

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0416915
Insp Area: 3
Thos Bros: 318-B6

Site Address: 7080 ROCK CREEK WY SAC
Parcel No: ROCK CREEK LOT #10 Housing (Y/N):

Sub-Type: NSFR
N

CONTRACTOR
UNIVERSE CONSTRUCTION
3320 KIESSIG AVE STE #2
SACRAMENTO CA 95823

OWNER
VOONG ALAN
7448 NORBECK WAY
SACRAMENTO, CA 95824

ARCHITECT

Nature of Work: MP 2284 2 STORY 9 ROOM SFR

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number 725593 Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who 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.)

me 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 10/12/2004 Owner Signature _____

PAID
CITY OF SACRAMENTO
OCT 12 2004
NORTHERN PERMIT CENTER

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 above-mentioned property for inspection purposes.

Date 10/12/2004 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:

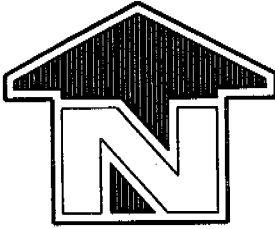
Carrier STATE FUND Policy Number 1543220 Exp Date 09/01/2005

(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 10/12/2004 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.



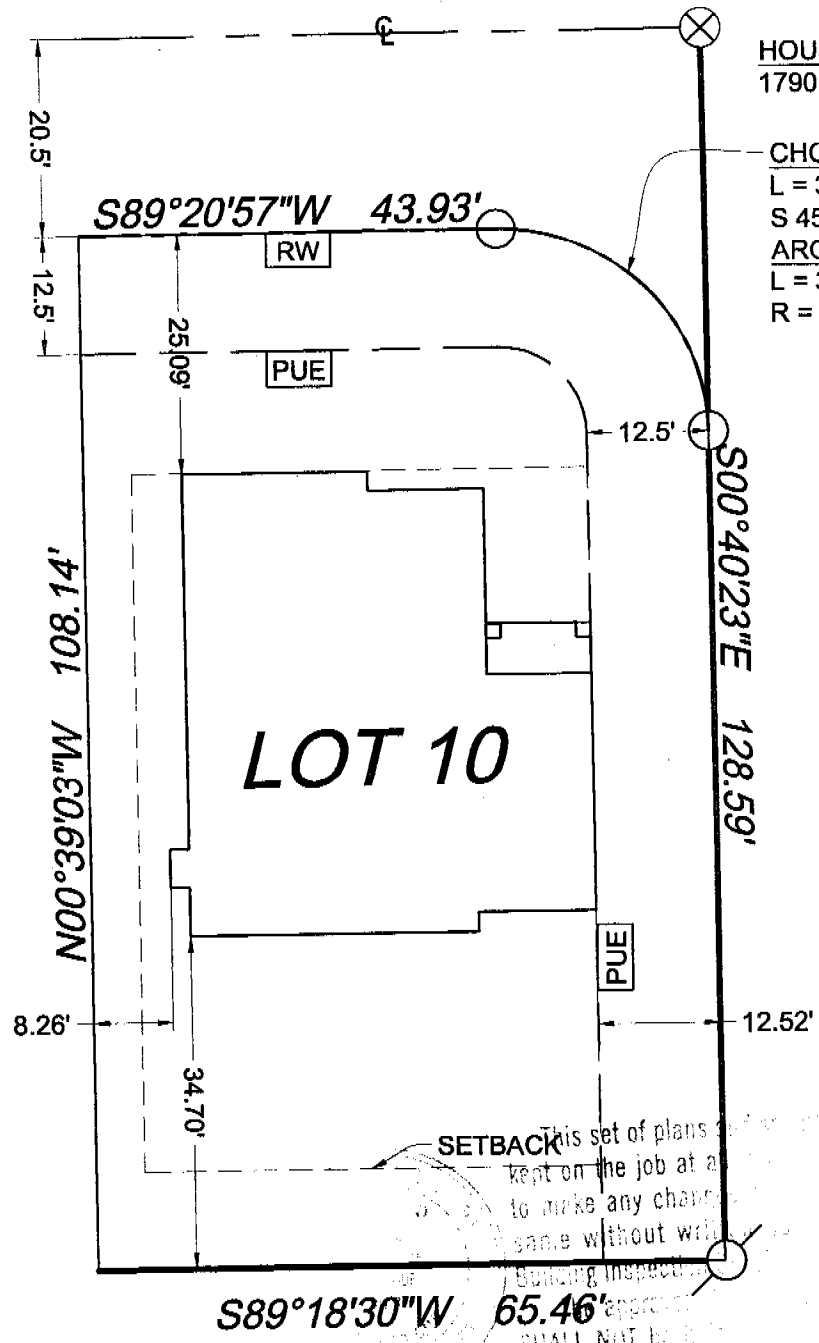
SCALE: 1" = 20'

KENNEBUNK WAY

LOT:
6950.57 SQ.FT.
0.159 ACRES

HOUSE:
1790.44 SQ. FT.

CHORD:
L = 30.40'
S 45d39'43"
ARC:
L = 33.76
R = 21.5'



LOT 10

SETBACK

This set of plans shall be kept on the job at all times to make any changes without written approval of the Building Inspector. No construction shall be done without the approval of the Building Inspector. A violation of any City Ordinance shall be cause for the revocation of this permit.

