Print Form

Building Safety Division http://www.edcgov.us/building/
Email to: cda.epermit@edcgov.us
"E-Permit" APPLICATION (PART 1)

Assessor's Parcel Number: 082-082-07-10 Owner's Name: JUDY GRAHAM

Site Address: 3591 FAIRWAY DRIVE Owner's Phone #: 530-672-6396

Mailing Address/City/State/Zip: 3591 FAIRWAY DRIVE, CAMERON PARK, CA 95682

☐ Public Sewer ☐ Septic ☐ EID ☐ Well

Company Name: GILMORE HEATING & AIR Phone: 530-626-3621

Company ID#: 198974 Applicant Name: CASSIDY WHITECOTTON Email: CASSIDYW@GILMOREINC.COM

Office Use Only:

Application #: 267592

Date & Rcvd by: 3/20/18jwn

Rcpt # & Fee Amt 223825$115.00

Call 530-621-5377 for Inspections

Mechanical: ☐ Furnace ☒ Ducts ☐ AC ☐ HVAC **Electrical:** ☐ Service Change ☐ Repairs ☐ New Circuits

Plumbing: ☐ Gas Line ☐ LP Tank ☐ Water Service ☐ Water Heater ☐ **Re-Roof**: Describe Scope of work below

Description of work performed: REPLACE DUCTS

Contract price of job: $6776

DECLARATION BY CALIFORNIA LICENSED CONTRACTOR/CONSTRUCTION PERMIT APPLICANT

I am ☐ a California licensed contractor/ ☒ authorized to act on the contractor's behalf (signature authorization form submitted).

*I have read this construction permit application and the information I have provided is correct.
*I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
*I authorize representatives of this county to enter the above-identified property for inspection purposes.
*I certify a final inspection will be requested by me upon completion of the project.
***I agree that incomplete applications for permits will not be processed.**

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 CA Business and Professions Code, and my license is in full force and effect. I also affirm that I have a current and in good standing El Dorado County business license.

Contractor Name: GILMORE HEATING & AIR Ca. License Class & Lic.# C10/C20 559305 County Bus. Lic.#: 1989-8540

Contractor / Agent Signature: Cassidy Whitecotton Date: Mar 19, 2018 Click here for Business License information.

WARNING: FAILURE TO SECURE WORKERS' 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.

WORKER'S COMPENSATION DECLARATION:

I hereby affirm under penalty of perjury one of the following declarations (check only one):

○ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued.

Policy #

● I have and will maintain workers'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 workers' compensation insurance carrier and policy number are:

Carrier: CYPRESS INSURANCE Policy # & Exp. Date: GIWC919832 1/1/19 Name & Phone (Agent): EDGEWOOD 916-576-1524

○ I certify, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

X. Contractor/Authorized Agent signature: Cassidy Whitecotton Date: Mar 19, 2018

Please Note: all information provided to this department is "public record" and available upon request.

Building Safety Division http://www.edcgov.us/building/
Email to: cda.epermit@edcgov.us
"E-Permit" APPLICATION SUPPLEMENT (PART 2)

Assessor's Parcel Number: 082-082-07-10 Application #: 267592

Site Address: 3591 FAIRWAY DRIVE

DEED RESTRICTION CERTIFICATION

The undersigned declares that he/she has read and understands the deed restrictions/CC&Rs applicable to the subject property, and that the improvement herein applied for does not violate any such restrictions. I also certify that I have submitted plans to the Architectural Control Committee (ACC) or to the local homeowners association, where required, by said CC&Rs or deed restrictions, and have obtained approval for said improvement.

This declaration is required by the El Dorado County Code, to verify that all property restrictions have been acknowledged prior to the issuance of a building permit. In requiring this declaration, the County assumes no responsibility for verifying the owner's compliance, or does the County assume any responsibility for enforcement of any private deed restrictions.

PERMITTEE'S ACCEPTANCE

I have read the permit application and the conditions of approval and understand and accept them. I understand that I am responsible for compliance with all of the conditions of the permit. I understand that certain permit fees and mitigation fees associated with this permit are nonrefundable once paid to El Dorado County. I understand that it is my sole responsibility to obtain any and all required approvals from all other agencies that my have jurisdiction over this project, whether or not listed.

