

Department of Planning and Development
 Building Inspection Division
 Grading and Erosion Control Questionnaire

P.C.# 04-05610
0405610

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 3905 ALTOS A.P.N. 250-0050-023

Applicant Information

Name MATSON PROPERTIES
 Address P.O. BOX 519
ROSEVILLE CA 95678
 Phone 782-8511 CELL 616-8511

Project Information (Check One)

Single Family Dwelling N
 Duplex
 Triplex
 Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
 Does the site front on a paved road? Y N *
 Is the site higher than the crown of adjacent road? Y N *
 Is the proposed building site higher than the back of the sidewalk or curb? Y N *
 Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk
 The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *
 Does an adjacent site drain across this parcel? Y * N
 Does this site have an existing low area or drainage swale? Y * N
 Will construction require cut or fill on site? (* >50FT3 or >2FT)
 - How much cut? _____ Yards Depth Y N
 - How much fill? _____ Yards Depth Y * N
 Has building site been previously been filled? Y * N
 Will existing drainage be re-routed? Y * N
 Do you plan to construct or modify culverts or drainage ditches? Y * N
 Print Name DAVID B MATSON Title CONTRACTOR
 Signature David Matson Date 4-26-04
 Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ Acres.
 If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N
 If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
 Is the parcel to be built on part of a larger subdivision? 1/4 Acre Y N
 Subdivision Name: _____
 If yes has an approved erosion and sediment control plan been provided? Y N
 If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
 Is grading and drainage approval required prior to permit issuance? Y N
 Approved by: [Signature] Date: 4/2/04
 Building permit #: 04-05610

White Copy - Permit Jacket
 Yellow - Utilities
 Pink - Bldg. Div.

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: Northwest corner of Altos Avenue & Harris Avenue	APN: 250-0050-019, -20, -21, -022, -023
DRPB AREA / PUD / SPD: Del Paso Heights	ZONING: (E)M-1-LI, (P)R-1A
EXISTING LAND USE: Vacant	
PROPOSED USE: Special Permit to construct five single family homes on five vacant lots. The property is in the process of being rezoned to R-1A.	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input checked="" type="checkbox"/>	Requires APPLICATION(s): PC X ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: P03-084 Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P03-084 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: The Planning Commission and Design Review have approved the five homes. The stamped, approved plans may be submitted to plan check, however no Building Permit shall be issued until the project is finalized by City Council. The stamped approved drawings comply with the conditions outlined in the report attached to this file. For conditions of approval see the report attached to P03-084, all stamped drawings are also conditions of approval. No other planning issues at this time.	
DATE: 03/17/04 / 04/06/04	BY: Ashley Feeney / Bonnie Surgeon

ENGEL INSULATION, INC.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 786-2064

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:

TRACT Matson 101 3905 Plan 1600
STREET 3905 Albas Ave CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

CEILING AREA: BATTIS

MANUFACTURER CT THICKNESS 10 R-VALUE 30

CEILINGS: BLOWN IN

MANUFACTURER InsulSafe THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE 1434 NUMBER OF BAGS USED 24

FLOOR AREA:

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

EXTERIOR KNEEWALL:

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

INTERIOR KNEEWALL:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

APPLIED CAULK & SEALANT TO ALL EXTERIOR OPENINGS & PENETRATIONS

YES NO

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

Jennifer Padilla Bookkeeper 10/23/05
INSULATION CONT. SIGNATURE TITLE DATE

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report #4004

JOB ADDRESS:

3905 Alton Ave
Murkett Co 95838

Date of Job Completion 6-05

PLASTERING CONTRACTOR:

Name: McCain Plastering Inc
Address: 30 Colfax Court Roseville Ca 95678
Telephone No: (916) 784 2274
Contractor Number of Diamond Wall System # 2264

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.

Date

6/6/05

[Signature]
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.

3905 ALTOS AVE

0405610

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (\$ CF-1R value) ²	Product SHGC ¹ (\$ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. WPI XO	.35	.31					
2. WPI SH	.35	.31					
3. WPI PW	.33	.31					
4. WPI PATEO	.36	.32					
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

² 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.

Item #s (if applicable)	Signature, Date Dan B. Mat 6-6-05	MATSON PROPERTIES 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

January 4, 2001

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

3905 ALTOS AVE
Site Address

0405610
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 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:

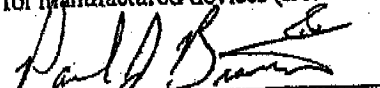
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value
GAS	A.O. Smith GUR-40-100	STD	N/A	1	40,000	40	.62	N/A	N/A

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.

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.


Signature/Date

BIANCHI PLUMBING CO., INC
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE**CF-6R****LOT 3905 ALTO AVE****PLAN #****Matson Properties-Alto Avenue Estates****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).

0405610**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	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3589
Furnace	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3593
Furnace	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3905
Furnace	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3909
Furnace	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3913
Furnace	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3917
Furnace	CARRIER, 58STX070-12	1	80%	Attic	R-4.2	30,794	56,000	Lot 3921

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)	
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3589
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3593
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3905
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3909
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3913
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3917
A/C	CARRIER, 38CKC036	1	10.0	Attic	R-4.2	19,877	30,800	Lot 3921

(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-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

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

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 than 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)

COPY TO: Building Department

HERS Provider (if applicable): Building Owner at (OR General Contractor (Co. Name) OR Owner)

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

FRW
 6/8/04

SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO:		BLDG PERMIT NO. SWP2003-00404	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
CITY OF SACRAMENTO 1.00E CON DEVEL BANK ESDS APPROVED 5-5-03		PAID JUN 08 2004	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input checked="" type="checkbox"/> MF <input type="checkbox"/>	
CSD-1		COMMERCIAL USE	
SRCSD: @ \$923 #	923	1 ESD	
CONSTRUCTION		= 1 ESD	
IN-LIEU			
TOTAL FEE	\$ 923		
APN: 250-0050-023			
DESCRIPTION/ SUBDIVISION		LOT	
PROPERTY ADDRESS 3905 ALTOS AVENUE			
OWNER MATSON PROPERTIES			
MAILING ADDRESS			
CITY-STATE-ZIP		PHONE 916-616-8511	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE [Signature]			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	

RECEIPT

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Matson
 Project Address 3905 ALTOS AVE
 Parcel Number 250-0050-023 Lot No. 13
 Subdivision Name _____ Number of Units 1
 Applicant's Signature & Title Dan Blum CONTRACTOR
 Date 4-26-04 Phone No. 782 8511 cell 616-8511

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 04-05610 3 Building Type (CHECK ONE)
 Square Feet of Chargeable Building Area 1587 Residential
 Signature [Signature] Apartment/Condominium
 Title _____ Commercial/Industrial
 Date 5/19/04

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No. <u>04-1803</u>	
EXEMPT _____	
Comments <u>RESIDENTIAL</u> APARTMENT / CONDOMINIUM	
1587 Sq. Ft. x \$ 2.24 = \$	3554.88
COMMERCIAL / INDUSTRIAL	
_____ Sq. Ft. x \$ _____ = \$	
OTHER FEE TYPE _____	
_____ Sq. Ft. x \$ _____ = \$	
TOTAL FEES COLLECTED = \$ _____	

Robla Elementary School District	
District Certification No. _____	
EXEMPT _____	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
_____ Sq. Ft. x \$ _____ = \$	
COMMERCIAL / INDUSTRIAL	
_____ Sq. Ft. x \$ _____ = \$	
OTHER FEE TYPE _____	
_____ Sq. Ft. x \$ _____ = \$	
TOTAL FEES COLLECTED = \$ _____	

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.
 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.

GRANT Authorized School District Official	ROBLA
Signature <u>[Signature]</u>	Signature _____
Title _____	Title _____
Date <u>6/7/04</u>	Date _____

Original: Grant Joint Union High School District/
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep