



Planning and Building Department  
Building Division

**CITY OF SACRAMENTO**  
CALIFORNIA

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

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

ADDRESS 142 Cassell Cr PERMIT NO. 0500284

INSPECTION COMMENTS	PERMIT DOCUMENTS
1-13-05 AP E67 (25447)	LAAS
1-20-05 AP P41	LAAS
1-26-05 PA P43 (STAIR @ PARKING)	LAAS
1-27-05 PA 310 (GARAGE)	LAAS
1-28-05 AP B10/11	LAAS
2-1-05 AP P43	LAAS
2-8-05 PA PR2 ROCK	LAAS
2-15-05 R/N B:17/26 SLG	
2-17-05 AP B17/26	LAAS
3-1-05 C/N FRAME	LAAS
3-2-05 AP "	LAAS
3-8-05 AP B18.22 + P47	LAAS
4-4-05 AP E-67 SLG (ABCLD)	
5-10-05 R/N FINAL	LAAS
5-24-05 C/N "	LAAS
5-31-05 " "	LAAS
7-27-05 AP FINAL	LAAS

FINAL APPROVALS	
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-7.

0500284

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:
BUILDING OWNER'S NAME Norwood Avenue Housing Corporation		Policy Number
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 142 Caselli Circle <i>Creeks Edge</i>		Company NAIC Number
CITY Sacramento	STATE CA	ZIP CODE 95823
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel 4, 324 R.M. 3		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.#####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

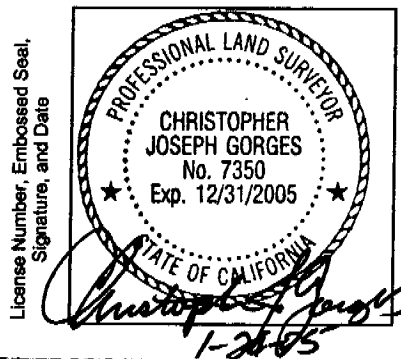
**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Sacramento, #060266		B2. COUNTY NAME Sacramento		B3. STATE CA	
B4. MAP AND PANEL NUMBER 060266 0030	B5. SUFFIX F	B6. FIRM INDEX DATE 1-10-1975	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-6-1998	B8. FLOOD ZONE(S) AH	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 16'

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_
- B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date \_\_\_\_\_

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

- C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3.-a-j below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_
- Elevation reference mark used RM 101 Does the elevation reference mark used appear on the FIRM?  Yes  No
- o a) Top of bottom floor (including basement or enclosure) 16. 50 ft.(m)
  - o b) Top of next higher floor \_\_\_\_\_ ft.(m)
  - o c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)
  - o d) Attached garage (top of slab) \_\_\_\_\_ ft.(m)
  - o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft.(m)
  - o f) Lowest adjacent (finished) grade (LAG) 16. 1 ft.(m)
  - o g) Highest adjacent (finished) grade (HAG) 16. 4 ft.(m)
  - o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_
  - o i) Total area of all permanent openings (flood vents) in C3.h \_\_\_\_\_ sq. in. (sq. cm)



**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 142 Caselli Circle			For Insurance Company Use:	
CITY Sacramento			STATE CA	ZIP CODE 95823
			Policy Number	
			Company NAIC Number	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

Check here if attachments

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  
 Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

Check here if attachments

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3.  The following information (Items G4-G6) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for:  New Construction  Substantial Improvement



**F. RODGERS INSULATION, INC.**

Thermal Insulation Contractors  
Residential

INSULATION  
CERTIFICATE

09874

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550  
(925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691  
(916) 386-9400 • FAX (916) 386-9446

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATION, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

BROWN LOT # 63 TRACT # PHOENIX  
STREET \_\_\_\_\_ CITY SAC

EXTERIOR WALLS:

MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 13

CEILINGS:

BATTS:

MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 30

BLOWN IN:

MANUFACTURER o/c MINIMUM THICKNESS/TYPE 1 3/4" R-VALUE 30

SQUARE FOOTAGE COVERED 1757 NUMBER OF BAGS USED 27

FLOORS & OVERHANGS:

MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 19

OTHER:

MANUFACTURER o/c THICKNESS/TYPE \_\_\_\_\_ R-VALUE 11

GENERAL CONTRACTOR \_\_\_\_\_  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE

TITLE

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL  
CALIFORNIA CONTRACTORS LICENSE #771285

B. F. [Signature]

DATE

4-13-05

SIGNATURE

TITLE

White - Customer Copy    Yellow - Invoice Copy    Pink - Field Copy    Gold - Office Copy

TYPE 4

Site Address 142 Creek Edge

Permit Number 0500284

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 Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	York LY10060B1ZJPH	3	90		4.2	55	60
	" LY 1526 B1ZDWH	1	90		4.2	55	60

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	York HRD 024	2	13 SEER		4.2	20.3	18.17
	" HRD 036	2	13 SEER		4.2	26.5	26.1

1.  $\geq$  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 6), where applicable.

[Signature] 3/12/05  
Signature, Date

BROWN CONSTRUCTION INC.  
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 Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
GAS	Rheem 41VR40W	STD	NA	4	40,000	40	.62		R-20

- 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.

[Signature] 3/13/05  
Signature, Date

BROWN CONSTRUCTION INC.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

TYPE 4

Site Address 192 Creek Edge

Permit Number 0500284


**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>ALPINE</u>							
2. <u>270 SERIES</u>	<u>.50</u>	<u>2</u>		<u>19</u>	<u>284</u>		
3. <u>770 SERIES</u>	<u>.50</u>	<u>2</u>		<u>2</u>	<u>12</u>		
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> 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.

	 Signature, Date	<u>3/3/05</u> <b>BROWN CONSTRUCTION INC.</b> 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

# SIGNET

Testing Labs, Inc.

DATE: 2-15-05  
 PROJECT NO. 16415  
 PROJECT: PHOENIX PARK  
 LOCATION: ELK GROVE

DSA FILE/APPL. NO. \_\_\_\_\_  
 OSHPD NO. \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_  
 WEATHER: RAIN      TEMP: 50°

**PROOF LOAD**     **TORQUE**     **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: SN 246      GAGE: SN 5492      TORQUE WRENCH: \_\_\_\_\_  
 RAM: \_\_\_\_\_      GAGE: \_\_\_\_\_      TORQUE WRENCH: \_\_\_\_\_

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>UNIT 63 4-C</u>	<u>5/8</u>							
<u>147 CASILLER</u>	<u>ALL THREAD</u>	<u>16</u>	<u>100%</u>	<u>3100</u>	<u>1200</u>	<u>16</u>	<u>0</u>	<u>0</u>
	<u>N.D.</u>							

Type of epoxy / grout used: 11y-150      Method of application / cleaning: AIR / BRUSH

Visual inspection was performed on \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_

All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge, the above **WAS** NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: \_\_\_\_\_

Inspector: Joshua R. Yielding

3121 Diablo Avenue  
Hayward CA 94545

4741 Pell Drive #8  
Sacramento CA 95838

520 Mercantile Street #A  
Cotati, CA 94931

310 W 5th Street #203  
Santa Ana CA 92701

JOB SITE COPY

FORM 301

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 142 CREEKS EDGE WAY Permit No.: 0500284

Building Use: APARTMENTS Occupancy: R1

Building Owner: CITY OF SACRAMENTO Construction Type: VN

Owner Address: SACRAMENTO, CA Sprinkled?  Yes  No

Portion of Building Occupied: ENTIRE Area: 3,300 Sq. Ft.

07/27/05 LESLIE LUNDHOLM [Signature] RON BEEHLER  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: SMB ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**