

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0507008

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 2800 MAYBROOK DR SAC

Parcel No: NATOMAS PARK COMMONS LOT # 18

CONTRACTOR

LENNAR RENAISSANCE INC
1075 CREEKSIDE RIDGE DR #100
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1805 2 STORY 8RM 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 SW License Number 732348 Date SW Contractor Signature SW

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 SW Owner Signature SW

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date _____ 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.

SW 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 OLD REPUBLIC INS. CO. Policy Number MWC11114500 Exp Date 02/28/2007

____ (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 SW Applicant Signature SW

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.

Memo

To: City of Sacramento Building Department
From: Carl Corippo
Date: 10/21/05
Re: Model Homes at the Commons Community

Renaissance Homes will retro-fit the model homes and request a final building inspection upon completion of the community and prior to delivery of homes for occupancy by homeowners. The retrofit will include, but not limited to, separated electrical switch configuration, driveway installation and sales office / garage conversion. An approximate conversion date is the summer of 2007.

The model home addresses are:

Homesite 20 – 2788 Maybrook Drive	0507006
Homesite 19 – 2794 Maybrook Drive	0507007
Homesite 18 – 2800 Maybrook Drive	0507008

We shall endeavor to keep the building permit active through the process.

Thank You for your consideration.



Carl Corippo
Director of Construction
Lennar Renaissance, Inc.
916-773-4083



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

45469

0507008

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356



Renaissance LOT # 18 TRACT # Commons
STREET 2800 MAYBROOK DR CITY SAU

EXTERIOR WALLS:

MANUFACTURER H/b THICKNESS/TYPE R-VALUE 13/19

CEILINGS:

BATTS:
MANUFACTURER H/b THICKNESS/TYPE R-VALUE 30
BLOWN IN:
MANUFACTURER CT MINIMUM THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1040 NUMBER OF BAGS USED 19

FLOORS:

MANUFACTURER THICKNESS/TYPE R-VALUE
SLAB ON GRADE:
MANUFACTURER THICKNESS/TYPE R-VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS:

MANUFACTURER THICKNESS/TYPE R-VALUE

GENERAL CONTRACTOR Lennar Homes

CALIFORNIA CONTRACTORS LICENSE #

SIGNATURE [Signature] DATE 12/17/07
TITLE

INSULATION CONTRACTOR ARCADE INSULATION

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #55201

SIGNATURE [Signature] DATE 10/21/05
TITLE Installer

LOT : 18-1
 Plan : 164C;164(REV);;

Work Order : 169692
 Builder : RENAISSANCE - THE COMMONS


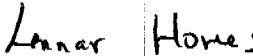
Site Address : 2800 Maybrook Dr Permit # 0507008

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Operator Type (e.g., fixed, slider)	Manufactured Products	Site Built Products		Quantity (optional)	Total Square Feet	Comments/ Special Features
		Labelled U-value (< CF-1R value) ²	# of Panes	Default U-Value ²			
(GROUP LIKE PRODUCTS)							
1. WINDFORD WINDOW	S/Hung	0.350				98.5	
2. WINDFORD WINDOW	P/Door	0.490				48.0	
3. WINDFORD WINDOW	H/Slider	0.350				54.0	
4. WINDFORD WINDOW	Fixed	0.490				10.0	
5. * Weighted Average	----->	0.389	----	----	----	210.5	-----
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²Installed U-value must be less then or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less then 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 the 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.

Item #s (if applicable)	 Signature, Date	12/17/07	 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner
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* Product mix and u-values reflect plan changes as of 10/18/05

INSTALLATION CERTIFICATE

Site Address 2800 Mayhrode

Permit Number 0507008

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.) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Furnace	Bryant 310JAV036070	1	80	Attic	6	17,810	51,000

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)
Split A/C	Bryant 537GNX030	1	14.0	Attic	6	20,036	28,800

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.

Ronald Deal 10/17/05
Signature, Date

Deal Mechanical, 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 Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby Loss (%)	External Insulation R-value ³
Gas	Alicem 41VX50-907F	SD	NR	NR	46,000	50			19.2

- 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.
- 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.

