

CITY OF SACRAMENTO

Permit No: 0501886

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 256H6

Site Address: 3301 NORTH PARK DR SAC St: #35

Sub-Type: NAPT

Parcel No: 225-1780-015

BLDG 35

Housing (Y/N): N

CONTRACTOR

KB HOME NORTH BAY INC.
2429 DEL PASO RD
SACRAMENTO CA. 95834

OWNER

KB HOMES
2420 DEL PASO RD STE 200
SACRAMENTO CA 95834

PAID
CITY OF SACRAMENTO
ARCHITECT
ERIC KOUGH
KB HOMES

MAR 16

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: BLDG 35 6-PLEX CONDO UNIT

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 255425 Date 3/16/06 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 _____

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 3/16/06 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 AMERICAN HOME INS. CO. Policy Number WC6436470 Exp Date 08/31/2006

(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 3/16/06 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.

Natomas Unified School District

1901 Arena Blvd. • Sacramento, CA 95834

Phone 916/567-5468 • Fax 916/567-5470

CERTIFICATE OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: TO BE COMPLETED BY APPLICANT		
Property Owner's Name	KB Home North Bay Inc.	
Owner's Address	2401 Del Paso Road Sacramento CA 95823	
Project Address	3301 North Pointe Park Drive Bldg 35	
Parcel Number		
Subdivision Name		
Number of Units	6	
Print Applicant's Name	DR Permit Expediting	Applicant's Signature <i>[Signature]</i>
Title of Applicant	Permit Tech	
Date	3/13/06	Telephone Number 723-9948
PART II: TO BE COMPLETED BY BUILDING DEPARTMENT		
Plan Identification Number	#0501886 3301 North Park Bld 35	
Building Type (Check One)	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Commercial/Industrial	
Square Feet of Chargeable Building Area	17,886 6659	
Signature	<i>[Signature]</i>	
Title	Bldg Tech	
	Date 02/17/06	
PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT		
District Certification Number	06:755	
Fees Collected:		
Residential:	Sq. Ft. X \$	= \$
Apartment/Condominium: 6659	Sq. Ft. X \$ 333	= \$ 2223441 ✓
Commercial/Industrial:	Sq. Ft. X \$	= \$
NOTICE TO APPLICANT: Pursuant to government code section 66020 (d), this will serve to notify you that the 90-day approval period in which you may protest the fees, or other payment identified above, will begin to run on the date in which the building or installation permit for this project is issued, or on which they are paid to the District, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.		
Applicant Signature:	<i>[Signature]</i>	Date: 3/13/06

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 65995 have been complied with by the above signed applicant.

SIGNATURE: *Heidi Brogan* DATE: 3/16/06
 TITLE: Acct Tech

WHITE-SCHOOL DISTRICT YELLOW-SCHOOL DISTRICT PINK-BUILDING DEPARTMENT GOLD-APPLICANT

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO:		BLDG PERMIT NO. <u>SACR026-00103</u>	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	
SRCSD <u>ASSESS</u>	<u>\$24,750</u>		
CONSTRUCTION		<u>10 UNIT</u>	
IN-LIEU		<u>CONDO</u>	
TOTAL FEE			
APN: <u>225-1780-015</u>			
DESCRIPTION/ SUBDIVISION		LOT: <u>BLK 35</u>	
PROPERTY ADDRESS <u>3301 N. Park Dr</u>			
OWNER <u>R.B. HOME B.B. INC.</u>			
MAILING ADDRESS <u>2420 W. 10th St #200</u>			
CITY-STATE-ZIP		PHONE	
CITY-STATE-ZIP <u>SACRAMENTO CA 95834</u>			
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	

RECEIPT



CONSTRUCTION MATERIALS TESTING, INC.

August 9, 2006

CMT File No. 98494

CITY OF SACRAMENTO
915 I Street
Sacramento, CA 95814

Attn: Building Department Permit No. 0501886
Project: Hampton Village Building 35
3301 North Park Drive
Sacramento, CA

SPECIAL INSPECTION FINAL REPORT

THIS IS TO CERTIFY that in accordance with Section 1701 of UBC-1997 Code, Construction Materials Testing, Inc. has provided special inspection on items listed below:

- 1) Reinforcing Steel
- 2) Post Tension Cables
- 3) Epoxy Bolts
- 4) Concrete Placement

Qualified personnel under the direct supervision of the undersigned Professional Engineer performed the completed inspection and tests noted above. Based upon inspection and/or tests performed and substantiating reports, it is our professional judgment that the work requiring special inspection was, to the best of our knowledge, in conformance with the approved plans, engineers specifications and the applicable workmanship provisions of this Code.

Respectfully submitted,
CONSTRUCTION MATERIALS TESTING, INC.

Joseph M. Provenzano, P.E.
Registered Civil Engineer, No. 13562



cc Client-TRC Lowney

2278-F Pike Court • Concord, CA 94520-1252
(925) 825-2840 • FAX (925) 682-7953

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 351 HAMPTON VILLAGE CONDOS NATOMAS CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38
GREEN FIBER THICKNESS _____ R/VALUE _____
 BATT'S: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF _____ _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF THICKNESS _____ R/VALUE _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF _____ _____

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 6/21/2006
 BECKY GUTHERTZ

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 352 HAMPTON VILLAGE CONDOS NATOMAS CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38
GREEN FIBER THICKNESS _____ R/VALUE _____
 BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF _____ _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF THICKNESS _____ R/VALUE _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF _____ _____

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutierrez TITLE AUTH. AGENT DATE 6/21/2006
 BECKY GUTIERREZ

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 353 HAMPTON VILLAGE CONDOS NATOMAS CA
NUMBER CITY STATE

CEILING:

BLOW:	MANUFACTURER	<u>GREEN FIBER</u>	THICKNESS	<u>10.3"</u>	RVALUE	<u>38</u>
		<u>GREEN FIBER</u>	THICKNESS		RVALUE	
BATTS:	MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>13"</u>	RVALUE	<u>38</u>
		<u>KNAUF</u>				

EXTERIOR WALLS:

MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>3.5"</u>	RVALUE	<u>13</u>
	<u>KNAUF</u>	THICKNESS		RVALUE	

FLOOR INSULATION:

MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>6"</u>	RVALUE	<u>19</u>
	<u>KNAUF</u>				

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 784484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 6/21/2006
BECKY GUTHERZ

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 354 HAMPTON VILLAGE CONDOS NATOMAS CA
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38

GREEN FIBER THICKNESS _____ R/VALUE _____

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38

KNAUF _____ _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13

KNAUF THICKNESS _____ R/VALUE _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19

KNAUF _____ _____

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 6/21/2006

BECKY GUTHERZ

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 356 HAMPTON VILLAGE CONDOS NATOMAS CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38
GREEN FIBER THICKNESS _____ R/VALUE _____
 BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF _____ _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF THICKNESS _____ R/VALUE _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF _____ _____

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 6/21/2006
 BECKY GUTHERTZ

4058 KB Bob Nick to me to give to you
607-2717

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

Site Address 3301 North Park Wy. Bld. 35

Permit Number 0501886

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)	CBC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [eCF-IR 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)	CBC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [eCF-IR 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	CBC 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
NATURAL GAS	A.O. SMITH C-100-40	STD	N/A		~62	40gal	~62	~62	16

- 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.
- 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 11).

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] 7.27.2006
Signature, Date

D.C.R. Companies
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

KB-Hampton Village Condos- Unit A2 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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(a).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-IR value)	Product SHGC ¹ (≤ CF-IR value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	6110-NV	.35	.20	2		20		
2.	6210-SH	.34	.26	2		45		
3.	6240-PW	.34	.23	2		6		
4.	6221-SGD	.35	.31	2		84		
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-IR. If using default table SHGC values from §116 identify whether tinted or not.

