

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0601168
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 3145 STAYSAIL ST SAC
Parcel No: RIVERDALE NORTH VILLAGE 2 LOT #79

CONTRACTOR
BEAZER HOMES
3721 DOUGLAS BL. STE. 100
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 1360 2 STORY 6 RM 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 B License Number 724191 Date 2/8/06 Contractor Signature N. Collins

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 _____

PAID
CITY OF SACRAMENTO

FEB 08 2006

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 2/8/06 Applicant/Agent Signature N. Collins

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

____ (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 2/8/06 Applicant Signature N. Collins

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.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 3145 Staysal Street
Lot Number: 79

Assessor Parcel # 225-0220-095, 101, 102
Subdivision Riverdale North Village # 2

OWNER INFORMATION:

Legal Property Owner: Beazer Homes Holdings Corp Phone# (916) 773-3888
Owner Address: 3721 Douglas Blvd # 100 City Roseville State Ca Zip 95661

CONTRACTOR INFORMATION:

Contractor: Beazer Homes Holdings Corp Lic. # 818129 Phone # (916) 773-3888 Fax (916) 773-0374

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 2 No. of Rooms: _____ Street Width: _____
1st Floor Area 619 2nd Floor Area 741 Basement _____ Roof Material _____
AREA IN SQUARE FOOT OF:
Dwelling/Living 1360
Garage/Storage 420
Decks/Balconies _____
Carports _____
SCOPE OF WORK: _____

Information Above Complete AR Flood Waiver Required Planning Approval
 Violation Files Checked Flood Elevation Certificate Required Design Review Approval
 Standard Setbacks Water Development Infill Area Special Fee Districts Apply
 County Sewer
~THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT~
 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
a) Assessor's Parcel Number c) Owners Name
b) New Floor Area d) Project Address
Permit # _____

ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.) No Yes

1. No Yes

TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = _____

2. No Yes

Yes for both 1 and 2 is a Pass Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass Pass Fail

HERS RATER COMPLIANCE STATEMENT

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

This house was: Tested Approved as part of sample testing, but was not tested

DUCT DIAGNOSTIC LEAKAGE TESTING RESULTS (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa) Measured values _____

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998 CFM

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6.2

Check Box for Pass or Fail (Pass = 6% or less) Pass Fail

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Test Leakage in CFM 60 CFM

Test Leakage in CFM/ton x number of tons enter calculated value here 998 CFM

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

Street Address: 9500 Mosquito Rd

City/State/Zip: Quincy, VA 22087

Copies to: Builder, HERS Provider

Form: Allen Amaro

Project Title: American River Dale

Project Address: 345 STYSAUL ST

Project Address: 5001 1000514

Builder Contact: Dennis Wells

Telephone: _____

Plan Number: _____

Builder Name: Becker Homes

Telephone: _____

Sample Group Number: _____

Sample House Number: _____

HERS Rater: Michael Wells

Telephone: 6.22.00

Sample Group Number: _____

Sample House Number: _____

HERS Provider: Leecks

City/State/Zip: Quincy, VA 22087

Street Address: _____

Form: _____

Project Title: _____

Project Address: _____

Builder Contact: _____

Telephone: _____

Plan Number: _____

Builder Name: _____

Telephone: _____

Sample Group Number: _____

Sample House Number: _____

HERS Rater: _____

Telephone: _____

Sample Group Number: _____

Sample House Number: _____

HERS Provider: _____

City/State/Zip: _____

Street Address: _____

Copies to: _____

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part I)

J# 1000516

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

L# 2079 3145 STAYSAIL ST. SAC CA 95834
Site Address BEAZER/AMERICAN Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 60

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 998 FAV

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 60 / 998 = 6.01%
Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:
Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.
Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Signature, Date 10-22-00 BEUTLER
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)

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

January 4, 2001

3143 Stay Sail

INSTALLATION CERTIFICATE (Page 2 of 12) CF-6R

Site Address: THE AMERICAN COLLECTORS AT ROXBOROUGH NORTH - BEAZER Permit Number: 0601168

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) 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(a).

FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (or CF-1R value) ²	Product SHGC ¹ (or CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO NO GLAZING	.35	.32	2				
2.	XO GLAZING	.35	.29	2				
3.	SH NO GLAZING	.35	.32	2				
4.	SH GLAZING	.35	.29	2				
5.	PW NO GLAZING	.34	.35	2				
6.	PW GLAZING	.34	.31	2				
7.	PARTIAL DOORS	.35	.34	2				
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

- ¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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. If using default table SHGC values from §116 identify whether tinted or not.

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.

Item #s (if applicable) 1-7	Signature <i>Dennis M...</i>	Date 3/30/06	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

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Beazer Homes 3143 Stayvail 0601168 American Collection
 Site Address 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).

Plans 1360 and 1473

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)

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 6), 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 Recirculation Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
GAS	A.O. Smith G4V5-40	Direct Vent	N/A	1	36,000	40	.59	N/A	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.

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.

Steve Chant 3/21/06
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

Beazer Homes - American Collection at Riverdale North 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 (AFUE, etc.) \geq CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	YORK #LY8S040A12	1	80%	ATTIC	4.2	23,409	40,000	PLAN 816
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	27,902	60,000	PLAN 1194
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	26,552	60,000	PLAN 1195
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	4.2	27,647	60,000	PLAN 1360
FURNACE	YORK #LY8S080A12	1	80%	ATTIC	6.0	29,182	60,000	PLAN 1473
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	6.0	30,126	60,000	PLAN 1473 + SF

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	YORK # H* RD024 *	1	13.0	ATTIC	4.2	14,865	20,800	PLAN 816
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	17,720	26,900	PLAN 1194
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	17,286	26,900	PLAN 1195
A/C	YORK # H* RD030 *	1	13.0	ATTIC	4.2	17,019	26,900	PLAN 1360
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	18,470	26,900	PLAN 1473
A/C	YORK # H* RD030 *	1	13.0	ATTIC	6.0	19,506	26,900	PLAN 1473 + SF

* = TXV valve installed as part of the coil

(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

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 (Std, point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF,RE)	(2) Standby Loss (%)	External Insulation R-value
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(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.

Facets & Shower Heads:

All facets 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.

8-16-06
 Signature, Date

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

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

3/43 Skysail St. 0601168
OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **AMERICAN COLLECTIONS**

Lot Numbers: 79 Date of Job Completion: May 26, 2006

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.


Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

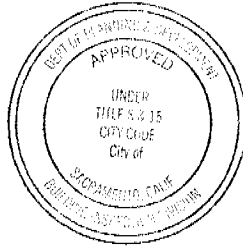
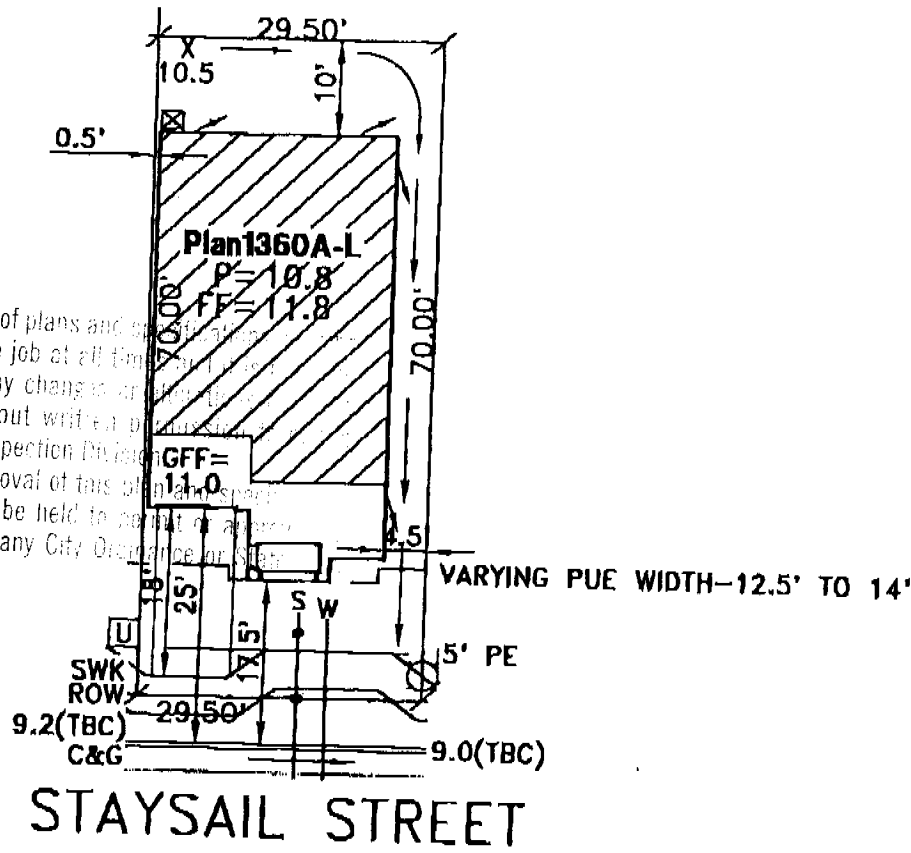
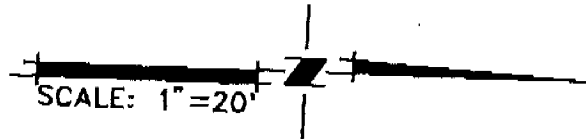
This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's Inspections.

June 5, 2006
Date


Signature of authorized representative of Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, 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.



This set of plans and specifications shall be kept on the job at all times and no changes shall be made without written approval of the Building Inspection Division. The approval of this plan shall NOT be held to be a violation of any City Ordinance.

STAYSAIL STREET

REVISED

- U - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- ▲ - TRANSFORMER
- SL - SERVICE POINT
- ⊗ - FIRE HYDRANT

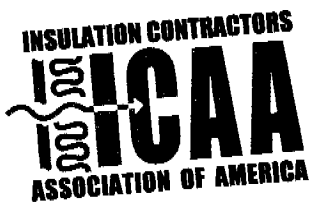
ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	RS
Marketing		
Admin.		
Accounting		

RIVERDALE VILLAGE 2
 "THE AMERICAN COLLECTION" FOR BEAZER HOMES
 PLOT PLAN FOR LOT 79

A.P.N.:
 LOT AREA: 2065 S.F.
 ADDRESS: 3145 STAYSAIL STREET
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING - PLANNING - MAPPING - SURVEYING
 3301 D STREET, BLDG. 100-B, SACRAMENTO, CA 95816
 PHONE: (916) 341-7760 FAX: (916) 341-7767

09-22-05 DRAWN: GDM 1055.031



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

0601168

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

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

OWNER Beazer LOT # 79 TRACT # American
STREET 3145 STAYBURN St CITY NATOMAS

EXTERIOR WALLS:
MANUFACTURER FG THICKNESS/TYPE 3 1/2 R-VALUE 13/19

CEILINGS:
BATT'S: MANUFACTURER FG THICKNESS/TYPE R R-VALUE 30
BLOWN IN: MANUFACTURER CF THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 790 NUMBER OF BAGS USED 14

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

WIDTH OF INSULATION _____ INCHES R-VALUE _____
FOUNDATION WALLS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____ DATE _____
CALIFORNIA CONTRACTORS LICENSE # _____

INSULATION CONTRACTOR _____ TITLE _____

ALCAL ARCADE CONTRACTING
CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201 DATE 6-9-06

A. Gordon SIGNATURE
Installer TITLE