

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0417968
Insp Area: 4
Thos Bros: 276J6

Site Address: 15 JACKDAW CT SAC
Parcel No: 225-1980-059 **PARKVIEW VIL. 6 LOT # 59**

Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR
KIMBALL HILL HOMES
10535 EAST STOCKTON BL. STE. K
ELK GROVE CA. 95624

OWNER
KIMBALL HILL HOMES
10535 EAST STOCKTON BL. STE. K
ELK GROVE CA. 95624

ARCHITECT

Nature of Work: MP 2212 2 STORY 9 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 701803 _____ Date _____ Contractor Signature _____

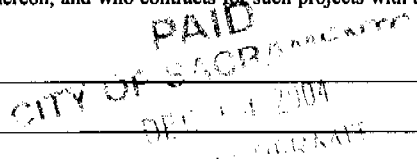
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 _____



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 _____ Applicant/Agent 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:

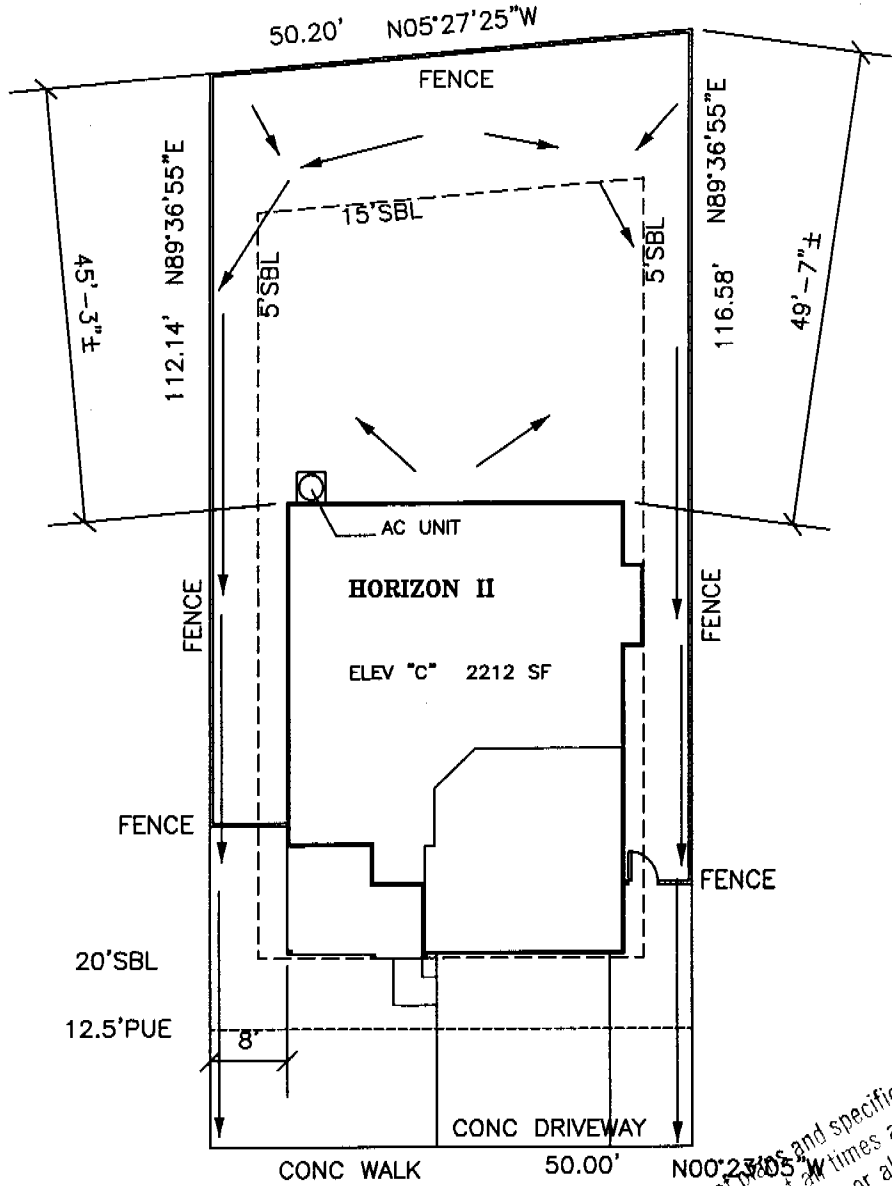
Carrier TRAVELERS Policy Number WC59663000527 Exp Date 10/01/2004

_____, (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 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 _____ Applicant 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 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 Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

