

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0505003**

**Insp Area: 2**

**Thos Bros:**

**Sub-Type: NSFR**

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

**Site Address: 4291 SUNMEADOW DR SAC**  
**Parcel No: BROOKFIELD MEADOWS UNIT 2 LOT #36**

CONTRACTOR  
TIM LEWIS COMMUNITIES  
5750 SUNRISE BLVD  
CITRUS HIGHTS 95610

OWNER

ARCHITECT

**Nature of Work: MP1695 1 STORY 9RM 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 492827 Date 4-22-05 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 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 4-22-05 Owner Signature [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 \_\_\_\_\_ 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 STATE FUND Policy Number 040-191-2004 Exp Date 2005

\_\_\_\_ (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 4-22-05 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.**

12' MIN OR  
PER 205-031

107 sq.ft. OF HOUSE  
ENCROACHING ON  
SETBACK AREA.

LOT 55

LOT 37

LOT 36

PLAN 1695  
1695 sq.ft.  
F.F.=18.8

STONE VALLEY  
CIRCLE

SUNMEADOW DRIVE

PAID

222005

WITH PERMIT  
CENTER



**PLOT PLAN**

BROOKFIELD MEADOWS UNIT NO.2

APN: \_\_\_\_\_ ADDRESS: 4291 SUNMEADOW DRIVE  
 HOME SITE #: 36 RESIDENCE: 1695 ELEV.: B  
 ORIENTATION: L COLOR: 5 STYLE: CO  
 HOME SITE: 7513 S.F. (.17ac.) COVERAGE: 30.8%

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

**MINIMUM SETBACKS:**

FRONT - 20'  
 SIDE - 5'  
 REAR - 20'

**LEGEND**

- PROPERTY LINE
- PUE PUBLIC UTILITY EASEMENT
- RW RIGHT OF WAY
- SLOPE LINES
- - - SETBACK
- LP LOT PAD
- FF FINISHED FLOOR
- W WATER SERVICE
- S SEWER SERVICE
- SWALE (1% MIN.)
- ☐ STREET LIGHT
- ⊙ FIRE HYDRANT
- ⊠ TRANSFORMER
- ▢ DRY UTIL. SERV. NOTCH
- DRY UTIL. PULLBOX

TIM LEWIS COMMUNITIES  
 5750 SUNRISE BLVD. STE. 130  
 CITRUS HEIGHTS, CALIFORNIA 95610  
 (916) 966-8047  
 LAST EDITED: 3/28/05

APPROVED:

REV.1 \_\_\_\_\_  
 REV.2 \_\_\_\_\_  
 REV.3 \_\_\_\_\_

SIGNED (BUYER) \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNED (BUYER) \_\_\_\_\_ DATE: \_\_\_\_\_

**COUNTY SANITATION DISTRICT 1**  
**SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT**  
**CITY OF SEWER IMPACT FEE** *2006*  
**SACRAMENTO PERMIT AND CALCULATION** *15 APRIL 05*

APPLICATION NO:	GENERAL INFORMATION	BLDG PERMIT NO:	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
	MASTER & FIRST PERMIT 13 LOTS X \$2500 = 32500 3200005-00 327		PAID 15 APRIL 05

119-0220-061 & 063	THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE
FEE CALCULATION	CITY OF SACRAMENTO BLDG PERMITS
INSPECTION	RESIDENTIAL
CSD-1	COMMERCIAL
SRCSD 13 X	2,500-32500
CONSTRUCTION	SEWER PERMIT NORTH CENTER
IN-LIEU	LOT 36, 37, 38
	4, 2, 3, 4, 5
	6, 7, 8, 9, 10
<b>TOTAL FEE</b>	<b>32500</b>

APN: 119-0220-061 MOTHER #3  
 DESCRIPTION/ SUBDIVISION: BROOKFIELD MEADOWS UNIT LOT 36  
 PROPERTY ADDRESS: 4291 SUNMEADOW DRIVE  
 OWNER: TIM LEWIS COMMUNITIES  
 MAILING ADDRESS: 5750 SUNRISE BLVD. #2225  
 CITY-STATE-ZIP: CIRIUS HEIGHTS-CA 95608 966-8047  
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE: *[Signature]* 4.15.05  
 CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_

