

B

Type

Plans

B- 142457

Permit Number

695

Street Number

Dufrane Ave

Street Name

GRA

Community Code

060-281-040

APN

# COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 527-1900 FAX (707) 527-1103

Please Print  
Your Name:

Jimmy JAY Levie

Date  
Applied:

5/20/97

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

## SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 695 DuFRANC		City: Sebastopol		ZIP: 95472	
Cross-Street: Hewdsberg AVE		APN: 060-281-040		Project Phone #: ( )	
Directions:		Subd. Name:		Project Fax #: ( )	
Describe Project: NEW RESIDENCE Single family		Living Area: 2,600 sq ft Garage: 484 Decks: 702		Contract Price:	

## OWNER NAME AND ADDRESS

Name: Jimmy Jay Levie		
Mailing Address: 6120 Orchard Station RD.		
City: Sebastopol	State: CA	ZIP: 95472
Day Ph: ( )	Fax: ( )	

## APPLICANT NAME AND ADDRESS

Name: Jimmy Jay Levie		
Mailing Address: 6120 Orchard Station RD.		
City: Sebastopol	State: CA	ZIP: 95472
Day Ph: (707) 491-2057 pg. 24	Fax: (707) 824-3402	

## CONTRACTOR INFORMATION

Company Name: Levie Construction		
Address: 6120 Orchard Station RD.		
City: Sebastopol	State: CA	ZIP: 95472
Day Ph: (707) 491-2057 page 24	Fax: (707) 824-3402	

## OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name:		
Address:		
City:	State:	ZIP:
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: State fund  
Policy No: 229-6104-97

(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: 01-01-98 Applicant: Jimmy Jay Levie

**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.**

## 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: -B-

Lenders Address:

## OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)

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

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

## 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: B Lic. No: 514450

Exp Date: 7/30/97 Contractor: Levie Construction

## ASBESTOS DECLARATION

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

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

**NOTICE!! THIS PERMIT WILL EXPIRE BY LIMITATION IF WORK IS NOT STARTED IN 180 DAYS OR IF WORK IS ABANDONED FOR MORE THAN 180 DAYS. A REQUEST FOR TIME EXTENSION MUST BE SUBMITTED IN WRITING TO THE BUILDING CODE ADMINISTRATOR WITHIN THE FIRST 180 DAYS OF THE PERMIT.**

PERMITTEE SIGNATURE: Jimmy Jay Levie

ADDRESS: 6120 Orchard Station RD Sebastopol 95472

City: Sebastopol State: CA ZIP: 95472

☐ Contractor ☐ Owner ☐ Agent for Contractor ☐ Agent for Owner

Permit # B-142457 Area 7

Permit Coordinator

## FOR DEPARTMENT USE

Zoning: RR B6 ZAC File No: \_\_\_\_\_ Acres: 2.86

Existing Use/Structures: VACANT

Proposed Use/Structures: SFD

Zoning Min. Yard Requirements: Front 20' Left 5' Right 5' Back 20'

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 of Occupancy: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \*GAR/SHED under separate permit  
REC. ROOM CAN'T BE A living unit

Sewer Connection: ☐ Available ☐ Fees Paid

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Road Encroachment: ☐ Fees Paid PRIVATE RD

Approved by: \_\_\_\_\_ Date: 6/24/97

Septic System Permit/Clearance #: SEP 97-0494

Approved by: W Edison Date: 5-21-97

Flood Zone: ☐ Yes ☐ No 100 Year Flood Elevation: \_\_\_\_\_

Site Review: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Condition of Soil at Job Site: ☐ Original ☐ Engineered Fill ☐ Loose Fill

Required Reports: ☐ Geology ☐ Soils ☐ Compaction

Code Enforcement Violation ☐ Yes ☐ No

Work Authorized: SFD

☒ New ☐ Addition ☐ Alteration ☐ Repair ☐ Moving ☐ Occ/Chg

<input checked="" type="checkbox"/> Plans Approved		Machine Space for Permit Fee	
<input type="checkbox"/> No Plans Subject to Field Inspection		015481 06/24/97B01	
Planned by: JAW Date: 6/10/97		# 0142457	
Permit Cleared for Issuance By: BK Date: 6-24-97		*****TTL \$1542.89	
Type of Construction: VN R3		CHNG \$1542.89	
Occupancy: 2		No. of Bedrooms: 3	
Auto. Fire Sprinklers Req'd: No		Certificate of Occupancy: \$0.00	
No. of Units: 2		Final Date: _____	
Inspector: _____		Inspector: _____	

