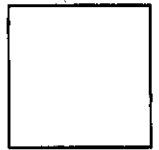


Type



Plans

BLD 11-0731

Permit Number

14350

Street Number

MILL ST

Street Name

TW1°

Community Code

026-010-074

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: BLD11-0731

Project Address: 14350 MILL ST TWI
Cross Street: USING 14350 HWY 1

APN: 026-010-074
Description: REPLACE DUCTWORK - EXISTING SFD
Res/Com: R
Std/Quick: ??
Fire District: VALLEY FORD VFC

Printed: February 23, 2011
Initialized by: BDAVIS
Activity Type: A-BLD 1001

Insp Area: 07
Site Review File #: ??
Site Review Fees Paid: \$0.00

Owner: LAWSON PETER R TR
PO BOX 563
VALLEY FORD CA 94972-0563

707-876-9658

Applicant: BIGHAM SERVICES INC
1400 PETALUMA HILL RD
SANTA ROSA CA 95404

707 431 1800

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Totals...			\$0.00*

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
123	MECHANICAL FEE	025015-1341	70.00	.00	.00
140	TECH ENHANCE FEE	025015-4040	1.40	.00	.00
			\$71.40	\$0.00	

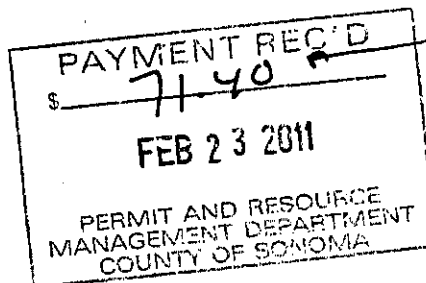
Total Fees: \$71.40

Total Paid: \$0.00

Balance Due: \$71.40

"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1) 100% of a fee erroneously paid or collected. 2) 90% of the plan review fee when an application for a permit is withdrawn or canceled or expires or becomes void before any plan review effort has been expended.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has been expended. 3) 90% of the building, plumbing, electrical, and/or mechanical fee may be refunded when a permit is withdrawn, or cancelled or expires or becomes void before any work was done and before any inspections are performed.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.
This Building Permit shall EXPIRE



Simplified Prescriptive Certificate of Compliance: 2008 Residential HVAC
 Climate Zones 2, 9 and 16

CF-1R-ALT-HVAC

Site Address: <u>14350 Hwy</u>		Enforcement Agency: <u>Sonoma County</u>		Date: _____	Permit #: <u>Bldg-0</u>
Equipment Type	List Minimum Efficiency	Conditioned Floor Area	Duct Insulation requirement	Thermostat	
<input type="checkbox"/> Packaged Unit <input type="checkbox"/> Furnace <input type="checkbox"/> Indoor Coil <input type="checkbox"/> Condensing Unit <input type="checkbox"/> Other	<input type="checkbox"/> AFUE <input type="checkbox"/> SEER <input type="checkbox"/> EER <input type="checkbox"/> COP <input type="checkbox"/> HSPF <input type="checkbox"/> Resistance	Served by system _____ sf	Over 40 ft of ducts added or replaced in unconditioned space <input type="checkbox"/> R 6 (CZ 2 and 9) <input type="checkbox"/> R 8 (CZ 16)	<input type="checkbox"/> Setback (If not already present, must be installed)	
1. Equipment Type: Choose the equipment being installed; If more than one system, use another CF-1R-ALT-HVAC for each system. 2. Minimum Equipment Efficiencies: 13 SEER, 78% AFUE, 7.7 HSPF for typical residential systems.					
HERS VERIFICATION SUMMARY Listed below are four HVAC alteration Options. The installer decides what work is being done and picks one of the appropriate Options. Each Option lists the HERS measures that must be conducted. A copy of the forms shall be left on site for final inspection and a copy given to the homeowner. At final, the inspector verifies that the work listed on this form was in fact the work completed by the installer. The inspector also verifies that each appropriate CF-6R and registered CF-4R forms (no hand filled CF-4Rs allowed) are filled out and signed. Beginning October 1, 2010, a registered copy of the CF-1R and CF-6R shall also be on site for final inspection.					
HVAC Changeout		Required Forms:			
<input type="checkbox"/> All HVAC Equipment replaced		CF-6R forms: MECH-04, MECH-21-HERS and (for split systems) MECH- 25-HERS CF-4R forms: MECH- 21 and (for split systems) MECH-25			
<input type="checkbox"/> Condenser Coil and /or <input type="checkbox"/> Indoor Coil and /or <input type="checkbox"/> Furnace		CF-6R forms: MECH-21-HERS and (for split systems) MECH- 25-HERS CF-4R forms: MECH- 21 and (for split systems) MECH-25			
For Split Systems: Duct leakage < 15 percent; RC, CCA ≥ 300 CFM/ton, TMAH For Packaged Units: Duct leakage < 15 percent Exempted from duct leakage testing if: <input type="checkbox"/> 1. Duct system was documented to have been previously sealed and confirmed through HERS verification, or <input type="checkbox"/> 2. Duct systems with less than 40 linear feet in unconditioned space, or <input type="checkbox"/> 3. Existing duct systems are constructed, insulated or sealed with asbestos					
2. New HVAC System		Required Forms:			
<input type="checkbox"/> Cut in or Changeout with new ducts: (all new ducting and all new equipment)		CF-6R forms: MECH-04, MECH-21-HERS and (for split systems) MECH- 25-HERS CF-4R forms: MECH- 21 and (for split systems) MECH-25			
For Split Systems: Duct leakage < 6 percent; RC, CCA ≥ 300 CFM/ton, TMAH. For Packaged Units: Duct leakage < 6 percent					
3. New Ducts with Replacement		Required Forms:			
<input checked="" type="checkbox"/> Includes replacing or installing all new ducting and/or outdoor condensing unit and/or indoor coil and/or furnace. Not all equipment changed.		CF-6R forms: MECH-04, MECH-20-HERS, and (for split systems) MECH-25-HERS CF-4R forms: MECH-20 and (for split systems) MECH-25			
For Split Systems: Duct leakage < 6 percent, RC, CCA ≥ 300 CFM/ton, TMAH For Packaged Units: Duct leakage < 6 percent					
4. New Ducting over 40 feet		Required Forms:			
<input type="checkbox"/> Includes adding or replacing more than 40 linear feet of duct in unconditioned space.		CF-6R forms: MECH-04, MECH-21-HERS CF-4R forms: MECH-21			
For split system or packaged units: Duct leakage < 15 percent <input type="checkbox"/> EXCEPTION: Existing duct systems constructed, insulated or sealed with asbestos.					
Contractor (Documentation Author's/Responsible Designer's Declaration Statement)					
<input type="checkbox"/> I certify that this Certificate of Compliance documentation is accurate and complete. <input type="checkbox"/> I am eligible under Division 3 of the California Business and Professions Code to accept responsibility for the design identified on this Certificate of Compliance. <input type="checkbox"/> I certify that the energy features and performance specifications for the design identified on this Certificate of Compliance conform to the requirements of Title 24, Parts 1 and 6 of the California Code of Regulations. <input type="checkbox"/> The design features identified on this Certificate of Compliance are consistent with the information documented on other applicable compliance forms, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with the permit application.					
Name: <u>Kim Ridge</u>		Signature: <u>Kim Ridge</u>			
Company: <u>One Hour Heating</u>		Date: <u>2/22/11</u>			
Address: <u>1100 Petaluma Hill Rd</u>		Licenses: <u>740999</u>			
City/State/Zip: <u>Santa Rosa 95404</u>		Phone: <u>55-1800</u>			

INSTALLATION CERTIFICATE**CF-6R-MECH-04****Space Conditioning Systems, Ducts and Fans****(Page 1 of 2)****Site Address:**

14350 1 Hwy., Valley Ford, CA 94972

Enforcement Agency:

City of Valley Ford

Permit Number:

