

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0607369

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 9 POMPAÑO PL SAC  
Parcel No: THE HAMPTONS VIL.4 LOT 17

CONTRACTOR  
KB HOME NORTH BAY INC.  
611 ORANGE DR  
VACAVILLE CA. 95687

OWNER

ARCHITECT

Nature of Work: MP1708 2 STORY 7RM 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 \_\_\_\_\_ Date 5-30-06 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 5-30-06 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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.

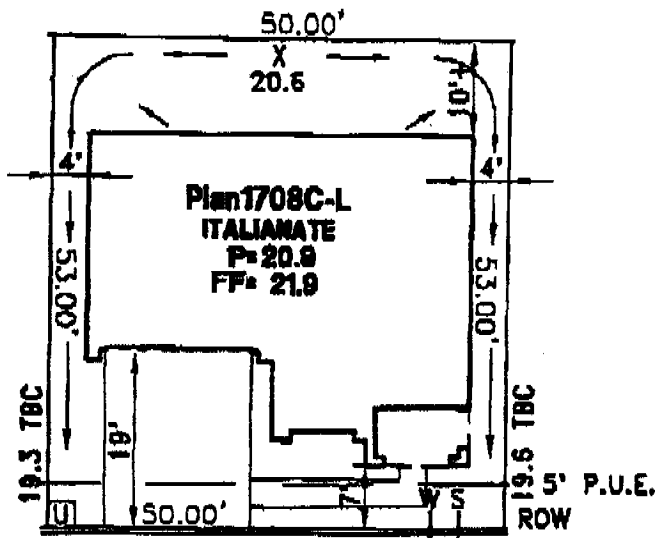
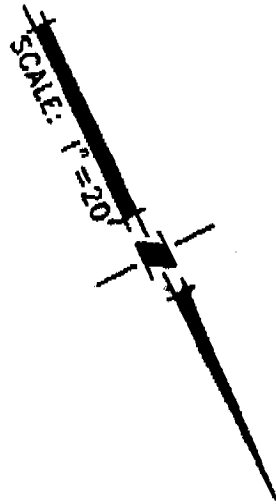
Date 5-30-06 Applicant Signature [Signature]

**WARNING:** FAILURE TO SECURE WORKERS' 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  
MAY 30 2006  
NEW BUILDING PERMITTING  
AND DEVELOPMENT

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



### POMPANO PLACE

#### LEGEND

- DRAIN INLET
- S SEWER SERVICE
- W WATER SERVICE
- STREET LIGHT
- ▲ TRANSFORMER
- U UTILITY BOX
- SD STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

DRIVEWAY SLOPE= 11.1%  
LOT COVERAGE= 34.3%

## THE HAMPTONS - VILLAGE 4 - CLUSTER

KB HOME NORTH BAY  
PLOT PLAN FOR LOT 17

A.P.N.: 201-1130-017  
LOT AREA: 2650 S.F.  
ADDRESS: 9 POMPANO PLACE  
CITY OF SACRAMENTO, CALIFORNIA

**WOOD RODGERS**  
DEVELOPING • INNOVATIVE • DESIGN • SOLUTIONS  
3201 O STREET, BLDG. 100-9, SACRAMENTO, CA 95816  
PHONE: (916) 361-7766 FAX: (916) 361-7767

APR. 2006	DRAWN: BL	1217.014
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J:\Jobs\1217-Natomas Meadows\The Hamptons - VA\Civil\Plotplan\Lot017.dwg 5/01/06 8:57am Kirkman

CJC

**INSULATION CERTIFICATE**

*0607369*  
*9 Pompano*

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 17 HAMPTONS (CLUSTER) SACRAMENTO CA  
 NUMBER CITY STATE

CEILINGS:

**BLOW:** MANUFACTURER GREENFIBER THICKNESS 10.3" R/VALUE 38  
 MANUFACTURER GREENFIBER THICKNESS \_\_\_\_\_ R/VALUE \_\_\_\_\_  
**BATTS:** MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38  
 KNAUF \_\_\_\_\_ R/VALUE \_\_\_\_\_

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13  
KNAUF THICKNESS 6" R/VALUE 19

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 10.25" R/VALUE 30  
KNAUF THICKNESS \_\_\_\_\_ R/VALUE \_\_\_\_\_

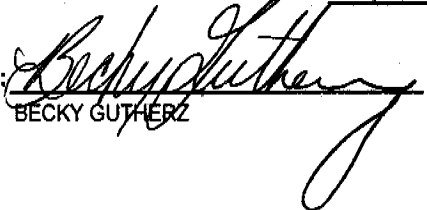
AIR INFILTRATION: (TITLE 24)  
 YES XXX NO \_\_\_\_\_

OTHER: \_\_\_\_\_

GENERAL CONTRACTOR: KB HOMES LICENSE # \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY:  TITLE AUTH. AGENT DATE 9/29/2006  
 BECKY GUTHERZ

**INSTALLATION CERTIFICATE**

CF-6R

LOT \_\_\_\_\_ PLAN# \_\_\_\_\_ KB HOME - SCHUMACHER ALLEY  
 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 #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-IR value	Duct Location (at/c, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	25,501	53,000	PLAN 1699
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	25,363	53,000	PLAN 1717
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	26,387	53,000	PLAN 1846
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	29,732	70,000	PLAN 2013
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	31,516	70,000	PLAN 2251

**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR Value	Duct Location (at/c, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	Carrier 38BRC030*	1	13.0	ATTIC	6	19,664	27,600	PLAN 1699
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	21,175	33,100	PLAN 1717
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	20,815	33,100	PLAN 1846
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	25,808	38,600	PLAN 2013
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	27,407	38,600	PLAN 2251

\* = TXV valve installed as part of coil

(1) > 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-IR) 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.

*James P. Lewis* 8/11/2005  
 Signature, Date

**BEUTLER CORPORATION**  
 Installing Subcontractor (Co. Name)  
 OR General Contractor (Co. Name) OR Owner

**INSTALLATION CERTIFICATE**

Site Address: 9 Pompano Ph Permit Number: 0607369

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> [ $\geq$ 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.) <sup>1</sup> [ $\geq$ 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 <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
Water	A.O. Smith	STD	N/A		40,000	50	.62		
Gas	6.2.50								

- 2 For small gas storage (rated input<sup>2</sup> 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.
- 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 8.23.05

**CAN AM PLUMBING**

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

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

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

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**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat number)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> ( $\geq$ 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 number)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> ( $\geq$ 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 <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
Water Heater	A.O. Smith	STD	DR		40,000	50	0.62		

- 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 \_\_\_\_\_

**CAN AM PLUMBING**

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

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