Permits expire after two years (three years in the Tahoe Basin) from the issued date. Failure to obtain the final inspection before the expiration date will cause my removal from the "E-Permit" program.

I understand that incomplete applications will not be accepted.

Contractor/Authorized Agent Signature: Cassidy Whitecotton Date: Mar 19, 2018

DRIVING DIRECTIONS

This information helps the inspectors locate your job site easily, avoiding lost time searching or having to leave and return for a scheduled inspection on another day. **Re-inspection fees will be charged** to return to sites that were not clearly identified and unable to locate.

Access Information: ○ Locked Gate ○ Combination/Gate Code ○ 4wd Required ○ Dogs ○ Limited Access ○ Water Crossing

Additional Information:

* Generally start at Hwy 50, use north, south directions, then left/right on street names:

COMMUNITY DEVELOPMENT AGENCY

DEVELOPMENT SERVICES DIVISION

http://www.edcgov.us/DevServices/

PLACERVILLE OFFICE:
2850 Fairlane Court, Placerville, CA 95667
BUILDING
(530) 621-5315 / (530) 622-2705 Fax
bldgdept@edcgov.us
PLANNING
(530) 621-5355 / (530) 642-0508 Fax
planning@edcgov.us

LAKE TAHOE OFFICE:
924 B Emerald Bay Rd
South Lake Tahoe, CA 96150
(530) 573-3330
(530) 542-9082 Fax

Carbon Monoxide/Smoke Alarm Installation Certificate

This certificate must be completed and provided to the building inspector at the time of, or prior to the final inspection.

Address 3591 FAIRWAY DRIVE

Permit Number 267592 Assessor's Parcel Number 082-082-07-10

Effective January 1, 2017, Sections R314 and R315 of the *2016 California Residential Code* require dwelling units to be equipped with carbon monoxide and smoke alarms or combination.

- Existing dwellings that have attached garages or fuel-burning appliances shall have carbon monoxide alarms installed outside of each separate sleeping area in the immediate vicinity of the bedroom(s) and on every level of a dwelling including basements.
- Existing dwellings undergoing permitted alterations, repairs or additions, or when one or more sleeping rooms are added shall be equipped with smoke alarms as required for new dwellings.
- Smoke alarms shall comply with NFPA 72 and R314 and shall be installed in each bedroom, outside each sleeping area in the immediate vicinity of the bedrooms and on each additional story (including basements and habitable attics). Smoke alarms may be battery operated in areas of the dwelling where no construction is taking place. Combination smoke and carbon monoxide alarms may be used in lieu of smoke alarms.
- Smoke alarms that no longer function shall be replaced. Smoke alarms shall be replaced after 10 years of use. Conventional ionization smoke alarms that are solely battery powered shall be equipped with a 10 year battery and have a silence feature.

County inspector does not need to enter the dwelling to verify that these detectors have been installed, if you, the property owner, certify in writing that the detectors have been installed.

I, as the property owner at the above address, certify that carbon monoxide/smoke alarms have been installed in this residence in accordance with the 2016 California Residential Code as outlined above.

Signature _____ Date _____

Printed Name _____

If you have any questions regarding this certificate, please contact your building inspector or Building Services.

CERTIFICATE OF COMPLIANCE			CF1R-ALT-02-E
Alterations to Space Conditioning Systems (formerly CF-1R-ALT-HVAC)			(Page 1 of 4)
Project Name:	GRAHAM	Date Prepared:	2018-03-19

A. General Information

CF1R-ALT-02 is applicable to multiple space conditioning systems contained within a single dwelling unit. When multiple dwelling units must be documented, use one CF1R-ALT-02 document for each dwelling unit.

