

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0317524
Insp Area: 4
Thos Bros: 276-H1

Site Address: 3318 BERETANIA WY SAC
Parcel No: 225-1860-011

CAMBAY WEST VIL. 2 LOT 35 Housing (Y/N): N

Sub-Type: NSFR

CONTRACTOR
GRIFFIN INDUSTRIES
24005 VENTURA BL.
CALABASAS CA. 91302

OWNER

ARCHITECT

Nature of Work: MP 2321 2 STORY 11 ROOM SFR 2677 SQ. FT.

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 _____ License Number 684448 Date 11/18/03 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 11/18/03 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 STATE COMP. INS. FUND Policy Number WC 1673452-2003 Exp Date 01/01/2004

(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 11/18/03 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.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 3318 Beretania Way Assessor Parcel # 225-0080-050
Lot Number: 35 Subdivision Cambay West/WestParke

OWNER INFORMATION:

Legal Property Owner: Natomas Heritage-2, LLC Phone# (916) 515-0171
Owner Address: 24005 Ventura Blvd. City Calabasas State CA Zip 91302

CONTRACTOR INFORMATION:

Contractor: Griffin Industries, Inc. Lic. # 684448 Phone # (916) 515-0171 Fax (916) 515-0171

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 2 No. of Rooms: 10 Street Width: 31' not incl. sidewalks
1st Floor Area 1162 2nd Floor Area 1515 Basement N/A Roof Material Tile

AREA IN SQUARE FOOT OF:

Dwelling/Living 2677
Garage/Storage 465
Decks/Balconies 114
Carports N/A

SCOPE OF WORK: MP 2677, Plan 2C

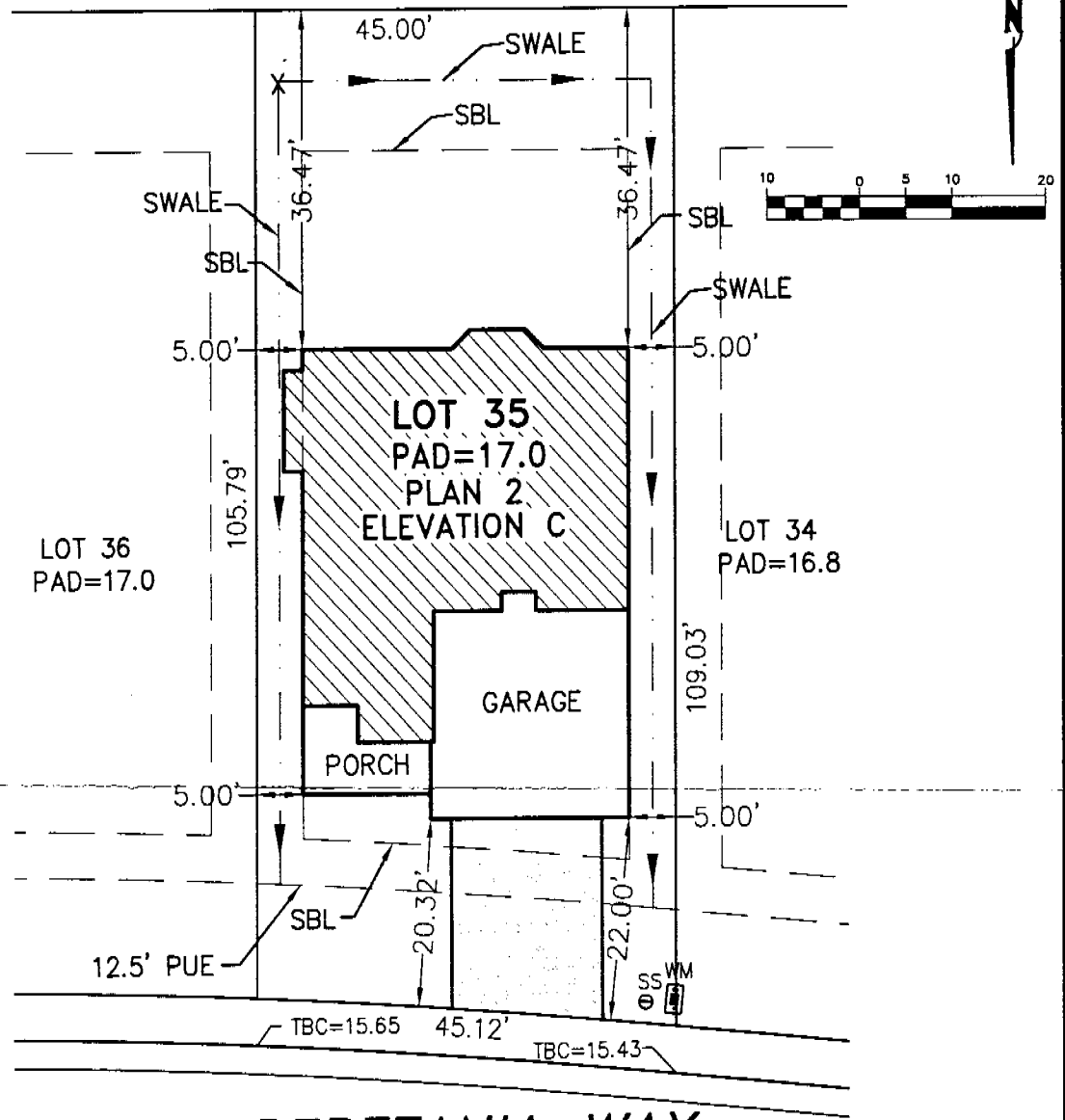
FOR OFFICE USE ONLY

- Information Above Complete AR Flood Waiver Required Planning Approval
Violation Files Checked Flood Elevation Certificate Required Design Review Approval
Standard Setbacks Water Development Infill Area Special Fee Districts Apply:
County Sewer

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
a) Assessor's Parcel Number c) Owners Name
b) New Floor Area d) Project Address

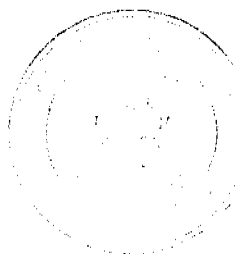
THIS PLOT PLAN IS PROVIDED AS A GENERAL LAYOUT OF THE PROPERTY. ALL INFORMATION ON THIS PLAN INCLUDING: SETBACK DIMENSIONS, DRIVEWAY GRADES, SLOPE AND WALL HEIGHTS AND LOCATIONS, ARE APPROXIMATE AND MAY VARY OR CHANGE WITHOUT PRIOR NOTICE.



BERETANIA WAY

LEGEND

- SBL - SET BACK LINE
- PUE - PUBLIC UTILITY ESMT.
- TBC - TOP BACK OF CURB
- WM - WATER METER
- SS - SANITARY SEWER



This set of plans and specifications must be kept on file at all times and it is unlawful to alter, amend, or change any of the same without the written consent and transmission from the engineer or architect. The engineer and specification shall be held responsible for complying the laws and regulations of the State of California.

GRIFFIN INDUSTRIES
4200 DUCKHORN DR.
SACRAMENTO, CA 95834
(916) 515-0171

LOT SIZE = 4824 SF
BLDG. FOOTPRINT = 1654 SF
FRONT SETBACK = 17.5'
LEFT SETBACK = 5'
RIGHT SETBACK = 5'
REAR SETBACK = 15'

CAMBAY WEST VILLAGE 2

LOT #35

SACRAMENTO

CALIFORNIA

Carter Burgess

Carter & Burgess Inc.

DRAWN BY: JEB

CHECKED BY: RJT

W.O. NO.: 333172

DWG.: 26-43

SCALE: 1"=20'

DATE: 10-31-03

INSTALLATION CERTIFICATE

(Part 1 of 13)

CF-6R

SITE ADDRESS Lot #IG35 3318 Beretania Way Sacramento, Ca 95834

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 Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ [\geq CF-1R value] | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Bru/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|--|-----------------------------|------------------------|-----------------------|---------------------------|
| SPLIT | G-40UH-48B-100X | | 80% Lennox | ATTIC | R-6 | 44,075 | 82,000 |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

| Equip. Type (pkg. heat pump) | CEC Certified Mfr Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ [\geq CF-1R value] | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Bru/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|--|-----------------------------|--------------|-----------------------|---------------------------|
| SPLIT | 13ACC060 | | 12 SEER | ATTIC | R-6 | 36,644 | 57,000 |
| | | | | | | | |
| | | | | | | | |

1. \geq 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 building, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

 9-1-04
Signature, Date

Sac Valley Sheet Metal, 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 ² Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ² (EF, RE) | Standby ² Loss (%) | External Insulation R-value ³ |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

- 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.

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 1 of 13)

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; 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.) ¹ [\geq 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.) ¹ [\geq CF-1R 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) 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 ² Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ² (EF, RE) | Standby ² Loss (%) | External Insulation R-value ¹ |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| Water Gas | A.O. Smith GVR-50 | STD. | N/A | | .60 | 50 | | | R-16 |
| | | | | | | | | | |

- 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.

Signature, Date Raymond Wawrow 8-18-2004

Ampam Sacramento
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 4)

CF-6R

PLAN 2

Site Address

Permit Number


FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Operator Type (e.g., fixed, slider) | Manufactured Products Labeled U-value (≤ CF-1R value) ^a | Site-Built Products # of Panes | Default U-Value ^b | Quantity (Optional) | Total Square Feet | Comments/Special Features |
|--|-------------------------------------|--|--------------------------------|------------------------------|---------------------|-------------------|---------------------------|
| 1. 1110 | SL | .62 | | | | 306 | |
| 2. 1510 | SH | .60 | | | | 33 | |
| 3. 910 PIC | PW | .44 | | | | 605 | |
| 4. 415 | SGD | .59 | | | | 40 | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

^a Installed 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.

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

4
Item #s
(if applicable)

 8/17/04
Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy