

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0611313

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 1862 ALICE WY SAC
Parcel No: SONORA SPRINGS LOT # 128

CONTRACTOR
D. R. HORTON INC.
11919 FOUNDATION PL
GOLD RIVER CA 95670

OWNER

ARCHITECT

Nature of Work: MP2222 2 STORY 8 RM SFR

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 (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS 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 B License Number 750190 Date 10/10/06 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors 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 Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 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 (\$500.00);

I, as a 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 Professional Code: The Contractors 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/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/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 Contractors 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 Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
OCT 10 2006
PLANNING
AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 10/10/06 Applicant/Agent Signature [Signature]

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

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:

Carrier AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2006

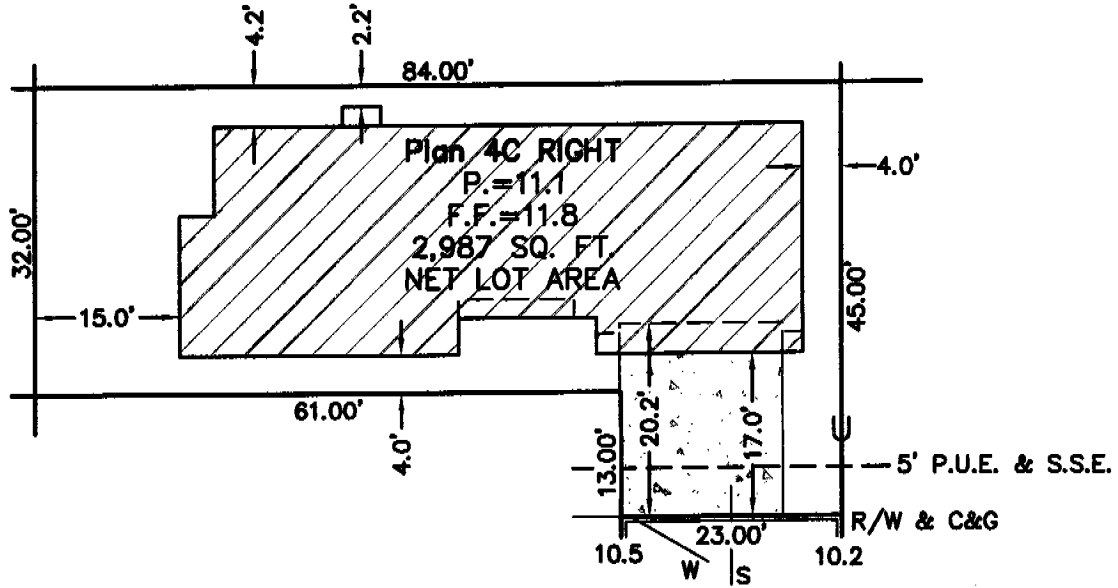
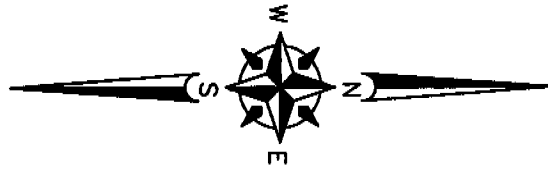
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 10/10/06 Applicant Signature [Signature]

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 FEE.

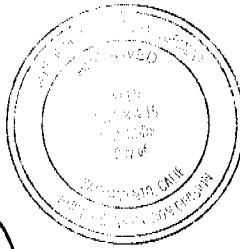
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



Lot P

This is not a permit. It is a plot plan. It is not a guarantee of any kind. It is not a warranty. It is not a contract. It is not a deed. It is not a title. It is not a lien. It is not a mortgage. It is not a lease. It is not a license. It is not a power of attorney. It is not a will. It is not a trust. It is not a partnership. It is not a joint tenancy. It is not a community property. It is not a marital deduction. It is not a charitable deduction. It is not a tax credit. It is not a tax exemption. It is not a tax deferral. It is not a tax shelter. It is not a tax avoidance. It is not a tax evasion. It is not a tax fraud. It is not a tax crime. It is not a tax penalty. It is not a tax sanction. It is not a tax fine. It is not a tax imprisonment. It is not a tax death. It is not a tax hell. It is not a tax purgatory. It is not a tax limbo. It is not a tax purgatory. It is not a tax limbo. It is not a tax purgatory. It is not a tax limbo.



LEGEND

- S - - - - SEWER
- W - - - - WATER
- U - - - - UTILITY LOCATION
- P.U.E. - - - PUBLIC UTILITY EASEMENT
- S.S.E. - - - SANITARY SEWER EASEMENT

ADDRESS:

LOT P

5/16/2006

SCALE: 1" = 20'

PLOT PLAN
LOT 128
 Sonora Springs - Phase 1
 City of Sacramento
 County of Sacramento, State of California

**WECKER
 SURVEYS**

1111 KENNEDY PLACE,
 SUITE 4
 DAVIS, CA 95616
 530-792-7252
 FAX 530-792-7171

PERMIT #
0611313

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

ICBO Evaluation Services, Inc.

D.R. Horton-Sonora Springs

Report No. 3899

Lot 128 1862 Alice Way

Date of Job Completion: 1-16-07

Plaster Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3346 Luyung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as
Issued by Western Stucco Products 607

This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Mary Allen
Signature of authorized representative of plastering contractor

1-21-07
Date

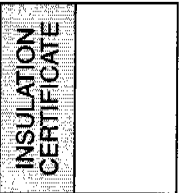
Installation card must be presented to the building inspector
After completion of work and before final inspection.

No. DRH-128



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

Admitt # 0611313



1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

DR. HORTON LOT # 128 TRACT # SONORA

STREET 1862 ALICE WY CITY NUTOMAS

EXTERIOR WALLS: MANUFACTURER F/G THICKNESS/TYPE 3 5/8 VALUE 13/19

CEILINGS: BATTIS: MANUFACTURER C/T THICKNESS/TYPE 10 R- VALUE 30 BLOWN IN: MANUFACTURER INSUL-TRK THICKNESS 12 R- VALUE 30

SQUARE FOOTAGE COVERED 1064 NUMBER OF BAGS USED 19

FLOORS: MANUFACTURER THICKNESS/TYPE VALUE R- MANUFACTURER THICKNESS/TYPE VALUE R-

WIDTH OF INSULATION INCHES FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE VALUE R- MANUFACTURER THICKNESS/TYPE VALUE R-

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING CALIFORNIA CONTRACTORS LICENSE #815286 NEVADA CONTRACTORS LICENSE #0055201

Signature: Olivier A. Key TITLE: INSTALLER DATE: 2/2/09

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

DR HORTON SANDRA SPRINGS PLAN 4

Site Address

Permit Number

06/1313

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

LOT 128
1862 ALICEWAY.

FENESTRATION/GLAZING:

| | Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panels | Total Quantity of Like Product (Optional) | Area Square Feet | Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|-----|--|---|---|----------------|--|------------------------|---|--|
| 1. | | | | | | | | |
| 2. | <u>CLASSIC S&D</u> | <u>.31</u> | <u>.31</u> | <u>2</u> | <u>1</u> | <u>48</u> | | |
| 3. | | | | | | | | |
| 4. | <u>STYLELINE HV</u> | <u>.31</u> | <u>.30</u> | | | <u>6</u> | | |
| 5. | | | | | | | | |
| 6. | <u>STYLELINE SH</u> | <u>.31</u> | <u>.30</u> | <u>56</u> | <u>28</u> | <u>348</u> | | |
| 7. | | | | | | | | |
| 8. | <u>STYLELINE PV</u> | <u>.33</u> | <u>.30</u> | <u>5</u> | <u>5</u> | <u>62</u> | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

34 [Signature] 1/17/07 MILGARD MANUFACTURING

Item #s (if applicable) Signature Date Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #s (if applicable) Signature Date Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #s (if applicable) Signature Date Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

COPY TO: Building Department
HERS Rater (if applicable)
Building Owner at Occupancy

INSTALLATION CERTIFICATE

D.R. Horton Sonoma Springs - All Plans

CF-6R

Permit Number

0611313

Site Address

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required, however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

LOT 128
1862 ALICE WAY

HVAC SYSTEMS:
Heating Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Mfr name and Model # | # of Identical Systems | (1) Efficiency (AFUE, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) | |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|---------------|
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-6.0 | 31,327 | 60,000 | Plan 1 (1665) |
| Furnace | York LY8S080B16 | 1 | 0.80 | Attic | R-6.0 | 39,860 | 80,000 | Plan 2 (2064) |
| Furnace | York LY8S080B16 | 1 | 0.80 | Attic | R-6.0 | 37,719 | 80,000 | Plan 3 (2029) |
| Furnace | York LY8S080B16 | 1 | 0.80 | Attic | R-6.0 | 38,264 | 80,000 | Plan 4 (2320) |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-6.0 | 27,455 | 60,000 | Plan 6 (1425) |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-6.0 | 26,680 | 60,000 | Plan 7 (1680) |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-6.0 | 29,385 | 60,000 | Plan 8 (1981) |

Coil Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Mfr name and Model # | # of Identical Systems | (1) Efficiency (SEER, EER, etc.) > CF-1R value | Duct Location (attic, etc.) | | | | |
|------------------------------|------------------------------------|------------------------|--|-----------------------------|--|--|--|---------------|
| Coil | Aspen CB36A3X * | 1 | 13/11 | Attic | | | | Plan 1 (1665) |
| Coil | Aspen CB48A3X * | 1 | 13/11 | Attic | | | | Plan 2 (2064) |
| Coil | Aspen CB48A3X * | 1 | 13/11 | Attic | | | | Plan 3 (2029) |
| Coil | Aspen CB48A3X * | 1 | 13/11 | Attic | | | | Plan 4 (2320) |
| Coil | Aspen CB48A3X * | 1 | 13/11 | Attic | | | | Plan 6 (1425) |
| Coil | Aspen CB36A3X * | 1 | 13/11 | Attic | | | | Plan 7 (1680) |
| Coil | Aspen CB36A3X * | 1 | 13/11 | Attic | | | | Plan 8 (1981) |

Cooling Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Compressor Unit Mfr Name and Model # | # of Identical Systems | (1) Efficiency (SEER, EER, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) | |
|------------------------------|--|------------------------|--|-----------------------------|--------------|-----------------------|---------------------------|---------------|
| Condenser | York H*RD036 | 1 | 13/11 | Attic | R-6.0 | 23,305 | 30,500 | Plan 1 (1665) |
| Condenser | York H*RD042 | 1 | 13/11 | Attic | R-6.0 | 26,410 | 36,100 | Plan 2 (2064) |
| Condenser | York H*RD042 | 1 | 13/11 | Attic | R-6.0 | 36,100 | 36,100 | Plan 3 (2029) |
| Condenser | York H*RD042 | 1 | 13/11 | Attic | R-6.0 | 28,120 | 36,100 | Plan 4 (2320) |
| Condenser | York H*RD036 | 1 | 13/11 | Attic | R-6.0 | 25,050 | 30,500 | Plan 6 (1425) |
| Condenser | York H*RD036 | 1 | 13/11 | Attic | R-6.0 | 24,009 | 30,500 | Plan 7 (1680) |
| Condenser | York H*RD036 | 1 | 13/11 | Attic | R-6.0 | 26,523 | 30,500 | Plan 8 (1981) |

* = TXV valve installed w/coil

(1) > reads greater than or equal to.
I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy

Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

[Signature] 12/2/06
Signature, Date

Beutler Corporation
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

External Insulation R-value

WATER HEATING SYSTEMS:

| Heater Type | CEC Certified Mfr Name & Model # | Distribution Type (Std. point of use) | If Recirculation Control Type | # of Identical Systems | (2) Rated Input (kW or Btu/hr) | Tank Volume (gallons) | (2) Efficiency (EF, RE) | (2) Standby Loss (%) |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|

- (2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
- (3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)