (+ = add) (- = remove)		

Measured Airflow Method for Adequate Airflow Verification *available in RACM, Appendix RD2.6*

Calculated Airflow: Cooling Capacity (Btu/hr)_____ X 0.033 (cfm/Btu-hr) = _____ CFM
Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated airflow).

Alternate Charge 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.

✓	☐ Yes	☐ No	*System Passes*

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

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

Site Address: 1733 SKILLMAN LN, ROSEVILLE, CA

Permit Number: BLD090300

MISCELLANEOUS CREDITS

✓ ☑ **DIAGNOSTIC SUPPLY DUCT LOCATION, SURFACE AREA AND R-VALUE**

Procedures for field verification and diagnostic testing for this group compliance credits are available in RACM, Appendix RC, RE & RH.

✓ ☐ **LESS THAN 12 LINEAL FEET OF SUPPLY DUCT OUTSIDE OF CONDITIONED SPACE COMPLIANCE CREDIT**

✓	☐ Yes	☐ No	Less than 12 lineal feet of supply duct outside of conditioned space.		
			Yes to this compliance credit is a pass	✓ ☑ Pass	✓ ☐ Fail

✓ ☑ **SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT**

✓	☑ Yes	☐ No	Ducts are located within the conditioned volume of building.		
			Yes to this compliance credit is a pass	✓ ☑ Pass	✓ ☐ Fail

Duct System Design verification is required for a compliance credit for the following:

1. **Supply duct surface area reduction**
2. **Buried supply ducts on the ceiling**
3. **Deeply buried supply ducts**

✓ ☑ **DUCT SYSTEM DESIGN VERIFICATION**

✓	☑ Yes	☐ No	Adequate airflow verified		
✓	☑ Yes	☐ No	The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2		
✓	☑ Yes	☐ No	The duct system design plan exists on building plans		
✓	☐ Yes	☐ No	Duct sizes, duct system layout and locations of supply & return registers match the duct system design plan		
			Yes to all is a pass	✓ ☑ Pass	✓ ☐ Fail

✓ ☐ **SUPPLY DUCTS SURFACE AREA REDUCTION COMPLIANCE CREDIT**

Attic	Crawl Space	Basement	Covered	Deeply Covered	Other	Duct Diameter	R-4.2 Surface Area	R-6.0 Surface Area	R-8.0 Surface Area
☐	☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐	☐				
						Total Surface Area for Each R-Value =			
✓	☐ Yes	☐ No	atches Performance's CF-1R?					✓	✓
							Yes to all is a pass	☐ Pass	☐ Fail

✓ ☐ **BURIED DUCTS ON THE CEILING COMPLIANCE CREDIT**

	☐ Yes	☐ No	Buried Ducts on the Ceiling		
	☐ Yes	☐ No	Verified High Insulation Installation Quality	✓	✓
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass				☐ Pass	☐ Fail

✓ ☐ **DEEPLY BURIED DUCTS COMPLIANCE CREDIT**

✓	☐ Yes	☐ No	Deeply Buried Ducts		
✓	☐ Yes	☐ No	Verified High Insulation Installation Quality	✓	✓
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass				☐ Pass	☐ Fail

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

Site Address: 1733 SKILLMAN LN, ROCKLIN, CA

Permit Number: BLD 090300

✓☐ FAN WATT DRAW

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

✓ Method For Fan Watt Draw Measurement		
☐	RE3.2.1	Portable Watt Meter Measurement
☐	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
			✓	✓
✓ ☐ Yes	☐ No	Measured fan watt/cfm draw is equal to or lower than the fan watt/cfm draw documented in CF-1R	☐	☐
		Yes is a pass	Pass	Fail

✓☐ ADEQUATE AIRFLOW VERIFICATION

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

✓ Method For Airflow Measurement		
☐	RE4.1.1	Diagnostic Fan Flow Using Flow Capture Hood
☐	RE4.1.2	Diagnostic Fan Flow Using Plenum Pressure Matching
☐	RE4.1.3	Diagnostic Fan Flow Using Flow Grid Measurement
☐ Yes	☐ No	Duct design exists on plans

