# APPLICATION FOR BUILDING PERMIT

1

COUNTY OF LOS ANGELES — BUILDING AND SAFETY

## WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company ST. Fund

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date 7-12-91 Applicant [signature]

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(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 Workers' Compensation Laws.

Date _____ Applicant _____

*NOTICE TO APPLICANT:* If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm 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.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ 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 (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

[signature] 7-12-91

Signature of Applicant or Agent — Date

76 A638A 20-0010 DPPW 6/89

### FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 4929 SOUTHRIDGE AV
CITY: Los Angeles — ZIP: 90008
SIZE OF LOT: — NO. OF BLDGS. NOW ON LOT:
TRACT: 21687 — BLOCK: — LOT NO.: 78
ASSESSOR MAP BOOK: 5010 — PAGE: 016 — PARCEL: 044
OWNER: MRS McELROY — TEL. NO.: 295-3082
ADDRESS: 4929 SOUTHRIDGE AV
CITY: LA — ZIP: 90008
ARCHITECT OR ENGINEER: JESS T. ESPARZA — TEL. NO.:
ADDRESS: 6105 YORK BL
CONTRACTOR: EMT CONST. CO — TEL. NO.: 291-7000
ADDRESS: 2614 W 54th ST — LIC. NO.: 299875
CITY: LA — LIC. CLASS: B1
SQ. FT. SIZE: 1200 — NO. OF STORES: 2 — NO. OF FAMILIES: 1

NEW ☐ ADD ☑ ALTER ☐ REPAIR ☐ DEMOL ☐ URM ☐

DESCRIPTION OF WORK: 2nd Fl Addition
2 Bedroom
1 Bath

USE OF EXISTING BLDG.: 1 F. Dwelling
APPLICANT (PRINT): EMT CONST. CO — TEL. NO.: 291-7000
ADDRESS: 2614 W 54th ST

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?
YES ☐ NO ☑

WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES.
YES ☐ NO ☑

I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.

[signature]
OWNER OR AGENT

| | |
|---|---|
| P.C. FEE 510.70 | PERMIT FEE |
| LDMA 60.00 | ISSUANCE FEE |
| INVESTIGATION FEE | TOTAL FEE |

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 4929 SOUTHRIDGE AV
LOS Angeles, CA 90008
LOCALITY: View PARK
NEAREST CROSS ST.: W. MT. VERNON
USE ZONE: R-1 — MAP NO.: 4007
SPECIAL CONDITIONS: PP 4264
WITHIN 1000 FT. OF SCHOOL? — YES — NO

| DISTRICT | GROUP | TYPE CONST. | FIRE ZONE | PROCESSED BY |
|---|---|---|---|---|
| 7 | R-3 | V | III | |

STATISTICAL CLASSIFICATION — APT — CONDO
CLASS NO. 21 — DWELL UNITS

| REQUIRED SET BACK | YARD | HWY | TOTAL SETBACK FROM PROP LINE | EXIST WIDTH |
|---|---|---|---|---|
| FRONT PL | 20' | | 20' | 54' |
| SIDE PL | | | | |

SEWER MAP BK 7 PG 96

VALUATION $ 80,000.00

$

LDMA P/C # 3974

LDMA Perm #

FINAL DATE

FINAL BY

#23

01* *51070
*51070 CK TE
1 ★★★ TM
3973 NO
1417
07-12-91
NO. 0

VALIDATION

INSPECTOR COPY

EXPIRED DUE TO TIME LIMITATION

| PLANS TO APPLICANT | | | | |
|---|---|---|---|---|
| To: | | Returned | | Approved |
| No. | Date | No. | Date | |
| | | | | |
| | | | | |
| | | | | |

| Approvals | Required Yes | Required No | Date Received or Approved |
|---|---|---|---|
| Water Certificate | | | |
| Health Department | | | |
| Fire Department | | | |
| Grading | | | |
| Geological | | | |
| Pedestrian Protection (Fence) (Canopy) | | | |
| Special Inspection (Conc.) (Masonry) (Welding) | | | |
| Lot Drainage | | | |
| Parking | | | |
| | | | |
| | | | |

| Approvals | Date | Inspector's Signature |
|---|---|---|
| Location (Setback & Yards) | | |
| Foundations | | |
| Slab | | |
| Frame | | |
| Energy Insulation | | |
| Lath/Drywall - Interior | | |
| Lath - Exterior | | |
| House Number - Correct & Posted | | |
| Final - Enter on Front | | |
| | | |
| | | |

