

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0506535
Insp Area: 4
Thos Bros: 277J2

Site Address: 3925 BRANCH ST SAC
Parcel No: 251-0014-005

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

CONTRACTOR

OWNER
GRANITE DEVELOPMENT LLC
3300 DOUGLAS BLVD
ROSEVILLE, CA 95661

ARCHITECT

Nature of Work: NEW 1662 SF SFR W/448 SF GARAGE AND 113 SF PORCH---DESIGN REVIEW---

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 _____ Date _____ 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 employces, 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.)

X 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: _____

X Date 6-1-05 Owner Signature [Signature]

PAID
CITY OF SACRAMENTO
JUN 01 2005

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 6-1-05 Applicant/Agent Signature [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 _____ Policy Number _____ Exp Date _____

X (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.

X Date 6-1-05 Applicant Signature [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.



**CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION**

www.cityofsacramento.org

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-6807
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

KITCHEN, BATHROOM, AND UTILITY ROOM REMODEL PERMITS

The following is the City of Sacramento questionnaire used for proposed single-family residential (R-3 occupancy type) kitchen, bathroom, and utility room remodel permits. The answers to these questions will determine if this remodel can be considered a "fast-track" (same day) over-the-counter permit or whether the City of Sacramento Building Division requires an additional review. Note that even with this form, floor plans of the remodeled areas, both before and after design and floor plan layouts will be required for any permit.

This form cannot be used if any one of the following is present: (1) this is an apartment or condominium building (R-1 occupancies); (2) if new or remodeled exterior walls are located less than 3 ft. from a property line; (3) if any separation wall between the garage and residence is altered; and (4) there shall be no new or repaired masonry fireplaces.

Further, if the intended scope of work changes during the course of construction to include any of these items or additional items not mentioned in this questionnaire (e.g.; bedroom remodel, living room remodel, etc.); revisions to this permit or entirely new permits must be obtained, with all applicable subsequent fees and fines to be paid accordingly. When in question, scope of work changes that constitute additional permit information will be determined by the City of Sacramento inspection staff.

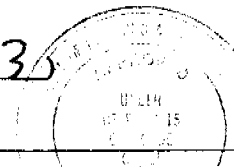
PROJECT ADDRESS: 4700 Crestwood Way DATE: 5.10.05

I have read and will comply with the items in this document and as marked on the plans.

SIGNATURE OF Owner Authorized Agent Contractor Architect/Engineer [Signature] DATE 5.10.05

Type of Project (check if applicable):

- 1. Kitchen Remodel.
- 2. Bathroom Remodel (total number of bathrooms 3)
- 3. Utility Room Remodel.



This set of plans and a copy of this questionnaire shall be kept on the job at all times and shall be available for review by the City of Sacramento Building Division at any time. Any changes to the plans or this questionnaire must be approved by the City of Sacramento Building Division before construction begins.

1. Will there be an addition to the square footage of the home with this construction?

- YES
- NO

If NO, continue on to question #2. If yes, plans must be reviewed by the City of Sacramento Plans Examiner.

2. Will there be any changes to the width, height or location of existing windows with this proposed construction (other than same size window replacement)?

- YES
- NO

If NO, continue on to question #3. If yes, plans must be reviewed by the City of Sacramento Plans Examiner.

**THE APPROVAL OF ALL PLUMBING
MECHANICAL AND ELECTRICAL IS
SUBJECT TO FIELD INSPECTIONS**

3. If interior walls are removed or relocated, are any of these bearing walls (e.g. a wall which supports more than 100 pounds per lineal foot of superimposed load or, roof strut to top plate loads) 2001 CBC 224.1

YES

NO

If NO, continue on to question #4. If yes, plans must be reviewed by the City of Sacramento Plans Examiner.

4. Are there any new skylights being added affecting existing roof framing members?

YES

NO

If NO, continue on to question #5. If yes, plans must be provided for new-framed opening for the skylights, and if more than one rafter and/or ceiling joist is being cut, a framing plan must be provided. If roof trusses are being cut, structural calculations must be provided to repair the remaining truss ends.

5. Are the electrical appliances and/or fixtures being replaced, relocated and/or removed with this proposed construction?

YES

NO

If YES, indicate below (and on the plans) which items are new, moved or eliminated with this remodel.

Note: if more than one of the items has been relocated in each remodeled room, an existing partial floor plan will be required for this permit. Specify total number of each item affected with this permit under each category:

| Item | New | Moved | Eliminated |
|------------------------|-----|-------|------------|
| A. Stove/cook-top/oven | X | | |
| B. Microwave oven | X | | |
| C. Refrigerator | X | | |
| D. Dishwasher | X | | |
| E. Trash compactor | n/a | | |
| F. Sink(s) | X | | |
| G. Toilet(s) | X | | |
| H. Shower(s) | X | | |
| I. Bathtub(s) | X | | |
| J. Washer/Dryer | X | | |

This document, when attached to the submitted floor plans, become part of those plans and must remain attached thereto. The approval of this document, plans and/or specifications attached shall not permit nor be considered as an approval to violate the local City of Sacramento ordinances or the State of California Building Code and associated law and, those code requirements specified herein do not limit the full scope of code requirements for this project.

(Note: All Agents acting in behalf of Owner must show proof of authorization.)



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name td Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner [Signature]

Date 5.10.05 Case No. _____ Permit No. 0506536

Job Address 4700 Crestwood Way, Sac.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

D.P.

Certification of Compliance

School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address Granite Development 4200 D. ...
 Project Address 3925 Zenich Granite Bay ...
 Parcel Number 251-0044-25 Lot No. _____
 Subdivision Name _____ No. of Units _____
 Applicant's Signature [Signature] Title _____
 Phone No. 916 773 3090 Date _____

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0506535
 Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 1662
 Signature/Title Jay G. Building Inspector III Date 6-1-05

Part III - To be completed by the SCHOOL DISTRICT

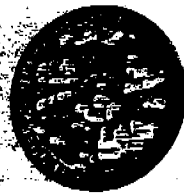
School District Grant Joint Union High School District Certificate No. 05-1345
 Exempt Comments _____
 Residential/Apartment/etc. 1662 Square ft. x \$ _____ = \$ 722.88
 Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
 Total fees collected..... = \$ 722.88

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.

As the authorized school 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.

Signature [Signature] Date 06/01/05

White or Canary - School District • Pink - Building Department • Goldenrod - Applicant



Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5656

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North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 251 - 0014 - 005 PERMIT # 0506535
 SITE ADDRESS 3925 Branch St ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

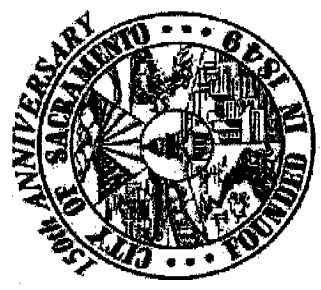
- | | | | |
|--|------------------------------------|------------------------------------|--------------------------------------|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | Y | <input checked="" type="radio"/> N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> N | N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> N | |
| 13. Does another lot drain across this parcel? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 14. Does the lot drain from side to side? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 15. Does the site have an existing low area or drainage swale? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 16. Does the drainage swale drain to an adjacent parcel? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 17. Does the drainage swale drain to the street? | Y | <input checked="" type="radio"/> N | <input checked="" type="radio"/> N/A |
| 18. Will existing drainage be re-routed? | <input checked="" type="radio"/> Y | <input type="radio"/> N | |
| 19. Will drainage ditches or culverts be constructed or modified? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 20. Did this project require approval from the Zoning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 21. Did the project require approval from the Planning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

| | |
|--|-----------------------|
| ADDRESS: 3925 BRANCH STREET | APN: 251-0014-005 |
| DRPB AREA / PUD / SPD: DEL PASO HEIGHTS | ZONING: R-1 |
| EXISTING LAND USE: VACANT | |
| PROPOSED USE: NEW SFR | |
| <p>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</p> <p><input type="checkbox"/> Planning review is NOT required.</p> <p><input type="checkbox"/> Use is NOT allowed; applicant CANNOT submit for plan check.</p> <p><input type="checkbox"/> Requires APPLICATION(s): PC ZA IR ER DR PB</p> <p style="padding-left: 20px;">Required Planning application must be submitted <i>before</i> project can be submitted for plan check.</p> <p><input type="checkbox"/> Application(s) IN PROGRESS: DR05-078 received 3/8/2005</p> <p style="padding-left: 20px;">Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.</p> <p><input checked="" type="checkbox"/> Application(s) COMPLETED: DR05-078 APPROVED 4/15/05</p> <p style="padding-left: 20px;">Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.</p> <p><input type="checkbox"/> Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.</p> <p><input checked="" type="checkbox"/> Meets setback & lot coverage requirements as shown on site plan provided.</p> <p><input checked="" type="checkbox"/> Plans to be submitted have been stamped/signed by Planning counter staff.</p> <p><input type="checkbox"/> Route to SITE for plan check and inspection.</p> <p><input type="checkbox"/> Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.</p> | |
| <p>COMMENTS: Lot 6,000 sq ft - Proposed new SFR w/attached garage & porch 2,223 sq ft - Lot coverage 37% The height of the proposed new SFR is within the 35 foot limit.</p> <p>The driveway is allowed to cover up to 40% of the front setback, with an additional 10% allowed for walkways. The proposed project includes a driveway/walkway combination that according to the submitted site plan shall cover 43% of the front setback, which is acceptable.</p> <p>MAY APPLY FOR BUILDING PERMITS ON OR AFTER 4/26/05</p> | |
| DATE: March 8, 2005 | BY: Darryl Wheeler |