		Measured Airflow:		Total cfm
		Rated Tons cfm/ton		cfm/ton
✓ ☐ Yes	☐ No	Measured airflow is greater than the criteria in Table RE-2	✓	✓
		Yes is a pass	Pass	Fail

✓☐ MAXIMUM COOLING CAPACITY

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

1	✓	☐ Yes	☐ No	Adequate airflow verified (see adequate airflow credit)
2	✓	☐ Yes	☐ No	Refrigerant charge or TXV
3	✓	☐ Yes	☐ No	Duct leakage reduction credit verified
4	✓	☐ Yes	☐ No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.
5	✓	☐ Yes	☐ 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.
				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	✓	☐ Yes	☐ No	EER values of installed systems match the CF-1R
2	✓	☐ Yes	☐ No	For split system, indoor coil is matched to outdoor coil
3	✓	☐ Yes	☐ No	Time Delay Relay Verified (If Required)
				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	
Signature:	Date:

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

INSTALLATION CERTIFICATE	(Page 9 of 12) CF-6R
Site Address: 1733 SKILLMAN LN. PETALUMA	Permit Number: BLD0903 00

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).

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:	
1.	☐ Yes	☐ No	Measured envelope leakage less than or equal to the required level from CF-1R?	
2.	☐ Yes	☐ No	Is Mechanical Ventilation shown as required on the CF-1R?	
2a.	☐ Yes	☐ No	If Mechanical Ventilation is required on the CF-1R ('Yes' in line 2), has it been installed?	
2b.	☐ 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. Measured Watts =	
3.	☐ 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.	☐ 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.	
			Pass if: a. Yes in line 1 and line 3, or b. Yes in line 1 and line2, 2a, and 2b, or c. Yes in line 1 and Yes in line 4. Otherwise fail.	✓ Pass / ☐ Pass ✓ Fail / ☐ 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	
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

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

INSTALLATION CERTIFICATE	(Page 10 of 12) CF-6R
Site Address 1733 SKILLMAN LN, ROSEVILLE	Permit Number BLD090300

Insulation Installation Quality Certificate

✓ ☐ 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 meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

✓ **FLOOR**			
☑ Yes	☐ No	☐ NA	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
☑ Yes	☐ No	☐ NA	Insulation in contact with the subfloor or rim joists insulated
☑ Yes	☐ No	☐ NA	Insulation properly supported to avoid gaps, voids, and compression
✓ **WALLS**			
☑ Yes	☐ No	☐ NA	*Wall stud cavities caulked or foamed to provide an air tight envelope*
☑ Yes	☐ No	☐ NA	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
☑ Yes	☐ No	☐ NA	No gaps
☑ Yes	☐ No	☐ NA	No voids over 3/4" deep or more than 10% of the batt surface area.
☑ Yes	☐ No	☐ NA	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	Small spaces filled
☑ Yes	☐ No	☐ NA	Rim-joists insulated
☑ Yes	☐ No	☐ NA	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
✓ **ROOF/CEILING PREPARATION**			
☑ Yes	☐ No	☐ NA	All draft stops in place to form a continuous ceiling and wall air barrier
☐ Yes	☐ No	☑ NA	All drops covered with hard covers
☑ Yes	☐ No	☐ NA	All draft stops and hard covers caulked or foamed to provide an air tight envelope
☑ Yes	☐ No	☐ NA	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	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
☐ Yes	☐ No	☑ NA	Eave vents prepared for blown insulation - maintain net free-ventilation area
☑ Yes	☐ No	☐ NA	Knee walls insulated or prepared for blown insulation
☑ Yes	☐ No	☐ NA	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
☑ Yes	☐ No	☐ NA	Attic rulers installed

INSTALLATION CERTIFICATE	(Page 11 of 12) CF-6R
Site Address	Permit Number

✓ **ROOF/CEILING BATTS**

☑ Yes	☐ No	☐ NA	No gaps
☑ Yes	☐ No	☐ NA	No voids over ¾ in. deep or more than 10% of the batt surface area.
☐ Yes	☐ No	☑ NA	Insulation in contact with the air-barrier
☑ Yes	☐ No	☐ NA	Recessed light fixtures covered
☑ Yes	☐ No	☐ NA	*Net free-ventilation area maintained at eave vents*
✓ **ROOF/CEILING LOOSE-FILL**			
☐ Yes	☐ No	☐ NA	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
☐ Yes	☐ No	☐ NA	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
☐ Yes	☐ No	☐ NA	Attic access insulated
☐ Yes	☐ No	☐ NA	Recessed light fixtures covered
☐ Yes	☐ No	☐ NA	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
☐ Yes	☐ No	☐ NA	*Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value _____. Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation _____. Manufacturer's minimum required settled thickness _____. Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (CF-6R only)*

