

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0402307
Insp Area: 4
Thos Bros: 256J3

Site Address: 22 ELLERTON PL SAC
Parcel No: 201-0910-030
N

HERITAGE @ NATOMAS PARK VIL.6 LOT 8
Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
LENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE, CA 95661

OWNER

ARCHITECT

Nature of Work: MP1144 1 STORY 7 ROOM 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 _____ License Number 732348 Date 3/12/04 Contractor Signature Ki Mas

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 _____

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 3/12/04 Applicant/Agent Signature Ki Mas

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:

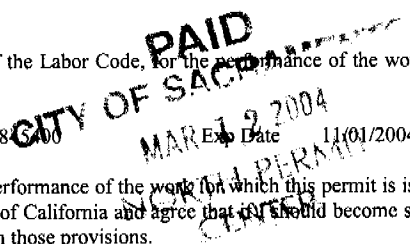
Carrier OLD REPUBLIC INS. CO. Policy Number MWC108400 Exp Date 11/01/2004

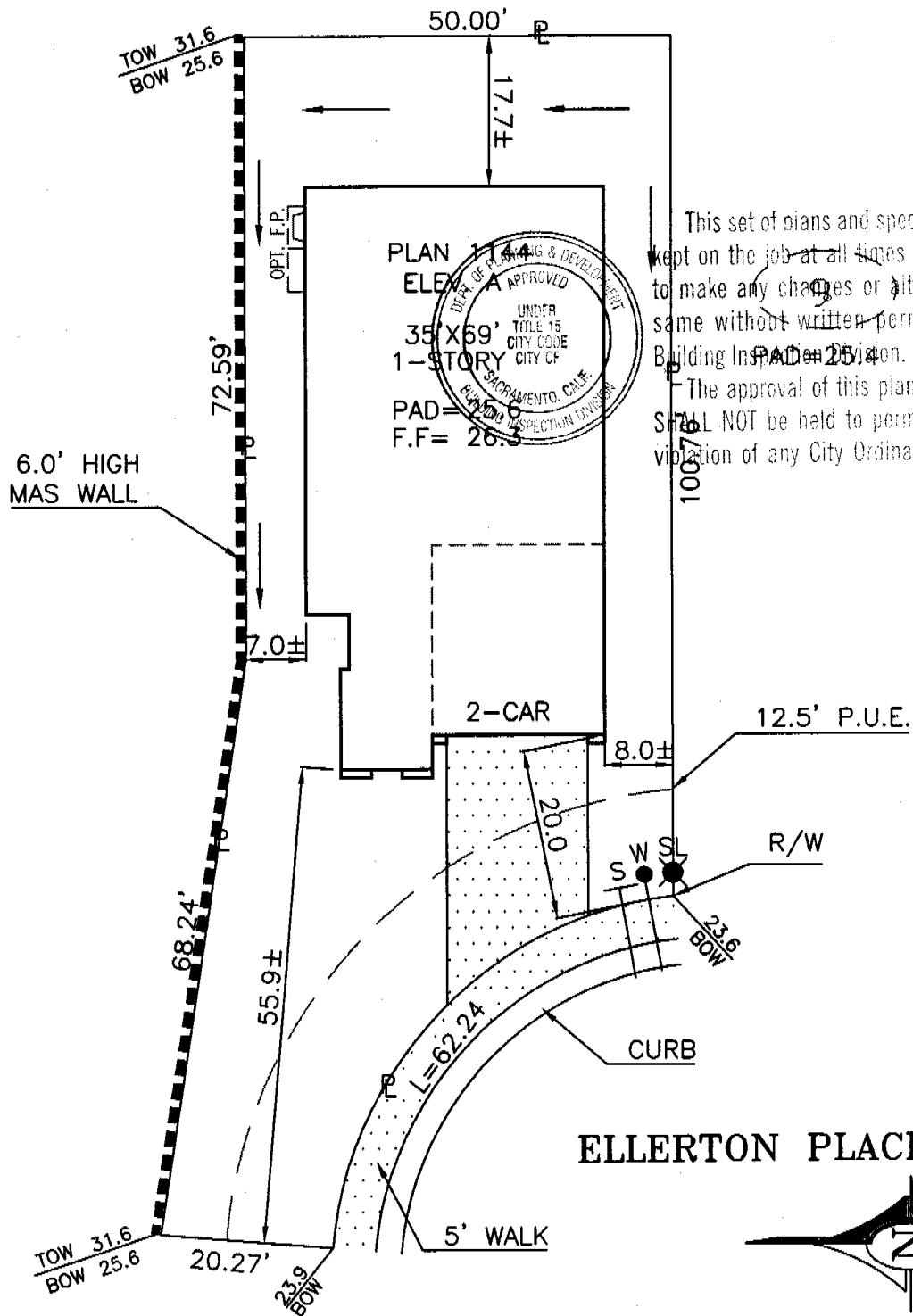
_____, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that I should become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

Date 3/12/04 Applicant Signature Ki Mas

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 set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspector. The approval of this plan and specifications SHALL NOT be held to permit or approve violation of any City Ordinance or State Law.

DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

<h1>RENAISSANCE</h1> <h2>HOMES</h2> <p>1075 CREEKSIDE RIDGE DR. SUITE 100. ROSEVILLE, CA. 95678 PHONE (916) 773-4083 FAX (916) 773-4086</p>	<p>MENDOCINO</p> <p>HERITAGE PARK VILLAGE 6</p> <p>SACTO. COUNTY, CALIFORNIA</p>		<p>PLOT PLAN</p> <p>NOTES:</p>
	<p>ADDRESS: 22 ELLERTON PLACE</p> <p>PLAN NO.: 1144-A LOT SQ. FT.: 6,208.5</p> <p>DRAWN BY: R.P. APPROVED BY: MB</p>		<p>LOT COV: 32.2 %</p> <p>ROOF PITCH: A & B ELEVS. = 4/12 PITCH C ELEV. = 7/12 PITCH</p> <p>DATE: 1/29/04 SCALE: 1"=20'</p>
			<h1>LOT 8</h1>



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

44624

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:

Rossack LOT # 8-6 TRACT # Mendocino

STREET 22 Ellerston CITY Sac

EXTERIOR WALLS:

MANUFACTURER FL THICKNESS/TYPE 3 3/8 R- VALUE 13

CEILING:

BATTS: MANUFACTURER FL THICKNESS/TYPE 1 1/2 R- VALUE 3.8

BLOWN IN: MANUFACTURER CT THICKNESS/TYPE 14 3/4 R- VALUE 3.9

SQUARE FOOTAGE COVERED 1632 NUMBER OF BAGS USED 57

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

SLAB ON GRADE: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

GENERAL CONTRACTOR _____ DATE _____

CALIFORNIA CONTRACTORS LICENSE # _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR **ARCADE INSULATION** DATE 9-10-04

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #55201 SIGNATURE _____ TITLE _____

*Ken
419-6487*

KwikKote

No. 200-920217

Stucco System Installation Card

Job Name: MENDOCINO COLLECTION
Address: 22 ELLERTON PLACE
SACRAMENTO, CA
Lot #: 00008-6

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion: *8/8/04*

Home Builder: LENNAR RENAISSANCE
Address: 1075 Creekside Ridge Dr. #100
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 09/13/2004

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

[Handwritten Signature]

9/13/04

Signature of authorized representative of stucco contractor

Date

48-25

INSTALLATION CERTIFICATE

CF-6R

22 EVERTON PL
Site Address

RENAISSANCE- Heritage Park Mendocino

0402307
Permit Number

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).

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	Carrier 58MVP040-14	1	0.94	Attic	R-8	22,532	40,000	Plan 1141
Furnace	Carrier 58MVP040-14	1	0.94	Attic	R-8	25,020	40,000	Plan 1142
Furnace	Carrier 58MVP040-14	1	0.94	Attic	R-8	25,585	40,000	Plan 1143
Furnace	Carrier 58MVP040-14	1	0.94	Attic	R-8	30,198	40,000	Plan 1144

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	Carrier 38TDB038-3 *	1	18.0	Attic	R-8	22,053	36,000	Plan 1141
Condenser	Carrier 38TDB038-3 *	1	18.0	Attic	R-8	23,238	36,000	Plan 1142
Condenser	Carrier 38TDB038-3 *	1	18.0	Attic	R-8	23,151	36,000	Plan 1143
Condenser	Carrier 38TDB038-3 *	1	18.0	Attic	R-8	26,726	36,000	Plan 1144

*TXV - Indicates Thermal Expansion Valve On 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.

Hy Jones 8-20-03
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (ed, point of use)	If Recirculation Control Type	# of Identical Systems	(3) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(1) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value
<u>GAS</u>	<u>RHEEM 41NR50-40T5</u>	<u>STR</u>	<u>N/A</u>	<u>N/A</u>	<u>40,000</u>	<u>50</u>			<u>19.2</u>

- (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] 8/10/04
Signature, Date

BEUTLER CORP./RENAISSANCE HOMES
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

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