BLD11-0731

Space Conditioning Systems**Heating Equipment**

Equip Type (package-heat pump)	CEC Certified Mfr. Name and Model Number	ARI Reference Number ²	# of Identical Systems	Efficiency (APUE, etc.) ^{1,3} (≥CF-IR value) ⁴	Duct Location (attic, crawl- space, etc.)	Duct R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Gas Fired Central Furnace		0	1	95	Attic&Crawl	0	57000	57000

Cooling Equipment

Equip Type (package heat pump)	CEC Certified Mfr. Name and Model Number	ARI Reference Number ²	# of Identical Systems	Efficiency (SEER and EER) ^{1,3} (≥CF-IR value) ⁴	Duct Location (attic, crawl- space, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. If project is new construction, see Footnotes to Standards Table 151-B and Table 151-C for duct ceiling alternative compliance.

2. ARI Reference Number can be found by entering the equipment model number at <http://www.aridirectory.org/ari/ac.php#>

3. Listed efficiency on this page must be greater than or equal (≥) to the value shown on the CF-IR form.

4. When CF-IR is reference it is also applicable to the CF-IR, CF-IR-AA or CF-IR-ALT

ALL BOXES MUST BE CHECKED TO BE A VALID FORM

- ☒ §110-§113: HVAC equipment is certified by the California 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 meet the requirements of §112(c).
- ☒ §150(j)2: Pipe insulation for cooling system refrigerant suction, chilled water and brine lines meets minimum requirements of Table 150-B and includes a vapor retardant or is enclosed entirely in conditioned space.

INSTALLATION CERTIFICATE**CF-6R-MECH-04****Space Conditioning Systems, Ducts and Fans****(Page 2 of 2)****Site Address:**

14350 1 Hwy., Valley Ford, CA 94972

Enforcement Agency:

City of Valley Ford

Permit Number:

BLD11-0731

Ducts and Fans

§150(m): Duct and Fans

- ☒ 1. All air-distribution system ducts and plenums installed, sealed and insulated to meet the requirements of CMC Sections 601, 602, 603, 604, 605 and Standard 6-5; supply-air and return-air ducts and plenums are insulated to a minimum 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; and
- ☒ 1. 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.
- ☒ 2D. 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.
- ☒ 7. Exhaust fan systems have back draft or automatic dampers.
- ☒ 8. Gravity ventilating systems serving conditioned space have either automatic or readily accessible, manually operated dampers.
- ☒ 9. 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 retardant and provides shielding from solar radiation that can cause degradation of the material.
- ☒ 10. Flexible ducts cannot have porous inner cores.

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I reviewed a copy of the Certificate of Compliance (CF-IR) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-IR that apply to the installation have been met.
- I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)

Bigham's One Hour Htg & Air

Responsible Person's Name:

Paul Bigham

Responsible Person's Signature:

Paul Bigham

CSLB License:

740999

Date Signed:

2/24/2011 11:43:29 AM

Position With Company (Title):

Owner

INSTALLATION CERTIFICATE**CF-6R-MECH-20-HERS****Duct Leakage Test – Completely New or Replacement Duct System****(Page 1 of 2)****Site Address:**

14350 1 Hwy., Valley Ford, CA 94972

Enforcement Agency:

City of Valley Ford

Permit Number:

BLD11-0731

Enter the Duct System Name or Identification/Tag: Duct System 1

Enter the Duct System Location or Area Served: Attic&Crawl

Note: Submit one Installation Certificate for each duct system that must demonstrate compliance in the dwelling.

This certificate is required for compliance for completely new duct systems installed in new dwelling construction, and also for completely new or replacement duct systems in existing dwellings. For existing dwellings, a completely new or replacement duct system can also include existing parts of the original duct system (e.g., register boots, air handler, coil, plenums, etc.) if those parts are accessible and they can be sealed.

Duct Leakage Diagnostic Test – completely new or replacement duct system

Enter a value for the Allowed Leakage (CFM) for the duct system leakage verification. The value entered must be the Verified Low Leakage Ducts in Conditioned Space criteria or one of the three calculated leakage rates described below.

Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Compliance Credit. If compliance credit for verified low leakage ducts in conditioned space is shown in the special features section of the CF-1R, the leakage to outside test method must be used to verify duct leakage (refer to RA3.1.4.3.4), and 25 CFM must be entered for Allowed Leakage.

Allowed
Leakage
(CFM)

Allowed leakage calculation – (select one calculation method from this section). Use 6% (*leakage factor* = 0.06) for calculations if tested at “final” or 4% (*leakage factor* = 0.04) if tested at “rough.” When utilizing Low Leakage Air Handler (LLAH) credit, the allowed duct leakage may be specified by the CF-1R to be less than 6%, in which case the user-specified leakage rate must be used in the calculations below. For example, if the user-specified leakage (specified as a percentage of fan airflow) is reported on the CF-1R as 3%, then use a *leakage factor* of 0.03 in the calculations below.

74.2

☐ Cooling system method:Nominal capacity of condenser in Tons 0 x 400 x *leakage factor* = 0 (CFM)☒ Heating system method:21.7 x 57 Output Capacity in Thousands of Btu/hr x *leakage factor* = 74.2 (CFM)☐ Measured airflow method (RA3.3):Enter measured fan flow in CFM here 0 x *leakage factor* = 0 (CFM)

Enter value for **Actual** leakage (CFM) in the right column, from measurement using applicable duct leakage pressurization test procedure from Reference Residential Appendix RA3.1(CFM @ 25 Pa).

Actual
Leakage
(CFM)List **Actual** Leakage from duct leakage test (CFM)

62

Pass if Actual Leakage is less than Allowed Leakage☒ Pass ☐ Fail

For complete replacement of duct systems only, if the 6 percent leakage rate criteria cannot be met, a smoke test should be performed to verify that the excess leakage is coming only from a pre-existing furnace cabinet (air handler cabinet), and not from other *accessible* portions of the duct system. A HERS rater must verify the installation (No sampling allowed).

List **Actual** Leakage from smoke test(CFM)**Pass if all accessible leaks (except for existing air handler) are sealed using smoke**☐ Pass ☐ Fail

Registration Number: _____

Registration Date/Time: _____

HERS Provider: _____

2008 Residential Compliance Forms

August 2009

INSTALLATION CERTIFICATE		CF-6R-MECH-20-HERS
Duct Leakage Test – Completely New or Replacement Duct System		(Page 2 of 2)
Site Address: 14350 1 Hwy., Valley Ford, CA 94972	Enforcement Agency: City of Valley Ford	Permit Number: BLD11-0731

Compliance Method

This dwelling was: (select one of the following two choices):

- ☒ Tested at Final
- ☐ Tested at Rough-in (requires installer to complete the *visual inspection at final construction stage* described below)

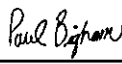
Visual Inspection at Final Construction Stage (if applicable)

After installing the interior finishing wall and verifying that the above rough-in tests was completed, the following procedure must be performed:

- ☐ For all supply and return registers, 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.
- ☒ Outside air (OA) ducts for Central Fan Integrated (CFI) ventilation systems, shall not be sealed/taped off during duct leakage testing. CFI OA ducts that utilize controlled motorized dampers, that open only when OA ventilation is required to meet ASHRAE Standard 62.2, and close when OA ventilation is not required, may be configured to the closed position during duct leakage testing.
- ☒ All supply and return register boots must be sealed to the drywall
- ☒ New duct installations cannot utilize building cavities as plenums or platform returns in lieu of ducts.
- ☒ Mastic and draw bands must be used in combination with Cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I understand that a HERS rater will check the installation to verify compliance, and that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.
- I reviewed a copy of the Certificate of Compliance (CF-IR) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-IR that apply to the installation have been met.
- I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy. I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives, and beginning October 1, 2010, for all low-rise residential buildings.

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner) Bigham's One Hour Htg & Air		
Responsible Person's Name: Paul Bigham		Responsible Person's Signature: 
CSLB License: 740999	Date Signed: 2/24/2011 11:43:43 AM	Position With Company (Title): Owner
Is this installation monitored by a Third Party Quality Control Program (TPQCP)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of TPQCP (if applicable): Enelasys

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING
CF-4R-MECH-20
Duct Leakage Test – Completely New or Replacement Duct System
(Page 1 of 2)
Site Address:

14350 1 Hwy Valley Ford CA 94972

Enforcement Agency:

City of Valley Ford

Permit Number:

BLD11-0731

Enter the Duct System Name or Identification/Tag: Duct System 1

Enter the Duct System Location or Area Served: Attic&Crawl

Note: Submit one Installation Certificate for each duct system that must demonstrate compliance in the dwelling.

This certificate is required for compliance for completely new duct systems installed in new dwelling construction, and also for completely new or replacement duct systems in existing dwellings. For existing dwellings, a completely new or replacement duct system can also include existing parts of the original duct system (e.g., register boots, air handler, coil, plenums, etc.) if those parts are accessible and they can be sealed.

Duct Leakage Diagnostic Test – completely new or replacement duct system

Enter a value for the Allowed Leakage (CFM) for the duct system leakage verification. The value entered must be the Verified Low Leakage Ducts in Conditioned Space criteria or one of the three calculated leakage rates described below.

Verified Low Leakage Ducts in Conditioned Space (VLLDCS) Compliance Credit. If compliance credit for verified low leakage ducts in conditioned space is shown in the special features section of the CF-1R, the leakage to outside test method must be used to verify duct leakage (refer to RA3.1.4.3.4), and 25 CFM must be entered for Allowed Leakage.

Allowed Leakage (CFM)

Allowed leakage calculations: Use one calculation method from the section titled "Allowed Leakage Factor" = 0.06 for calculations. When utilizing Low Leakage Air Handler (LLAH) credit, the allowed duct leakage may be specified by the CF-1R to be less than 6% in which case the user-specified leakage rate must be used in the calculations below. For example, if the user-specified leakage (specified as a percentage of fan airflow) is reported on the CF-1R as 3%, then use a leakage factor of 0.03 in the calculations below.

☐ Cooling system method:
Nominal capacity of condenser in Tons _____ x 400 x leakage factor = _____ (CFM)

☐ Heating system method:
21.7 x _____ Output Capacity in Thousands of Btu/hr x leakage factor = _____ (CFM)

☐ Measured airflow method (RA3.3):
Enter measured fan flow in CFM here _____ x leakage factor = _____ (CFM)

Enter value for **Actual** leakage (CFM) in the right column, from measurement using applicable duct leakage pressurization test procedure from Reference Residential Appendix RA3.1(CFM @ 25 Pa).

Actual Leakage (CFM)

 List **Actual** Leakage from duct leakage test (CFM)

Pass if Actual Leakage is less than Allowed Leakage
☐ Pass ☐ Fail

For complete replacement of duct systems only, if the 6 percent leakage rate criteria cannot be met, a smoke test should be performed to verify that the excess leakage is coming only from a pre-existing furnace cabinet (air handler cabinet), and not from other *accessible* portions of the duct system. A HERS rater must verify the installation (No sampling allowed).

 List **Actual** Leakage from smoke test(CFM)

Pass if all accessible leaks (except for existing air handler) are sealed using smoke
☐ Pass ☐ Fail

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING		CF-4R-MECH-20
Duct Leakage Test – Completely New or Replacement Duct System		(Page 2 of 2)
Site Address: 14350 1 Hwy Valley Ford CA 94972	Enforcement Agency: City of Valley Ford	Permit Number: BLD11-0731

- ☐ Outside air (OA) ducts for Central Fan Integrated (CFI) ventilation systems, shall not be sealed/taped off during duct leakage testing. If a duct is utilized, it should be equipped with a damper that can be opened when OA ventilation is required to meet ASHRAE Standard 62.2, and close when OA ventilation is not required, may be configured to the closed position during duct leakage testing.
- ☐ All supply and return register boots must be sealed to the drywall
- ☐ New duct installations cannot utilize building cavities as plenums or platform returns in lieu of ducts.
- ☐ Mastic and draw bands must be used in combination with Cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

Builder or Installer information as shown on the Installation Certificate (CF-6R)		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner) Bigham's One Hour Htg & Air		
Responsible Person's Name: Paul Bigham	CSLB License: 740999	
HERS Provider Data Registry Information		
Sample Group # (if applicable): 311-0132	<input type="checkbox"/> tested/verified dwelling	<input checked="" type="checkbox"/> not-tested/verified dwelling in a HERS sample group
HERS Rater Information		
HERS Rater Company Name: Jim Apostolos		
Responsible Rater's Name Jim Apostolos	Responsible Rater's Signature Jim Apostolos	
Responsible Rater's Certification Number w/ this HERS Provider: 399099	Date Signed: 4/8/2011	

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

JOB ADDRESS: 14350 Mull St
PERMIT NUMBER: B0011-0731
INSPECTION AREA: 7

Please Print your Name: _____ Date Applied: _____

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 14350 Mull St

City: Valley Ford

ZIP: 94972

Cross-Street: _____

APN: 026-010-000

Project Phone #: ()

Project Fax #: ()

Directions: _____

Email address: 074

Unit # _____

Lot # _____

Describe Project: Replace Ductwork in SFD.

Living Area _____

Garage _____

Decks _____

Contract Price: 1800

OWNER NAME AND ADDRESS

Name: Peter Lawson

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Day Ph: () 876-9655 Fax: ()

APPLICANT NAME AND ADDRESS

Name: Contractor

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Day Ph: () _____ Fax: ()

CONTRACTOR INFORMATION

Company Name: One Hour Heating & Air

Address: 1400 Petaluma Blvd Rd

City: SR State: CA ZIP: 95404

Day Ph: () 545-1800 Fax: ()

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name: N/A

Address: _____

City: _____

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: Truck Ins Exchange
Policy No: A191925213
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: 1/1/12 Applicant: Lynn Kerr
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): No 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 or 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: _____
By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov/calaw.html>.
Date: _____ Signature of Property Owner or Authorized Agent: _____

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.
c. Class: C20 Lic. No.: 740999
xp. Date: 10/31/11 Contractor: Lynn Kerr

ASBESTOS DECLARATION

I/We 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.
PERMITTEE SIGNATURE: Lynn Kerr
ADDRESS: _____ CITY: _____ ZIP: _____
☒ Contractor ☐ Owner ☐ Other Licensed Professional

FOR DEPARTMENT USE

Zoning: _____ File No.: _____ Acres: _____
Existing Use/Structures: _____
Proposed Use/Structures: _____
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: _____ Approval for Occupancy: _____
By: _____ Date: _____
Conditions: _____
Sewer Connection: ☐ Available ☐ Fees Paid
Approved by: _____ Date: _____
Road Encroachment: ☐ Fees Paid
Approved by: _____ Date: _____
Septic System Permit/Clearance #: _____
Approved by: _____ Date: _____
Flood Zone: ☐ Yes ☒ No 100-Year Flood Elevation: _____
Site Review: _____
Drainage Review: _____
Approved by: _____ Date: _____
Fire: _____
Approved by: _____ Date: _____
Code Enforcement Violation ☐ Yes ☒ No Violation #: files closed
This permit is limited to _____ days.
Work Authorized: Replace ductwork (C) SFD

☒ Plans Approved

☐ No Plans Subject to Field Inspection

☐ Post FIRM

☐ Pre FIRM

☐ Alquist Priolo Report Available

☐ Geotechnical report Available

Permit Cleared By: _____ Date: _____

Type of Construction: VB R3

Occupancy: _____

No. of Stories: _____

No. of Bedrooms: _____

Permit Cleared for Reference By: _____ Date: 10/23/11

Auto. Fire

Sprinkler

No. of Units: _____

Certificate of Occupancy: _____

Machine Space for Permit Fee: 4.2641
FEB 26 2011
COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