Wang
Signature, Date

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

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

0507 008



Installation Card

Job Address
COMMONS AT NATOMAS | Lot: 00018-1
2800 NAYBROOK DRIVE
SACRAMENTO

Stucco System Tradename: KWIK KOTE
Name of Stucco Manufacturer: KWIK KOTE CORP.
ICC Evaluation Service, Inc.
Evaluation Report ESR-1711
Date of Job Completion

Stucco Contractor

Name: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands CA, 95660
Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE 1001

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

Julia A. Adams
Signature of authorized representative of stucco contractor

10-20-05
Date

InstCard.fxx

Fall Visit

Spring Visit

OWNER INFORMATION

NAME: Rich Airks HOME PHONE: NEXTEL #1384 WORK PHONE: _____ W/O #: 071859760
 ADDRESS: 2800 May Brook Dr. CITY: NATOMAS ZIP: 95835

EQUIPMENT INFORMATION

SYSTEM NUMBER	FURNACE MODEL NO.	FURNACE SERIAL NO.	A/C MODEL NO.	A/C SERIAL NO.	PRICE PER SYSTEM
1	<u>BRYANT</u> 310JAV036070ACJA	<u>#2705A18377</u>	<u>#2305E11781</u>	<u>#2305E11781</u>	
2	<u>ALL STYLE</u> 2 EVAP #ASLB3619A3IT+VTS (R410A)		<u>5376N030-A</u>		
3		<u>#5F40110S</u>			
TOTAL					

PLAN INFORMATION

Year(s) of E.S.A MEMBERSHIP (max. of 5 years) - Two Tune-Ups. Start Date of Membership: 1st & 2nd MAINT. Expiration Date: 12/7/07

Your E.S.A provides the following benefits for the length of the contract:

- Extends Equipment Life
- Maintenance/Tune-Ups Every Year
- Preferred Customer Status
- 10% Discount on Any Repairs
- Keeps Utility Bills Low

- COOLING**
- Check and clean indoor air filter. Clean
 - Check contactor for wear. OK
 - Check capacitor for proper microfarad reading. OK
 - Check time delay/relay. OK
 - Check & clean outdoor condenser coil. OK
 - Inspect indoor evaporator coil. No leaks
 - Inspect evaporator metering device. TXV
 - Check compressor starting and running amperage draw. Rating 14 RLA 6.9A
 - Check for proper line and low voltage at A/C. Hi 230V Low 24V
 - Check all line voltage electrical connections to A/C.
 - Check condenser fan motor running amperage. Rating 8 RLA .5A
 - Check and oil outdoor fan motor if applicable. OK
 - Check A/C suction and liquid line pressure. Hi 220 Low 95 psig
 - Check suction and liquid line temp. Suction 58.3 Liquid 64.2 F
 - Verify proper refrigerant charge. OK
 - Verify indoor and outdoor temp. Indoor 67 F Outdoor 60 F
 - Check A/C temperature split. 20 F
 - Inspect indoor blower. OK BEARINGS
 - Check and clean condensate pan and flush condensation line. OK
 - Check indoor thermostat for proper operation. OK (2)
 - Clean all outside panels on A/C.

- HEATING**
- Check and clean indoor air filter. Clean
 - Check indoor blower. OK BEARINGS
 - Check indoor blower motor running amperage. Rating 6.8A RLA 3.7A
 - Inspect furnace flue pipe. B-VENT
 - Inspect furnace heat exchanger. OK
 - Inspect furnace combustion air. OK
 - Check for proper voltage at furnace. 120 Volts
 - Check furnace inducer motor operation. OK
 - Check furnace inducer motor running amperage. Rating 5 RLA .5A
 - Inspect ductwork. 1.0A OK
 - Inspect and clean furnace flame sensor. OK BRAND NEW
 - Inspect furnace gas valve and ignition system for proper operation. HSI
 - Inspect furnace burner. (3) Clean
 - Inspect furnace pressure switch for proper operation. OK SHUTS DOWN
 - Verify and adjust operating temp rise to manufacturer specifications. 50.7 F
 - Check indoor thermostat for proper operation. (2) OK
 - Inspect accessible incoming gas lines and flexible connections. OK
 - Inspect furnace condensate drain lines. OK
 - Check furnace safety limits. OK

COMMENTS

NO LEAKS IN FLUE PIPE & STRAPPED PROPERLY, NO HOTSPOTS ON HEAT EXCHANGER, DUCTWORK ALL INTACT, NO LEAK ON GAS LINE, FLEX LINE & CONNECTIONS, PUT VENTS CAP ON DRAIN LINE, MOTOR DAMPER ARE OPERATING OK HONEYWELL MINI ZONE CONTROLLER IS OK, NO LEAKS IN EVAP OR CONDENSER COILS, SYSTEM IS SEEN

ACCEPTED BY

I have read the "Terms and Conditions" on the back of this Agreement and agree to these terms.

Hector Chavez 12/7/07
 CUSTOMER'S SIGNATURE DATE
Johnny Pelletier 12/7/07
 SERVICE TECHNICIAN DATE

For Service and Maintenance call

(916) 646-2230
 Business Office 1-800-BEUTLER
 4700 Lang Avenue • McClellan, CA 95652
 Contractor Lic. #162634

White - Customer

Blue - Business Office