**Certification of Compliance  
School District Development Fees**

*(Print or Type) If Printing, press hard for four copies*

**PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)**

OWNER'S NAME THE LOWE STORES INC  
 OWNER'S ADDRESS 5750 S. 100TH AVE #200 CHICAGO HEIGHTS, OH 43010  
 PROJECT ADDRESS 4011 S. 100TH AVE #200 CHICAGO HEIGHTS, OH 43010  
 PARCEL NUMBER 919 0220 0000 LOT NO. 24  
 SUBDIVISION NAME CHICAGO HEIGHTS  
 NUMBER OF UNITS 1  
 Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.  
 APPLICANT'S SIGNATURE [Signature]  
 TITLE OF APPLICANT Construction Coordinator  
 DATE 4-10-05 PHONE NUMBER 419-233-6647

**PART II To be completed by BUILDING DEPARTMENT**

PLAN IDENTIFICATION NUMBER 7095 1695  
 BUILDING TYPE: NEW RESIDENTIAL (  ) RESIDENTIAL ADDITION (  )  
 APARTMENT/CONDOMINIUM ( ) COMMERCIAL/INDUSTRIAL ( )  
 SQUARE FEET OF CHARGEABLE BUILDING AREA 1,695  
 NAME (PRINTED) DAVIA SIGNATURE [Signature]  
 TITLE B IV PHONE NUMBER 8095925 DATE 4-11-05

**PART III To be completed by SCHOOL DISTRICT**

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 49927  
 EXEMPT PAID COMMENTS  

RESIDENTIAL - LEVEL 1		\$ 224	= \$ 3776.80
RESIDENTIAL - LEVEL 2	1695 SQ FT X	\$ 171	= \$ 2878.95
TOTAL RESIDENTIAL CENTER		\$ 395	= \$ 6655.75
SENIOR RESIDENTIAL	SQ FT X	\$	= \$
COMMERCIAL/INDUSTRIAL	SQ FT X	\$	= \$

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 school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

**APPROVED SCHOOL DISTRICT OFFICIAL** **PAID**

SIGNATURE [Signature] DATE APR 11 2005  
 TITLE \_\_\_\_\_



**TIM LEWIS  
COMMUNITIES**

HOME BUILDING  
LAND DEVELOPMENT

5750 Sunrise Boulevard, Suite 225  
Citrus Heights, CA 95610  
916/966-8047  
916/966-8066 Fax  
License No. 492827

January 23, 2006

City of Sacramento  
1231 I Street  
Room 200  
Sacramento, CA 95814

To Whom It May Concern:

This letter is to provide you with information regarding a Model Home Conversion. This will take place on lots 36, 37, & 38, of our Visions @ Brookfield Meadows Project. Following is an item list of what will be done during the conversion:

1. Return sales office to garage
2. Remove HVAC from sales office/garage
3. Disable alarm, surveillance, and stereo
4. Remove covers from thermostats
5. Replace interior doors and hardware
6. Remove screws from windows & install screens
7. Install property line fencing
8. Re-key exterior locks
9. Remove inter-connecting walk ways
10. Re-activate light switches
11. Remove exterior lighting from photo cells
12. Remove wrought iron trap fencing

Should you have any questions or comments please call John McChesney at (916) 439-3255, or call Stephanie Johnston (916) 966-8047 ext. 215

Thank you.

Sincerely

John McChesney  
Construction Manager-Visions@Brookfield Meadows

40291 Sunmeadow dr  
0505003

# CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS ON TRACT		SACRAMENTO BUILDING PRODUCTS								
	<p><i>Tom Lewis</i> 4291 Sunmeadow 0505003</p> <p><i>Visions</i></p>		<p>LOT # <i>36</i></p> <p><i>Plan 3B</i></p>		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675			DATE INSULATION COMPLETED			
PART II AREAS INSULATED	WALLS			CEILING			FLOORS				
	( SQUARE FEET)			( SQUARE FEET)			( SQUARE FEET)				
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION				
	MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>				
	FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>				
	MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.				
	MANUFACTURER			MANUFACTURER			MANUFACTURER				
	CT	OC	JM	CT	OC	JM	CT	OC	JM		
	BAGS										
	R - VALUE INSTALLED	APPLIED THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS			
<i>13 19</i>	<i>3.5 5.5</i>		<i>30</i>	<i>9"-12"</i>		—	—				
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT											
MATERIAL						MANUFACTURER					
<i>Foam</i>						<b>HILTI</b>			<b>HANDY FOAM</b>		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.											
SIGNATURE — INSULATION CONTRACTOR						TITLE			DATE		
<i>B.G.</i>						<b>MANAGER</b>			<i>9/6/00</i>		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											

INSTALLATION CERTIFICATE

(page 1 of 4)

No. 1622 P. 1

CF-6R

Site Address: 4291 Sunmeadow Permit Number: 0505003 Plan 3B

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> [≥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> [≥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 Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>3</sup> (EF, RE)	Standby Loss (%)	External Insulation R-value
GAS	A. D. SMITH GVR-50700	STD	N/A	1	40,000	50	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 1-11.

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

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

COPY TO: Building Department  
Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

Tim Lewis - Visions @ Brookfield Meadows

Site Address

4291 Summador 0505003 3B

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).

**HYAC 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	York LY8S060A12UH11	1	0.80	Attic	R-6.0	29,167	80,000	Plan 1
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,809	80,000	Plan 2
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,744	80,000	Plan 3
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,988	80,000	Plan 4
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,081	80,000	Plan 5
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	36,099	80,000	Plan 6
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	27,428	80,000	Plan 7

**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	York H*RC030 *	1	13.0	Attic	R-6.0	23,872	27,800	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	24,083	27,800	Plan 2
Condenser	York H*RE088 *	1	14.0	Attic	R-6.0	26,681	31,600	Plan 3
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	33,348	38,600	Plan 4
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	32,249	38,600	Plan 5
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	31,708	38,600	Plan 6
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	20,284	23,900	Plan 7

**\*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.

Signature, Date  
*Tim Lewis 3-28-05*

Beutler Corporation  
OR General Contractor ( Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Set, 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



**INSTALLATION CERTIFICATE**

(Page 2 of 13)

CF-6R

4291 Sunnyside 050503

Site Address **TIM LEWIS - VISIONS**

Permit Number

**PLAN 3 ELEV B**

**FENESTRATION/GLAZING:**

**ALBIDE - ALPINE  
7000 SERIES WINDOWS**

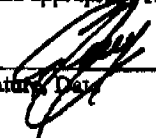
Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>1</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>141</u>		<u>LOW-E GLASS</u>
3. _____							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>113</u>		
5. _____							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>66</u>		
7. _____							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.35</u>	<u>2</u>		<u>33</u>		
9. _____							
10. _____							
11. _____							
12. _____							
13. _____							
14. _____							
15. _____							

<sup>1</sup> 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.

<sup>2</sup> 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)

 9-30-05  
Signature, Date

Y.T. GLASS & WINDOWS INC.  
3300 LAMAR ST. SUITE 400  
FOLSOM, CA 95630  
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**  
**Diamond Wall One Coat System**  
**Omega Products International, Inc.**

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004

Date of Job Completion

Job Address  
Tim Lewis - Visions  
4291 Sunmeadow Drive  
Lot 36

4291 Sunmeadow  
0505003 1102 3B

1/19/05

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as issued by coating manufacturer:

Applicator # 318

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.

Signature of authorized representative or plastering contractor

Date

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

FIGURE 3

# PLUMBING CERTIFICATE OF GUARANTEE

BIANCHI PLUMBING *4991 Summit Dr  
055603 Plur 38*

CERTIFIES AND GUARANTEES

LOT#: 36

SUBDIVISION: T&E VISIONS

WASTE SYSTEM LINES HAVE BEEN TESTED AND VIDEOED. LINES ARE CLEAR  
AND COMPLY WITH LOCAL PLUMBING CODES. LINES CONTAIN THE  
PROPER FALL PER UPC.

*Greg Strangio*  
Signature \_\_\_\_\_ Date 11/8/05