

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0501778

Insp Area: 3

Thos Bros: 317F4

Site Address: 2895 32ND AV SAC

Parcel No: 025-0083-012

Sub-Type: NDUP

Housing (Y/N): N

CONTRACTOR
MONARCH HOMES INC
4064 FLYING C ROAD #1
CAMERON PARK CA 95682

OWNER
VICTORIO FRANK
2891 32ND AV
SACRAMENTO, CA 95824

ARCHITECT

Nature of Work: NEW SECOND UNIT, 2 STORY, GARAGE 636 SQ FT, LIVING 636 SQ FT, 418 SQ FT 2ND STORY COVERED DECK

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 809688 Date 5/10/05 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 _____

PAID
CITY OF SACRAMENTO
MAY 09 2005
NORTH 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 5/10/05 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 229-0028122 Exp Date 06/01/2005

(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 5/10/05 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.



Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DEPARTMENT
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www.cihsacramento.org

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 025 . 0083 . 012 PERMIT # 05-01778
 SITE ADDRESS 2895 32nd AVE ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | | |
|--|------------------------------------|------------------------------------|--------------------------------------|
| 1. Are there existing structures on the site? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | <input checked="" type="radio"/> Y | <input type="radio"/> *N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | <input type="radio"/> *Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | <input type="radio"/> *N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | <input type="radio"/> *N | |
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| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> *N | N/A |
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| 20. Did this project require approval from the Zoning Administrator? | <input type="radio"/> *Y | <input checked="" type="radio"/> N | |
| 21. Did the project require approval from the Planning Administrator? | <input type="radio"/> *Y | <input checked="" type="radio"/> N | |


SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

- | | | |
|---|----|---|
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| 23. Is this a corner lot? | *Y | <input checked="" type="radio"/> N |
| 24. Is the posted speed limit on this street greater than 25 MPH? | *Y | <input checked="" type="radio"/> N |
| 25. Is this parcel located on a four-lane street? | *Y | <input checked="" type="radio"/> N |
| 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? | Y | *N <input checked="" type="radio"/> N/A |
| 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? | Y | *N <input checked="" type="radio"/> N/A |
| 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? | Y | *N <input checked="" type="radio"/> N/A |


CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.

#1) NO CURB, CUTTER OR SIDEWALK STREET OR ROAD

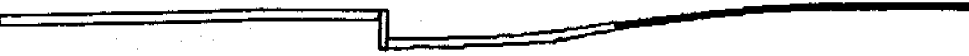
SWALE




#2) SIDEWALK ROLLED CURB STREET



#3) SIDEWALK VERTICAL CURB STREET




#4) NO SIDEWALK DITCH WITH CULVERT ROAD



#5 OTHER
PROVIDE
DETAIL HERE

The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED  DATE 5/10/05
 TITLE PROJECT MANAGER
 PHONE NO. (916) 837-4697

- SITE VERIFY DRAINAGE TO STREET. Jim - 5/10/05

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address Victoria
Project Address 2895 32nd AVE.
Parcel Number 025-0083-012 Lot No. 1
Subdivision Name n/a No. of Units 1
Applicant's Signature [Signature] Title Permit Applicant
Phone No. 616-237-7077 Date 4/20/05

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 II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 05-01715
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 635
Signature/Title [Signature] Date 4/20/05

Part III - To be completed by the SCHOOL DISTRICT

School District SWSD Certificate No. 1092

Exempt Comments _____

Residential/Apartment/etc. 638 Square ft. x \$ 2.141 = \$ 1,365.32
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ 1,365.32

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 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.

Signature [Signature] Date 4/20/05

White & Canary - School District • Pink - Building Department • Goldenrod - Applicant

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS								
	MONARCH		LOT # 2891		<input 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						
2891 32ND AVE		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		R-VALUE INSTALLED	APPLIED THICKNESS			
13 19	3.5 5.5		38	12" 4.75"		—	—				
KNEE WALLS / CEILING WALLS											
MATERIAL FIBERGLASS			FORM BATTS			R-VALUE			MANUFACTURER		
									CT OC JM		
AIR INFILOAM SEALANT											
MATERIAL Form						MANUFACTURER HILTI			MANUFACTURER HANDY-FOAM		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.											
SIGNATURE — INSULATION CONTRACTOR				B.G.		TITLE MANAGER		DATE 10/28/05			
SIGNATURE — GENERAL CONTRACTOR						TITLE Supt		DATE 10-28/05			
REMARKS											

2891 32nd Street Loft
Site Address

Beutler Custom Dep./mvp house
Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 47CFM

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here

If fan flow is measured, enter measured value here 781 Fan

Leakage Fraction = Test Leakage/(Measured or Calculated Fan Flow) = 6%

Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:

Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

D. Blast Signature, Date 10/31/05

Beutler Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)

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

Card Print Date: 10/28/2005



Installation Card

Job Address

MVP HOUSE | Lot: 000CMVF
2891 32ND AVENUE
SACRAMENTO

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evalutalon Service, Inc.

Evaluation Report ESR-1711

Date of Job Completion

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE: 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.


Signature of authorized representative of stucco contractor

10-28-05
Date

Project Title <u>MVP House Job # R0019985 LH1</u>		Date <u>10/31/05</u>
Project Address <u>2891 32nd Street Sacramento, Ca. 95824</u>		Builder Name <u>Beutler custom</u>
Builder Contact <u>Jeremie Russell</u>	Telephone	Plan Number <u>638</u>
HERS Rater <u>Jeremie Russell</u>	Telephone	Sample Group Number
Certifying Signature <u>[Signature]</u>	Date	Sample House Number
Firm: <u>ACS</u>	HERS Provider:	
Street Address: <u>9524 MOSQUITO rd.</u>	City/State/Zip: <u>Placerville, Ca. 95667</u>	
Copies to: Builder, HERS Provider		

HERS RATER COMPLIANCE STATEMENT

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 781 faw

Test Leakage in CFM) 47 CFM

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%

Check Box for Pass or Fail (Pass = 6% or less)

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.
Measured Fan Flow = _____

Pass Fail

Yes for both 1 and 2 is a Pass



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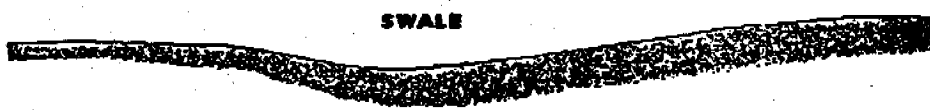
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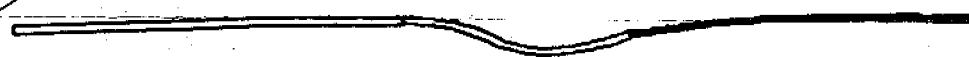
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SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE


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CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.

#1) NO CURB, CUTTER OR SIDEWALK STREET OR ROAD
SWALE



#2) SIDEWALK ROLLED CURB STREET


#3) SIDEWALK VERTICAL CURB STREET


#4) NO SIDEWALK DITCH WITH CULVERT ROAD


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SIGNED  DATE 5/10/05
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 PHONE NO. (916) 837-4697

- SITE VERIFY DRAINAGE TO STREET. JIMR - 5/10/05