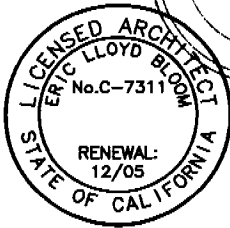
JACKDAW COURT

Lot 59 5718



BLOOM
Architectural
Developments
Incorporated
 4437 Kenneth Avenue
 Fair Oaks, CA 95628
 (916)961-1553
 (916)967-3011 Fax

www.BloomArchitect.com



Plot Plan Disclosure This plot plan approximates a general representation of lot dimensions, easements, fence and home placement, etc. This illustration is not a condition of Kimball Hill Homes sales agreement. The actual placement and measurements demonstrated on this diagram are subject to change without notice.

Signature _____

KHH California, Inc. (916)714-1153
 10535 E. Stockton Blvd. Ste. K, Elk Grove, CA 95624



Job# 3076 59 **Plan#** 2212
Date Oct 06 04 **Draft** 1
Plan HORIZON2 **Elev** C
Project Parkview **Unit** 6
Lot 59
Address 15 Jackdaw Court
City Sacramento County CA
APN 225-1980-059

PLOT PLAN
 Scale 1"=20'



F. RODGERS INSULATION, INC.
 Thermal Insulation Contractors
 Residential

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550
 (925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691
 (916) 386-9400 • FAX (916) 386-9446

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

STREET 15 JACKSON CT. LOT # _____ TRACT # _____ CITY _____

EXTERIOR WALLS: _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 13

CEILINGS: _____

BATTI: _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 30

BLOWN IN: _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 30

SQUARE FOOTAGE COVERED 1303 NUMBER OF BAGS USED 25

FLOORS & OVERHANGS: _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 19

OTHER: _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
 CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL
 CALIFORNIA CONTRACTORS LICENSE #771285

DATE 4-19-05

SIGNATURE _____

TITLE _____

INSULATION
 CERTIFICATE
09687

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

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

Equip. Type (pkg./unit name)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [CE-IR value]	Duct Location (attic, etc.)	Duct or Piping Review	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg./unit name)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [CE-IR value]	Duct Location (attic, etc.)	Duct Review	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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value
Gas	A.O. Smith GUR-40-100	STD	N/A	1	40,000	40	.62	N/A	N/A

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.

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 my 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/Date

BIRNICH PLUMBING CO., INC.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy

INSTALLATION CERTIFICATE (Page 13) **CF-6R**

Plan 2212
 Site Address Parkview Signature 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 [aCF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<u>Furnace</u>	<u>585TX110-22</u>	<u>1</u>	<u>80%</u>	<u>Attic</u>	<u>4-2</u>		<u>105,000</u>

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [aCF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<u>A/C</u>	<u>38LRC048</u>	<u>1</u>	<u>10.0</u>	<u>Attic</u>	<u>4-2</u>		<u>48,000</u>

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.

Betty Martino
 Signature, Date 6-8-04

Air Design, Inc.
 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 ³

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

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

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

Site Address

KIMBALL PARKVIEW
SIGNATURE

Permit Number

PLAN 2212 C
LOT 659

FENESTRATION/GLAZING:

ALSIDE - ALPINE
7000 SERIES WINDOWS

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.							LOW-E GLASS
2. SLIDERS	.35	.32	2		166)
3.							
4. SINGLE HUNG	.35	.32	2		60		
5.							
6. PICTURE WINDOWS	.34	.35	2		44		
7.							
8. PATIO DOORS	.35	.34	2		34		
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 6), where applicable.

2, 4, 6, 8
Item #s
(if applicable)

Signature, Date

[Signature] 3-23-05

Y.T. GLASS & WINDOWS INC.
3200 DWIGHT RD STE 400
ELK GROVE, CA 95758-6461
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

INSTALLATION CARD

OMEGA DIAMOND WALL INSULATING ONE COAT SYSTEM
OMEGA PRODUCTS INTERNATIONAL, INC.

Job Address:

15 JACK DAW

ICBO Evaluation Service, Inc.
Report 4004

4-5-05
Date of Job Completion

Plastering Contractor:

Name: Mid Valley Plastering, Inc.
Address: 4807 S. Airport Way, Unit # 2
Stockton, CA 95206-4924
Telephone: (209) 234-2671

Approved Contractor Number as
Issued by the Coating Manufacturer Omega Diamond Wall No. 2315

This is to certify that the exterior 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 Plastering Contractor

4-26-05
Date

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