

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0415733

Insp Area: 4

Thos Bros: 276H1

Site Address: 3437 HORNSEA WY SAC

Sub-Type: NSFR

**Parcel No: 225-1850-100
N**

CAMBAY WEST VIL. 2 LOT #101

Housing (Y/N):

CONTRACTOR

GRIFFIN INDUSTRIES
24005 VENTURA BL.
CALABASAS CA. 91302

OWNER

GUARDADO FRANCISCO/MARIA-LILI
3460 BERETANIA WY
SACRAMENTO, CA 95834

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 12/15/04 Contractor Signature Jerry Peterson

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 12/15/04 Applicant/Agent Signature Jerry Peterson

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 01/01/2005

____ (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.

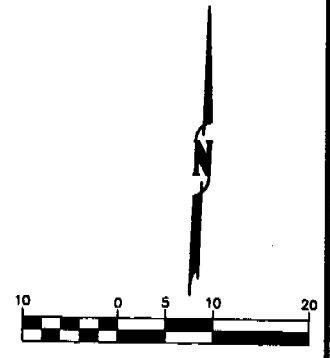
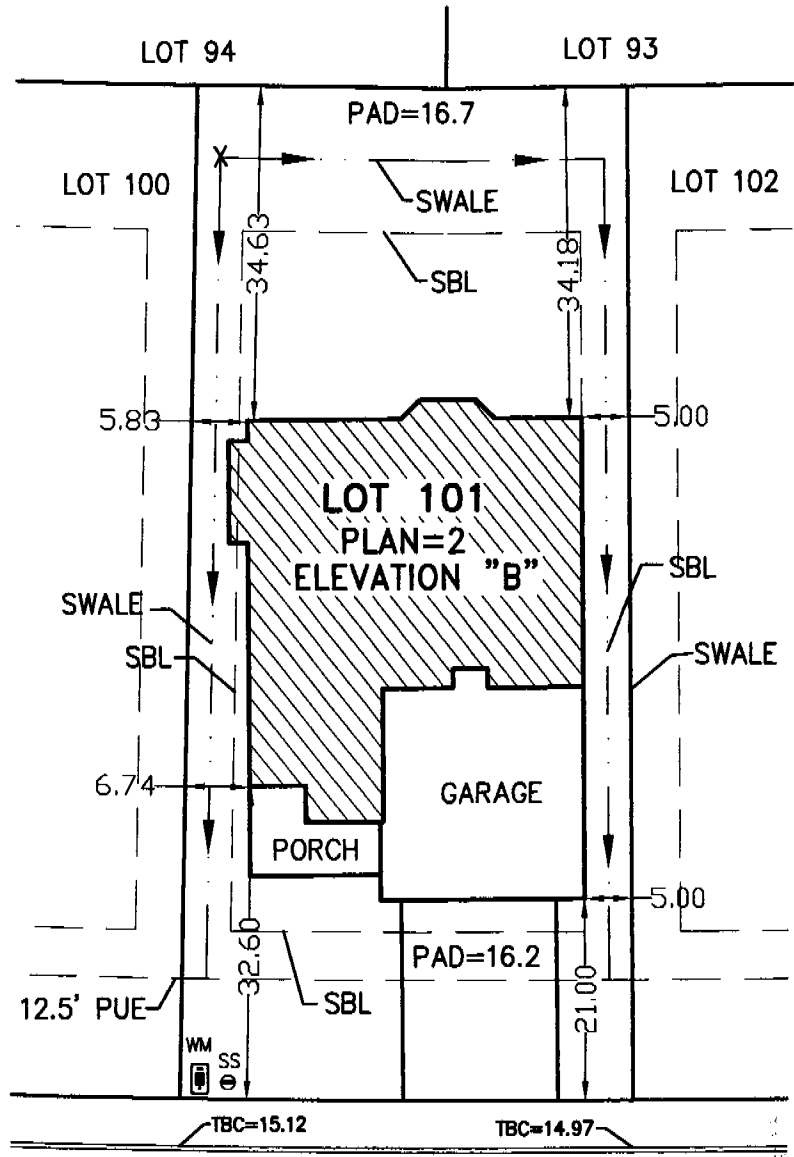
Date 12/15/04 Applicant Signature Jerry Peterson

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
DEC 15 2004

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.



LEGEND

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

HORNSEA WAY



Shall not be construed to constitute a contract or approval of any Ordinance or State Law.

<p>GRIFFIN INDUSTRIES 4200 DUCKHORN DR. SACRAMENTO, CA 95834 (916) 515-0171</p>	<p>LOT SIZE = 4864 SF BLDG. FOOTPRINT = 1654 SF FRONT SETBACK = 17.5' LEFT SETBACK = 5' RIGHT SETBACK = 5' REAR SETBACK = 15'</p>	<p>CAMBAY WEST VILLAGE 2 Lot #101 SACRAMENTO CALIFORNIA</p> <p>Carter & Burgess Carter & Burgess Inc.</p>			
DRAWN BY: AJL	CHECKED BY: RJT	W.O. NO.: 333172	DWG.: 100-110	SCALE: 1"=20"	DATE: 08-09-04
<p>P:\Projects\333172\10X\Drawings\LD\Plot Plans\Phases\Phase 5\Lots 100-110.dwg 8-09-04 08:47:18 AM lerneraj</p>					

INSTALLATION CERTIFICATE

(Part 1 of 13)

CF-6R

SITE ADDRESS Lot #IG101 3437 Hornsea Way Sacramento, Ca 95834

PERMIT NUMBER

0415733

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) 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.

Signature, Date B. Lee Perry 9-1-04

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 Occpupancy

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: Lot 101 3437 Hornsea Way Sacramento CA
Number Street City State
PERMIT # 0415733

Ceilings:

Blow:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>12"</u>	R / Value	<u>30</u>
	Square Feet	<u>1469</u>	# Bags / Lbs. Per Bag		<u>26</u>	
Batts:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>10.25"</u>	R / Value	<u>30</u>
Batts:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>N/A</u>	R / Value	<u>N/A</u>

Exterior Walls:

Manufacturer	<u>Johns Manville</u>	Thickness	<u>6.5"</u>	R / Value	<u>19</u>
Manufacturer	<u>Johns Manville</u>	Thickness	<u>3.5"</u>	R / Value	<u>13</u>

Floor Insulation:

Manufacturer	<u>Johns Manville</u>	Thickness	<u>6.5"</u>	R / Value	<u>19</u>
--------------	-----------------------	-----------	-------------	-----------	-----------

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Griffin Industries Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Jamie Housley Title: Office Manager Date: 04/28/05

Site Address 3437 HORNSEA WAY SACRAMENTO CA 95834 Permit Number 0415733

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) 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 ³
ANNUAL 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.

Raymond Wacawa 8-18-2004
Signature, Date Raymond Wacawa

Ampan 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 3437 HORNSEA WAY SACRAMENTO CAL. 95834 Permit Number 0415 733
FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/Special Features
		Products Labeled U-value (≤ CF-1R value) ¹	# of Panes	Default U-Value ²			
1. <u>1110</u>	<u>SL</u>	<u>.62</u>				<u>306</u>	
2. <u>1510</u>	<u>SH</u>	<u>.60</u>				<u>33</u>	
3. <u>910 PIC</u>	<u>PW</u>	<u>.44</u>				<u>60.5</u>	
4. <u>415</u>	<u>SGD</u>	<u>.59</u>				<u>40</u>	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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

Compliance Forum

July 1, 1995

Northwest Inspection and Testing, Inc.

11440 Sunrise Gold Circle, Suite 23, Rancho Cordova, CA 95742
(916) 631-9181 • Fax (916) 631-9781

REGISTERED INSPECTOR'S DAILY REPORT

Job No. _____ Date 2/24/05

TYPE OF INSPECTION REQUIRED	<input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post Tensioned Concrete <input type="checkbox"/> Reinforced Masonry	<input type="checkbox"/> Structural Steel Assembly <input type="checkbox"/> Fire Proofing <input type="checkbox"/> Asphalt	<input type="checkbox"/> Quality Control <input type="checkbox"/> Other
Job Address	<u>Lot 89, 100, 101 3437 Hornsea Way City SACRO 95834</u>		
Job Name	<u>Tug Bunn II</u>	Permit No.	<u>0415733</u>
Type of Structure		Architect	
Material Description (type, grade, source)		Engineer	
Inspector(s) Name	<u>Epoxy bolts</u>	Contractor	<u>Griffin</u>
		Subcontractor	<u>LVC</u>

TESTS PERFORMED

TYPE OF SAMPLE	SLUMP	QUANTITY IN SET	ADDITIONAL REMARKS ON SAMPLES

INSPECTION SUMMARY — LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT - AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT. NO'S OF TEST SAMPLES TAKEN; STRUCT. CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

1. Arrived at Project Site and met w/ LVC epoxy crew.
2. Observed Areas for Reinspection of epoxy bolt placement - These Areas were to wet to epoxy on 2-17-05
3. Observed blowing out of holes and placement of epoxy bolts as follows:
 Lot 89 16ea 5/8" AB 2 ea 1/8" HD
 Lot 100 2 ea 3/8" AB
 Lot 101 17ea 5/8" AB 3 ea 3/8" HD

CERTIFICATION OF COMPLIANCE

I HEREBY CERTIFY THAT I HAVE OBSERVED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

[Signature]
SIGNATURE OF REGISTERED INSPECTOR

SPECIALTY _____ NO. _____ AGENCY _____

CONTINUED ON NEXT PAGE PAGE _____ OF _____

TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	CYLINDERS

All inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon hour will be an 8 hour minimum.

Approved by _____
Project Superintendent

WHITE - OFFICE COPY, CANARY - ACCOUNTING COPY, PINK - INSPECTOR'S COPY, GOLDENROD - JOB SITE COPY

Northwest Inspection and Testing, Inc.

11440 Sunrise Gold Circle, Suite 23, Rancho Cordova, CA 95742
(916) 631-9181 • Fax (916) 631-9781

REGISTERED INSPECTOR'S DAILY REPORT

Job No. _____ Date 2/19/05

TYPE OF INSPECTION REQUIRED	<input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post Tensioned Concrete <input type="checkbox"/> Reinforced Masonry	<input type="checkbox"/> Structural Steel Assembly <input type="checkbox"/> Fire Proofing <input type="checkbox"/> Asphalt	<input type="checkbox"/> Quality Control <input type="checkbox"/> Other
Job Address	<u>Lot 89, 100, 101, 102</u>		City <u>Sacramento</u>
Job Name	Permit No.	Issued By	
Type of Structure	Architect		
Material Description (type, grade, source)	Engineer		
Inspector(s) Name	Contractor		
	Subcontractor		

TESTS PERFORMED

TYPE OF SAMPLE	SLUMP	QUANTITY IN SET	ADDITIONAL REMARKS ON SAMPLES

INSPECTION SUMMARY - LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT - AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT. NO'S OF TEST SAMPLES TAKEN: STRUCT. CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

1. Arrived at project site met w/ CUC epoxy crew and spoke w/ project super.
 2. Proceeded to above mentioned lot to observe areas that required epoxy bolt placement.
 3. Checked holes for size, dept and cleanliness observed blowing out of each hole. Holes where water could not be blown out where not epoxied. Areas epoxied are as follows:
 Lot 89 22 - 5/8" AB 1 1/4 HD
 Lot 100 41 - 5/8" AB
 Lot 101 19 - 5/8" AB 2 - 1 1/4 HD
 Lot 102 12 - 5/8" AB 1 - 7/8" HD
 All above lots will be completed at a later date

CERTIFICATION OF COMPLIANCE

I HEREBY CERTIFY THAT I HAVE OBSERVED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

W. Blaylock
 SIGNATURE OF REGISTERED INSPECTOR

SPECIALTY _____ NO. _____ AGENCY _____

CONTINUED ON NEXT PAGE PAGE _____ OF _____

TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	CYLINDERS

All inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon hour will be an 8 hour minimum.

Approved by _____
 Project Superintendent