**INSPECTOR'S NOTES**

## OWNER-BUILDER DECLARATION

I hereby affirm 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 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 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 through his 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 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 Laws.*

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

Date _____ Owner _____

**INSPECTOR'S NOTES**

# APPLICATION FOR BUILDING PERMIT

1

## COUNTY OF LOS ANGELES — BUILDING AND SAFETY

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Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date 8/7/90 Applicant [signature]

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Date _____ Applicant _____

*NOTICE TO APPLICANT:* If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

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License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

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Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent _____ Date _____

76 A638A 20-0010 DPPW 6/89

### FOR APPLICANT TO FILL IN

BUILDING ADDRESS: 4929 Sout RIDGE
CITY: LA — ZIP: 90043
SIZE OF LOT: 123.19X86 — NO. OF BLDGS. NOW ON LOT: 1
TRACT: 21687 — BLOCK: — — LOT NO.: 78
ASSESSOR MAP BOOK: 5010 — PAGE: 16 — PARCEL: 44.
OWNER: BRENDA NI~~CELROY~~ McELROY — TEL. NO.: 295-3082
ADDRESS: SAME
CITY: — ZIP: —
ARCHITECT OR ENGINEER: — TEL. NO.: —
ADDRESS: —
CONTRACTOR: MUCH MORE — TEL. NO.: 7502105
ADDRESS: 5842 Sout HOOVER — LIC. NO.: 485156
CITY: LA — LIC. CLASS: B-1
SQ. FT. SIZE: 1585 (1585 sq) — NO. OF STORES: 2 — NO. OF FAMILIES: 1
DESCRIPTION OF WORK: ADDITION SECOND FLOOR 47X29'6" DECK 15X14' 4 2 Bd/ROOM STUDY
USE OF EXISTING BLDG.: DECK, BATH, BONUS ROOM
APPLICANT (PRINT): LINDUHL UNDERWOOD — TEL. NO.: 7502105
ADDRESS: 5842 Sout HOOVER ST

☐ NEW ☐ ADD ☐ ALTER ☐ REPAIR ☐ DEMOL ☐ URM

WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE?

YES ☐ NO ☐

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OWNER OR AGENT

| | |
|---|---|
| P.C. FEE 529.68 | PERMIT FEE |
| LDMA 60.00 | ISSUANCE FEE |
| INVESTIGATION FEE | TOTAL FEE |

SEE REVERSE FOR EXPLANATORY LANGUAGE

BUILDING ADDRESS: 4929 Southridge
LOCALITY: View Park
NEAREST CROSS ST.:
USE ZONE: R-1 — MAP NO.: 4007
SPECIAL CONDITIONS:
WITHIN 1000 FT. OF SCHOOL? YES NO

| DISTRICT | GROUP | TYPE CONST. | FIRE ZONE | PROCESSED BY |
|---|---|---|---|---|
| 1 | R-3 | V | III | |

STATISTICAL CLASSIFICATION — CLASS NO. 21 — DWELL UNITS _____ — APT — CONDO

| REQUIRED SET BACK | YARD | HWY | TOTAL SETBACK FROM PROP LINE | EXIST WIDTH |
|---|---|---|---|---|
| FRONT PL | 15 | | | 54' |
| SIDE PL | | | | |

SEWER MAP — BK — PG

VALUATION $ 93,039.00

$

LDMA P/C #

LDMA Perm #

FINAL DATE

FINAL BY

VALIDATION

≅ 777.9A
# • • • • 23
1 • 529.68
• • 529.68 CR
080 7-90

INSPECTOR COPY

EXPIRED DUE TO TIME LIMITATION

| PLANS TO APPLICANT | | | | |
|---|---|---|---|---|
| To: | | Returned | | Approved |
| No. | Date | No. | Date | |
| | | | | |
| | | | | |
| | | | | |

| Approvals | Required | | Date Received or Approved |
|---|---|---|---|
| | Yes | No | |
| Water Certificate | | | |
| Health Department | | | |
| Fire Department | | | |
| Grading | | | |
| Geological | | | |
| Pedestrian Protection (Fence) (Canopy) | | | |
| Special Inspection (Conc.) (Masonry) (Welding) | | | |
| Lot Drainage | | | |
| Parking | | | |
| | | | |
| | | | |

| Approvals | Date | Inspector's Signature |
|---|---|---|
| Location (Setback & Yards) | | |
| Foundations | | |
| Slab | | |
| Frame | | |
| Energy Insulation | | |
| Lath/Drywall - Interior | | |
| Lath - Exterior | | |
| House Number - Correct & Posted | | |
| Final - Enter on Front | | |
| | | |
| | | |

