COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY / LAND DEVELOPMENT

NEW SG VALLEY
125 BALDWIN
ARCADIA CA 91007
PHONE: (626) 574-0941 EXT:

0510

MECHANICAL PERMIT
ME 0510 1206080004

LEGAL ID:
TR: 13780 LT: 148

ASSESSOR INFORMATION NUMBER:
8571-004-022

TENANT:

OWNER: TEL. NO:
FLIEHLER BONNIE (626) 447-9639-
3002 DOOLITTLE AV
ARCADIA CA 91006

APPLICANT: TEL. NO:
SCHNIERER, STEVEN (951) 241-6876-

CONTRACTOR: TEL. NO:
SERVICE CHAMPIONS (714) 777-7777-
22911 SAVI RANCH PARKWAY LIC. NO
YORBA LINDA, CA 92887 ** RHE *

ARCHITECT OR ENGINEER: TEL. NO:
LIC. NO:

FEES PAID

FEE DESCRIPTION:	QUANTITY:	UOM:	AMOUNT:
01 PERMIT ISSUANCE FEE			27.40
02 REFRIG COMP < 100 KB	1.00	COM	26.80
08 FURNACE/HEATER < 100	1.00	UNI	26.80
54 NO PERMT OTHER OCCUP	1.00	DOL	333.00
	TOTAL FEES		414.00

* ADDITIONAL DATA ON FILE

REPORT ID: DPR264 ROUTE TO: BS0510

BUILDING ADDRESS:
3002 DOOLITTLE AV
ARCD CA 910065807
NEAREST CROSS STREET:
THOMAS PAGE: 597 GRID: F2 LOCALITY: ARC ADIA

ISSUED ON: PROCESSED BY: PLAN BY:
06/08/12 MM

FINAL DATE FINAL BY: CODE:
7/18/12 Brumfield

DESCRIPTION OF WORK
REPLACE 3 TON PACKAGE UNIT.

SPECIAL CONDITIONS:

APPROVALS	DATE	INSPECTOR SIGNATURE
FAU/WALL FURNACE		
COMBUSTION AIR OPENINGS		
DUCT WORK		
AC/COMPRESSOR		
THERMOSTAT		
FIRE DAMPERS		
SMOKE DETECTION DEVICES		
COMMERCIAL HOOD		

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code): Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure 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 (✓) all of or (_) portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.).

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

(_) I am exempt from licensure under the Contractors' State License Law for the following 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 Web site: 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.

License Class C20 License No. 799170

Date 6/8/12 Contractor Signature [signature]

WORKERS' COMPENSATION DECLARATION

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.

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 workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

SS I have and will maintain workers' 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:

Castlepoint — Carrier; WCPBC1028012 — Policy Number; 3/22/13 — Expiration Date

_____ Name of Agent; _____ Phone Number

___ 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 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

[signature] — Signature of Applicant; 6/8/12 — Date

LOBBYIST ORDINANCE CERTIFICATION
Complete this section for permits in Unincorporated Los Angeles County only

This is to certify that I, as permit applicant, am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and that all persons acting on behalf of myself complied and will continue to comply therewith through the application process.

Steven Schnierer — Applicant (Print Name); [signature] — Applicant Signature

Service Champions — Company Name; 6/8/12 — Date

JOB ADDRESS
LOCALITY

HAZARDOUS MATERIAL DECLARATION

Will the applicant or future building occupant handle a hazardous material or a mixture containing a hazardous material equal to or greater than the amount 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 220 Sections 220.100 through 220.140 concerning hazardous material reporting and for obtaining a permit from the SCAQMD.

ASBESTOS NOTIFICATION

☐ Notification letter sent to AQMD and/or EPA

☒ I declare that notification of asbestos removal is not applicable to addressed project.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

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 (Section 3097, Civil Code).

Lender's Name

_____

Lender's Address

_____

By my signature below, I certify to each of the following:
I am the property owner or authorized to act on the property owner's behalf.
I have read this 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.

Signature of Property Owner or Authorized Agent

[signature]

Date 6/8/12

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING		CF-4R-MECH-21
Duct Leakage Test – Existing Duct System		**(Page 1 of 2)**
Site Address: 3002 Doolittle Ave, Arcadia CA 91006 (System 1)	**Enforcement Agency:** City of Arcadia	**Permit Number:** me05101206080004

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

Enter the Duct System Location or Area Served: **Whole House**

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

This installation certificate is required for compliance for alterations and additions in existing dwellings to space conditioning systems and duct systems.

