

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0508343
Insp Area: 4
Thos Bros: 276-H2

Site Address: 2960 FLORA SPRINGS WY SAC
Parcel No: 225-1180-006 MARKET WEST LOT 3

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

CONTRACTOR
NEW FAZE DEVELOPMENT
1825 DEL PASO BLVD.
SACRAMENTO CA. 95815

OWNER

ARCHITECT

Nature of Work: MASTER PLAN 1717 2 STORY 6 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 714601 Date 7/7/05 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 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 am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
JUL 11 2005
NORTH PERMIT

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 a 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 7/7/05 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.

XX 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 STATE FUND Policy Number 1536963-03 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 7/7/05 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 1-KOTE
Sacramento Stucco Company, Inc.

0508343

ICBO Evaluation Service, Inc.
Evaluation Report ER-3899

Job Address

2960 Flora Springs Way
Sacramento, CA

Date of Job Completion 12/12/05

Plastering Contractor

Name: Venture Lath & Plaster, Inc

Address: PO Box 1391, North Highlands, CA 95660

Telephone Number: (916) 334-3591

Approved contractor number as issued by coating manufacturer: 243

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.

Jason Wu President
Signature of authorized representative or
plastering contractor

03/17/06
Date

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



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



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:

Project
New Faze LOT # 3 TRACT # 14abmas
STREET 2960 Flora Springs CITY SAC

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

CEILINGS:
BATTIS:
MANUFACTURER FG THICKNESS/TYPE 12 R- VALUE 38

BLOWN IN:
MANUFACTURER CT4 MINIMUM THICKNESS 4 3/4 R- VALUE 38

SQUARE FOOTAGE COVERED 1016 NUMBER OF BAGS USED 23

FLOORS:
MANUFACTURER THICKNESS/TYPE VALUE

SLAB ON GRADE:
MANUFACTURER THICKNESS/TYPE VALUE

WIDTH OF INSULATION INCHES
FOUNDATION WALLS:
MANUFACTURER THICKNESS/TYPE VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #
DATE

SIGNATURE TITLE
ALCAL ARCADE CONTRACTING

INSULATION CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201
Signature: Andrea A. Superintendent
TITLE

INSTALLATION CERTIFICATE**CF-6R**

Site Address: 2960 FLORA SPRINGS WAY

Permit Number
0508343

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(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-IR value) | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|---------------------------------|---|---------------------------|---|--------------------------------|------------------------------|--------------------------|---------------------------------|
| Furnace | Carrier #88STX070-12 | 1 | 0.80 | Attic | R-4.2 | 30,191 | 53,000 |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

| Equip Type (pkg. Heat pump) | CEC Certified Mfr. Name and Model Number | # of Identical Systems | Efficiency (SEER or EER) (≥CF-IR value) | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|--------------------------------|---|---------------------------|---|--------------------------------|-----------------|--------------------------|---------------------------------|
| A/C | Carrier #38CKC036 | 1 | 10.0 | Attic | R-4.2 | 26,570 | 31,200 |
| | | | | | | | |
| | | | | | | | |

1. ≥ reads greater than or equal to what is indicated on the CF-IR value.

Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

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-IR) 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.

George Andropoulos 1-18-06
Signature, Date

Beutler Corporation

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Own

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

New Faze
 Site Address
2960 Flora Springs Wy

Natomas Point
 Permit Number
0508343

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).

Lots - 10, 8, 6, 4, & 3 only

HVAC SYSTEMS:

Heating Equipment

| Equip. Type (e.g. 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) |
|------------------------------|---|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

| Equip. Type (e.g. 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) |
|------------------------------|---|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is 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, Central Type) | # of Identical Systems | Rated ² Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ¹ (EF, RE) | Standby ¹ Loss (%) | External Insulation R-value |
|-------------|---------------------------------------|---------------------------------------|----------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|-----------------------------|
| <u>Gas</u> | <u>Bradford White M-1-TW-SOL6BN</u> | <u>STD Direct Vent</u> | <u>N/A</u> | <u>1</u> | <u>40,000</u> | <u>50</u> | <u>.62</u> | | <u>R-16</u> |

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

1/18/06

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

COPY TO: Building Department
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

2960 Flora Sp. NEW FAZE - NATOMAS POINT 0508343
 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: **ALSIDE- PLAN B OPTION 1**
ALPINE 7000 SERIES WINDOWS

| Item | 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. | | | | | | | | |
| 2. | SLIDERS | .35 | .32 | 2 | | 78 | | LOW-E GLASS |
| 3. | | | | | | | | |
| 4. | SINGLE WINDOWS | .35 | .32 | 2 | | 31 | | |
| 5. | | | | | | | | |
| 6. | PICTURE WINDOWS | .34 | .35 | 2 | | 124 | | |
| 7. | | | | | | | | |
| 8. | PATIO DOORS | .35 | .35 | 2 | | 0 | | |
| 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.

