

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0400769
Insp Area: 4
Thos Bros: 257-B4

Site Address: 2320 BAY HORSE LN SAC
Parcel No: 201-0960-061
N

Sub-Type: N1/2PLEX
HERITAGE @NATOMAS PARK VIL 19 LOT 71 Housing (Y/N):

CONTRACTOR
US HOME
2366 GOLD MEADOW DR STE 100
GOLD RIVER, CA 95670 77041

OWNER

ARCHITECT

Nature of Work: MP1087 1 STORY 5 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 451839 Date 1/26/4 Contractor Signature Don McLakey

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 1/26/4 Applicant/Agent Signature Don McLakey

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 in 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 MWC1081500 Effective 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 1/26/4 Applicant Signature Don McLakey

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.

PAID
CITY OF SACRAMENTO
JAN 26 2004
NORTH PERMIT CENTER

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS						
	US Home Duplexes Heritage		LOT # 371	<input 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			CEILINGS			FLOORS		
	(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)		
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
	MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
	FORM BATTS			FORM BATTS & BLOW			FORM BATTS		
	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	
	13 19	3 1/2 5 1/2		38	14				
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS		FORM BATTS		R VALUE			MANUFACTURER		
							CT	OC	JM
AIR INFILTRATION SEALANT									
MATERIAL <i>foam</i>						MANUFACTURER			
						HILTI		HANDY FOAM	
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 MANAGER		DATE			
SIGNATURE — GENERAL CONTRACTOR <i>J.C.</i>						DATE <i>7-8</i>			
REMARKS									

INSTALLATION CERTIFICATE

CREATIVE WINDOW CONCEPTS

916 638 0882

P.01/01

2320 Bay Horse Ln.

04 00769

WINDSTATION/CLAZING:



Manufacturer Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g. Fixed Sliding)	Manufacturer Labeled U-value (cf-IR value) ¹	No. Units of Each	Default U-Value ¹	Quantity (Square Feet)	Total Square Feet	Comments/ Special Features
1. Philips P00N	SH	.38	2	NOT			Performance Plus LowE
2.	HS	.38	2	APPLICABLE			
3.	FIX	.36	2	APPLICABLE			↓
4.	SGD	.35	2	APPLICABLE			
5.	Rollins	.35	2	APPLICABLE			
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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

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-IR) 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) _____
 Signature, Date *Steve Sykes, U.P.* Creative Window Concepts
 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

Revised March 1, 1996



TOTAL P.01

2320 Bay Horse Ln.

04-00769

INSTALLATION CERTIFICATE

CF-6R

US Home Corporation - Heritage Park Product Line 4 - Sacramento - Plan 1087

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

Table with 8 columns: Equip. Type (Heat pump), CEC Certified Mfr. Name, # 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). Row 1: Furnace, York #P6#WA12L048, 1, 0.80, Attic, 4.2, 18,888, 40,000.

Cooling Equipment

Table with 8 columns: Equip. Type (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). Row 1: A/C, YORK #YTRC024, 1, 12.0, Attic, 4.2, 17,888, 22,100.

(1) If greater than or equal to, 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 Part 6), where applicable.

Signature: Amy Chiodo

Boulder Corporation

Installing Subcontractor (Or Name)

OR General Contractor (Or Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr. Name & Model #, Distribution Type (M, w/air or w/o), (1) Recirculation Control Type, # of Identical Systems, (1) Rated Input (kW or Btu/hr), Tank Volume (gallons), (1) Efficiency (EF, KE), (2) Standby Loss (%), R-value. Row 1: GAS, Rheem 4L-V40W, STD, NR, 0, 40,000, 40, .56, R-6.7.

(1) 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. (2) 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 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 Part 6), where applicable.

Signature: Dawn [unclear] 04-04-03

Monarch Plumbing CO., INC.

Installing Subcontractor (Or Name)

OR General Contractor (Or Name) OR Owner

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

6/16 P. 19/12 NO. 1912

APR. 3 2003 3:33PM MAIL U.S. HOME HERITAGE PARK