



CITY OF SACRAMENTO
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 New City Hall
 915 I Street, 3rd Floor
 Sacramento, CA 95814
North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Permit No. 0613982
 Date Applied 09/11/2006
 Type Commercial
 Subtype New Building
 Category Hotel or Motel
 Permit Address 7515 SHELDON RD
 SACRAMENTO CA
 Site Location BLDG #24
 Parcel No. 11702120100000
 Owner D R HORTON INCORPORATE
 4401 HAZEL AV
 FAIR OAKS, CA
 Applicant D. R. HORTON/JOE MEYER
 D. R. HORTON/JOE MEYER
 Valuation \$ 314,256.20

| Fee Items | # of Each | Amount |
|--|-----------|--------------------|
| Permit--Building-Com | 1 | \$2,532.18 |
| Plan Ck--Building Com | 1 | \$2,055.79 |
| Review--Fire Department | 1 | \$214.32 |
| Review--Building ESC | 1 | \$100.00 |
| Strong Motion | 1 | \$65.99 |
| Construction Excise Tax | 1 | \$2,514.05 |
| Residential Const Tax | 1 | \$950.00 |
| City Business Oper Tax | 1 | \$125.70 |
| Bldg-Technology Surcharg | 1 | \$183.52 |
| General Plan Surcharge | 1 | \$185.85 |
| Park Develop Impact Fee | 1 | \$7,941.00 |
| Jacinto Creek Channel Fee - 289 | 6891 | \$6,891.00 |
| Jacinto Drainage #4 - 293 | 1983 | \$1,983.00 |
| Jacinto Creek Administration Fee - 297 | 354 | \$354.00 |
| Total | | \$26,086.40 |

PAID
CITY OF SACRAMENTO
 FEB 15 2007

LICENSED CONTRACTOR'S 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: _____
 Date: _____ Contractor: _____

OWNER-BUILDER DECLARATIONS
 I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5.B&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&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):

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&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.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&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.)

I am exempt under Sec. _____ B & P.C. for this reason:
 Date: _____ Owner: _____

WORKERS COMPENSATION DECLARATION
 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: 2-15-07 Applicant: [Signature]

I 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: 2-15-07 Applicant or Agent: [Signature]

Description of Work:
 BLDG # 24 - 5 LEVEL HISTORY TRIPLEX AND DEVELOPMENT SERVICES

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO. 0613982 BLDG PERMIT NO. 0613982
 GENERAL INFORMATION
 THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER
 NORTH LAGUNA AVE. etc.
 TRIPLEX

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

| FEE CALCULATION | | BUILDING USE | |
|-----------------|--------------|--------------|-----------|
| INSPECTION | | RESIDENTIAL | SF U MF U |
| CSD-1 | | | |
| SRCSD | 2 3483 15750 | | |
| CONSTRUCTION | | | |
| IN-LIEU | | | |

TOTAL FEE 15,750

APN: 117-0212-010

DESCRIPTION/
 SUBDIVISION LAGUNA AVE. TRIPLEX LOT # 24

PROPERTY ADDRESS 7515 Spaldon Rd

OWNER DE FACTO TRIPLEX

MAILING ADDRESS 11919 Fountains Blvd

CITY-STATE-ZIP 95621 PHONE 916 485 1111

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

APPLICANT SIGNATURE Chun M. Sam...ing

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

Case Fee Summary

Page 1 of 1

Case Number: SWD2007-00068
 Location: CITY OF SACRAMENTO
 Job Address: 7515 SHELDON RD

Status: ACT

Issue Date: 2/1/2007

Date Printed: 2/1/2007

| Fee Type | Fee Due | Fee Paid | Date Paid |
|------------------|-----------|----------|-----------|
| SRCSD Sewer Fees | 141750.00 | 0.00 | |

| | Sacramento County | Total |
|-----------|-------------------|------------|
| Fees Due | 141,750.00 | 141,750.00 |
| Fees Paid | 0.00 | 0.00 |
| Balance | 141,750.00 | 141,750.00 |

County of Sacramento
 Accounting & Fiscal Services

*** Customer Receipt ***

Receipt #: 120070000000001687
 Transaction: 2/1/2007 10:02:28AM
 Date / Time:

Case #: SWD2007-00068

| Fee Type | Fee Amount |
|------------------|------------|
| SRCSD Sewer Fees | 141,750.00 |

Total: Check \$15,750.00

Bank #: 16-66

Check #/Acct#: 100951

Received: In Person

Confirm No:

Total: Check \$126,000.00

Bank #: 16-66

Check #/Acct#: 101242

Received: In Person

Confirm No:

Amount Tendered: \$141,750.00

Certification of Compliance School District Development Fees

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

PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME W.K. LUCKIE, JR.
 OWNER'S ADDRESS 11919 Elmwood
 PROJECT ADDRESS 7515 Sheldon Rd
 PARCEL NUMBER 117-0212-010 LOT NO. Bldg 24
 SUBDIVISION NAME Laguna 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 1-23-07 PHONE NUMBER _____

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0613982 BLOC - 24
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM (✓) COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 4418
 NAME (PRINTED) MATT HARDEN SIGNATURE [Signature]
 TITLE BUILDING PERM PHONE NUMBER 808-5409 DATE 1-23-07

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 32360

| EXEMPT | COMMENTS |
|-----------------------|---|
| NEW RESIDENTIAL | <u>\$4418</u> SQ FT X \$ <u>5.05</u> = \$ <u>22310.90</u> |
| RESIDENTIAL ADDITIONS | _____ SQ FT X \$ _____ = \$ _____ |
| SENIOR RESIDENTIAL | _____ SQ FT X \$ _____ = \$ _____ |
| COMMERCIAL/INDUSTRIAL | _____ SQ FT X \$ _____ = \$ <u>22310.90</u> |

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 _____
 TITLE _____ DATE _____

CERTIFICATION OF INSULATION

0613982

| | | |
|--|---|---|
| P A R T I G E N E R A L | ADDRESS OR TRACT | SACRAMENTO BUILDING PRODUCTS |
| | DR Horton Laguna Pointe 7515 Sheldon Rd Permit # 0613982 Elk Grove CA | 70-71-72 LOT # 24 Bld. Lots 70-3 Plan 24101 71-1 Plan 24102 72-2 Plan 24103 |

| WALLS | | | CEILING | | | 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 |
| R - VALUE INSTALLED | | | R - VALUE INSTALLED | | | R - VALUE INSTALLED | | |
| APPLIED THICKNESS | | | APPLIED THICKNESS | | | APPLIED THICKNESS | | |
| | | | MIN. INSTALLED WEIGHT PER SQUARE FOOT | | | | | |
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE | | | | | | | | |
| MATERIAL FIBERGLASS | | | FORM BATTS | | | MANUFACTURER | | |
| | | | R VALUE | | | | | |
| | | | | | | CT | OC | JM |
| AIR INFILTRATION SEALANT | | | | | | | | |
| MATERIAL Foam | | | | | | MANUFACTURER | | |
| | | | | | | HILTI | | |
| | | | | | | HANDY FOAM | | |

| | | | | | | | | |
|--|---|--|--|--|-------|--|------|--|
| P A R T I I I C E R T I F I C A T I O N | THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS. | | | | | | | |
| | SIGNATURE — INSULATION CONTRACTOR | | | | TITLE | | DATE | |
| | SIGNATURE — GENERAL CONTRACTOR | | | | TITLE | | DATE | |
| REMARKS | | | | | | | | |

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

DR HORTON LAGUNA PT PLANT B Bldg. 24-24101 LOT 70
 Site Address 7515 Sheldon Rd. Permit Number 0613982

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. | | | | | | | |
| 2. CLASSIC S&D | .36 | .35 | 6 | 3 | 136 | | |
| 3. STYLING HV | .38 | .30 | 30 | 15 | 221 | | |
| 4. STYLING SH | .39 | .30 | 30 | 15 | 182 | | |
| 5. STYLING PIN | .35 | .30 | 15 | 15 | 75 | | |
| 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.

| | | |
|----------------------------------|---------------------------------------|---|
| 42 Item #s (if applicable) | <i>Jim Ruppelt</i> Signature, Date | <u>MILGARD MANUFACTURING</u> 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

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

DR HORTON LAGUNA Pt PLAN B Bldg. 24-24102 LOT 71
 Site Address 7515 Sheldon Rd. Permit Number 061398Z