01	**Project Name**	GRAHAM	02	**Date Prepared**	2018-03-19
03	**Project Location**	3591 FAIRWAY DRIVE	04	**Building Type**	Single family
05	**CA City**	Cameron Park	06	**Dwelling Unit Name**	GRAHAM
07	**Zip Code**	95682	08	**Dwelling Unit Conditioned Floor Area (ft^2)**	2433
09	**Climate Zone**	12	10	**Number of Space Conditioning (SC) Systems in this Dwelling Unit:**	1

B. Space Conditioning (SC) System Information

01	02	03	04	05	06	07	08	09	10
SC System Identification or Name	**SC System Location or Area Served**	**CFA served by this SC System (ft^2)**	**Is the SC system a ducted system?**	**Installing a refrigerant containing component?**	**Installing new SC system components?**	**Installing more than 40 feet of ducts?**	**Installing entirely new duct system?**	**Installing entirely new SC system?**	**Alteration Type**
System 1	Location 1	2433	Yes	No	No	Yes	Yes	No	Entirely new or complete replacement duct system with or without equipment changeout

C. Extension of Existing Duct System, Greater Than 40 Feet (Section150.2(b)1Diib)

This section does not apply to this project.

D. Altered Space Conditioning System (Sections 150.2(b)1E and F)

This section does not apply to this project.

E. Entirely New or Complete Replacement Duct System, with or without Equipment Changeout (Sections 150.2(b)1Diia and 150.2(b)1E, F)

01	02	03	04	05	06	07	08	09	10	11
System Identification or Name	Heating System Type	Altered Heating Component	Heating Efficiency Type	Heating Minimum Efficiency Value	Cooling System Type	Altered Cooling Component	Cooling Efficiency Type	Cooling Minimum Efficiency Value	Required Thermostat Type	New Duct R-Value
System 1	Central gas furnace	No heating component altered	This field or section is not applicable	This field or section is not applicable	Central split AC	No cooling component altered	This field or section is not applicable	This field or section is not applicable	SetbackThermostat	R-6

Required Documentation:
CF2R-MCH-01-E - Space Conditioning Systems
- Duct insulation requirement for the new portions of supply-air and return-air ducts or plenums: R6 (CZ 1-10, 12 and 13) and R8 (CZ 11 and 14-16)
CF2R and CF3R-MCH-20-H Duct Leakage Test required
- Leakage rate compliance: <= 5%.
CF2R and CF3R-MCH-22 Fan Efficacy
CF2R and CF3R-MCH-23 Airflow Rate
- Compliance: Fan Efficacy <= 0.58 W per cfm and System Airflow >= 350 cfm per ton.
- Alternative Compliance: CF2R and CF3R-MCH-28 Return Duct Design verification is an alternative to MCH-22 and MCH-23 verification.
CF2R and CF3R-MCH-25-H Refrigerant Charge verification required when refrigerant containing components are installed or altered (applicable in CZ 2, 8-15).
Exceptions:
Heating-only systems are exempt from the 0.58 W per cfm and 350 cfm per ton requirements.
Note: An "entirely new or replacement duct system" means at least 75% of the duct system is new duct material, and up to 25% may consist of reused parts from the dwelling unit's existing duct system (e.g., registers, grilles, boots, air handler, coil, plenums, duct material) if the reused parts are accessible and can be sealed to prevent leakage

F. Entirely New or Complete Replacement Space Conditioning System (Section 150.2(b)1C)

This section does not apply to this project.

Documentation Author's Declaration Statement

1. I certify that this Certificate of Compliance documentation is accurate and complete.

Documentation Author Name: Whitecotton, Cassidy	Documentation Author Signature: Cassidy Whitecotton
Company: GILMORE SERVICES INC	Signature Date: 2018-03-19 16:00:54
Address: 4429 MISSOURI FLAT ROAD	CEA/ HERS Certification Identification (if applicable):
City/State/Zip: PLACERVILLE CA 95667	Phone: 530-626-3621

Responsible Person's Declaration statement

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Compliance is true and correct.
2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer).
3. That the energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations.
4. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.
5. I will ensure that a registered copy of this Certificate of Compliance shall be 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 registered copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Designer Name: Whitecotton, Cassidy	Responsible Designer Signature: Cassidy Whitecotton
Company : GILMORE SERVICES INC	Date Signed: 2018-03-19 16:00:54
Address: 4429 MISSOURI FLAT ROAD	License: 559305
City/State/Zip: PLACERVILLE CA 95667	Phone: 530-626-3621

Easy to Verify at CalCERTS.com

Digitally signed by CalCERTS. This digital signature is provided in order to secure the content of this registered document, and in no way implies Registration Provider responsibility for the accuracy of the information.