

**CITY OF SACRAMENTO**

Permit No: **0604011**

1231 I Street, Sacramento, CA 95814

Insp Area: **4**

Site Address: **5780 DA VINCI WY SAC**

Thos Bros:

Parcel No: **JMA NORTH NATOMAS VILLAGE 2 LOT #20**

Sub-Type: **NSFR**

Housing (Y/N): **N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

REYNEN AND BARDIS COMMUNITIES  
9856 BUSINESS PARK DRIVE  
SUITE A 95827

Nature of Work: **MP2951 STORY 9 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.

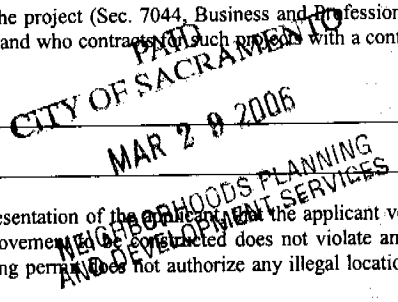
License Class **B** License Number **790351** Date \_\_\_\_\_ Contractor Signature *[Signature]*

**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 project 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 verified all measurements and locations shown on the application or accompanying drawings and that the improvements 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 **3-29-06** 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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.

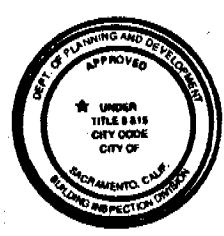
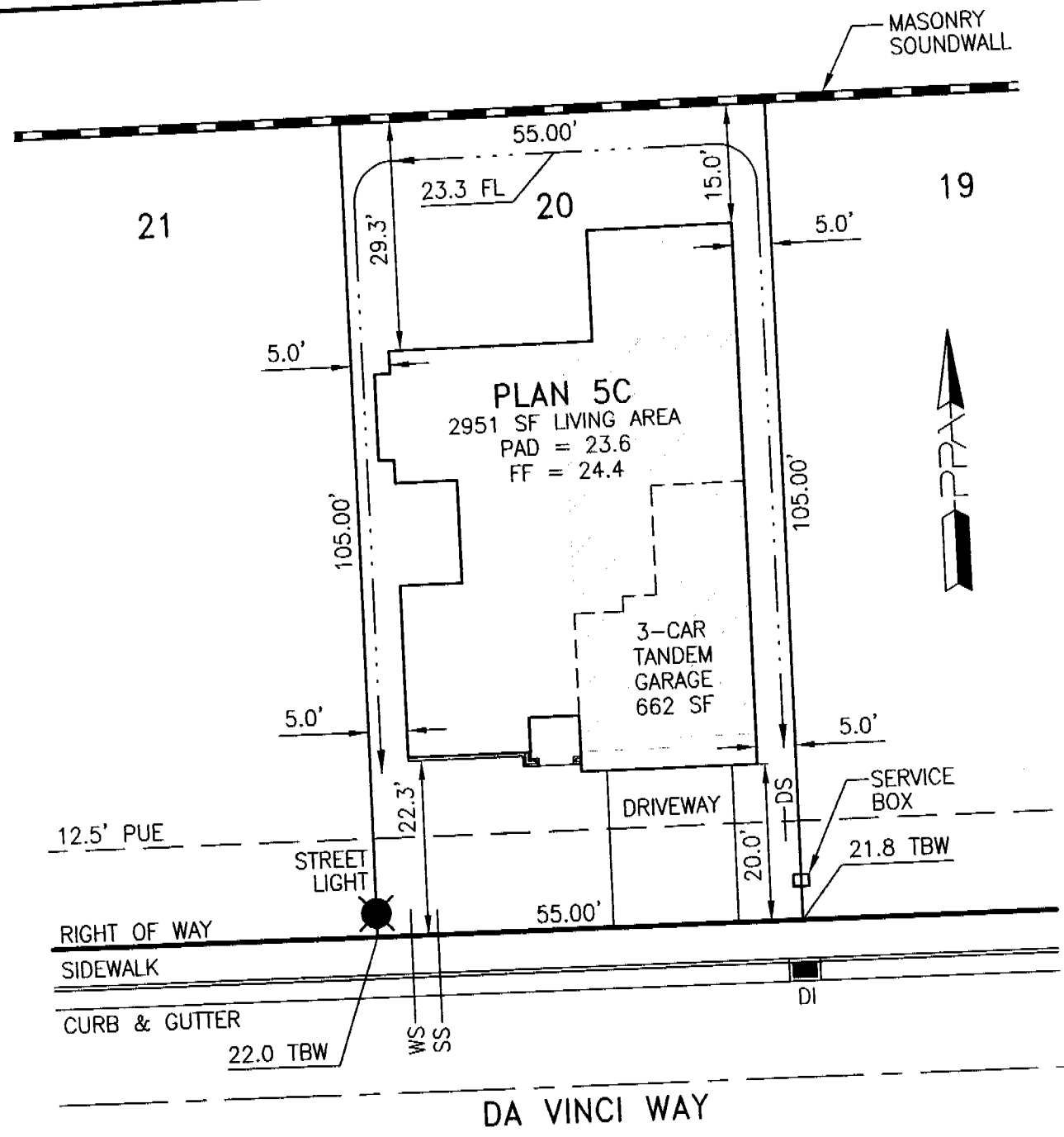
Date **3-29-06** Applicant Signature *[Signature]*

**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.**

R-3

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.



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.

Approved By:	Reynen & Bardis Rep.	Date
Revision	Approved By	Date
▲		
▲		

LOT AREA: 5775 SF  
 ALLOWED LOT COVERAGE: N/A  
 ACTUAL LOT COVERAGE: 2637 SF = 45.7%  
 REAR YARD AREA: 1270 SF  
 NUMBER OF BEDROOMS:

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

Plot Plan for  
**JMA Village 2**  
 5780 Da Vinci Way, Sacramento, California 95835

PPA Job #013008  
**Lot 20**  
 APN

**Reynen & Bardis Communities**  
 10630 Mather Boulevard, Sacramento, California 95655 Phone (916) 366-3665 Fax (916) 369-0971

**Plot Plan Associates** www.plotplans.org  
 P.O. Box 435, Citrus Heights, CA 95611-0435 (916) 769-9063

Date Drawn: 03/14/06 Scale: 1"=20'  
 Date Revised: - Drawn By: SRM

D:\013008\Plotplans\JMA2\_020.dwg

Permit #0604011  
5780 Da Vinci

**OMEGA PRODUCTS INTERNATIONAL, INC.**  
**DIAMOND WALL INSULATING STUCCO SYSTEM**

**JOB ADDRESS:**

**ICBO REPORT #4004**

Builder: Reynen & Bardis  
Job #: J4103 Artisan Romanesque  
Location: North Natoma, Sacramento, CA  
Lot # 20  
Plan/Elevation: 2951C

**Date of Job Completion: 07/06**

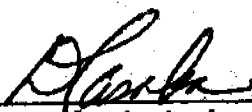
**PLASTERING CONTRACTOR:**

Cornerstone Plaster Development, Inc. (CPD Inc.)  
7309 Roseville Rd. Unit #1  
Sacramento, CA 95842  
Phone (916) 332-2626 Fax: (916) 332-4844

**Contractor Number of Diamond Wall System: 5135**

This is to certify that the exterior coating 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.

11-02-06  
Date

  
\_\_\_\_\_  
Signature of authorized representative of CPD Inc.

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

**CERTIFICATE OF FIELD VERIFICATION DIAGNOSTIC TESTING**

**CF-4R**

Project Address <b>5780 Da Vinci Way, 20 @ Artisan 45</b>		Builder Name <b>Reynen &amp; Bardis Development Company</b>
Builder Contact <b>Drew Thomas</b>	Telephone <b>(916) 285-0961</b>	Plan Number <b>5/2951</b>
HERS Rater <b>MICHAEL C. GATES</b>	Telephone <b>(209) 538-2879</b>	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature <i>Michael C. Gates</i>	Date <b>11-8-06</b>	Sample House Number
Firm <b>California Living and Energy</b>		HERS Provider <b>CaCERTS</b>
Street Address: <b>3015 Dale CT.</b>		City/State/Zip: <b>Ceres, CA 95307</b>

**Copies to BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT**

**HERS RATER COMPLIANCE STATEMENT**

The house was:  Tested  Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct taped is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e. does not use building cavities as plenums or platform returns in lieu of ducts)
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

*Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.*

Duct Diagnostic Leakage Testing Results

**NEW CONSTRUCTION:**

Duct Pressurization Test Results (CFM@ 25 Pa)		Measured Values	
1	Enter Tested Leakage Flow in CFM	18	0 / 0
2	Fan Flow: Calculated (Normal: <input checked="" type="checkbox"/> Cooling: <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured Enter Total Fan Flow in CFM:	2000	/
3	Pass if Leakage Percentage <= 6% [100 x 0.0 (Line#1) / 0.0 (Line#2)]	5.8	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

**SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT**

Yes  No Ducts are located within the conditioned volume of building.

Yes to this compliance credit is a pass  Pass  Fail

Duct system design verification is required for a compliance credit for the following:

1. Supply duct surface area reduction
2. Buried supply ducts on the ceiling
3. Deeply buried supply ducts

**DUCT SYSTEM DESIGN VERIFICATION**

- Yes  No Adequate airflow verified
- Yes  No The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2
- Yes  No The duct system design plan exists on building plans
- Yes  No Duct sizes, duct system layout and locations of supply and return registers match the duct system design plan

Yes to all is a pass  Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV)**

*Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.*

Yes  No Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

Yes is a pass  Pass  Fail

Permit # 0604011

SIERRA BUSINESS FORMS • SAC (916) 973-0361



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

46678

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



REYNOLDS Bardis LOT # 20 TRACT # Romanesque.  
STREET 5780 DA VINCI WY CITY Sac.

EXTERIOR WALLS:  
MANUFACTURER AG THICKNESS/TYPE 5 3/8 R-VALUE 13/19

CEILINGS:  
BATTS:  
MANUFACTURER CT THICKNESS/TYPE 10 R-VALUE 38

BLOWN IN:  
MANUFACTURER OC/P.P. THICKNESS 14 1/2 R-VALUE 38

SQUARE FOOTAGE COVERED 2164 NUMBER OF BAGS USED 42

FLOORS:  
MANUFACTURER THICKNESS/TYPE R-VALUE 0.642

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

INSULATION CONTRACTOR ARCADE INSULATION  
CALIFORNIA CONTRACTORS LICENSE #815288  
NEVADA CONTRACTORS LICENSE #55201 DATE 10/26/04

A. Gordon SIGNATURE Installer TITLE

**INSTALLATION CERTIFICATE**

CF-6R

Site Address 5780 DA VINCI WY.

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.) <sup>1</sup> [ $\geq$ CF-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.) <sup>1</sup> [ $\geq$ CF-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 <sup>3</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>1</sup>
GAS	M440T6FBN-5				40,000	40	.62		16
GAS	M450T6FBN-5				40,000	50	.63		16
GAS	M4XR7536BN				16,000	15	.60		18

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 3.58.

**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]* 4-6-05  
Signature, Date

WILMOR & SONS PLUMBING

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name) OR Owner

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

Reynen & Bardis - Romanesque Collection

Site Address 5780 DA Vinci Wy.

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-IR value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	34,638	90,000	Plan 1 (1906)
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	45,329	90,000	Plan 2 (2191)
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	47,410	90,000	Plan 3 (2614)
Furnace	Lennox G40UH60C-110	1	0.80	Attic	R-4.2	52,618	110,000	Plan 4 (2724)
Furnace	Lennox G40UH60C-110	1	0.80	Attic	R-4.2	60,253	110,000	Plan 5 (2951)

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	Lennox 13ACC036 *	1	13.0	Attic	R-4.2	22,908	32,200	Plan 1 (1906)
Condenser	Lennox 13ACC042 *	1	13.0	Attic	R-4.2	27,750	35,300	Plan 2 (2191)
Condenser	Lennox 13ACC042 *	1	13.0	Attic	R-4.2	30,136	35,300	Plan 3 (2614)
Condenser	Lennox 13ACC048 *	1	13.0	Attic	R-4.2	33,558	43,700	Plan 4 (2724)
Condenser	Lennox 13ACC060 *	1	13.0	Attic	R-4.2	38,422	54,000	Plan 5 (2951)

\*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.

*Greg Davis 1-10-06*  
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

(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)

Building Owner at Occupancy