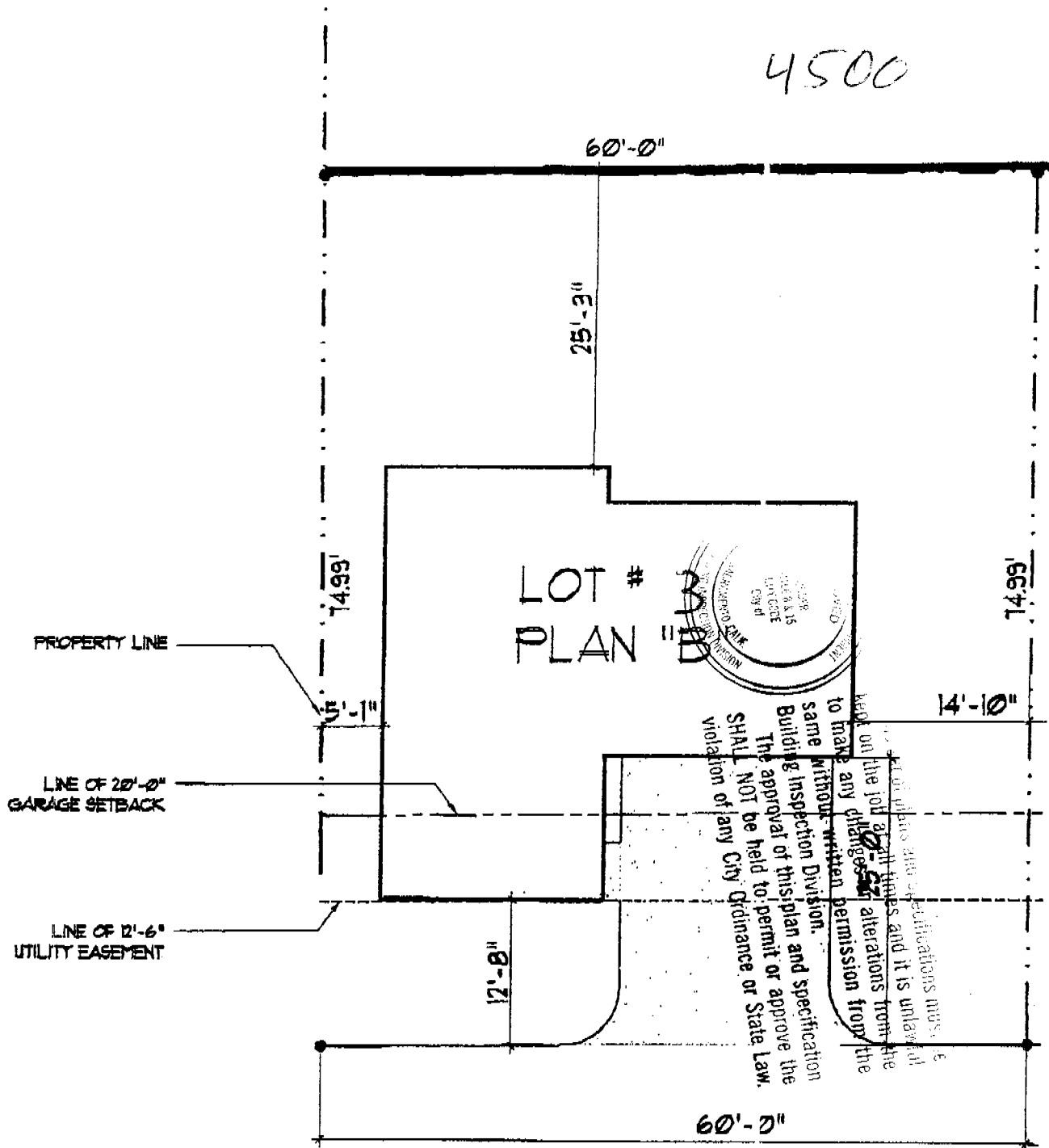
² installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area 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.

| | | | |
|---------------------------------------|---------------|-----------------|--|
| Item #s (if applicable) 2, 4, 6, 8 | Signature | Date 1-17-06 | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor YT GLASS & WINDOWS INC. 3200 DWIGHT RD STE 400 ELK GROVE, CA 95758-6461 |
| 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 |

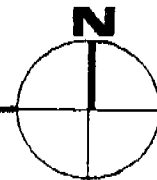
Copies for: Building Department, HERS Rater (if applicable), Building Owner at Occupancy

4500



2960 FLORA SPRINGS WAY

APN: 223-1180-006



| | | | |
|---|--|--|----------|
| Macaulay + Architects Architecture planning Interiors <small>438 Tenth Street, Suite 4000, Sacramento CA 95814 916.447.0656</small> | NATOMAS POINT <input type="checkbox"/> NEW FAZE DEVELOPMENT | | 03-31-05 |
| | | | 8 |