Distribution: White - File Canary - Applicant Blue - Assessor Cardslock - Inspector

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				ROOF, WINDOW, AND HVAC SYSTEM ALTERATIONS & REPLACEMENTS MUST COMPLY WITH CURRENT TITLE 24 ENERGY REGULATIONS.	
103)	FOUNDATION					
	FORMS/SETBACK					
	FOOTING					
	WALLS					
106)	UFER GROUND #					
104)	CAISSONS/PIERS					
105)	SLAB					
107)	UNDERGROUND UTILITIES					
110)	MASONRY					
109)	RETAINING WALLS					
113)	FIREPLACE					
	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					
139)	U/F INSULATION					
126)	SHEAR WALLS					
	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR				
127)	DIAPHRAGMS					
	<input type="checkbox"/> ROOF	<input type="checkbox"/> FLOOR				
134)	SIDING/SHEATHING					
125)	HOLD DOWNS					
132)	CLOSE-IN					
122)	ROUGH ELECTRICAL					
123)	ROUGH MECHANICAL					
124)	ROUGH PLUMBING					
128)	ROUGH FRAME					
160)	SMOKE DETECTORS					
139)	INSULATION					
142)	WALLBOARD					
143)	FIREWALLS					
135)	STUCCO/PLASTER					
	<input type="checkbox"/> LATH	<input type="checkbox"/> SCRATCH				
137)	ROOFING					
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				650)	SUSMP INSPECTION
144)	WATER TANKS				651)	NPDES EROSION COMPLIANCE
	<input type="checkbox"/> SLAB	<input type="checkbox"/> WALLS			652)	NPDES SEDIMENT COMPLIANCE
170)	TEMPORARY OCCUPANCY				653)	NPDES DOCS/SWPPP
171)	TEMPORARY ELECTRICAL				FIRE INSPECTION REQUIRED	
172)	TEMPORARY GAS				<input type="checkbox"/> Yes <input type="checkbox"/> No	
174)	ELECTRIC METER AUTHORIZATION				759)	KNOX BOX
152)	PANEL BOARDS/SERVICE				760)	PROPANE TANK HOLD DOWNS
189)	SEPTIC ELECTRIC FINAL				770)	SPRINKLER FINAL
175)	GAS METER AUTHORIZATION				771)	ABOVEGROUND HYDROSTATIC
153)	GAS PRESSURE TEST				772)	UNDERGROUND HYDROSTATIC
	HOUSE	YARD			773)	UNDERGROUND FLUSH
190)	MANUF. HOME FOUNDATION				774)	THRUST BLOCKS
191)	MANUF. HOME INSTALLATION				775)	PIPE WELD
	CONTINUITY				776)	HYDRANTS/APPLIANCES
	STAIRS/SKIRTS				777)	PUMP ACCEPTANCE
	RIDGE BOLTING				778)	WATER SUPPLY/TANK
193)	MANUF. HOME COND. FINAL				779)	ALARM SYSTEM
	SWIMMING POOLS				780)	HOOD & DUCT SYSTEM
194)	PRE-GUNITE				781)	ABOVEGROUND TANK/DISPENSER
195)	PRE-DECK				198)	FIRE FINAL
196)	PRE-PLASTER/FENCE				CLEARANCES:	
197)	VINYL/FIBERGLASS POOL EXCAVATION				FIRE	<input type="checkbox"/> Local <input type="checkbox"/> County
102)	GRADING FINAL				HEALTH DEPARTMENT	
176)	ELECTRICAL FINAL				ZONING	
177)	MECHANICAL FINAL	4-26-11	RP		SANITATION	
178)	PLUMBING FINAL					
199)	FINAL	4-26-11	RP			
OCCUPANCY (OK TO OCCUPY)					PLAN RETENTION REQUIRED?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT # B101-0731