

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0415399
Insp Area: 4
Thos Bros: 256H3

Site Address: 5635 LOS PUEBLOS WY SAC
Parcel No: 201-1030-050 NATOMAS CREEK VIL. 2 LOT 50
N

Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 225
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP 1811 1 STORY 7 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 750190 Date 10/13/04 Contractor Signature 

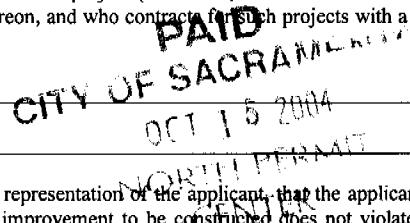
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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).

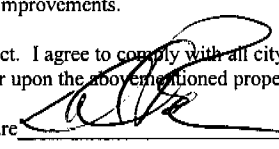
____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____



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 10/13/04 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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2005

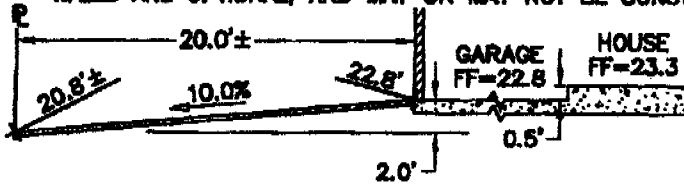
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 10/13/04 Applicant Signature 

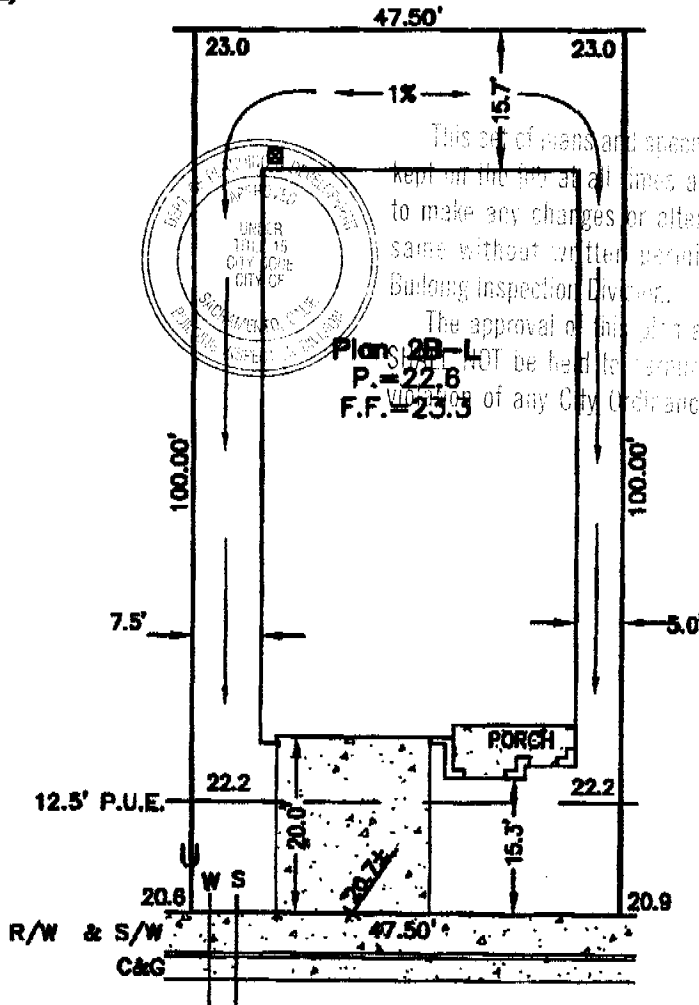
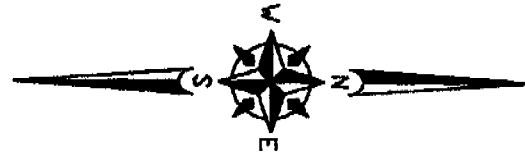
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



DRIVEWAY CENTERLINE PROFILE (NOT TO SCALE)



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification does not constitute approval of the violation of any City Ordinance or State Law.

Plan 25-L
P. = 22.8
F.F. = 23.3

Los Pueblos Way

NET LOT AREA = 4,750 SQ. FEET
FOOTPRINT AREA = 2,231 SQ. FEET
LOT COVERAGE = 47%

LEGEND

- U - - - - UTILITY LOCATION
- ☒ - - - - AIR CONDITIONER
- S - - - - SEWER
- W - - - - WATER

Handwritten signature and date: 8-31

SCALE: 1" = 20'

PLOT PLAN
LOT 2050
Natomas Creek Village 2
Terrace Park - Phase 6
City of Sacramento, State of California

WECKER SURVEYS

1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-758-2775

FENESTRATION

Orientation	Area (sf)	U-Factor	SHGC	Interior Shading	Exterior Shading	Overhang/Fins
Window Front (N)	25.0	0.380	0.290	Standard	Standard	Yes
Window Left (E)	70.0	0.380	0.290	Standard	Standard	None
Window Back (S)	50.0	0.380	0.290	Standard	Standard	None
Door Back (S)	88.0	0.350	0.310	Standard	Standard	None
Window Right (W)	30.0	0.390	0.290	Standard	Standard	None
Window Right (W)	73.0	0.380	0.290	Standard	Standard	None

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

Page 2

CF-1R

Project Title..... Plan 1 (1695)

Date..03/02/04 07:56:14

MICROPAS6 v6.01 File-TPR695 Wth-CTZ12S92 Program-FORM CF-1R
 User#-MP0565 User-Beutler Heating & Air Con Run-Plan 1 (1695)

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	1695

HVAC SYSTEMS

Equipment Type	Minimum Efficiency	Refrigerant Charge and Airflow	Duct Location	Duct R-value	Tested Duct Leakage	ACCA Manual D	Thermostat Type
Furnace ACSplit	0.800 AFUE 10.00 SEER	n/a No	Attic Attic	R-6 R-6	No No	No No	Setback Setback

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
Storage	Gas	Standard	1	0.62	50	R- n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

*** Items in this section should be documented on the plans, ***
 *** installed to manufacturer and CEC specifications, and ***
 *** verified during plan check and field inspection. ***

This is a multiple orientation building with no orientation restrictions.
 This printout is for the front facing North.

This building incorporates a Housewrap/Air Infiltration Retarder.

This building incorporates non-standard Duct R-value.

REMARKS

CERTIFICATION OF INSULATION

PART I GENERAL

**DR HORTON
TERRACE**

LOT # 2050

- 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

3-22

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									
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	
13	3 1/2	30	9 12						
WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE									
MATERIAL FIBERGLASS		FORM BATTS		R VALUE			MANUFACTURER		
							CT	OC	JM
AIR INFILTRATION SEALANT									
MATERIAL foam					MANUFACTURER HILTI		HANDY FOAM		

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR JC	TITLE MANAGER	DATE 3-22-05
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS

FURNACE / A/C

INSTALLATION CERTIFICATE

CF-6R

PLAN # 2 LOT 2 & 50

D.R. Horton - TERRACE PARK

Permit Number

Site Address

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr Name and Model #	# of Identical Systems	(1) Efficiency (AFUR, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	58MKA080-12	1	92%	ATTIC	6.0	26,927	60,000	PLAN 1
FURNACE	58MKA080-12	1	92%	ATTIC	6.0	27,893	60,000	PLAN 2
FURNACE	58STXD90-16	1	80%	ATTIC	6.0	33,145	92,000	PLAN 3
FURNACE	58MKA100-20	1	92%	ATTIC	6.0	36,140	100,000	PLAN 4

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	38CKC038-3 *	1	10.0	ATTIC	6.0	28,422	30,800	PLAN 1
A/C	38CKC038-3 *	1	10.0	ATTIC	6.0	28,335	30,800	PLAN 2
A/C	38CKC048-3 *	1	10.0	ATTIC	6.0	33,816	40,800	PLAN 3
A/C	38CKC048-3 *	1	10.0	ATTIC	6.0	34,054	40,800	PLAN 4

*TXV INCLUDED WITH THE COIL

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

[Signature] 10/21/04
Signature, Date

BEUTLER CORPORATION

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (PM, point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (KW or Btu/hr)	Tank Volume (gallons)	(3) Efficiency (EF, RE)	(4) Standby Loss (%)	Essential Insulation R-value

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.

(3) R-12 critical insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Baths & Shower Heads:

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

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

[Signature]
Signature, Date
COPY TO: Building Department

Installing Subcontractor (Co. Name)
HERS Provider (if applicable) Building Owner or O OR General Contractor (Co. Name) OR Owner

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

ICBO Evaluation Services, Inc.

Job Address:

D.R. Horton-Terrace Park
Lot 2050 5635 Los Pueblos Way

Report No. 3899
Date of Job Completion: 3-29-05

Plaster Contractor

Name: TOLIVER PLASTERING, INC.
Address: 3346 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.

Shelby Nelson
Signature of authorized representative of plastering contractor

Date 4-22-05

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

No. DRH-2050

INSTALLATION CERTIFICATE

DR. HORTON - TERRACE PARK PLAN 2

Permit Number

Site Address

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (≤ CF-1R value) ²	Site Built Products # of Panels	Default U-Value ²	Quantity (Options)	Total Square Feet	Comments/ Special Features
1. <u>6110</u>	<u>HV</u>	<u>.35</u>	—	—	—	<u>225</u>	
2. <u>6210</u>	<u>SH</u>	<u>.35</u>	—	—	—	<u>53</u>	
3. <u>5621</u>	<u>SGD</u>	<u>.34</u>	—	—	—	<u>48</u>	
4. <u>6340</u>	<u>FW</u>	<u>.33</u>	—	—	—	<u>0</u>	
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____	_____	_____

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

3
Item #s
(if applicable)

Ju. Bault 11/8/04
Signature, Date

MILGARD WINDOWS
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

Item #s
(if applicable)

Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Compliance Fees:

July 1, 1995