**INSPECTOR'S NOTES**

## OWNER-BUILDER DECLARATION

I hereby affirm 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 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 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).:*

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

Date _____ Owner _____

**INSPECTOR'S NOTES**

P.C. 7779 Copy C# 3271

# Certificate of Compliance: Residential

 CF-1R

| | |
|---|---|
| The McElroy Residence | 9/4/90 |
| Project Title | Date |
| 4929 Southridge Ave L.A. | |
| Project Address | |
| C Cooke (213) 636-8080 | Building Permit # |
| Documentation Author / Telephone | Checked By / Date |
| Point System / 8 | |
| Compliance Method (Package, Point System or Computer) / Climate Zone | Enforcement Agency Use Only |

## GENERAL INFORMATION

Total Conditioned Floor Area: 1283 $ft^2$

Building Type: (check one or more)
- ___ Single Family
- ___ Multi-Family (less than 4 stories)
- ___ Multi-Family (4 or more stories)
- ___ Hotel/Motel
- ✓ Addition
- ___ Existing-Plus-Addition

Front Entry Orientation: North / East / South / West / All Orientations (circle one or more)

Number of Dwelling Units: 1

Floor Construction Type: Slab / Raised Floor (circle one or both)

Infiltration Control: Standard/Tight (circle one)

REGISTERED STRUCTURAL ENGINEER
CONWAY COOKE
No. 1597
EXP. 3/31/93
STATE OF CALIFORNIA

## BUILDING SHELL INSULATION

| Component Type | Insulation R-Value | Location/Comments (attic, to garage, typical, etc.) |
|---|---|---|
| Wall..... | 11 | Between Studs |
| Wall..... | | |
| Roof ..... | 30 | Attic |
| Roof ..... | | |
| Floor..... | 19 | Bet Floor Joist |
| Floor..... | | |
| Slab Edge..... | | |

## GLAZING

| Glazing Orientation | Area (sf) | Glass Type (single, double) | Shading Devices: Interior (roller blind, etc.) | Shading Devices: Exterior (shadescreen, etc.) | Overhang (yes/no) | Framing Type (metal/wood) |
|---|---|---|---|---|---|---|
| Front.... (E) | 89.36 | Double | Roller Blinds | | NO | Metal |
| Front.... ( ) | | | | | | |
| Left..... (S) | 81.00 | " | " " | | " | " |
| Left..... ( ) | | | | | | |
| Rear..... (W) | 80.36 | " | " " | | " | " |
| Rear..... ( ) | | | | | | |
| Right.... (N) | 22.5 | " | " " | | " | " |
| Right.... ( ) | | | | | | |
| Skylight..... | | | | | | |
| Skylight..... | | | | | | |

## THERMAL MASS

| Type/Covering (slab/exposed, tile, etc.) | Area (sf) | Thickness (inches) | Location/Description (kitchen, bath, etc.) |
|---|---|---|---|
| None | | | |
| | | | |
| | | | |
| | | | |

Certificate of Compliance: Residential (Page 2 of 2) CF-1R

Project Title: Mc Elroy Residence  Date: 9/4/90

## HVAC SYSTEMS

| Type (furnace, air conditioner, heat pump) | Minimum Efficiency (SE, SEER, HSPF) | Duct Location (attic, etc.) | Duct R-Value | Output (Btuh) | Manufacturer / Model # (or approved equal) |
|---|---|---|---|---|---|
| Frasier Johnson | 75% | Attic | 6 | 30,000 | PCSU/CU- |
| | | | | | |
| | | | | | |
| | | | | | |

Maximum Furnace Heating Output: _____ Btuh

## HOT WATER SYSTEMS

| System Type (storage gas, etc.) | Tank Capacity | Manufacturer/Model # (or approved equal) | Special Feature(s) |
|---|---|---|---|
| | | | |
| | | | |

## SPECIAL FEATURES/REMARKS (Add extra sheets if necessary)

REGISTERED STRUCTURAL ENGINEER
CONWAY COOKE
No. 1597
EXP. 3/31/93
STATE OF CALIFORNIA

## COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Chapter 2-53 and Title 20, Chapter 2, Subchapter 4, Article 1 of the California Administrative code. This certificate has been signed by the individual with overall design responsibility and the building owner, who shall retain a copy of it and transmit the certificate to any subsequent purchaser of the building. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, all building conservation features which vary are indicated in the Special Features/Remarks section.

### Designer

Name: The Sharper Design Groupe
Title/Firm: The Sharper Design Groupe
Address: 5,4,7L Valley Ridge LA
Telephone: 291 1990
Lic. #:

(signature) (date)

### Building Owner

Name: Ms Brenda McElroy
Title/Firm:
Address: 4929 Southridge LA 90043
Telephone: 213 295 3082

(signature) (date)

### Documentation Author

Name: Conway Cooke
Title/Firm: Cooke & Associates
Address: 505 E Compton Bl Compton CA
Telephone: 213-636-8080

Conway C. Cooke

(signature) (date)

### Enforcement Agency

Name:
Agency:
Telephone:

(signature or stamp) (date)

# Shading Coefficient (SC) Worksheet

Items 1 - 9a and 10a must be completed for glazing/shading combinations not found in Table G-9 of the *ECM* by using documented manufacturers' data for the specific conditions indicated (#2, #8 and #11). For instructions on filling out the worksheet, see *Shading* in the *ECM Glossary*. For overhang SC values (#14 and #15), see Section 4.2 in the *ECM*.

## General Information

1. Glazing Type: Clear Single
2. $SC_{glazing\ alone}$: .88
3. Framing Type (metal/wood): Metal
4. Mullions (yes/no): yes
5. Framing/Mullion Factor: .81 (from Table G-10)
6. Interior Shade Type: Roller Shade
7. $SC_{shade\ open}$: 1.00
8. $SC_{shade\ closed}$: .39 (SC of shade w/ clear single glass)

## Glazing, Interior Shade & Framing

9a. $[(\frac{1}{SC_{max}} \times 0.25) + 0.75] \times \frac{.88}{SC_{min}} \times \frac{.81}{FMF\ (\#5)} = \frac{.71}{SC\ Shade\ Open}$

Where:
$SC_{max}$ = larger of #2 and #7
$SC_{min}$ = smaller of #2 and #7

*or* 9b. _____ (from Table G-9)
SC *Shade Open*

10a. $[(\frac{.88}{SC_{max}} \times 0.25) + 0.75] \times \frac{0.88}{SC_{min}} \times \frac{.39}{FMF\ (\#5)} = \frac{.33}{SC\ Shade\ Closed}$

Where:
$SC_{max}$ = larger of #2 and #8
$SC_{min}$ = smaller of #2 and #8

*or* 10b. _____ (from Table G-9)
SC *Shade Closed*

## Exterior Shade

Exterior Shade Type: _____

11. $SC_{exterior\ shade}$: 0
(from Table G-11 or manufacturer's data w/ clear single glass)

12. $[(\frac{\_\_\_}{SC_{max}} \times 0.25) + 0.75] \times \frac{\_\_\_}{SC_{min}} = \frac{\_\_\_}{SC\ Shade\ Open}$

Where:
$SC_{max}$ = larger of #9a or #9b and #11
$SC_{min}$ = smaller of #9a or #9b and #11

13. $[(\frac{\_\_\_}{SC_{max}} \times 0.25) + 0.75] \times \frac{\_\_\_}{SC_{min}} = \frac{\_\_\_}{SC\ Shade\ Closed}$

Where:
$SC_{max}$ = larger of #10a or #10b and #11
$SC_{min}$ = smaller of #10a or #10b and #11

REGISTERED STRUCTURAL ENGINEER
CONWAY COOKE
No. 1597
EXP. 3/31/93
STATE OF CALIFORNIA

## Overhang *(Point System Only)*

Projection Ratio: 1

14. _____ (Overhang Factor (Shade Open)) × _____ (SC *Shade Open* (#12)) = _____ (SC *Shade Open (with Overhang)*)

15. _____ (Overhang Factor (Shade Closed)) × _____ (SC *Shade Closed* (#13)) = _____ (SC *Shade Closed (with Overhang)*)

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER-FACILITIES
BUILDING & SAFETY DIVISION

Form

HOURLY AND ANNUAL
BUILDING HEAT LOSS RATE

REGISTERED STRUCTURAL ENGINEER
CONWAY COOKE
No. 1597
EXP. 3/31/93
STATE OF CALIFORNIA

owner

project

project location

documentation author

date

checked by

date

## HOURLY HEAT LOSS

### DESIGN TEMPERATURE DIFFERENCE

For All Conditions Other Than the Following 70°F − 34 °F = $\Delta T_{w1}$ (Tow from Form 1) 1 36 °F

For Insulated Floor Over Vented Unheated Space . . . . . Line 1 + 2 . . = $\Delta T_{w2}$ 2 18 °F

For Uninsulated Floor Over Vented Unheated Space . . . . . Line 2 − 5°F . . = $\Delta T_{w3}$ 3 13 °F

### CONDUCTIVE HEAT LOSS

| | Description of Assembly | Area, ft² or Length, ft | U from Form 1, or F, from Table 4-1 | Framing Factor from Table 3-6 | $\Delta T_w$ from above | |
|---|---|---|---|---|---|---|
| Glazing | Double | 273.23 | 0.65 | 1 | 36 | 6393 Bt |
| | | | | | | |
| Wall | | 1368 | .098 | | 36 | 4826 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Ceiling/Roof | | 1283 | .035 | | 36 | 1616 |
| | | | | | | |
| Floor | | | | | | |
| | | | | | | |
| Other | | | | | | |
| | | | | | | |

Subtotal 4 12836 Bt

### INFLITRATION (Enter 0 on Line 5 if there is positive ventilation)

1283 ft² × 9 ft × .018 × 36 °F = 5 7482

Gross Floor Area; Weighted Average Ceiling Height; from Table 3-7; $\Delta T_w$ from Line 1

### VENTILATION (Enter 0 on Line 6 if there is no positive ventilation)

_____ ft³/min × _____ °F × 1.00 = . . . . . 6 _____

Ventilation Rate from Calculations; $\Delta T_w$ from Line 1

Subtotal 7 20318 Bt

### DUCT HEAT LOSS (Enter 0 on Line 8 if there are no ducts)

0.15 × Line 7 = 8 3048

TOTAL (Line 7+8) on 9 23366 Bt

## ANNUAL HEAT LOSS

Btu/hr × 1.00 × 24 hr/day

# ...ed Construction Assembly: Residential

Project Title

Project Address

Telephone

Documentation Author

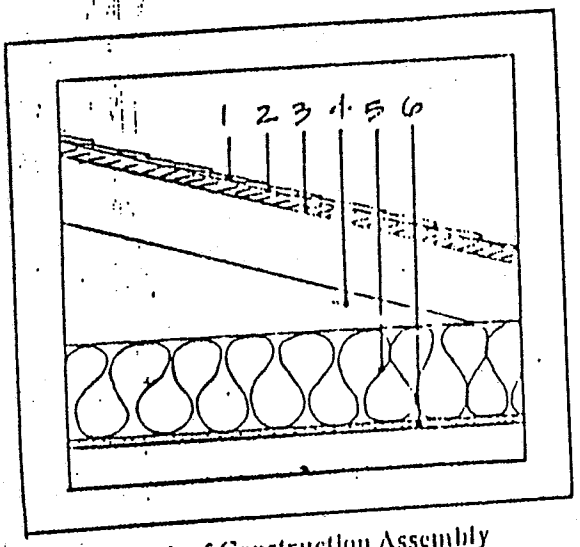
Assembly Name

Date

Building Permit #

Checked By / Date

Enforcement Agency Use Only




Sketch of Construction Assembly

Assembly Type: (check one) — Floor / Wall / Ceiling/Roof

Framing Material: WOOD

Framing Size: 2 ×

Framing Spacing: 16 " o.c.

Framing Percentage: (check one) — Wall: 15% (16" o.c.) / 12% (24" o.c.) / 10% (...) / 7% (24" o.c.) — Floor/Ceiling

Wall Weight / sf: (Packages only)

REGISTERED STRUCTURAL ENGINEER
CONWAY COOKE
No. 1597
EXP. 3/31/93
STATE OF CALIFORNIA

## List of Construction Components

| | | R-Value Cavity($R_c$) | R-Value Frame($R_f$) |
|---|---|---|---|
| | Outside Surface Air Film | 0.17 | |
| 1. | ASPHALT SHINGLES | 0.44 | |
| 2. | BUILDING PAPER | 0.06 | |
| 3. | 1/2" PLYWOOD | 0.62 | |
| 4. | 24" AIRSPACE | 0.80 | |
| 5. | R-30 FRAMING/CAVITY | 25.17 | |
| 6. | 5/8 GYPSUM | 0.56 | |
| 7. | | | |
| | Inside Surface Air Film | 28.43 | |
| | Total Unadjusted R-Values: | $R_c$ | $R_f$ |

Framing Adjustment Calculation (if applicable):

( _____ × _____ ) + ( _____ × _____ ) = .035 Total U-Value

1/$R_c$ — 1-(Fr%/100) — 1/$R_f$ — Fr%/100

_____ = 28.43 Total R-Value

1/Total U-Value