0506535

DATE: 05-10-05



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 325 Demch UNIT # CONTRACT PRICE \$ CONTACT PHONE: 773-3070

Property Owner: Genie Development License # _____
Address: 4120 Douglas Blvd
City/State/Zip: Genie Development LLC
Phone: 916 993-3070 Contractor: Enu Concessions
Address: Concepts
City/State/Zip: _____ Phone: _____ FAX: _____

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

| | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # SQUARES: _____ Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas. | <input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units. | <input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas. | <input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit |
|--|---|--|---|---|

DESCRIPTION OF WORK:

NEW SFR

INSTALLATION CERTIFICATE

3925 Branch St SAC
Site Address

0506535
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).

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) |
|------------------------------|---|------------------------|--|-----------------------------|------------------------|-----------------------|---------------------------|
| GAS | Carrier 580 LXD 70-12 | 1 | AFUE 80 | Attic | R-4.2 | 21128 | 51000 |

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) |
|------------------------------|---|------------------------|--|-----------------------------|--------------|-----------------------|---------------------------|
| Elec | CARRIER APP CT5756 MVE AP 0605 E37170 398 RC 036-351 | 1 | SEER 10 | Attic | R-4.2 | 17607 | 34000 |

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.

DM Manager
Signature, Date 1-16-06

Granite Development
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 ² Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ² (EF, RE) | Standby ² Loss (%) | External Insulation R-value ³ |
|-------------|---------------------------------------|--|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| GAS | AO Smith | Std | | 1 | 40,000 | 40gal | 75.4/65 | | 12 |

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.

DM Manager
Signature, Date 1-16-06

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

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

INSTALLATION CERTIFICATION:

CF-6R

3925 Branch St Sacramento 0526535
Site Address Permit Number

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).

Insulation:

Energy certified corporation
PO Box 260 Valley Forge PA 19482
Batt-type fiberglass insulation conforming
to minimum R-13 walls & R-30 roof.

The foregoing certifies that the aforementioned material(s) installed in the subject property is/are the equivalent of; or more energy efficient than that required by the applicable permits, plans and authorizations required by law for this structure.

DM 1-17-06
Signature, Date

Grande Development
Installing Subcontractor, (Co. Name) OR
General Contractor (Co. Name) OR Owner

Copy to: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy



Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org

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 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 251 - 0014 - 005 PERMIT # 0506535
 SITE ADDRESS 3925 Branch St ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | | |
|--|------------------------------------|------------------------------------|--------------------------------------|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
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| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | N | |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | N | |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> Y | N | N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> N | N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> N | |
| 13. Does another lot drain across this parcel? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 14. Does the lot drain from side to side? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 15. Does the site have an existing low area or drainage swale? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 16. Does the drainage swale drain to an adjacent parcel? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 17. Does the drainage swale drain to the street? | Y | <input checked="" type="radio"/> N | <input checked="" type="radio"/> N/A |
| 18. Will existing drainage be re-routed? | <input checked="" type="radio"/> Y | N | |
| 19. Will drainage ditches or culverts be constructed or modified? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 20. Did this project require approval from the Zoning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 21. Did the project require approval from the Planning Administrator? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

- | | | | |
|---|----|------------------------------------|-----|
| 22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? | *Y | <input checked="" type="radio"/> N | |
| 23. Is this a corner lot? | *Y | <input checked="" type="radio"/> N | |
| 24. Is the posted speed limit on this street greater than 25 MPH? | *Y | <input checked="" type="radio"/> N | |
| 25. Is this parcel located on a four-lane street? | *Y | <input checked="" type="radio"/> N | |
| 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? | Y | <input checked="" type="radio"/> N | N/A |
| 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? | Y | <input checked="" type="radio"/> N | N/A |
| 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? | Y | <input checked="" type="radio"/> N | N/A |

CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.

#1) NO CURB, CUTTER OR SIDEWALK

STREET OR ROAD

SWALE

#2) SIDEWALK

ROLLED CURB

STREET

#3) SIDEWALK

VERTICAL CURB

STREET

#4) NO SIDEWALK

DITCH WITH CULVERT

ROAD

#5 OTHER
 PROVIDE
 DETAIL HERE

The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

G/NER *[Signature]* DATE 6-1-05
 TITLE _____
 PHONE NO. _____