

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0508774

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

N

Site Address: 4151 MOGAN VALLEY ST SAC
Parcel No: ASTORIA PLACE LOT 1A Housing (Y/N):

CONTRACTOR
JOHN DETERDING CO
PO BOX 1608
CARMICHAEL CA 95609

OWNER

ARCHITECT

Nature of Work: MP 1277 2 STORY 6 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 _____ License Number 569196 _____ Date _____ 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 docs 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 _____

PAYED
CITY OF SACRAMENTO
SEP 12 2005

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 _____ 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.

____ 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 FUND Policy Number 260-01 UNIT 0005056 Exp Date 12/01/2005

____ (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 _____ 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.

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

4151 MORGAN VALLEY ST.
SACRAMENTO, CA 95838

ICBO Report #4004

Date of Job Completion 1/31/06

PLASTERING CONTRACTOR:

Name: WOODY POYNTER LATH + PLASTERING

Address: P.O. BOX 1220 SLOUGH HOUSE CA. 95683

Telephone No: 916-354-9684

Contractor Number of Diamond Wall System 2106

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.

1/31/06
Date

Woody Poynter owner
Signature of authorized representative of
Plastering Contractor

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

INSTALLATION CERTIFICATE

(Page 2 of 7)

CF-6R

Site Address: Astoria Place Plan 5 Permit Number: _____

FENESTRATION/GLAZING:

Manufacture/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value* (CF-1R value)	Product SHGC* (CF-1R value)	# of Panels	Total Quantity of Like Product (Options)	Square Foot	Interior or Exterior Shading Device or Overhang	Contractor/Installer/ Special Features
1. <u>YO</u>	<u>35</u>	<u>32</u>	<u>2</u>		<u>25</u>		
2. <u>SH</u>	<u>35</u>	<u>32</u>	<u>2</u>		<u>143.5</u>		
3. <u>SH</u>	<u>34</u>	<u>35</u>	<u>2</u>		<u>8</u>		
4. <u>S&D</u>	<u>34</u>	<u>32</u>	<u>2</u>		<u>40</u>		
5. _____	_____	_____	_____		_____		
6. _____	_____	_____	_____		_____		
7. _____	_____	_____	_____		_____		
8. _____	_____	_____	_____		_____		
9. _____	_____	_____	_____		_____		
10. _____	_____	_____	_____		_____		
11. _____	_____	_____	_____		_____		
12. _____	_____	_____	_____		_____		
13. _____	_____	_____	_____		_____		
14. _____	_____	_____	_____		_____		
15. _____	_____	_____	_____		_____		

* Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

* Installed U-value must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values for the total fenestration area are less than or equal to values 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 has a lower U-Value and lower SHGC 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.

Item #s (if applicable) _____ Signature, Date David R. [Signature] 11/22/05 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Item #s (if applicable) _____ Signature, Date _____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Item #s (if applicable) _____ Signature, Date _____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

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

July 1, 1999

INSTALLATION CERTIFICATE

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 number)	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 number)	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. \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
NATURAL	STATE 65640Y00TG	STORAGE		2	40000	40	.57	3.50	R-7

- 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 0.53.

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 CF-6R

Site Address **Lot 1A - Astoria place**

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).

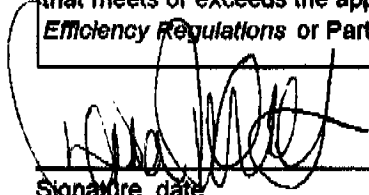
Heating Equipment

Equip Type	CEC Certified Mfr. Name & Model #	# of identical Systems	Efficiency AFUE	Duct Location	Duct Piping R-Val	Heating Load	Heating Capacity
Furnace	Goodman GF9S060B12	1	92%	Attic	R.4	75,000	70,000

Cooling Equipment

Equip Type	CEC Certified Comp. Unit Mfr. Name & #	# of identical Systems	Efficiency SEER	Duct Location	Duct Piping R-Val	Cooling Load	Cooling Capacity
Condenser	Goodman AC030X12	1	12	Attic	R.4	30,000	22,000

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.

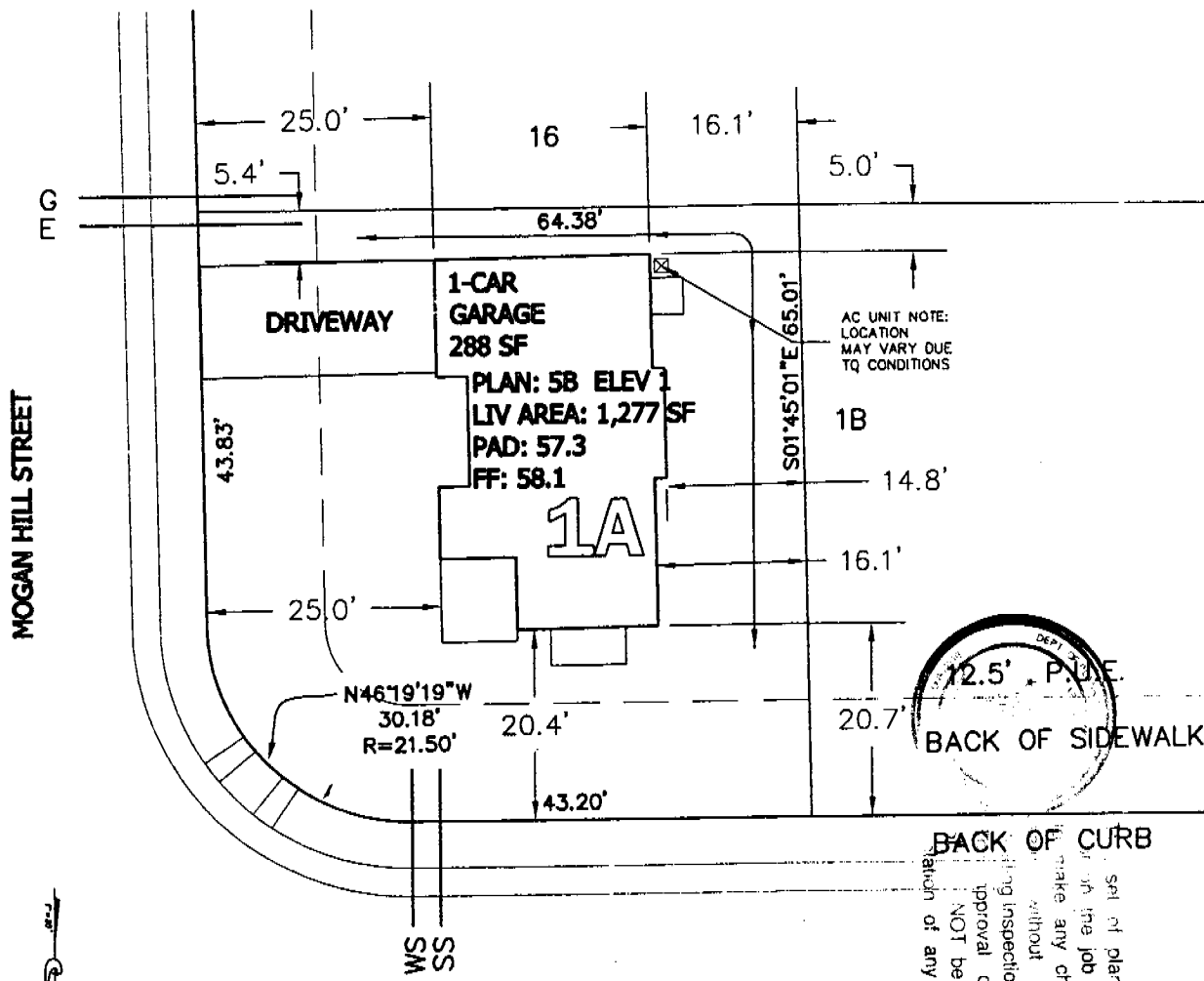


Signature, date

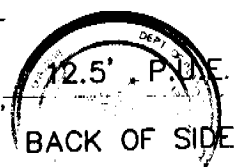
1/23/00

Astro Air Design, Inc.
Installing Subcontractor (Co. Name)
or General Contractor (Co. Name) or Owner

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, LABELY VARY FROM THIS PLAN.



AC UNIT NOTE:
LOCATION
MAY VARY DUE
TO CONDITIONS



BACK OF SIDEWALK

BACK OF CURB

Approval of this plan and specification NOT be held to permit or approve the work shown hereon without written permission from the Planning Inspection Division.

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 setbacks dimensions and elevations as shown may be adjusted to fit field conditions.

REVISION:	DATE:	LOT AREA: 4,050 SF	DATE: 02/18/05
		ACTUAL LOT COVERAGE: 824 SF = 20%	DRAWN BY: CD/RG
		NO. OF BEDROOMS/BATHS: 3/2-1/2	SCALE: 1"=20'-0"
JOHN DETERDING Company 5916 Palm Drive PO Box 1608 Carmichael, California 95609-1608 tel 916.483.7386 fax 916.483.7389		PLOT PLAN FOR ASTORIA PLACE ASTORIA PLACE PARTNERS, LLC P.O. Box 2823 Carmichael, CA 95609-2823 Phone 916.944-4274 Fax: 916.944-4278	
		DORMAN ASSOCIATES INC. Chris Dorman, AIA 822 O STREET SUITE 5 SAN RAFAEL, CA 94901 415.457.2088 415.457.2081 FAX CHRIS@DORMANARCHITECT.COM	LOT: 1A APN 266-0201-062