FENESTRATION/GLAZING:

| Manufacturer/Brand Name | Product U-Factor' (≤ CF-1R value) ¹ | Product SHGC' (≤ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|------------------------------|--|--|------------|---|-------------|-------------------------------------|-------------------------------------|
| (GROUP LIKE PRODUCTS) | | | | | | | |
| 1. | | | | | | | |
| 2. CLASSIC ScaD | .38 | .35 | 6 | 3 | 136 | | |
| 3. STYLELINE HV | .34 | .30 | 30 | 15 | 221 | | |
| 4. STYLELINE SH | .39 | .30 | 30 | 15 | 182 | | |
| 5. STYLELINE PIN | .35 | .30 | 15 | 15 | 75 | | |
| 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.

| | | |
|----------------------------------|--|--|
| 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

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

DR HORTON LAGUNA PT PLAN B Bldg. 24-24103 LOT 72
 Site Address 7515 Sheldon Rd. Permit Number 0613982

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor' (≤ CF-1R value) ¹ | Product SHGC' (≤ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|--|--|------------|---|-------------|-------------------------------------|------------------------------------|
| 1. | | | | | | | |
| 2. CLASSIC SLD | .38 | .35 | 6 | 3 | 136 | | |
| 3. STYLELINE HV | .38 | .30 | 30 | 15 | 221 | | |
| 4. STYLELINE SH | .39 | .30 | 30 | 15 | 182 | | |
| 5. STYLELINE PN | .35 | .30 | 15 | 15 | 75 | | |
| 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.

| | | |
|----------------------------|------------------|---|
| 42 | <i>Jim Poynt</i> | MILGARD MANUFACTURING |
| 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

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton Laguna Pointe
Site Address 7515 SHELTON RD. Bldg. 24 24101 LOT 70 Permit Number 0613982

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

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) (2CF-1R value), Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (2CF-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:

Table with 10 columns: Heater Type, CEC 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), Eff. ciency (57, RE), 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.

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: Ivan Chavel 1/2/07

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. 24-24102 LOT 71 Laguna Pointe Permit Number 0613982

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

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) [≥CF-IR value], Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) [≥CF-IR 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-IR) 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:

Table with 10 columns: Heater Type, CEC 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), Efficiency (EF, RE), 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.

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-IR) 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.

Iron Chisel 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. 24-24103 LOT 72 Laguna Pointe Permit Number 0613982

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.) 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 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 Re-circulation, Control Type) | # of Identical Systems | Rated ² Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ¹ (Ef. RE) | Standby ¹ 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> |

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 by 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

3rd Generation
Heating & Air Conditioning
4120 Cameron Park Dr. Suite 200A
Cameron Park, CA 95682
530-677-9873

Bldg. 24 - 24101 LOT 70

Installation Certificate

Site Address: Laguna Pointe 7515 Sheldon
Plan: All

Permit # 0613982

HVAC SYSTEM:

Heating Equipment

| Equipment (pkg. - heat pump) | CEC Certified Mfr Name & Model Number | # Identical Systems | Efficiency (AFUE, etc.) | Duct Location | Duct/Piping R-Value | Heating Load | Heating Capacity |
|---|--|------------------------|----------------------------|----------------------|------------------------|-----------------|---------------------|
| Gns - LY8S040A12U/H11 Coil - ACE36A3X145 | York York | 1 1 | 80% | Conditioned Space | R-6 | 40000 | 40000 |

Cooling Equipment

| Equipment (pkg. - heat pump) | CEC Certified Mfr Name & Model Number | # Identical Systems | Efficiency (SEER, etc.) | Duct Location | Duct/Piping R-Value | Cooling Load | Cooling Capacity |
|---------------------------------|--|------------------------|----------------------------|----------------------|------------------------|-----------------|---------------------|
| Elect - H2RTX036S06 | York | 1 | 13 SEER | Conditioned Space | 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 G), where applicable.

Sheryl Blake 09/15/06
Signature Date

3rd Generation Heating & Air Conditioning
Installing Subcontractor

3rd Generation
Heating & Air Conditioning
 4120 Cameron Park Dr. Suite 200A
 Cameron Park, CA 95682
 530-677-9873

Bldg. 24 - 24102 LOT 71

Installation Certificate

Site Address: Laguna Pointe 7515 Sheldon
 Plan: All

Permit # 0613982

HVAC SYSTEM:

Heating Equipment

| Equipment (pkg. - heat pump) | CEC Certified Mfr Name & Model Number | # Identical Systems | Efficiency (AFUE, etc.) | Duct Location | Duct/Piping R-Value | Heating Load | Heating Capacity |
|---------------------------------|--|------------------------|----------------------------|----------------------|------------------------|-----------------|---------------------|
| Gas - LY8S040A12U411 | York | 1 | 80% | Conditioned Space | R-6 | 40000 | 40000 |
| Coil - ACE36A3X145 | York | 1 | | | | | |

Cooling Equipment

| Equipment (pkg. - heat pump) | CEC Certified Mfr Name & Model Number | # Identical Systems | Efficiency (AFUE, etc.) | Duct Location | Duct/Piping R-Value | Cooling Load | Cooling Capacity |
|---------------------------------|--|------------------------|----------------------------|----------------------|------------------------|-----------------|---------------------|
| Elect - H2RIX036S06 | York | 1 | 13 SEER | Conditioned Space | 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 G), where applicable.

Sheryl L. Blake 09/15/06
 Signature: *Sheryl L. Blake*

3rd Generation Heating & Air Conditioning
 Installing Subcontractor

3rd Generation
Heating & Air Conditioning
 4120 Cameron Park Dr. Suite 200A
 Cameron Park, CA 95682
 530-677-9873

Bldg. 24 - 24103 LOT 72

Installation Certificate

Site Address: Laguna Pointe 7515 Sheldon
 Plan: All

Permit # 0013982

HVAC SYSTEM:

Heating Equipment

| Equipment (pkg. - heat pump) | CEC Certified Mfr Name & Model Number | # Identical Systems | Efficiency (AFUE, etc.) | Duct Location | Duct/Piping R-Value | Heating Load | Heating Capacity |
|---------------------------------|--|------------------------|----------------------------|----------------------|------------------------|-----------------|---------------------|
| Gas - LY8S040A12UH11 | York | 1 | 80% | Conditioned Space | R-6 | 40000 | 40000 |
| Coil - ACE36A3X145 | York | 1 | | | | | |

Cooling Equipment

| Equipment (pkg. - heat pump) | CEC Certified Mfr Name & Model Number | # Identical Systems | Efficiency (SEER, etc.) | Duct Location | Duct/Piping R-Value | Cooling Load | Cooling Capacity |
|---------------------------------|--|------------------------|----------------------------|----------------------|------------------------|-----------------|---------------------|
| Elect - H2RIX036S06 | York | 1 | 13 SEER | Conditioned Space | 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 CFC-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.

Sheryl L. Blake 09/15/06
 Signature Date

3rd Generation Heating & Air Conditioning
 Installing Subcontractor

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address: Permit # 0613982

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 24 / UNIT # 70 - 7515 SHELDON RD# 24101

Date of Job Completion: 8-15-07

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.

May Olin
Signature of authorized representative of plastering contractor

9-14-07
Date

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

No. DRH-70

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address: Perm. # 0613982

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 24 / UNIT # 71 - 7515 SHELDON RD# 24102

Date of Job Completion: 8-15-07

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 Chen
Signature of authorized representative of plastering contractor

9-13-07
Date

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

No. DRH-71

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM

SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address: Permit # 0613982

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 24 / UNIT # 72 - 7515 SHELDON RD# 24103

Date of Job Completion: 8-15-07

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 Cole
Signature of authorized representative of plastering contractor

9-13-07
Date

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

No. DRH-72



GEOTECHNICAL
ENVIRONMENTAL
WATER RESOURCES
CONSTRUCTION SERVICES

Project No.
6735.5.001.02

September 20, 2007

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

Subject: North Laguna Pointe Condominiums -- Building 24
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.

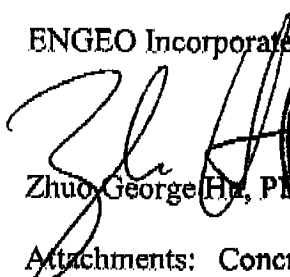
Pad moisture testing of subject building was performed before placement of the water vapor retarder.

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.

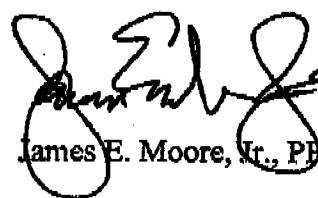
We make no representation as to the accuracy of dimensions, calculations, or any portion of the design for this project. If you have any questions or comments, please contact us.

Very truly yours,

ENGEO Incorporated


Zhuo, George Hu, PE




James E. Moore, Jr., PE

Attachments: Concrete Pad Moisture Test and Stressing Reports