

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0501419  
Insp Area: 4  
Thos Bros: 257-A3

Site Address: 2621 INGLETON LN SAC  
Parcel No: HERITAGE @ NATOMAS PARK VIL 9 LOT # 37

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

CONTRACTOR  
LENNAR RENAISSANCE INC  
1075 CREEKSIDE RIDGE DR  
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1164 1 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 B License Number 732348 Date 5/13/05 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. 7043, 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 5/13/05 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 OLD REPUBLIC INS. CO.

Policy Number MWC10845400

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 if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

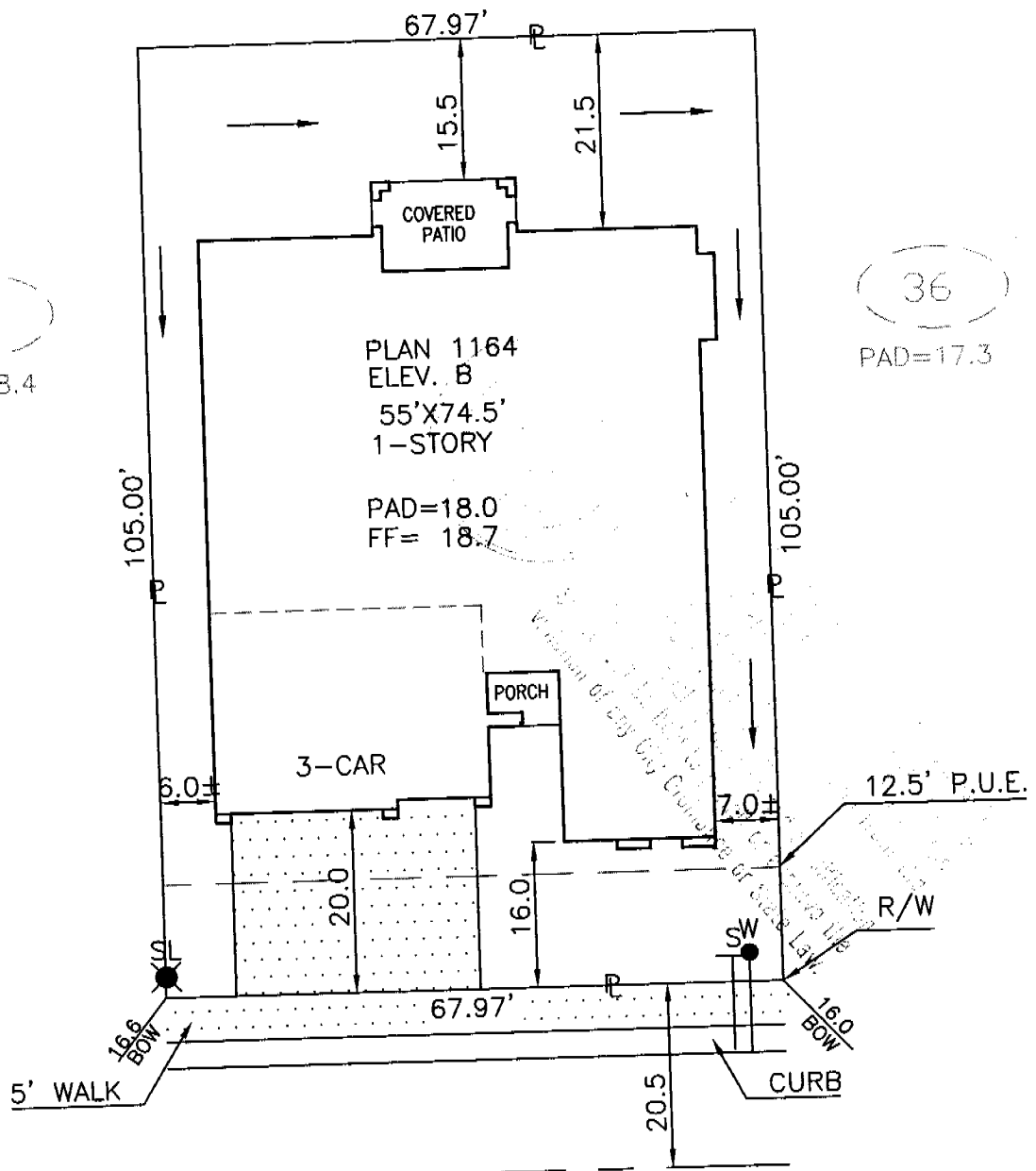
Date 5/13/05 Applicant Signature [Signature]

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.**

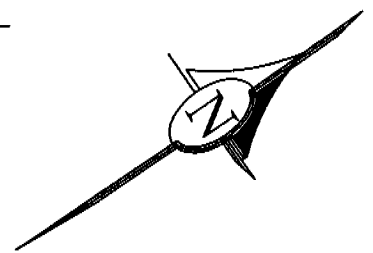
38  
PAD=18.4

36  
PAD=17.3



**PAID**  
CITY OF SACRAMENTO  
MAY 13 2005  
NORTH PERMIT  
CENTER

INGLETON LANE



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>	<b>MONTEREY</b>		<b>PLOT PLAN</b>
	<b>HERITAGE PARK VILLAGE 9</b>		
<b>SACTO. COUNTY, CALIFORNIA</b>			NOTES:
<b>ADDRESS: 2621 INGLETON LANE</b>	<b>LOT COV: 44.99%</b>		
<b>PLAN NO.: 1164-B</b>	<b>LOT SQ. FT.: 7,136.8</b>	<b>ROOF PITCH: A &amp; B ELEVS.= 4/12 PITCH C ELEV.= 7/12 PITCH</b>	
<b>DRAWN BY: R.P.</b>	<b>APPROVED BY: [Signature]</b>	<b>DATE: 1/19/05</b>	<b>SCALE: 1"=20'</b>
			<h1>LOT 37</h1>



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE  
57006

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:

Peninsula Home LOT # 37 TRACT # Monte Rio

STREET 2621 English Ln CITY Santa

EXTERIOR WALLS:

MANUFACTURER FE THICKNESS/TYPE \_\_\_\_\_ R- VALUE 13

CEILINGS:

BATTS: MANUFACTURER FE THICKNESS/TYPE \_\_\_\_\_ R- VALUE 38

BLOWN IN: MANUFACTURER FE MINIMUM THICKNESS 1 1/4" R- VALUE 38

SQUARE FOOTAGE COVERED 3117 NUMBER OF BAGS USED 560

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 \_\_\_\_\_ CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

ARCADÉ INSULATION

INSULATION CONTRACTOR \_\_\_\_\_ CALIFORNIA CONTRACTORS LICENSE #815286 NEVADA CONTRACTORS LICENSE #0055201 DATE 6/21/01

Alfonso SIGNATURE Inspector TITLE

**RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION**

Project Address: 2621 INGLETON LN Assessor Parcel # 201-0880-037-0000  
 Lot Number: 37 Subdivision HERITAGE PARK

**OWNER INFORMATION:**

Legal Property Owner: LENNAR RENAISSANCE INC. Phone# 916-773-4083  
 Owner Address: 1075 Creekside Ridge Dr. City ROSEVILLE State CA Zip 95678  
 Suite 100

**CONTRACTOR INFORMATION:**

Contractor: LENNAR RENAISSANCE INC. Lic. # 732348 Phone # 916-773-4083 Fax 773-4086

**PROJECT INFORMATION:**

Land Use Zone R/A Occupancy Group R3 Construction Type VN Fed Code 1A  
 No. of Stories: 1 No. of Rooms: 9 Street Width: 40 ft  
 1<sup>st</sup> Floor Area 2710 2<sup>nd</sup> Floor Area N/A Basement N/A Roof Material TILE

AREA IN SQUARE FOOT OF:

Dwelling/Living	<u>2710</u>
Garage/Storage	<u>675</u>
Decks/Balconies	<u>N/A</u>
Carpports	<u>N/A</u>

SCOPE OF WORK: MP # 1164

NEW CONSTRUCTION SFD

CITY OF SACRAMENTO  
 PERMIT ASSISTANCE  
 JAN 28 2004  
**RECEIVED**

FOR OFFICE USE ONLY

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Information Above Complete | <input type="checkbox"/> AR Flood Waiver Required                 | <input type="checkbox"/> Planning Approval            |
| <input type="checkbox"/> Violation Files Checked    | <input type="checkbox"/> Flood Elevation Certificate Required     | <input type="checkbox"/> Design Review Approval       |
| <input type="checkbox"/> Standard Setbacks          | <input checked="" type="checkbox"/> Water Development Infill Area | <input type="checkbox"/> Special Fee Districts Apply: |
| <input type="checkbox"/> County Sewer               |   |   |

**THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT**

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
 

a) Assessors Parcel Number	c) Owners Name
b) New Floor Area	d) Project Address



Installation Card

Job Address

Stucco System Tradename: KWIK KOTE

MONTEREY COLLECTION

Name of Stucco Manufacturer: KWIK KOTE CORP.

2621 INGLETON LANE 16+37-9

ICC Evaluation Service, Inc.

Evaluation Report ESR-1711

SACRAMENTO

Date of Job Completion \_\_\_\_\_

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE: 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

Julian A. Alvarez  
Signature of authorized representative of stucco contractor

10-15-05  
Date

2621 INGLETON  
Site Address

RENAISSANCE- Heritage Park Monterey

0501419

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 58MVP080-20	1	0.94	Attic	R-6	42,168	80,000	Plan 1161
Furnace	Carrier 58MVP080-20	1	0.94	Attic	R-6	43,993	80,000	Plan 1162
Furnace	Carrier 58MVP100-20	1	0.94	Attic	R-6	45,120	100,000	Plan 1163
Furnace	Carrier 58MVP100-20	1	0.94	Attic	R-6	45,609	100,000	Plan 1164

**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 38TDB048-3 *	1	10.0	Attic	R-6	35,978	47,600	Plan 1161
Condenser	Carrier 38TDB048-3 *	1	10.0	Attic	R-6	37,558	47,600	Plan 1162
Condenser	Carrier 38TDB060-3 *	1	10.0	Attic	R-6	40,038	60,000	Plan 1163
Condenser	Carrier 38TDB060-3 *	1	10.0	Attic	R-6	39,375	60,000	Plan 1164

\*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.

*Mark Haddock* 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 (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 (%)	External Insulation R-value
GAS	BEUTLER-WHITE	STD	NA	1	40,000	50			

(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

LOT : Work Order : 162663  
 Plan : 1163C;1163AC(REV);1163AC(REV)(525FAM) Builder : RENAISSANCE MONTEREY COLLECTION  
 Site Address : 2621 INGLETON LANE Permit # 0501419

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured	Site Built Products		Quantity (optional)	Total Square Feet	Comments/ Special Features
		Products Labelled U-value (< CF-1R value) <sup>2</sup>	# of Panels	Default U-Value <sup>2</sup>			
1. WINDFORE WINDOW	Fixed	0.320				84.0	
2. WINDFORE WINDOW	S/Hung	0.350				26.0	
3. WINDFORE WINDOW	H/Slider	0.350				233.0	
4. WINDFORE WINDOW	P/Door	0.330				0.0	
5. * Weighted Average	----->	0.343				343.0	
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<sup>2</sup>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 the 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.

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
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\* Product mix and u-values reflect plan changes as of 01/18/05