ROSE'S ENGINEERING

ENGINEERING PLANNING SERVICES

9152 ELK GROVE BLVD. ELK GROVE, CA 95824
BUS. (916) 686-5445 FAX (916) 685-8900



ROCK CREEK

PLOT PLAN
LOT 10

CITY OF SACRAMENTO, CALIFORNIA

DATE:

7/29/04

SCALE:

1"=20'

SHEET

10

OF

17



Planning and Building Department

CITY OF SACRAMENTO CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998

Building Division

North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 7080 ROCK CREEK PERMIT NO. 0416915

| INSPECTION COMMENTS | PERMIT DOCUMENTS |
|-----------------------|------------------|
| #10 AP SEP 12-23-04 | |
| #26 AP 2 Brandon | |
| 3-13-05 AP APB 6-1-05 | |
| 6-3-05 3-14 AD @ PLS | |
| 6-13-05 6-22 AP @ PLS | |
| 7-20-05 #43 AP #42 CN | |
| 8-1-05 33/47 AP | |
| 8-11-05 ILL AP | |
| 9/9/05 Final | |
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| FINAL APPROVALS | |
|-----------------|---------------------|
| BUILDING | 9-13-06 [Signature] |
| ELECTRICAL | |
| PLUMBING | |
| MECHANICAL | |
| FIRE | |
| SITE | |

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 7080 Rock creek way.
Lot 10 Rockcreek Subdivision Sacramento CA
 Number Street City State

Ceilings:

Blow: Manufacturer: Green fiber Thickness: 10.3" R / Value: 38
 Square Feet: 1400 # Bags / Lbs. Per Bag: 58

Batts: Manufacturer: Johns Manville Thickness: 13" R / Value: 38
 Batts: Manufacturer: Johns Manville Thickness: N/A R / Value: N/A

Exterior Walls:

Manufacturer: Johns Manville Thickness: 3.5" R / Value: 13
 Manufacturer: Johns Manville Thickness: N/A R / Value: N/A

Floor Insulation:

Manufacturer: Johns Manville Thickness: 6.5" R / Value: 19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Universe Construction Lic. # 725593

By: Nelson LAC. Title: owner. Date: 9-8-05

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Jamie Housley Title: Office Manager Date: 07/21/05

FROM:

FAX NO.: 9164530031

JUL 25 2005 10:05AM P2

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

7080 Rock Creek Way

0416915

PERMEATION GLAZING

| Manufacturer's Product Name | U-Value (U-Factor) (If Applicable) | SHGC (If Applicable) | Field | Total Quantity of Lbs. Product Installed | Spacer Type | Exterior Finishing (Paint or Coatings) | Operable/Laminated/Insulated |
|-----------------------------|------------------------------------|----------------------|-------|--|-------------|--|------------------------------|
| 1. <u>SH</u> | <u>.35</u> | <u>.32</u> | | | | | |
| 2. <u>SH</u> | <u>.35</u> | <u>.32</u> | | | | | |
| 3. <u>SH</u> | <u>.35</u> | <u>.32</u> | | | | | |
| 4. <u>P. Glass</u> | <u>.35</u> | <u>.34</u> | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

Manufactured Insulation products use the values from the product label. Field fabricated Insulation products use the default values from Section 1.1 of the Energy Efficiency Standards.

Installed U-Factors 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 C), where applicable.

1-4
 Item #1
 (If applicable)
 Signature, Date

WARDAGLASS, INC
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

1-4-05
 Item #2
 (If applicable)
 Signature, Date

universe construction
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #3
 (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 or Occupant

January 4, 2001

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

7080 ROEM CREEK WAY
Site Address

0416915
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) | CBC Certified Mfr Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ (2CF-1R value) | Duct Location (attic, etc) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|------------------------------|------------------------|-----------------------|---------------------------|
| SPL | LEADERS UNH | 17 | 80% | attic | R4.2 | 20180 | 20000 |

Cooling Equipment

| Equip. Type (pkg. heat pump) | CBC Certified Compressor Unit Mfr Name and Model Number | # of Identical Systems | Efficiency (SEER, etc.) ¹ (2CF-1R value) | Duct Location (attic, etc) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|------------------------------|--------------|-----------------------|---------------------------|
| SPL | GRANDPRIX | 17 | 13 SEER | attic | R4.2 | 48800 | 48000 |

1. \geq reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

[Signature]
Signature, Date

All Weather Air Comfort
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

| Heater Type | CBC 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 (EP, RE) | Standby ² Loss (%) | External Insulation R-value ² |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| | | | | | | | | | |

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.

Faucets & Shower Heads

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

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

9-8-05 *[Signature]*
Signature, Date

universe construction
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

January 4, 2001

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

7080 Rock creek way
Site Address

0416945
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 name) | CBC Certified Mfr Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) (NCE-IR value) | Duct Location (Attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|--|-----------------------------|------------------------|-----------------------|---------------------------|
| | | | | | | | |

Cooling Equipment

| Equip. Type (pkg. heat name) | CBC Certified Compressor Unit Mfr Name and Model Number | # of Identical Systems | Efficiency (SEER, etc.) (NCE-IR value) | Duct Location (Attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|--|-----------------------------|--------------|-----------------------|---------------------------|
| | | | | | | | |

1. \geq reads greater than or equal to.
I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Universe Construction
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

| Heater Type | CBC Certified Mfr Name & Model Number | Distribution Type (Std. Point-of-Use) | If Recirculation, Control Type | # of Identical Systems | Rated Input (kW or Btu/hr) | Tank Volume (gallons) | B/E-side ² (EF, RE) | Standby Loss (%) | External Insulation R-value ² |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|----------------------------|-----------------------|--------------------------------|------------------|--|
| Gas | American PB 67 50 T 40 3W | STD | NA | 17 | 40,000 | 50 | 661 | | R-16 |

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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 1.11.

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.

Tom F. 7/29/05
Signature, Date

Nelson Lee 7-29-05
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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