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

JOB ADDRESS:

MAP REFERENCE:

PERMIT NUMBER: B-142457 INSPECTION AREA: 7

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
FOUNDATION				
FORMS/SETBACK				
FOOTING				
WALLS				
UNDER GROUND #				
CAISSONS/PIERS				
SLAB - GARAGE 6/26/97	6/30/97	GMS		
MASONRY				
RETAINING WALLS				
FIREPLACE				
FOOTING				
HEARTH/PROTECTION				
THROAT				
CHIMNEY				
UNDERFLOOR/UNDERSLAB				
U/F ELECTRICAL				
U/F MECHANICAL				
U/F PLUMBING DUV ONLY 6/30/97			HYDROK TEST W/OPSIDK 6/30/97	
U/F FRAMING				
U/F INSULATION				
SHEAR WALLS				
<input type="checkbox"/> INTERIOR				
<input checked="" type="checkbox"/> EXTERIOR				
DIAPHRAGMS				
<input checked="" type="checkbox"/> ROOF 2PW/ABS 48" O.C. 9/17/97	9/17/97	GMS	RE-NAIL ALL SHEAR TO 10-6-97 Front Garage Renail 10-14-97 (M)	
<input type="checkbox"/> FLOOR				
SIDING/SHEATHING				
HOLD DOWNS				
CLOSE-IN				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
ROUGH PLUMBING				
ROUGH FRAME				
SMOKE DETECTORS				
INSULATION				
WALLBOARD 11-19-97			Verify garage ceiling meets fire wall Reg's on 1/16/98 GMS	
STUCCO/PLASTER				
<input type="checkbox"/> LATH				
<input type="checkbox"/> SCRATCH				
TUB/SHOWER PAN				
SUSPENDED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
EXITING				
STAIRS/HANDRAILS				
RAMPS				
CORRIDORS/DOORS				
HANDICAP REQUIREMENTS				
ENERGY REQUIREMENTS				
TEMPORARY OCCUPANCY 10-20-97	1/16/98	GMS		
TEMPORARY ELECTRICAL				
TEMPORARY GAS				
ELECTRIC METER AUTHORIZATION	7-14-97	SB	TO ACCOMMODATE SERVICE CHANGE	
PANEL BOARDS/SERVICE				
GAS METER AUTHORIZATION				
GAS PRESSURE TEST				
HOUSE				
YARD				
MANUF. HOME FOUNDATION				
MANUF. HOME INSTALLATION				
CONTINUITY				
STAIRS/SKIRTS				
RIDGE BOLTING				
SWIMMING POOLS				
PRE-GUNITE				
PRE-DECK				
PRE-PLASTER/FENCE				
GRADING FINAL				
ELECTRICAL FINAL				
MECHANICAL FINAL				
PLUMBING FINAL				
FINAL				
OCCUPANCY (OK TO OCCUPY)				

FIRE INSPECTION REQUIRED		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspected by:			
CONFIRM AVAILABLE HYDRANT OR REQUIRE 2500 GAL TANK, ETC.			
CLEARANCES:			
FIRE	<input type="checkbox"/> Local	<input type="checkbox"/> County	
HEALTH DEPARTMENT			
ZONING			
SANITATION			
N.C.A.P.C.D.			
PLAN RETENTION REQUIRED?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



FIRE SAFE STANDARDS  
SITE REVIEW

Inspector \_\_\_\_\_ Date \_\_\_\_\_

P.C.# \_\_\_\_\_ Address \_\_\_\_\_

Fire District \_\_\_\_\_ Parcel size \_\_\_\_\_ acres  
Check Box[] or fillin \_\_\_\_\_ the following.

ADDRESS

Visible both directions of travel yes[] no[]  
Address in sequence yes[] no[]

GATES N/A[]

30' setback from road N/A[] yes[] no[]  
Opens in or increased setback yes[] no[]  
locked gate N/A[] yes[] no[]

ROAD N/A[]

Existing prior to 1/1/92 yes[] no[]  
Meets county road standards yes[] no[]

DRIVEWAY N/A[]

Existing prior to 1/1/92 yes[] no[]  
Driveway allows access to  
within 150' of structure. yes[] no[]  
Driveway over 150' in Length yes[] no[]  
Length \_\_\_\_\_ FT.  
Grade not over 0-5% X 5-10%[] 10-15%[]  
Length of grade over 15% \_\_\_\_\_ FT.  
Width of driveway 12 FT.  
Bridges required yes[] no[]

EMERGENCY WATER SUPPLY

Public water system hydrant within 800' yes X no[]  
Hydrant type 4 1/2" X 2 1/2" []  
Onsite water minimum \_\_\_\_\_ gal.  
Meets Fire Safe Standards yes X no[]

CLEARANCE OF FLAMMABLE VEGETATION N/A[]

Over one acre parcel yes[] no[]  
Terrain & slope 6 within 100' of building site  
upslope[] or downslope[]  
Direction of slope face north[] south[] east[] west[]  
Vegetation type grass[] woodland[] brush[] timber[]  
other \_\_\_\_\_ (vinyard orchard etc)  
Vegetation volume living fuel light[] medium[] heavy[]  
Vegetation volume dead fuel light[] medium[] heavy[]  
Fire history in area Unknown[] yes[] no[]

Notes

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Project Title..... Levie Residence          Date..... 05/02/97
Project Address..... 695 Dufranc             *****
Sebastopol                *v4.50*
Documentation Author... Sarah Pernula        *****
SOL*DATA                   | Building Permit # |
401-C College Avenue      | Plan Check / Date |
Santa Rosa, CA  95401     | Field Check/ Date |
707-545-4440              |
Climate Zone..... 02
Compliance Method..... MICROPAS4 v4.50 for 1995 Standards by Enercomp, Inc.
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| MICROPAS4 v4.50 File-LEVIEHOU Wth-CTZ02S92 Program-FORM CF-1R |
| User#-MP0817 User-SOL*DATA Run-Base run                       |
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## GENERAL INFORMATION

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Conditioned Floor Area..... 3684 sf
Building Type..... Single Family Detached
Construction Type ..... New
Building Front Orientation. Front Facing 258 deg (W)
Number of Dwelling Units... 1
Number of Stories..... 2
Floor Construction Type.... Raised Floor
Glazing Percentage..... 21.8 % of floor area
Average Glazing U-value.... 0.54 Btu/hr-sf-F

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## BUILDING SHELL INSULATION

Component Type	Frame Type	Cavity R-value	Sheathing R-value	Insul R-value	Assembly U-value	Location/Comments
Wall	Wood	R-19	R-n/a	R-19	0.065	2X6 at crawl
WallPerim	n/a	R-0	R-n/a	R-0	0.900	retaining wall
Wall	Wood	R-17.8	R-0	R-17.8	0.063	2X6 typical
Wall	Wood	R-17.8	R-0	R-17.8	0.064	to garage
Door	n/a	R-0	R-n/a	R-0	0.330	entry door, french to garage
Roof	Wood	R-30	R-n/a	R-30	0.031	trusses
Roof	Wood	R-25.2	R-0	R-25.2	0.039	sloped
Floor	Wood	R-19	R-n/a	R-19	0.037	over crawl
SlabEdge	n/a	R-0	R-n/a	R-0	0.900	slab floor, R-10 required for radiant floor

## FENESTRATION

Orientation	Area (sf)	U-Value	# of Interior Panes	Shading/Description	Exterior Shading	Overhang/Fins	Framing Type
Door Left (N)	40.0	0.490	2	Drapes/Patio	None	None	Vinyl
Window Back (E)	9.0	0.500	2	Drapes/Operable	None	Yes	Vinyl
Window Back (E)	9.0	0.500	2	Drapes/Operable	None	Yes	Vinyl
Window Back (E)	9.0	0.500	2	Drapes/Operable	None	None	Vinyl
Window Back (E)	9.0	0.500	2	Drapes/Operable	None	None	Vinyl
Window Front (W)	5.0	0.500	2	Drapes/Fixed	None	None	Wood
Door Front (W)	10.0	0.550	2	Drapes/SmallGls	None	None	Wood
Window Front (W)	35.0	0.500	2	Drapes/Operable	None	Yes	Vinyl
Window Front (W)	6.0	0.500	2	Drapes/Operable	None	Yes	Vinyl

Project Title..... Levie Residence

Date..... 05/02/97

MICROPAS4 v4.50 File-LEVIEHOU Wth-CTZ02S92 Program-FORM CF-1R  
User#-MP0817 User-SOL\*DATA Run-Base run

FENESTRATION

Orientation			Area (sf)	U- Value	# of Interior Pan- Shading/ es Description	Exterior Shading	Over- hang/ Fins	Framing Type
Window	Front	(W)	14.0	0.500	2 Drapes/Operable	None	Yes	Vinyl
Window	Front	(W)	28.0	0.500	2 Drapes/Operable	None	None	Vinyl
Window	Left	(N)	12.0	0.500	2 Drapes/Operable	None	None	Vinyl
Door	Back	(E)	13.3	0.550	2 Drapes/FrenchDr	None	Yes	Wood
Window	Left	(N)	10.0	0.500	2 Drapes/Operable	None	None	Vinyl
Window	Left	(N)	10.0	0.500	2 Drapes/Operable	None	None	Vinyl
Door	Back	(E)	53.3	0.490	2 Drapes/Patio	None	Yes	Vinyl
Window	Back	(E)	24.0	0.500	2 Drapes/Operable	None	None	Vinyl
Window	Back	(E)	60.0	0.520	2 Drapes/Operable	None	None	Wood
Window	Back	(E)	30.0	0.500	2 Drapes/Fixed	None	None	Wood
Door	Left	(N)	33.3	0.510	2 Drapes/Patio	None	Yes	Wood
Window	Left	(N)	10.0	0.500	2 Drapes/Fixed	None	Yes	Wood
Window	Back	(E)	52.5	0.520	2 Drapes/Operable	None	None	Wood
Window	Back	(E)	26.4	0.500	2 Drapes/Fixed	None	None	Wood
Window	Right	(S)	35.0	0.520	2 Drapes/Operable	None	Yes	Wood
Window	Right	(S)	17.6	0.500	2 Drapes/Fixed	None	Yes	Wood
Window	Back	(E)	15.0	0.520	2 Drapes/Operable	None	None	Wood
Window	Right	(S)	70.0	0.520	2 Drapes/Operable	None	None	Wood
Skylight	Right	(S)	70.0	0.800	2 None	None	None	Metal
Door	Right	(S)	13.3	0.550	2 Drapes/FrenchDr	None	None	Wood
Window	Front	(W)	73.5	0.520	2 Drapes/Operable	None	None	Wood

THERMAL MASS

Type	Exposed	Area (sf)	Thickness (in)	Location/Comments
SlabOnGrade	No	609	3.5	slab floor
BelowGrade	No	80	6.0	retaining wall

HVAC SYSTEMS

Equipment Type	Minimum Efficiency	Duct Location	Duct R-value	Thermostat Type
Hydronic	0.799 AFUE	None	R-4.2	Setback
NoCooling	10.00 SEER	Attic	R-4.2	Setback

Project Title..... Levie Residence

Date..... 05/02/97

MICROPAS4 v4.50 File-LEVIEHOU Wth-CTZ02S92 Program-FORM CF-1R  
User#-MP0817 User-SOL\*DATA Run-Base run

## WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
DOMESTIC Storage	Gas	Recirc/TimeTemp	1	0.48 EF	75	R-12
HYDROBASE Instantaneous	Gas	Standard	1	0.80 RE	n/a	R-n/a

## SPECIAL FEATURES/REMARKS

This building incorporates a Separate Hydronic Space Heating System.  
Glazing U-values are for Milgard vinyl framed products and Marvin  
metal clad, wood or fiberglass frames.  
The hydronic space heating system delivery is baseboard at the  
upper level, most of the house, and radiant floor at the lower  
level.



Project Title..... Levie Residence

Date..... 05/02/97

MICROPAS4 v4.50 File-LEVIEHOU Wth-CTZ02S92 Program-FORM CF-1R  
User#-MP0817 User-SOL\*DATA Run-Base run

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title-24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features/Remarks section.

DESIGNER or OWNER

Name.... Jim Levie  
Company. Levie Construction  
Address. 6120 Orchard Sta Road  
Sebastopol CA  
Phone... 707 829-3402  
License. 514450

Signed.. Jimmy Levie 5/6/97  
(date)

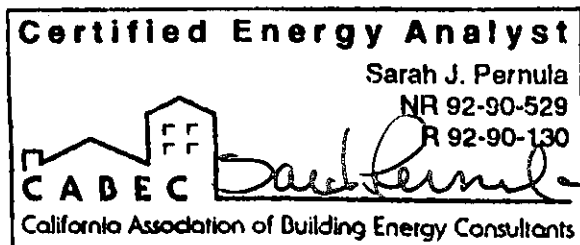
ENFORCEMENT AGENCY

Name....  
Title...  
Agency..  
Phone...

Signed..  
(date)

DOCUMENTATION AUTHOR

Name.... Sarah Pernula  
Company. SOL\*DATA  
Address. 401-C College Avenue  
Santa Rosa, CA 95401  
Phone... 707-545-4440



## MANDATORY MEASURES CHECKLIST: RESIDENTIAL

MF-1R

Project Title.....		*****	
Project Address.....		*v4.50*	
Documentation Author...	Sarah Pernula	*****	Building Permit #
	SOL*DATA		
	401-C College Avenue		Plan Check / Date
	Santa Rosa, CA 95401		
	707-545-4440		Field Check/ Date
Climate Zone.....			
Compliance Method..... MICROPAS4 v4.50 for 1995 Standards by Enercomp, Inc.			
MICROPAS4 v4.50		Program-FORM MF-1R	
User#-MP0817 User-SOL*DATA			

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

## BUILDING ENVELOPE MEASURES

	Design- er	Enforce- ment
*150(a): Minimum R-19 ceiling insulation.	✓	_____
150(b): Loose fill insulation manufacturers labeled R-Value.	✓	_____
*150(c): Minimum R-13 wall insulation in framed walls (does not apply to exterior mass walls).	✓	_____
*150(d): Minimum R-13 raised floor insulation in framed floors; minimum R-8 in concrete raised floors.	✓	_____
150(i): Slab edge insulation - water absorption rate no greater than 0.3%, water vapor transmission rate no greater than 2.0 perm/inch.	_____	_____
118: Insulation specified or installed meets CEC quality standards. Indicate type and form.	✓	_____
116-17: Fenestration Products, Exterior Doors and Infiltration/ exfiltration controls		
a. Doors and windows between conditioned and unconditioned spaces designed to limit air leakage.		
b. Manufactured fenestration products have label with certified U-value, and infiltration certification.		
c. Exterior doors and windows weatherstripped; all joints and penetrations caulked and sealed.	✓	_____
150(g): Vapor barriers mandatory in Climate Zones 14 and 16 only.	_____	_____
150(f): Special infiltration barrier installed to comply with Sec. 151 meets CEC quality standards.	_____	_____
150(e): Installation of Fireplaces, Decorative Gas Appliances and gas logs		
1. Masonry and factory-built fireplaces have:		
a. Closeable metal or glass door		
b. Outside air intake with damper and control		
c. Flue damper and control		
2. No continuous burning gas pilots allowed.	✓	_____

Project Title.....

MICROPAS4 v4.50

Program-FORM MF-1R

User#-MP0817 User-SOL\*DATA

## SPACE CONDITIONING, WATER HEATING AND PLUMBING SYSTEM MEASURES

	Design- er	Enforce- ment
110-13: HVAC equipment, water heaters, showerheads and faucets certified by the CEC.	✓	_____
150(i): Setback thermostat on all applicable heating systems.	✓	_____
150(j): Pipe and Tank insulation		
1. Indirect hot water tanks (e.g., unfired storage tanks or backup solar hot water tanks) have insulation blanket (R-12 or greater) or combined interior/exterior insulation (R-16 or greater).		
2. First 5 feet of pipes closest to water heater tank, non-recirculating systems, insulated (R-4 or greater).		
3. All buried or exposed piping insulated in recirculating sections of hot water system.		
4. Cooling system piping below 55 degrees insulated.		
5. Piping insulated between heating source and indirect hot water tank.	✓	_____
*150(m): Ducts and Fans		
1. Ducts constructed, installed and sealed to comply with UMC sections 1002 and 1004; ducts insulated to a minimum installed value of R-4.2 or ducts enclosed entirely within conditioned space.		
2. Exhaust fan systems have backdraft or automatic dampers.		
3. Gravity ventilating systems serving conditioned space have either automatic or readily accessible, manually operated dampers.	✓	_____
114: Pool and Spa Heating Systems and Equipment		
1. System is certified with 78% thermal efficiency, on-off switch, weatherproof operating instructions, no electric resistance heating and no pilot light.		
2. System installed with:		
a. At least 36 inches pipe between filter and heater for future solar heating.		
b. Cover for outdoor pools or outdoor spa.		
3. Pool system has directional inlets and a circulation pump time switch.		_____
115: Gas-fired central furnace, pool heater, spa heater or household cooking appliance have no continuously burning pilot light (Exception: Non-electrical cooking appliance with pilot < 150 Btu/hr.).	✓	_____

## LIGHTING MEASURES

	Design- er	Enforce- ment
150(k): 40 lumens/watt or greater for general lighting in kitchens and rooms with water closets; and recessed ceiling fixtures IC (insulation cover) approved.	✓	_____