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-IR) 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 [Signature] 7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

KB- Hampton Village Condos- Unit A1 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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(a).

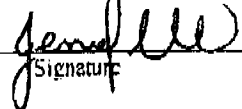
FENESTRATION/GLAZING:

#	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-IR value) ²	Product SHGC ¹ (≤ CF-IR value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	6110-AV	.35	.30	2		20		
2.	6210-8H	.34	.30	2		45		
3.	6340-RW	.34	.33	2		15		
4.	6421-S6D	.35	.31	2		84		
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-IR. If using default table SHGC values from §116 identify whether tinted or not.

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-IR) 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  7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

LOT _____ PLAN# _____ KB HOME - HAMPTONS VILLAGE

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. 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 58STX045-12	1	80%	ATTIC	R-4.2	17,483	45,000	UNIT A1
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	17,482	45,000	UNIT A2
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	19,813	45,000	UNIT B
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	22,387	45,000	UNIT C
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	19,500	45,000	UNIT D
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-4.2	25,430	70,000	UNIT E

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)	
A/C	Carrier 24ABA324	1	13.0	ATTIC	R-4.2	12,026	21,100	UNIT A1
A/C	Carrier 24ABA324	1	13.0	ATTIC	R-4.2	12,009	21,100	UNIT A2
A/C	Carrier 38HDR024	1	13.0	ATTIC	R-4.2	13,387	21,100	UNIT B
A/C	Carrier 24ABA330	1	13.0	ATTIC	R-4.2	13,509	25,900	UNIT C
A/C	Carrier 24ABA330	1	13.0	ATTIC	R-4.2	14,590	25,900	UNIT D
A/C	Carrier 24ABA330	1	13.0	ATTIC	R-4.2	16,747	25,900	UNIT E

* = TXV valve installed as part of 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.

Jack Ogil 7/27/06
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

KB Hampton Village Condos - Unit & Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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(a).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-IR value) ²	Product SHGC ¹ (≤ CF-IR value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	6210-SH	.34	.35	2		195		
2.	6340-RJ	.34	.33	2		20		
3.	5621-SGD	.35	.31	2		42		
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¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-IR. If using default table SHGC values from §116 identify whether tinted or not.

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.

3 *Jennifer W* 7-26-06
 Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

KB Hampton Village Condos - Unit C Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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(a).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (± CF-IR value) ²	Product SHGC ¹ (± CF-IR value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	6210-SH	.34	.30	2		147		
2.	6240-RD	.34	.30	2		6		
3.	5621-SCD	.35	.31	2		42		
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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.

3	<i>[Signature]</i>	7-26-06	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
Item #s (if applicable)	Signature	Date	

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

KB- Hampton Village Condos - Unit C Bungalow

INSTALLATION CERTIFICATE (Page 2 of 12) 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) 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(a).

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)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special features
1.	6210-SH	.34	.30	2		147		
2.	6240-RW	.34	.30	2		6		
3.	5621-SGD	.35	.31	2		42		
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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. If using default table SHGC values from §116 identify whether tinted or not.

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.

3		7-26-06	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 Rater (if applicable)
Building Owner at Occupancy

KB- Hampton Village Condos - Unit D Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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(a).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-IR value) ²	Product SHGC ¹ (≤ CF-IR value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	6110-NV	.25	.20	2		14		
2.	6210-SH	.34	.30	2		180		
3.	6340-PW	.34	.23	2		15		
4.	6621-SGD	.22	.31	2		42		
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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-IR) 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 Jennifer W 7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

KB Hampton Village Condos - Unit B Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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(a).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (± CF-1R value) ⁷	Product SHGC ¹ (± CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	6210-SH	.34	.20	2		90		
2.	6240-RD	.34	.33	2		15		
3.	5621-S&D	.35	.31	2		84		
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3 Jennifer Lee 7-26-06
 Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

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