

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0509659

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3417 RIVER SHOAL AV SAC
Parcel No: RIVERBEND VII A LOT # 71

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HEIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP2289 2 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 492827 Date 7-15-05 Contractor Signature Stephanie Plush

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: CITY OF SACRAMENTO NORTH FARM CENTER

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 7-15-05 Applicant/Agent Signature Stephanie Plush

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 0401182004 Exp Date 04/01/2005

(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 7-15-05 Applicant Signature Stephanie Plush

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.

DATE: 9-21-05
 PROJECT NO. 2006
 PROJECT: D.B. / TIM LEWIS
 LOCATION: RIVER BEND LOT-71

DSA FILE/APPL. NO. _____
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: _____ TEMP: _____

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AJ-255 GAGE: AJ-1004 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>SHEARWALL EPOXIED ANCHOR BOLT</u>	<u>5/8</u>	<u>2</u>		<u>6855</u>	<u>7670</u>	<u>2</u>	<u>0</u>	<u>0</u>

Type of epoxy / grout used: _____ Method of application / cleaning: _____

Visual inspection was performed on _____

Show up / Stand by time. Job Canceled / Delayed due to: _____

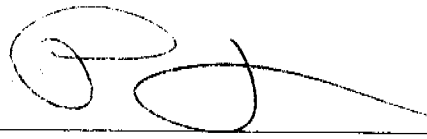
All non-compliance items were brought to the attention of: _____ at the job site.

NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____

Inspector: 

3417 River Street Ave

LOT 71

0509659

Beutler Heating & Air Conditioning, Inc.

(Micropas Version 6.01)

Title 24 Energy Compliance Requirements

Tim Lewis Communities - Riverbend
Sacramento, CA - Climate Zone 12

August 18, 2004

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Number of Stories	1	1	2	2	2	2
Square Footage	1518	1690	1842	2001	2289	2447
Wall 2x4 (3 Coat Stucco)	R-13	R-13	R-13	R-13	R-13	R-13
Wall 2x6 (3 Coat Stucco)	N/A	R-19	R-19	R-19	N/A	R-19
Attic Insulation	R-30	R-30	R-30	R-30	R-30	R-30
Attic Insulation (At Furnace)	R-19	R-19	R-19	R-19	R-19	R-19
Floor Over Garage	N/A	N/A	R-19	R-19	R-19	R-19
AFUE (Furnace)	0.80	0.80	0.80	0.80	0.80	0.80
SEER (A/C Unit)	12.0	12.0	12.0	12.0	12.0	12.0
Duct Insulation	R-4.2	R-4.2	R-4.2	R-4.2	R-4.2	R-4.2
*Low Leakage (Tight) Ducts	N/A	Yes	N/A	Yes	N/A	N/A
Water Heater Energy Factor	0.62	0.62	0.62	0.60	0.60	0.60
Tank Capacity / Gallons	40	40	40	50	50	50
Glass U-Values	(Alpine Windows or Equivalent)					
Horizontal Slider	0.30	0.30	0.30	0.30	0.30	0.30
Vertical Slider	0.30	0.30	0.30	0.30	0.30	0.30
Fixed	0.30	0.30	0.30	0.30	0.30	0.30
Sliding Glass Door (CEC Default Values)	0.35	0.35	0.35	0.35	0.35	0.35
French Door (CEC Default Values)	0.55	0.55	0.55	0.55	0.55	0.55
Solar Heat Gain Coefficient	HS&VS = 0.35 Fixed = 0.35 Sliding Glass Door = 0.32 French Door = 0.65					
Glazing Percent	18.6%	22.0%	18.1%	23.2%	17.8%	17.6%
Compliance Margin	0.07	1.43	0.52	1.14	0.02	0.36

*Low Leakage (Tight) Ducts is a HERS item. All HERS items require third party testing and/or field verification by a Certified HERS rater when used for Title 24 Compliance.

INSTALLATION CERTIFICATE

LOT 71

(Page 2 of 13)

CF-6R

Site Address 3417 DWIGHT SHAW AVE 0509659 Permit Number

TIM LEWIS SHORES @ RIVERBEND PLAN 5C

FENESTRATION/GLAZING:

ALSIDE - ALPINE

7000 SERIES WINDOWS

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)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>193</u>		<u>LOW-E GLASS</u>
3.							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>172</u>		
5.							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>8</u>		
7.							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.34</u>	<u>2</u>		<u>48</u>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

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.

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)

[Signature] 6-30-05
Signature, Date

Y.T. GLASS & WINDOWS INC.
3200 DWIGHT RD STE 406
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 Provider (if applicable)
Building Owner at Occupancy