Note: 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. For a completely new or replacement duct system installed in an existing dwelling, use the Installation Certificate titled "Duct Leakage Test - Completely New or Replacement Duct System."

Duct Leakage Diagnostic Test - existing duct system

Select one compliance method from the following four choices.

☒ 1. Measured leakage less than 15% of fan flow

☐ 2. Measured leakage to outside less than 10% of Fan Flow

☐ 3. Reduce leakage by 60% and conduct smoke and fix all leaks

☐ 4. Fix all accessible leaks using smoke and HERS rater verify

Note: (One of Options 1, 2, or 3 must be attempted before utilizing Option 4.)

Determine nominal Fan Flow using one of the following three calculation methods.

✓ ☐ Cooling system method: Size of condenser in Tons ___ x 400 = ___ CFM

✓ ☒ Heating system method: 1.7 x ___ Output Capacity in Thousands of Btu/hr = 1584.1 CFM

✓ ☐ Measured system airflow using RA airflow test procedures: ___ CFM

1	**Option 1** used then: Allowed leakage = Fan Flow 1584.1 x 0.15 = 237.61 CFM Actual Leakage = 233 CFM **Pass if Leakage Actual is less than Allowed**	☒ Pass ☐ Fail
2	**Option 2** used then: Allowed leakage = Fan Flow ___ x 0.10 = ___ CFM Actual Leakage to outside = ___ CFM **Pass if Leakage Actual is less than Allowed**	☐ Pass ☐ Fail
3	**Option 3** used then: Initial leakage prior to start of work = ___ CFM Final leakage after sealing all accessible leaks using smoke test = ___ CFM Initial leakage ___ - Final leakage ___ = Leakage reduction ___ CFM ((Leakage reduction ___ / Initial leakage ___) x 100% = ___% Reduction **Pass if % Reduction > 60%**	☐ Pass ☐ Fail
4	**Option 4** used then: All accessible leaks repaired using smoke. HERS rater must verify (No sampling). No smoke allowed to leak from system. Including ducts, plenums, air handler and door panel. **Pass if all accessible leaks have been repaired using smoke**	☐ Pass ☐ Fail

CalCERTS inc.

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING		CF-4R-MECH-21
Duct Leakage Test – Existing Duct System		**(Page 2 of 2)**
Site Address: 3002 Doolittle Ave, Arcadia CA 91006 (System 1)	**Enforcement Agency:** City of Arcadia	**Permit Number:** me05101206080004

☒ 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 if smoke test is utilized for compliance – applies to duct leakage compliance option 3 (leakage reduction by 60%) and option 4 (fix all accessible leaks) described above.

☒ New duct installations cannot utilize building cavities as plenums, 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 all new duct connections

CalCERTS, Inc.

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) **SERVICE CHAMPIONS INC**		
Responsible Person's Name: **Garrett Stephenson**	CSLB License: **799170**	
HERS Provider Data Registry Information		
Sample Group # (if applicable): **N/A**	☑ tested/verified dwelling	☐ not-tested/verified dwelling in a HERS sample group
HERS Rater Information **CalCERTS Certificate # CC1-1798662285**		
HERS Rater Company Name: **The Energuy CA LLC**		
Responsible Rater's Name: **William David Painter**	Responsible Rater's Signature: **William David Painter**	
Responsible Rater's Certification Number w/ this HERS Provider: **CC2005784**	Date Signed: **6/14/2012**	

INSTALLATION CERTIFICATE		CF-6R-MECH-04
Space Conditioning Systems, Ducts and Fans		**(Page 1 of 2)**
Site Address: 3002 Doolittle Ave, Arcadia CA 91006 (System 1)	**Enforcement Agency:** City of Arcadia	**Permit Number:** me05101206080004

Space Conditioning Systems

Heating Equipment

Equip Type (package-heat pump)	CEC Certified Mfr. Name and Model Number	ARI Reference Number2	# of Identical Systems	Efficiency (AFUE, etc.)1, 3 (>=CF-1R value)4	Duct Location (attic, crawl-space, etc.)	Duct R-value	Heating Load (kBtu/hr)	Heating Capacity (kBtu/hr)
Package	amana apg153709041ac		1	80 AFUE	Attic		73	92 kBtu

Cooling Equipment

Equip Type (package heat pump)	CEC Certified Mfr. Name and Model Number	ARI Reference Number2	# of Identical Systems	Efficiency (SEER and EER) 1, 3 (>=CF-1R value)4	Duct Location (attic, crawl-space, etc.)	Duct R-value	Cooling Load (kBtu/hr)	Cooling Capacity (kBtu/hr)
Package	amana apg153709041ac		1	14.5 SEER	Attic		36	3 Tons

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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-1R form.
4. When CF-1R is reference it is also applicable to the CF-1R, CF-1R-AA or CF-1R-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: 3002 Doolittle Ave, Arcadia CA 91006 (System 1)	**Enforcement Agency:** City of Arcadia	**Permit Number:** me05101206080004

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 ¼ 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.

☑ 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.

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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-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R 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) **SERVICE CHAMPIONS INC**		
Responsible Person's Name: **Garrett Stephenson**		Responsible Person's Signature: *Garrett Stephenson*
CSLB License: **799170**	Date Signed: **6/5/2012**	Position With Company (Title):

INSTALLATION CERTIFICATE		CF-6R-MECH-21-HERS
Duct Leakage Test – Existing Duct System		**(Page 1 of 2)**
Site Address: 3002 Doolittle Ave, Arcadia CA 91006 (System 1)	**Enforcement Agency:** City of Arcadia	**Permit Number:** me05101206080004

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

Enter the Duct System Location or Area Served: **Whole House**

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

This installation certificate is required for compliance for alterations and additions in existing dwellings to space conditioning systems and duct systems.

Note: 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. For a completely new or replacement duct system installed in an existing dwelling, use the Installation Certificate titled "Duct Leakage Test - Completely New or Replacement Duct System."

Duct Leakage Diagnostic Test - existing duct system

Select one compliance method from the following four choices.

- ☒ 1. Measured leakage less than 15% of fan flow
- ☐ 2. Measured leakage to outside less than 10% of Fan Flow
- ☐ 3. Reduce leakage by 60% and conduct smoke and fix all leaks
- ☐ 4. Fix all accessible leaks using smoke and HERS rater verify

Note: (One of Options 1, 2 or 3 must be attempted before utilizing Option 4.)

Determine nominal Fan Flow using one of the following three calculation methods.

- ✓ ☐ Cooling system method: Size of condenser in Tons ___ x 400 = ___ CFM
- ✓ ☒ Heating system method: 21.7 ___ Output Capacity in Thousands of Btu/hr = 1584.1 CFM
- ✓ ☐ Measured system airflow using RATE airflow test procedures: ___ CFM

1	**Option 1** used then: Allowed leakage = Fan Airflow **1584.1** x 0.15 = **237.61** CFM Actual Leakage = **233** CFM **Pass if Actual Leakage is less than Allowed leakage**	☒ Pass ☐ Fail
2	**Option 2** used then: Allowed leakage = Fan Airflow ___ x 0.10 = ___ CFM Actual Leakage to outside = ___ CFM **Pass if Actual leakage to outside is less than Allowed leakage**	☐ Pass ☐ Fail
3	**Option 3** used then: Initial leakage prior to start of work = ___ CFM Final leakage after sealing all accessible leaks using smoke test = ___ CFM Initial leakage ___ - Final leakage ___ = Leakage reduction ___ CFM ((Leakage reduction ___ / Initial leakage ___) x 100% = ___% Reduction **Pass if % Reduction > 60%**	☐ Pass ☐ Fail
4	**Option 4** used then: All accessible leaks repaired using smoke test. HERS rater must verify (No Sampling). **Pass if all accessible leaks have been repaired using smoke**	☐ Pass ☐ Fail

CalCERTS, Inc.

INSTALLATION CERTIFICATE		CF-6R-MECH-21-HERS
Duct Leakage Test – Existing Duct System		**(Page 2 of 2)**
Site Address: 3002 Doolittle Ave, Arcadia CA 91006 (System 1)	**Enforcement Agency:** City of Arcadia	**Permit Number:** me05101206080004

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☒ All supply and return register boots must be sealed to the drywall if smoke test is utilized for compliance – applies to duct leakage compliance option 3 (leakage reduction by 64%) and option 4 (fix all accessible leaks) described above.

☒ 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 fiber backed rubber adhesive duct tape to seal leaks at all new duct connections.

CalCERTS, Inc.®

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 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-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R 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) **SERVICE CHAMPIONS INC**		
Responsible Person's Name: **Garrett Stephenson**		Responsible Person's Signature: *Garrett Stephenson*
CSLB License: **799170**	Date Signed: **6/5/2012**	Position With Company (Title):
Is this installation monitored by a Third Party Quality Control Program (TPQCP)? ☐ Yes ☐ No		Name of TPQCP (if applicable):