CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603408
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 5708 DA VINCI WY SAC
Parcel No: JMA NORTH NATOMAS VILLAGE 2 LOT # 7

CONTRACTOR
REYNEN AND BARDIS COMMUNITIES
9856 BUSINESS PARK DRIVE
SUITE A 95827

OWNER

ARCHITECT

Nature of Work: MP2191 1 STORY 8RM 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'sAddress_____

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 790351 Date 3-15-06 Contractor 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_____

CITY OF SACRAMENTO
MAR 15 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3-15-06 Applicant/Agent 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.

__X__ 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:

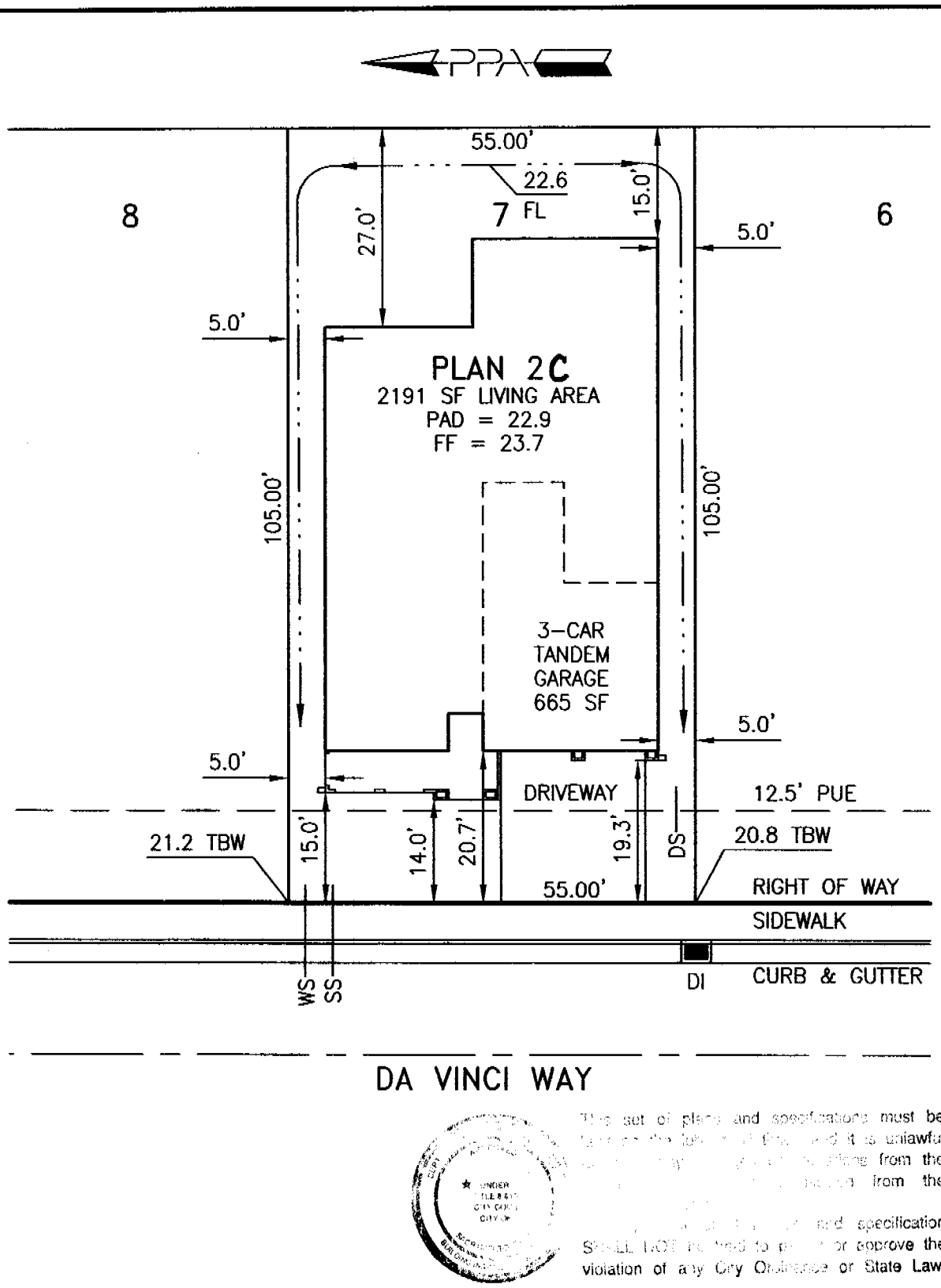
Carrier	Policy Number	Exp Date

_____ (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 3-15-06 Applicant 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.



This set of plans and specifications must be [illegible] and it is unlawful [illegible] from the [illegible] from the [illegible] and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

Approved By:	Reynen & Bardis Rep.	Date

Revision	Approved By	Date
1		
2		

LOT AREA:	5775 SF
ALLOWED LOT COVERAGE:	N/A
ACTUAL LOT COVERAGE:	3021 SF = 52.3%
REAR YARD AREA:	1125 SF
NUMBER OF BEDROOMS:	

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

Plot Plan for
JMA Village 2
XX Da Vinci Way, Sacramento, California 95835

PPA Job #013008
Lot 7
APN

Reynen & Bardis Communities
10630 Mather Boulevard, Sacramento, California 95655 Phone (916) 366-3665 Fax (916) 369-0971

Plot Plan Associates www.plotplans.org
PO Box 435, Citrus Heights, CA 95611-0435 (916) 769-9063

Date Drawn: 02/22/06 Scale: 1"=20'
Date Revised: - Drawn By: HAB

D:\013008\Plotplans\JMA2_007.dwg

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:
Builder: Reynen & Bardis
Job # J4101 Romanesque Natoma
Lot # 7
Plan/Elevation: 2191C

ICBO REPORT #4004

Date of Job Completion: 8/3/06

PLASTERING CONTRACTOR:

Cornerstone Plaster Development, Inc. (CPD Inc.)
7309 Roseville Rd. Unit #1
Sacramento, CA 95842
Phone/Fax: (916) 332-26269 332-4844

Contractor Number of Diamond Wall System: 5135

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

8/28/06
Date

Signature of authorized representative of CPD Inc.

This installation card must be presented to the building inspector after completion of work before final inspection.

0603408
5708 Da Vinci Wy

INSTALLATION CERTIFICATE lot 7 5708 DA V, NC; CF-6R

Reynen & Bardis - Romanesque Collection

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-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	34,638	90,000	Plan 1 (1906)
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	45,329	90,000	Plan 2 (2191)
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	47,410	90,000	Plan 3 (2614)
Furnace	Lennox G40UH60C-110	1	0.80	Attic	R-4.2	52,618	110,000	Plan 4 (2724)
Furnace	Lennox G40UH60C-110	1	0.80	Attic	R-4.2	60,253	110,000	Plan 5 (2951)

Cooling Equipment

Equip. Type (pkg. 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)	
Condenser	Lennox 13ACC036 *	1	13.0	Attic	R-4.2	22,908	32,200	Plan 1 (1906)
Condenser	Lennox 13ACC042 *	1	13.0	Attic	R-4.2	27,750	35,300	Plan 2 (2191)
Condenser	Lennox 13ACC042 *	1	13.0	Attic	R-4.2	30,136	35,300	Plan 3 (2614)
Condenser	Lennox 13ACC048 *	1	13.0	Attic	R-4.2	33,558	43,700	Plan 4 (2724)
Condenser	Lennox 13ACC060 *	1	13.0	Attic	R-4.2	38,422	54,000	Plan 5 (2951)

***TXV - Indicates Thermal Expansion Valve On Coil**

(1) > 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.

1-10-06

Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std, point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF,RE)	(2) Standby Loss (%)	External Insulation R-value

(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 that 0.58.

Facets & Shower Heads:

All facets 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

lot 7 5708 Dr Vindway.

INSTALLATION CERTIFICATE

CF-6R

Permit Number

Site Address

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] [≥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] [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ 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 Recir-culation, Control Type	# of Identical Systems	Rated[3] Input (kW or Btu/hr)	Tank Volume (gallons)	Effi-ciency[2] (EF, RE)	Standby[2] Loss (%)	External Insulation R-value[3]
GAS	M-40-76FBN-5				40,000	40	.62		16
GAS	M-50-76FBN-2				40,000	50	.63		18
GAS	M2XR-75-76BN				76,000	75	80%		

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.

4-6-05
Signature, Date

WILMOR & SONS PLUMBING
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

CERTIFICATE OF FIELD VERIFICATION DIAGNOSTIC TESTING — CF-4R

Project Address: 5708 Da Vinci Way, 7 @ Artisan 45	Builder Name: Reynen & Bardis Development Company
Builder Contact: Drew Thomas — Telephone: (916) 285-0961	Plan Number: 2/2191
HERS Rater: Morrell Jones (Eric) — Telephone: (209) 538-2879	Sample Group Numbe
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature: Morrell Jones — Date: 9/11/2006	Sample House Numbe
Firm: California Living and Energy	HERS Provider: CalCERTS
Street Address: 3015 Date CT.	City/State/Zip: Ceres, CA 95307

Copies to BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was: ☑ Tested ☐ Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct taped is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- ☐ The installer has provided a copy of CF-6R (Installation Certificate).
- ☑ New Distribution system is fully ducted (i.e, does not use building cavities as plenums or platform returns in lieu of duct
- ☑ New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

☑ MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT — Passed

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:

		Measured Values	
	Duct Pressurization Test Results (CFM@ 25 Pa)		
1	Enter Tested Leakage Flow in CFM	92 / 0	
2	Fan Flow: Calculated (Norminal: ☐ Cooling: ☐ Heating) or ☐ Measured Enter Total Fan Flow in CFM:	1541 BTU /	
3	Pass if Leakage Percentage <= 6% [100 x 6.0 (Line#1)/ 0.0 (Line#2)]		☑ Pass ☐ Fail

☐ SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT

☐ Yes	☐ No	Ducts are located within the conditioned volume of building. Yes to this compliance credit is a pass	☐ Pass ☐ Fail

Duct system design verification is required for a compliance credit for the following:

1. Supply duct surface area reduction
2. Buried supply ducts on the ceiling
3. Deeply buried supply ducts

☐ DUCT SYSTEM DESIGN VERIFICTION

☐ Yes	☐ No	Adequate airflow verified	
☐ Yes	☐ No	The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2	
☐ Yes	☐ No	The duct system design plan exists on building plans	
☐ Yes	☐ No	Duct sizes, duct system layout and locations of supply and return registers match the duct system design plan	
		Yes to all is a pass	☐ Pass ☐ Fail

☐ THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

☐ Yes	☐ No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.		
		Yes is a pass	☐ Pass	☐ Fail

INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

.516 .516 per Sq. Ft.

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

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

R-6 LOT # 7 TRACT # Atkinson

STREET 5708 DaVinci Way CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER FG THICKNESS/TYPE 3½ R-VALUE 13/19

CEILINGS:

BATTS:

MANUFACTURER FG THICKNESS/TYPE 12 R-VALUE 38

BLOWN IN:

MANUFACTURER CT AIA MINIMUM THICKNESS 14.50 R-VALUE 38

SQUARE FOOTAGE COVERED 1890 NUMBER OF BAGS USED 56

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 _____

CALIFORNIA CONTRACTORS LICENSE # _____

_____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR **ALCAL ARCADE CONTRACTING**

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #0055201

_____ DATE 8/28/6

SIGNATURE _____ TITLE Installer

AAC2000

ALTERNATE MATERIAL OR METHODS

Permission has been granted for the installation of :

PEX TUBING, FITTINGS & MANIABlock SYSTEM

Job name/location ARTISAN ROMANESQUE MATOMAS SUBDIVISION.

Total no. of buildings 101

REQUIREMENTS

1. **Permission is granted to above named address only.**
2. **Installers must be certified by manufacturers and city of sacramento.**
3. **Manufactures installation instructions must be on jobsite and available to inspectors.**
4. **This notice must be posted on jobsite with permits.**
5. **Permission to use alternate materials or methods can be revoked if found to have been unlawfully issued.**
6. **This permission has been granted per the following code sections: CPC 301.2—CMC 105.0—CBC 104.2.8—CEC 90-2**

Thomas Rodgers
Administrative Authority

3-3-06
Date

@lpha Inspections
& Material Testing

70 Rancho Del Sol • Camino, CA 95709
(530) 644-6726 • (916) 384-7815

DATE: 6-9-06

PROJECT NO. 2006

PROJECT: D.B./ REYNEN & BARDIS

LOCATION: ARTISAN Lot 7

DSA FILE/APPL. NO.

OSHPD NO.

PERMIT NO.

WEATHER: TEMP:

☒ PROOF LOAD ☐ TORQUE ☐ WITNESSING

☒ Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AT-255 GAGE: AT-1004 TORQUE WRENCH:

RAM: GAGE: TORQUE WRENCH:

LOCATION OF TEST	TYPE/SIZE	# TESTED	% of TOTAL	LOAD lb of Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
HOLD-DOWN EPOXIED ANCHOR BOLTS	7/8	3		7660	2970	3	0	0

☐ Type of epoxy / grout used: Method of application / cleaning:

☐ Visual inspection was performed on

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

☐ Except As Noted

Superintendent/Representative:

Inspector/Technician: