

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0500494
Insp Area: 2
Thos Bros: 337-C4

Site Address: 1921 RICHFIELD WY SAC
Parcel No: 052-0270-076
N

MEADOWVIEW ESTATES UNIT 5 LOT 418
Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
JTS COMMUNITIES
401 WATT AV.
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: JTS MP134 OPTION 2, 2 STORY 12 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 B License Number 767107 Date 1/21/05 Contractor Signature Ronny Caldwell

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 _____

PAID
CITY OF SACRAMENTO
JAN 21 2005
BUILDING PERMIT

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 1/21/05 Applicant/Agent Signature Ronny Caldwell

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:

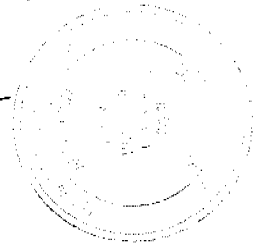
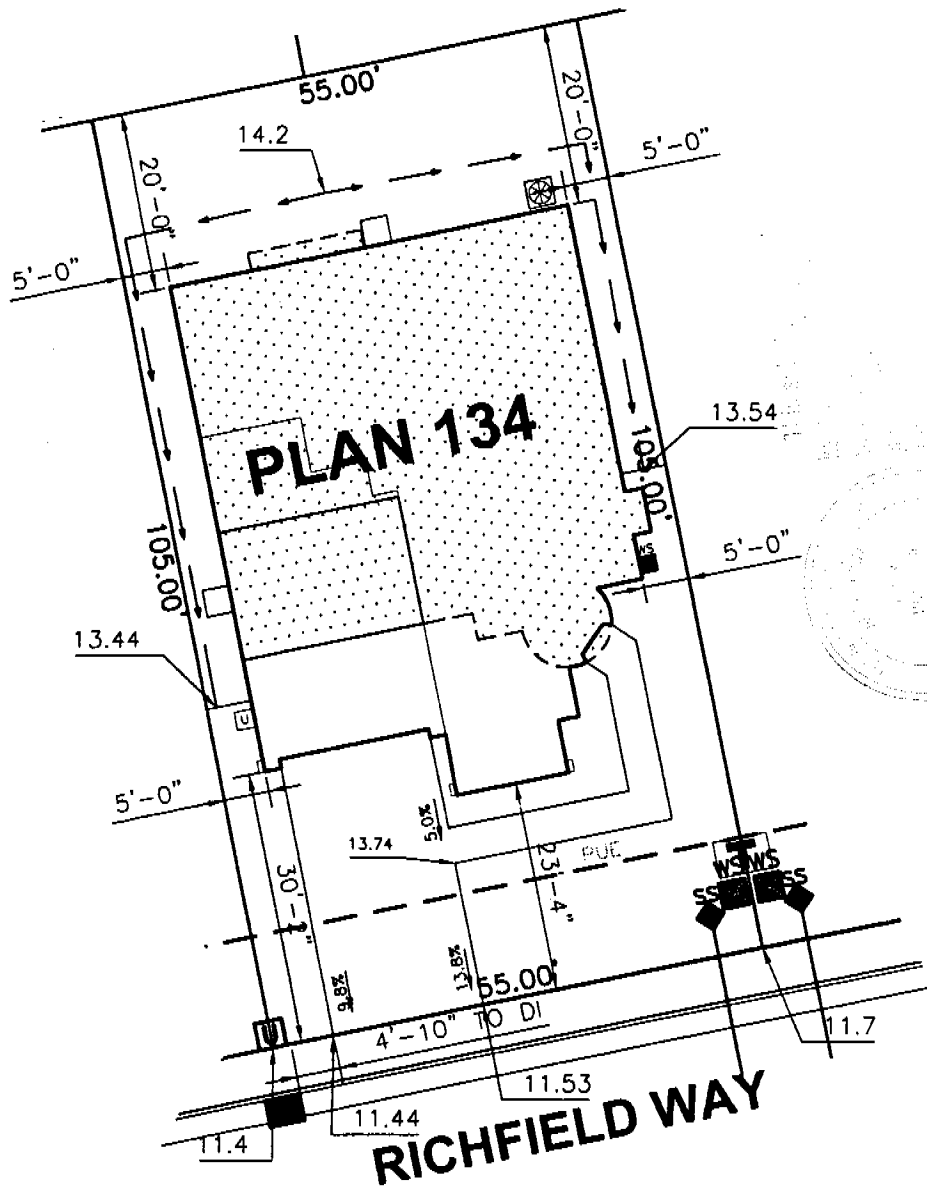
Carrier ZURICH INSURANCE CO Policy Number WC399293900 Exp Date 03/01/2005

(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 1/21/05 Applicant Signature Ronny Caldwell

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.



APN:	
ADDRESS:	1921 RICHFIELD WAY SACRAMENTO CA
STORIES:	2
GARAGES:	2
PAD:	14.5
F.F.:	14.8

ELEVATION A

- DI DRAIN INLET
- WS WATER SERVICE
- SS SEWER SERVICE
- ELECTRICAL SERVICE
- UTILITY ACCESS
- LIGHT POLE
- TRANS-FORMER

DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

SCALE:	1" = 20'-0"
DATE:	DEC. 13, 2004
DRAWN BY:	CD
BACK CHECKED BY:	SARAH
BUYER APPROVAL	DATE

**MEADOWVIEW
ESTATES
PLOT PLAN
LOT 418**

JTS Working Together to
Communities Inc. Achieve Excellence

401 Watt Ave.
Sacramento, CA 95864 (916) 487-3434

INSTALLATION
Diamond Wall One Coat System
Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Report ER-4004

Project Address

1921 Richfield

Date Completed 05-28

Plastering Contractor

Name:

J. T. S.

Stucco

DI.

Address:

11285

White Rock

Road

Telephone No.

(916)

635-3800

P.N. #

2327

Approved contractor number as issued by Omega Products Int'l, Inc.

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 and the manufacturer's instructions.

Don Ricketts
Signature of authorized representative of
plastering contractor

Date

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

CERTIFICATION OF INSULATION

PART I
GENERAL

STS

LOT #418

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

Masteds

DATE INSULATION COMPLETED

PART II
AREAS INSULATED

WALLS			CEILINGS			FLOORS		
(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
FORM BATTS			FORM BATTS & BLOW			FORM BATTS		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
CT	OC	JM	CT	OC	JM	CT	OC	JM
BAGS			BAGS			BAGS		
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS	APPLIED THICKNESS	
12/19	3 1/2	30	9/12					
WALLS			OTHER THAN WALLS			MANUFACTURER		
MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
FORM BATTS			FORM BATTS			FORM BATTS		
R VALUE			R VALUE			R VALUE		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
			HILTI			HANDY FOAM		

PART III
CERTIFICATION

THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE CODES, REGULATIONS AND STANDARDS.

SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE
<i>BS</i>		
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

JAN-20-2005 THU 01:42 PM

MEADOWS PREMIERE FIELD

1921 Richfield

0500494

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

JTS MEADOWS MASTERS

Plan # 134

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor (≤ CF-1R value) ¹	Product SHGC (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. 6110	.35	HV			278		
2. 0710	.35	SH			85		
3. 5612	.34	SGD			48		
4. 10340	.35	SH			107		
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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.

4
 Item #s (if applicable) Signature, Date 1/24/05 Milgard Windows
 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

JAN-20-2005 THU 01:42 PM

MEADOWS PREMIERE FIELD

FAX No. 9166651570

P. 003/003

1921 Richfield 0500494

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

JTS MEADOWS MASTERS

Plan # 108

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Pans	Total Quantity of Like Product (Colored)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
<i>(GROUP LIKE PRODUCTS)</i>							
1. 10110	.35	HV			32		
2. 10710	.35	SH			309		
3. 51012	.34	SCD			40		
4. 10340	.35	PW			135		
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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.

4
 Item #s (if applicable) Signature, Date 1/24/05 Milgard Windows
 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

1921 Richfield 0500494
INSTALLATION CERTIFICATE (Page 2 of 8) **CF-6R**

JTS MEADOWS MASTERS Plan # 104
 Site Address Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor (S CF-1R value) ¹	Product SHGC (S CF-1R value) ¹	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. 6110	.35	HV			141		
2. 6710	.35	SH			70		
3. 5612	.34	SGD			40		
4. 6340	.35	PW			69		
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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.

4
 Signature, Date: 1/24/05
 Milgard Windows
 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

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

1921 Richfield 0500494

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

JTS MEADOWS MASTERS

Plan # 115

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor' (S CF-1R value) ²	Product SHGC' (S CF-1R value) ²	# of Panels	Total Quantity of Like Product (Col/pane)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. 18110	.35	HV			200		
2. 0710	.35	SH			108		
3. 5612	.34	SCD			49		
4. 10340	.35	PW			77		
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- 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.

4

Signature, Date: *[Signature]* 1/24/05

Milgard Windows

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

1921 Richfield 0500491

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

JTS Meadows Masters

Plan # 116

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-1R value) ²	Product SHGC ¹ (S CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. 6110	.35	HV			266		
2. 0710	.35	SH			107		
3. 5012	.34	SCD			40		
4. 10340	.35	PW			126		
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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.

4

Item #s (if applicable)	Signature, Date	Milgard Windows 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

1921 Richfield 0500494

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

JTS MEADOWS MASTERS

Plan # 119

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-1R value) ²	Product SHGC ¹ (S CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. 6110	.35	HV			164		
2. 0710	.35	SH			96		
3. 5612	.34	SGD			12		
4. 0340	.35	PW			17		
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4
 Item #s (if applicable) Signature, Date 1/24/05 Milgard Windows
 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