 <p><b>Development Services</b> We Help Build A Great City</p>	<p><b>CITY OF SACRAMENTO</b></p> <p>www.cityofsacramento.org</p> <p>Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT</p> <p>Inspection Request: 1-916-808-7622</p>	<p><b>Downtown Permit Center</b> New City Hall 915 I Street, 3rd Floor Sacramento, CA 95814</p> <p><b>North Permit Center</b> 2101 Arena Blvd., Suite 200 Sacramento, CA 95834</p>																																																
<p>Permit No. 0614207 Date Applied 09/13/2006 Type Commercial Subtype New Building Category Hotel or Motel</p> <p>Permit Address 7515 SHELDON RD SACRAMENTO CA Site Location BLDG # 5</p> <p>Parcel No. 11702120100000</p> <p>Owner D R HORTON INCORPORATE 4401 HAZEL AV FAIR OAKS, CA</p> <p>Applicant D. R. HORTON/JOE MEYER D. R. HORTON/JOE MEYER</p> <p>Valuation \$ 314,256.20</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR'S DECLARATION</b></p> <p><u>CH</u> 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: <u>AMS</u> License Number: <u>750190</u> Date: <u>09/07</u> Contractor: <u>DR Horton</u></p> <p style="text-align: center;"><b>OWNER-BUILDER DECLARATIONS</b></p> <p>I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5 B&amp;P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec.7000) of Division 3 of the B&amp;P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):</p> <p>____ I, as 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 B&amp;P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)</p> <p>____ I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&amp;P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)</p> <p>____ I am exempt under Sec. _____ B &amp; P.C. for this reason: Date: _____ Owner: _____</p> <p style="text-align: center;"><b>WORKERS COMPENSATION DECLARATION</b></p> <p>____ I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code). Policy Number: _____ Company: _____ ____ Certified copy is hereby furnished. ____ Certified copy is filed with the city building inspection department or city _____ department. Date: _____ Applicant: _____</p> <p><u>CH</u> certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. Date: <u>09/07</u> Applicant or Agent: <u>[Signature]</u></p>																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Fee Items</th> <th style="width:10%;"># of Each</th> <th style="width:50%;">Amount</th> </tr> </thead> <tbody> <tr><td>Permit-Building-Com</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$2,532.18</td></tr> <tr><td>Plan Ck-Building Com</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$2,055.79</td></tr> <tr><td>Review-Fire Department</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$214.32</td></tr> <tr><td>Review-Building ESC</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$100.00</td></tr> <tr><td>Strong Motion</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$65.99</td></tr> <tr><td>Construction Excise Tax</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$2,514.05</td></tr> <tr><td>Residential Const Tax</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$950.00</td></tr> <tr><td>City Business Oper Tax</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$125.70</td></tr> <tr><td>Bldg-Technology Surcharg</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$183.52</td></tr> <tr><td>General Plan Surcharg</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$185.85</td></tr> <tr><td>Park Develop Impact Fee</td><td style="text-align: center;">1.00</td><td style="text-align: right;">\$7,841.00</td></tr> <tr><td>Jacinto Creek Administration Fee - 297</td><td style="text-align: center;">381.00</td><td style="text-align: right;">\$381.00</td></tr> <tr><td>Jacinto Drainage #4 - 293</td><td style="text-align: center;">2136.00</td><td style="text-align: right;">\$2,136.00</td></tr> <tr><td>Jacinto Creek Facilities Fee - 288</td><td style="text-align: center;">5463.00</td><td style="text-align: right;">\$5,463.00</td></tr> <tr><td style="text-align: right;"><b>Total</b></td><td></td><td style="text-align: right;"><b>\$24,848.40</b></td></tr> </tbody> </table> <p style="text-align: center;"><b>PAID</b></p> <p style="text-align: center;"><b>CITY OF SACRAMENTO</b></p> <p style="text-align: center;"><b>AUG 09 2007</b></p> <p style="text-align: center;">NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES</p> <p>Description of Work: BLDG # 5 - 5,640 S.F. -2 STORY TRI-PLEX -NAPT COMPLEX</p>			Fee Items	# of Each	Amount	Permit-Building-Com	1.00	\$2,532.18	Plan Ck-Building Com	1.00	\$2,055.79	Review-Fire Department	1.00	\$214.32	Review-Building ESC	1.00	\$100.00	Strong Motion	1.00	\$65.99	Construction Excise Tax	1.00	\$2,514.05	Residential Const Tax	1.00	\$950.00	City Business Oper Tax	1.00	\$125.70	Bldg-Technology Surcharg	1.00	\$183.52	General Plan Surcharg	1.00	\$185.85	Park Develop Impact Fee	1.00	\$7,841.00	Jacinto Creek Administration Fee - 297	381.00	\$381.00	Jacinto Drainage #4 - 293	2136.00	\$2,136.00	Jacinto Creek Facilities Fee - 288	5463.00	\$5,463.00	<b>Total</b>		<b>\$24,848.40</b>
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<p><b>THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.</b></p>																																																		

**Certification of Compliance**  
**School District Development Fees**

(Print or Type) If Printing, press hard for four copies

**PART I To be completed by Applicant (MUST BE FILLED OUT COMPLETELY)**

OWNER'S NAME DR Hector  
 OWNER'S ADDRESS 11317 Foundation  
 PROJECT ADDRESS 7515 Sheldon Road  
 PARCEL NUMBER 117-1419-001 LOT NO. Bld 5  
 SUBDIVISION NAME Loma Park  
 NUMBER OF UNITS 3  
 Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.  
 APPLICANT'S SIGNATURE \_\_\_\_\_  
 TITLE OF APPLICANT \_\_\_\_\_  
 DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**PART II To be completed by BUILDING DEPARTMENT**

PLAN IDENTIFICATION NUMBER 0614207  
 BUILDING TYPE: NEW RESIDENTIAL ( ) RESIDENTIAL ADDITION ( )  
 APARTMENT/CONDOMINIUM (X) COMMERCIAL/INDUSTRIAL ( )  
 SQUARE FEET OF CHARGEABLE BUILDING AREA 4418  
 NAME (PRINTED) MATT HAGER SIGNATURE [Signature]  
 TITLE BUILDING DEPT PHONE NUMBER 408 5905 DATE 7/25/07

**PART III To be completed by SCHOOL DISTRICT**

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 53236  
 EXEMPT \_\_\_\_\_ COMMENTS \_\_\_\_\_  
 NEW RESIDENTIAL 4418 SQ FT X \$ 5.22 = \$ 23061.96  
 RESIDENTIAL ADDITIONS \_\_\_\_\_ SQ FT X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 SENIOR RESIDENTIAL \_\_\_\_\_ SQ FT X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 COMMERCIAL/INDUSTRIAL \_\_\_\_\_ SQ FT X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

NOTICE: This Certificate of Compliance shall be valid for 60 days from the date of issuance by the District. You may submit a written request for no more than two (2) 60 day extensions if you are unable to obtain a building permit from the City/County due to good cause beyond your reasonable control. Any extension shall be granted by the District at its sole discretion.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL**

SIGNATURE [Signature]  
 TITLE \_\_\_\_\_ DATE \_\_\_\_\_

COUNTY SANITATION DISTRICT 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE** <sup>LDC</sup> <sub>7 AUG 07</sub>  
 PERMIT AND CALCULATION <sub>SICR 2007-00059</sub>

APPLICATION NO. City of Sacramento BLDG PERMIT NO. 500205-0094

GENERAL INFORMATION  North Laguna Pointe Triplex	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER  PAID 7 AUG 07  THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE
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FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/> MF <input checked="" type="checkbox"/>	
CSD-1		COMMERCIAL USE	
SRCSD	(15975)		
CONSTRUCTION			
IN-LIEU			
		3 unit	
		13,14,15	
<b>TOTAL FEE</b>	<b>(15975)</b>	117-1480-007	

APN: ~~117-0212-010~~ ~~117-1480-004-001~~  
 DESCRIPTION SUBDIVISION Laguna Pointe LOT: Bldg 5  
 PROPERTY ADDRESS 7515 SHELLMOR RD  
 OWNER DR HOLTAN, INC  
 MAILING ADDRESS 11919 Foundation place Sr 200  
 CITY-STATE-ZIP Gold River, CA 95670 PHONE 241-6800

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE \_\_\_\_\_

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_

RECEIPT

**3<sup>rd</sup> Generation****Heating & Air Conditioning**

4120 Cameron Park Dr. Suite 200A

Cameron Park, CA 95682

530-677-9873

**Installation Certificate**

Permit # 0614207  
 Site Address: Laguna Pointe 7515 Sheldon Rd. Bldg. 5 Lot 14-5102 Plan 1  
 Plan: All

**HVAC SYSTEM:****Heating Equipment**

Equipment (pkg. - heat pump)	CBC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - G40UH-36A-070X A3CB36A3X+145T x in coil model number indicates TXV.	Lennox Aspen	1	80%	Attic	R-6	70000	70000 Coil-

**Cooling Equipment**

Equipment (pkg. - heat pump)	CBC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - 13ACD036-230	Lennox	1	13 SEER	Attic	R-6		3 Ton

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

03/19/2008

**3rd Generation Heating & Air Conditioning**  
 Installing Subcontractor

**3<sup>rd</sup> Generation****Heating & Air Conditioning**

4120 Cameron Park Dr. Suite 200A

Cameron Park, CA 95682

530-677-9873

**Installation Certificate**

Permit # 0614207

Site Address: Laguna Pointe 7515 Sheldon Rd. Bldg. 5 Lot 15 - 5103 Plan 2

Plan: All

**HVAC SYSTEM:****Heating Equipment**

Equipment (pkg. - heat pump)	CBC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - G40UH-36A-070X A3CB36A3X+145T x in coil model number indicates TXV.	Lennox Aspen	1	80%	Attic	R-6	70000	70000 Coil-

**Cooling Equipment**

Equipment (pkg. - heat pump)	CBC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - 13ACD036-230	Lennox	1	13 SEER	Attic	R-6		3 Ton

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

03/19/2008

**3rd Generation Heating & Air Conditioning**

Installing Subcontractor

**3<sup>rd</sup> Generation****Heating & Air Conditioning**

4120 Cameron Park Dr. Suite 200A

Cameron Park, CA 95682

530-677-9873

**Installation Certificate**

Permit # 0614207

Site Address: Laguna Pointe 7515 Sheldon Rd. Bldg. 5 Lot 13-5101 Plan 3

Plan: All

**HVAC SYSTEM:****Heating Equipment**

Equipment (pkg. - heat pump)	CBC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - G40UH-36A-070X A3CB36A3X+145T x in coil model number indicates TXV.	Lerinox Aspen	1 1	80%	Attic	R-6	70000	70000 Coil -

**Cooling Equipment**

Equipment (pkg. - heat pump)	CBC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - 13ACD036-230	Lerinox	1	13 SEER	Attic	R-6		3 Ton

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 CE-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

03/19/2008

3rd Generation Heating & Air Conditioning  
Installing Subcontractor

**INSTALLATION CERTIFICATE** (page 1 of 4) **CF-6R**

D.R. Horton  
 Site Address 7515 SHELTON RD. Bldg. 5-5102 LOT 14 Laguna Pointe Permit Number 0614207

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).

Plans 1, 2 and 3

**HYAC SYSTEMS:**

Heating Equipment							
Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥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> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

<sup>1</sup> ≥ 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 5), 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>1</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GVR-50</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>0.62</u>	<u>N/A</u>	<u>R-20</u>

<sup>1</sup> 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.

Faucets & Shower Heads:  
 All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment 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 equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Ivan Chavel 1/2/07  
 Signature, Date

J.R. Pierce Plumbing Co.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 Building Owner at Occupancy

# INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Site Address D.R. Horton  
7515 SHELTON RD. Bldg. 5 - 5103 LOT 15 Laguna Pointe  
 Permit Number 0614207

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:

Plans 1, 2 and 3

Heating Equipment							
Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥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> (≥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 5), 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>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (SF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GVR-50</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>.62</u>	<u>N/A</u>	<u>R-20</u>

<sup>1</sup> 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.

## Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

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Ivan Chael 1/2/07  
 Signature, Date

J.R. Pierce Plumbing Co.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 Building Owner at Occupancy



# INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton  
 Site Address 7515 SHELTON RD. Bldg. 5-5101 LOT 13 Laguna Pointe Permit Number 0614207

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:

Plans 1, 2 and 3

#### Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥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> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

<sup>1</sup> ≥ 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>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (Ef. RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GVR-50</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>.62</u>	<u>N/A</u>	<u>R-20</u>

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#### Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment 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 equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Ivan Chavel 1/2/07  
 Signature, Date

J.R. Pierce Plumbing Co.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 Building Owner at Occupancy



GEOTECHNICAL  
ENVIRONMENTAL  
WATER RESOURCES  
CONSTRUCTION SERVICES

Project No.  
6735.500.102

Permit # 0614207  
March 14, 2008

D.R. Horton  
11919 Foundation Place, Suite 200  
Gold River, CA 95670

Subject: North Laguna Pointe Condominiums -- Building 5  
Sheldon Road  
Elk Grove, California

### FINAL CONSTRUCTION CONFORMANCE REPORT

To Whom It May Concern:

With your authorization, ENGEO Incorporated performed special inspections related to the post-tensioned foundation slab for the subject building in Elk Grove, California. This report is submitted in accordance with Chapter 17 of the Uniform Building Code.

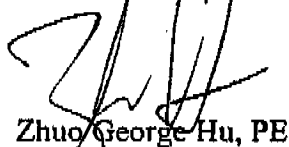
Pad moisture testing of subject building was performed before placement of the water vapor retarder.

To the best of our knowledge and based on our observations and test results, the work requiring special inspection is in general conformance with the approved plans and specifications, field recommendations of the Structural Engineer, and the applicable workmanship provisions of the Uniform Building Code. Results of the concrete compression testing and elongation measurements from stressing of post-tensioned tendons for the subject building are attached.

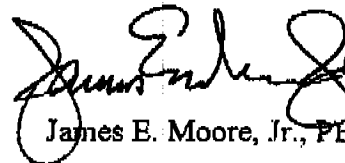
We make no representation as to the accuracy of dimensions, calculations, or any portion of the design for this project. If you have any questions or comments, please contact us.

Very truly yours,

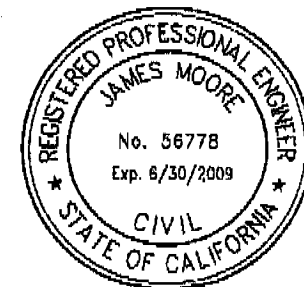
ENGEO Incorporated



Zhuo George Hu, PE



James E. Moore, Jr., PE



Attachments: Concrete Sampling and Stressing Reports

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM

SACRAMENTO STUCCO PRODUCTS CO., INC.

Permit # 0614207  
Job Address:

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 05- UNIT# 13 - 7515 SHELDON RD# 5101

Date of Job Completion: 3-5-08

Plastering Contractor

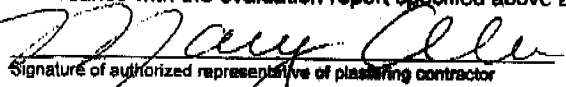
Name: TOLIVER PLASTERING, INC.

Address: 3158 Luyung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as  
Issued by Western Stucco Products 507

This is to certify that the plastering 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.

  
Signature of authorized representative of plastering contractor

3-18-08  
Date

Installation card must be presented to the building inspector  
After completion of work and before final inspection.

No. DRH-13

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM

SACRAMENTO STUCCO PRODUCTS CO., INC.

Permit # 0614207  
Job Address:

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 05- UNIT# 14 - 7515 SHELDON RD# 5102

Date of Job Completion: 3-5-08

Plastering Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3158 Luyang Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as  
Issued by Western Stucco Products 507

This is to certify that the plastering 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.

Mary Allen  
Signature of authorized representative of plastering contractor

3-18-08  
Date

Installation card must be presented to the building inspector  
After completion of work and before final inspection.

No. DRH-14

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM

SACRAMENTO STUCCO PRODUCTS CO., INC.

Permit # 0614207  
Job Address:

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 05- UNIT# 15 - 7515 SHELDON RD# 5103

Date of Job Completion: 3-5-08

Plastering Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3158 Luyung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as  
Issued by Western Stucco Products 507

This is to certify that the plastering 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.

*Mary Lee*  
Signature of authorized representative of plastering contractor

3-18-08  
Date

Installation card must be presented to the building inspector  
After completion of work and before final inspection.

No. DRH-15

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

**CF-6R**

DR HORTON LAGUNA POINT PLAZA B Bldg. 5 Lots 13-5101, 14-5102, 15-5103  
 Site Address 7515 Sheldon Rd. Permit Number OC614207


**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. CLASSIC Sead	.38	.35	6	3	136		
3. STYCLINE HV	.38	.30	30	15	221		
4. STYCLINE SH	.39	.30	30	15	182		
5. STYCLINE PV	.35	.30	15	15	75		
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> Installed U-Factor 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 (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors 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-Factor 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.

42 Item #s (if applicable)	 Signature, Date	MILGARD MANUFACTURING 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

# CERTIFICATION OF INSULATION

PART I GENERAL		SACRAMENTO BUILDING PRODUCTS									
<p><b>DR Horton</b>      <b>Bdgs</b>  <b>LOTS 13 - 5101 - Plan 3</b>  <b>14 - 5102 - Plan 3</b>  <b>15 - 5103 - Plan 3</b></p> <p>Permit # 0614207                      Laguna Pointe</p>		<input checked="" 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 <b>4/18/08</b>									
PART II AREAS INSULATED			WALLS			ROOFS			FLOORS		
			( SQUARE FEET )			( SQUARE FEET )			( SQUARE FEET )		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>		
FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>			FORM <b>BATTS</b>		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER			MANUFACTURER			MANUFACTURER			MANUFACTURER		
CT      OC      JM			CT      OC      JM			CT      OC      JM			CT      OC      JM		
R-VALUE INSTALLED			R-VALUE INSTALLED			R-VALUE INSTALLED			APPLIED THICKNESS		
<b>13/19</b>			<b>3 1/2 / 1 1/2</b>			<b>30</b>			<b>9 / 1 3/4</b>		
MATERIAL			FORM			R VALUE			MANUFACTURER		
<b>FIBERGLASS</b>			<b>BATTS</b>						CT      OC      JM		
MATERIAL			MANUFACTURER			MATERIAL			MANUFACTURER		
<b>FOAM</b>						<b>HILTI</b>			<b>HANDY FOAM</b>		
THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND MANUFACTURER'S INSTRUCTIONS.											
SIGNATURE — INSULATION CONTRACTOR <b>BB</b>						TITLE <b>MANAGER</b>			DATE <b>3-25-08</b>		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											