

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0500071
Insp Area: 4
Thos Bros: 256-H3

Site Address: 12 PAREJO CT SAC
Parcel No: 201-1050-004

NATOMAS CREEK VIL. 3 LOT 5
Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 225
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP3306/O 2 STORY 11 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 B License Number 750190 Date 4/6/05 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
APR 06 2005
CITY OF SACRAMENTO
CENTER

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 4/6/05 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 07/01/2005

(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 4/6/05 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.

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

Job Address:
DRH-Sterling Hills
Lot 3005 18 Allaire Circle
0500071
Plaster Contractor

ICBO Evaluation Services, Inc.

Report No. 3899

Date of Job Completion: 4-28-05

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 507

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.

[Signature]
Signature of authorized representative of plastering contractor

5-23-05
Date

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

No. DRH-3055

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

Job Address:
D.R. Horton-Terrace Park
Lot 2052 5623 Los Pueblos Way
Plaster Contractor

ICBO Evaluation Services, Inc.

Report No. 3899

Date of Job Completion:

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 507

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.

Signature of authorized representative of plastering contractor

Date

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

No. DRH-2052

CERTIFICATION OF INSULATION

ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS							
PART I GENERAL	D.R. HORTON 18 PARESO CT 0500071 STERLING HILLS NC		LOT # 3005 47		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026		DATE INSULATION COMPLETED		
					<input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026				
<input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026		<input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675		<input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
PART II AREAS INSULATED	WALLS		CEILINGS			FLOORS			
	(SQUARE FEET)		(SQUARE FEET)			(SQUARE FEET)			
	TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION			
	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			
	FORM BATTS		FORM BATTS & BLOW			FORM BATTS			
	MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			
	MANUFACTURER		MANUFACTURER			MANUFACTURER			
	CT	OC	JM	CT	OC	JM	CT	OC	JM
			BAGS						
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS		
	13 19	35 55	30	9"-12"	—	38	12"-14.75"		
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER			
						CT	OC	JM	
AIR INFILTRATION SEALANT									
MATERIAL FOAM				MANUFACTURER HILTI		MANUFACTURER HANDY FOAM			
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.									
SIGNATURE -- INSULATION CONTRACTOR B.G.				TITLE MANAGER		DATE 8/16/05			
SIGNATURE -- GENERAL CONTRACTOR				TITLE		DATE			
REMARKS									

PLAN 3
INSTALLATION CERTIFICATE

LOT 3005 18 PARELO CT
Site Address 0500071

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 Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (>CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
FURNACE	588TX110-22	1	80%	ATTIC	6.0	53,034	110,000

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (>CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
A/C	388CE060	1	10.0	ATTIC	6.0	35,075	49,600

1. \geq 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, Date

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std., Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ²
GAS	BRADFORD WHITE M-4-5070FBN	STD	N/A	1	40,000	50	.62		R-16

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.

Faucets & Shower Heads:

All faucets 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

J.R. PIERCE PLUMBING CO.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

January 4, 2001

0500071

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. 6110	HV	.35			208		
2. 6210	SH	.35			108		
3. 5021	SGD	.34			48		
4. 6340	PW	.33			91		
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products 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.

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 5), where applicable.

4

Item #s (if applicable)	Signature, Date	MILGARD WINDOWS 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 Provider (if applicable)
Building Owner at Occupancy

January 4, 2001

0500071

INSTALLATION CERTIFICATE

CF-6R

PLAN #, LOT

D.R. HORTON - STERLING HILLS-SCHUMACHER MEADOWS-NTOAMAS CREEK 65

Site Address

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

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (at/c, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), Plan #. Rows include FURNACE models 58STX090-18, 58MXA080-16, 58STX110-22, 58STX110-22.

Cooling Equipment

Table with columns: 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 (at/c, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr), Plan #. Rows include A/C models 38BRC042-3, 38BRC046-3, 38CKC060, 38CKC060.

TXV INCLUDED WITH THE 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, Date: [Signature] 11/8/04

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

WATER HEATING SYSTEMS:

Table with columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std, pipe of use), If Recirculation Control Type, # of Identical Systems, (2) Rated Input (kW or Btu/hr), Tank Volume (gallons), (3) Efficiency (EF, RE), (4) Standby Loss (%), External Insulation R-value.

(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: [Signature] HERS Provider (if applicable): Building Owner or OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton Sterling Hills All Plans
 Site Address 0500071 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 Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (2CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (2CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. \geq 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, Date

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ¹ (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
Gas	Bradford White W-A-50516 FBN	STD	N/A	1	40,000	50	0.62		R-16

1. 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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above by signature: 1) is the actual equipment installed; 2) is 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

[Signature] 11/9/04
 Signature, Date

J.R. Pierce Plumbing Co.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

CON TO: Building Department
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

DR HORTON - STERLING HILLS PLAN 3

Site Address

0500071

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Product's Labeled U-value (at CF-1R value) ¹	Site Built Product's # of Panes	Default U-value ²	Quantity (Optional)	Total Square Feet	Comments/Serial Feature
1. 6110	HV	.35				208	
2. 6210	SH	.35				168	
3. 5621	SGD	.34				48	
4. 6340	FW	.33				91	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is 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) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

4
Item #s
(if applicable)

Joe Bault 11/8/04
Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Compliance Form:

July 1, 1995

COPY TO: Building Department
Building Owner at Occupancy

Compliance Form:

July 1, 1995