

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

**Permit No: 0601837**

**Insp Area: 4**

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

**Site Address: 2366 DONNER PASS AV SAC**  
Parcel No: NATOMAS PARK COTTAGES LOT #73

**CONTRACTOR**  
LENNAR RENAISSANCE INC  
1075 CREEKSIDE RIDGE DR #100  
ROSEVILLE, CA 95678

**OWNER**

PAID  
CITY OF SACRAMENTO

**ARCHITECT**  
THE DESIGN COLLABORATIVE (VANCE GRAHAM)  
3907 PARK DRIVE #220  
EL DORADO HILLS, CA 95762

MAR 01 2006

**Nature of Work: MP1440 2 STORY 6RM 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).

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

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 732348 Date 3-1-06 Contractor Signature K Stone

**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 3-1-06 Applicant/Agent Signature K Stone

**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 OLD REPUBLIC INS. CO. Policy Number MWC11114500 Exp Date 02/28/2007

(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 3-1-06 Applicant Signature K Stone

**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.**

# KwikKote

No. 200-914943

## Stucco System Installation Card

Job Name: *RENAISSANCE COMMONS AT NATOMAS PARK*  
Address: *2366 DONNER PASS AVE*  
*SACRAMENTO, CA 95835*

Lot #: *73*  
PERMIT# ~~22~~ *0601837*

Stucco System Trade Name: KWIK KOTE  
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion:

Home Builder: LENNAR RENAISSANCE  
Address: 2240 DOUGLAS BLVD #250  
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 04/25/2003

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

*Julian A. Alvarez*  
Signature of authorized representative of stucco contractor

*10-12-06*  
Date

*Sandy Will*

162A:162/REV1

Work Order :

175691

Builder :

RENAISSANCE - TRE COMMONS

Address :

2366 DONNER PASS AVE

Permit #

0601837

STRATION/GLAZING:

Manufacturer/Brand Name (IF THESE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products	Site Built Products		Quantity (optional)	Total Square Feet	Comments/ Special Features
		Labelled U-value (≤ CF-1R value) <sup>2</sup>	# of Panes	Default U-Value <sup>2</sup>			
INDFORD WINDOW	Fixed	0.320				55.9	
INDFORD WINDOW	P/Door	0.350				48.0	
INDFORD WINDOW	H/Slider	0.350				92.5	
INDFORD WINDOW	S/Hung	0.350				20.5	
Weighted Average	----->	0.342	----	----	----	216.9	-----

Weighted U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

The undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is the 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

*Sandy Wells* 10-12-06  
Signature, Date

**LENNAR RENAISSANCE**

If applicable)

Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

If applicable)

Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

If applicable)

Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

Product mix and u-values reflect plan changes as of 02/22/06

**INSTALLATION CERTIFICATE**

Site Address **2366 DONNER PASS AVE**

Permit Number **0601837**

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> (2CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Furnace	Bryant 310JAV036070	1	80	Attic	6	17,810	51,000

**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> (2CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split A/C	Bryant 537GNX030	1	14.0	Attic	6	20036	28,800

<sup>1</sup> ≥ 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.

*Ronald Pearl* 10/17/05  
Signature, Date

**Deal Mechanical, Inc.**  
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 Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, RE)	Standby Loss (%)	External Insulation R-value
Gas	Heem 412R50-90TF	STD	N/A	N/A	26,000	50			14.2

- 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.

**Faucets & Shower Heads:**

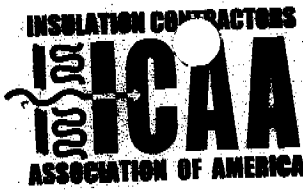
All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

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.

*Sandy Walk* 10-17-06  
Signature, Date

**LENNAR RENAISSANCE**  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

Permit #0601837

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

THIS CERTIFICATE IS VALID ONLY IF THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE ENERGY EFFICIENCY REGULATIONS OF THE CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Common's LOT # 73 TRACT # 890  
STREET 2366 Donner Pass CITY SAC

EXTERIOR WALLS:

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

CEILINGS:

BATTS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

BLOWN IN: MANUFACTURER InsulSAFE MINIMUM THICKNESS 12.0 R-VALUE 30

SQUARE FOOTAGE COVERED 740 NUMBER OF BAGS USED 18

FLOORS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

SLAB ON GRADE: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

WIDTH OF INSULATION \_\_\_\_\_ INCHES

FOUNDATION WALLS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

GENERAL CONTRACTOR GENMAR RENAISSANCE  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE 10-12-06

Sandy Wills SIGNATURE TITLE CM

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #0055201 DATE 9-5-06

[Signature] SIGNATURE TITLE Insulator

AAC2000

WH 976-977

-1771-966