DECLARATION

✓ ☑ I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	GOLTERMANN / OWNER / BUILDER
Signature:	Date: 7-30-09

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

INSTALLATION CERTIFICATE	(Page 12 of 12) CF-6R
Site Address: 1733 SKILLMAN LN. PETALUMA	Permit Number: BLD090300
County Subdivision	Lot Number

Description of Insulation (Formerly 1C-1 Form)

1. RAISED FLOOR
   Material BATT — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value) R-13

2. SLAB FLOOR/PERIMETER
   Material — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value)
   Perimeter Insulation Depth (inches)

3. EXTERIOR WALL
   Frame Type
   A. Cavity Insulation
   Material — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value)
   B. Exterior Foam Sheathing
   Material — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value)

4. FOUNDATION WALL
   Material — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value)

5. CEILING
   Batt or Blanket Type BATT — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value) R-19
   Loose Fill Type — Brand
   Contractor's min installed weight/ft² ____lb — Minimum thickness ____inches
   Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value)

6. ROOF
   Material BATT — Brand Name
   Thickness (inches) — Thermal Resistance (R-Value) R-19

Declaration

✓ ☑ I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficiency Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
	[signature]	7/30/09	
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Special Inspection and Testing Requirements

CNI-012

Project Name	Project Address	Permit No.
	1733 Skilman	BLD09-0300

Reinforced Concrete, Gunite, Grout and Mortar:

CBC 1701.5.1

Concrete	Gunite	Grout	Mortar	
				Aggregate Tests
				Reinforcing Tests
				Mix Designs
				Reinforcing Placement
				Batch Plant Inspection
				Inspect Placing
				Cast Samples
				Pick-up Samples
				Compression Tests

CBC 1701.5.1 and .4

Piers	Grade Beams	Pre-tens	Pre-cast	
				Aggregate Tests
				Reinforcing Tests
				Tendon Tests
				Mix Designs
				Reinforcing Placement
				Insert Placement
				Concrete Batching
				Installation Inspection
				Cast Samples
				Pick-up Samples
				Compression Tests

Structural Observation by Architect or Engineer:

CBC 1702

	Foundation Observation
	Framing Observation
	Final Observation
	General Conformance Letters

Masonry:

CBC 1701.5.7

_____ Special Inspection Stresses Used
_____ Preliminary Acceptance Test (Masonry Units, Wall Prisms)
_____ Subsequent Tests (Mortar, Grout, Field Wall Prisms)
_____ Placement Inspection of Units

Embedded Bolts or Inserts:

CBC 1701.5.2 and .15

_____ Bolt/Insert Placement Inspection _____%
_____ Bolt/Insert Tension Test _____%
_____ Bolt/Insert Shear Test _____%
X Epoxy Mix & Placement Observation Hold Down Bolts

Structural Steel / Welding:

CBC 1701.5.5 and .6

_____ Sample and Test (list specific members below)
_____ Shop Material Identification
_____ Welding Inspection _____ Shop _____ Field
_____ Ultra Sonic Inspection _____ Shop _____ Field
_____ High-Stress Bolting Inspection
_____ A325 _____ Shop _____ Field
_____ A490 _____ N _____ X _____ F
_____ Metal Deck Welding Inspection
_____ Reinforcing Steel Welding Inspection
_____ Metal Stud Welding Inspection
_____ Concrete Insert Welding Inspection

Structural Wood:

CBC 1701.5.15

_____ Horizontal Diaphragms
_____ Shear Wall Nailing Inspection
_____ Inspection of Glulam Fabrication
_____ Inspection of Truss Joint Fabrication
_____ Sample and Test Components

Geotechnical/Foundation:

CBC 1701.5.11 and .13

_____ Soils Engineer Plan Review Acceptance Letter
X Foundation Excavation
_____ Pier Holes
_____ Site Drainage
_____ Fill Material
_____ Placement Inspection
_____ Field Density
_____ Acceptance Letter
_____ Acceptance Letter

Fireproofing:

CBC 1701.5.10

_____ Placement Inspection
_____ Density Tests
_____ Thickness Tests
_____ Inspect Batching

Insulating Concrete:

CBC 1701.5.9

_____ Sample and Test
_____ Placement Inspection
_____ Unit Weights

Additional Instructions/Other Tests & Inspections:

_____

_____

_____

Plans Examiner Cindy Rader Date 2/10/09

Requirements specified by (Architect/Engineer of record) Philo Hunt by Phone Date 2/10/09

Contractor _____ Date _____

Owner _____ Date _____

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-2210

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: CASEY JOHN KC GOLTERMANN

Date Applied: 1-27-09

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 1733 (1663) SKILLMAN LN City: PETALUMA ZIP: 94952

Cross-Street: FAIR 048-091-003 Project Phone #: 707 7531111 Project Fax #: 707 7652145

Directions: PETALUMA BLVD. NO. TO SKILLMAN Subd. Name Unit # Lot #

Describe Project: REPAIR/REMODEL/ADDITION

Living Area 2834 Garage 1148 Decks 352 Contract Price: $75K

OWNER NAME AND ADDRESS

Name: JOHN KC GOLTERMANN

Mailing Address: 316 PETALUMA BLVD. SO.

City: PETALUMA State: CA ZIP: 94952

Day Ph: (707) 7752525 Fax: 707 7652145

APPLICANT NAME AND ADDRESS

Name:

Mailing Address: SAME

City: State: ZIP:

Day Ph: ( ) Fax: ( )

CONTRACTOR INFORMATION

Company Name:

Address:

City: State: ZIP:

Day Ph: ( ) Fax: ( )

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name:

Address:

City: State: ZIP:

Day Ph: ( ) Fax: ( )

License No: Exp. Date:

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:

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 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 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 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 & P.C. for this reason

Date 1-27-09 Owner [signature]

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 Workmens Compensation law, this permit shall be deemed revoked.

PERMITTEE SIGNATURE [signature]

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 AR 2 VOH File No. Acres 6.0

Existing Use/Structures SFD

Proposed Use/Structures Repair/Remodel

Zoning Min. Yard Requirements: Front Left Right Back

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

Approval for Permit Issuance: By: Date:

Approval for Occupancy: By: Amy Winfield Date: 1/27/09

Conditions: Addition/Remodel. Exempt from Affordable housing fees. No design review req.

Sewer Connection: ☐ Available ☐ Fees Paid Approved by: Date:

Road Encroachment: ☑ Fees Paid ENC 08-0393 Approved by: C. Ozanich Date: 01/27/2009

Septic System Permit/Clearance # SEP09-0070 Approved by: TNguyen Date: 2/20/09

Flood Zone: ☐ Yes ☑ No 100 Year Flood Elevation:

Site Review

Drainage Review: Approved by: KRAWATER Date: 1/27/09

Fire Approved by: [signature] Date: 1-27-09

Code Enforcement Violation ☐ Yes ☑ No Violation # CLOSED

This permit is limited to ______ days.

Work Authorized: Rebuild SFD + Addition w/ Att. Garage

☑ Plans Approved ☐ No Plans Subject to Field Inspection

☐ Post FIRM ☐ Pre FIRM ☐ Alquist Priolo Report Available ☑ Geotechnical report Available

Plancheck Cleared By	Date:	Type of Construction	Occupancy	No. of Stories	No. of Bedrooms
C	2/18/09	VB	R3	1	3

Permit Cleared for Issuance By	Date:	Auto. Fire Sprinklers Req'd	No of Units	Certificate of Occupancy
[initials]	2/20/09	YES		

Machine Stamp for Permit Fee

PAYMENT REC'D $

FEB 20 2009

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT COUNTY OF SONOMA

sennis f:\forms\cis\CIS-007.cdr Revised: 4/8/2004

Final Date: 2-30-09 Inspector: ALLEN MARTIN

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

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

JOB ADDRESS: 1733 SKILLMAN LN. PET

PERMIT NUMBER: BLD09-0300

INSPECTION AREA: 3

131) SPECIAL INSPECTION REQUIRED	☐ YES	☒ NO	IF YES, SEE ADDITIONAL SHEET

	INSPECTION RECORD	DATE	NAME	REMARKS
101)	ROUGH GRADING			
103)	FOUNDATION			
	FORMS/SETBACK			
	FOOTING			
	WALLS			
[redacted]	UFER GROUND #			
	CAISSONS/PIERS			
	SLAB			
107)	UNDERGROUND UTILITIES			
110)	MASONRY			
109)	RETAINING WALLS			
113)	FIREPLACE	FRAMING 4-21-09	ARM	
	FOOTING			
	HEARTH/PROTECTION			
	THROAT			
114)	CHIMNEY			
120)	UNDERFLOOR/UNDERSLAB			
115)	HYDRONICS			
116)	U/F ELECTRICAL			
117)	U/F MECHANICAL			
118)	U/F PLUMBING			
119)	U/F FRAMING			(119) OK TO SHEAR PONY WALLS AT U/F 3-19-09 ARM
139)	U/F INSULATION			
126)	SHEAR WALLS			(126) OK TO SET WINDOWS AND DOORS ONLY 3-19-09 ARM
	☐ INTERIOR ☐ EXTERIOR			
127)	DIAPHRAGMS	3/13/09 CO		
	☑ ROOF 3/13/09 (L) ☐ FLOOR			
134)	SIDING/SHEATHING			
125)	HOLD DOWNS			
132)	CLOSE-IN			
122)	ROUGH ELECTRICAL			
123)	ROUGH MECHANICAL			
124)	ROUGH PLUMBING	4-3-09	ARM	
128)	ROUGH FRAME			
160)	SMOKE DETECTORS	7-30-09	AM	(140) WITH OWNER, OK TO START FRAMING ON SUB-FLOOR, I WILL DO UNDERFLOOR "CRACK" AFTER WEATHER CLEARS UP. OWNER TO KEEP ALL PLYWOOD OFF PONY-WALLS. 2-23-09 ARM
139)	INSULATION			
142)	WALLBOARD	4-6-09	ARM	
143)	FIREWALLS			
135)	STUCCO/PLASTER @ PORCH & FIREPLACE	4.14.09	[illegible]	
	☐ LATH ☐ SCRATCH			
137)	ROOFING			
130)	TUB/SHOWER PAN X 2	4-21-09	AM	
162)	FIRE DAMPERS/DOORS			
164)	SUSPENDED CEILING			
	☐ ROUGH ELEC. ☐ ROUGH MECH.			
165)	EXITING - RAMPS/STAIRS			
163)	HANDRAILS/GUARDRAILS			
	CORRIDORS/DOORS			
166)	ACCESSIBILITY COMPLIANCE			
144)	WATER TANKS			
	☐ SLAB ☐ WALLS			
170)	TEMPORARY OCCUPANCY			
171)	TEMPORARY ELECTRICAL			
172)	TEMPORARY GAS		BY	
174)	ELECTRIC METER AUTHORIZATION	12-30-08	ARM	
152)	PANEL BOARDS/SERVICE			
189)	SEPTIC ELECTRIC FINAL	6-9-09	ARM	
175)	GAS METER AUTHORIZATION	7-1-09	SB	
153)	GAS PRESSURE TEST			
	HOUSE 4-10-09 ARM YARD			
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	7-30-09	ALLEN MARTIN	
	OCCUPANCY (OK TO OCCUPY)			

650)	SUSMP INSPECTION		
651)	NPDES EROSION COMPLIANCE		
652)	NPDES SEDIMENT COMPLIANCE		
653)	NPDES DOCS/SWPPP		

FIRE INSPECTION REQUIRED ☐ Yes ☐ No		DATE	NAME
759)	KNOX BOX		
760)	PROPANE TANK HOLD DOWNS		
770)	SPRINKLER FINAL		
771)	ABOVEGROUND HYDROSTATIC		
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 ☐ Local ☐ County

HEALTH DEPARTMENT

ZONING

SANITATION

PERMIT # BLD09-0320

PLAN RETENTION REQUIRED?	
☐ Yes	☐ No

sennis CIS-008.cdr Rev. 04/15/04