

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0413072**
Insp Area: **2**
Thos Bros: **319-C4**

Site Address: **1711 HIGHBRIDGE WY SAC**

Sub-Type: **NSFR**

Parcel No: **052-0190-028**
N

STEAMBOAT BEND UNIT2 LOT 28

Housing (Y/N):

CONTRACTOR
HOFMANN CONSTRUCTION
PO BOX 907
CONCORD CA 94522

OWNER

ARCHITECT

Nature of Work: **NSFR MP2309 10 RMS 2 STORY**

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 B1 License Number 189167 Date 11-30-05 Contractor Signature A. Huston Walker

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

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

Date _____ Owner Signature _____

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

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

Date 9/10/04 Applicant/Agent Signature A. Huston Walker

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 Section 700 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 **STATE FUND**

Policy Number **1633130**

(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 9/10/04 Applicant Signature A. Huston Walker

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.

PAID
CITY OF SACRAMENTO
SEP 10 2004
NORTH PERMIT CENTER
Exp Date **04/01/2005**

BUILDER COPY

NOTICE: PRECISE TRAP DETAILING IS A TRADE SECRET

REMARKS

SIGNATURE - GENERAL CONTRACTOR

SIGNATURE - INSULATION CONTRACTOR

TITLE

TITLE

DATE

DATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

MATERIAL

FORM

BATTS

HILTI

HANDY FOAM

MANUFACTURER

MATERIAL

FORM

BATTS

R VALUE

CT

OC

JM

MANUFACTURER

13	3.5	38	12" x 14.25"	-	19	5.5
----	-----	----	--------------	---	----	-----

CT	OC	JM	CT	OC	JM
----	----	----	----	----	----

MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.
FORM	FORM	FORM
BATTS	BATTS & BLOW	BATTS
MATERIAL	MATERIAL	MATERIAL
FIBERGLASS	FIBERGLASS	FIBERGLASS
(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)

WALLS

CEILING

FLOORS

DATE INSULATION COMPLETED

LOT # 28

1711 Highbridge Way

STAM BATT

HOEMANN

PO. BOX 854, WEST SACRAMENTO, CA 95691 LIC. # 202026

PO. BOX 9651, FRESNO, CA 93793-9651 LIC. # 202026

PO. BOX 1631, RENO, NV 89505 LIC. # 10675

3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. # 10675

CERTIFICATION OF INSULATION

Site Address 1711 Highbridge Wy

Permit Number

FENESTRATION/GLAZING

Manufacturer/ Brand Name	Operator Type	Product U-Values-1 (\leq CF-1R Value) ¹	Product SHGC-1 (\leq CF-1R Value) ²	# of Panes	Total Quantity of Like Product (Optional)	Total Square Feet	Interior or Exterior Shading Device or Overhang	Comments- Special Features
Philips 800 S & N (Low E)	Slider	.36	.33					U-Values based on
Philips 800 S & N (Low E)	Single Hung	.36	.33					Products supplied
Philips 800 S & N (Low E)	Fixed	.33	.36					by Insight Glass
Philips 800 S & N (Low E)	Patio Door	.35	.35					Only !!
								U-Values On fenestration
								Products supplied by
								others are not available.

1. 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

¹ Installed U-value must be less than or equal to value from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R.

Alternatively, installed weighted average U-Values 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 more efficient than that specified in the certificate or 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] 2/22/05
 Items #s _____
 (if applicable) Signature, Date

Insight Glass Inc.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

Items #s _____
 (if applicable) Signature, Date

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

Items #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

July 1, 1999

Plan

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

1711 Highbridge Wy

0413077

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).

HVAC SYSTEMS:

Heating Equipment

Table with 7 columns: Equip. Type (pkg heat num), CEC Certified MA Name and Model Number, # of (identical) Systems, Efficiency (AFUE, etc) (CE-IR value), Duct Location (attic, etc), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 7 columns: Equip. Type (pkg heat num), CEC Certified Compressor Unit Mfr Name and Model Number, # of (identical) Systems, Efficiency (SEER, etc) (CE-IR 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:

Table with 9 columns: Heater Type, CEC Certified MA 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 (EF, RF), Standby Loss (%), External Insulation R-value. Handwritten entry: NATURAL GAS STORAGE, 69L50X0CTG, STORAGE, 1, 4000, 50, 162, 3.05, 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. 3. Roll-up external insulation is mandatory for storage water heaters with an energy factor of less than 0.50

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.

Robert C. ... 2/24/05

Antidoch Plumbing Inc

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

INSTALLATION CERTIFICATE

HVAC CF-6R

HOFMANN COMPANY
STEAMBOAT BENT

Site Address or Lot Number (28) 1711 Highbridge Wy Permit Number 0413072

An installation certificate is required to be posted at the building site prior to the issuance of the occupancy permit; this form may be used to meet these requirements. All appliance categories listed below are the actual equipment installed. Note that the efficiency and type of the appliance installed must be equivalent or better than the appliance specified on the Certificate of Compliance (Form CF-1R). This certificate (or its equivalent) shall be prepared and signed by the person(s) assuming responsibility for the appliance installation.

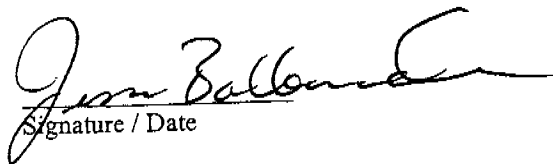
I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

HEATING EQUIPMENT:

PLAN	Type	CEC Certified Manuf. Make & Model Number	Actual Eff. AFUE	Distrib. Type & Location	Duct or Piping R-Value	Heating Load (Btuh)	Heating Equip. Cap.
2309	Furnace	Goodman #GMPN080-4	0.92	Attic	R-6	23,179	72,000

COOLING EQUIPMENT:

PLAN	Type	CEC Certified Manuf. Make & Model Number	Actual Eff. SEER	Duct Location	Duct R-Value	Load (Btuh)	Equip. Cap.
2309	A/C	Goodman #CKL36-1	10.0	Attic	R-6	24,881	34,000

 7/30/02
Signature / Date

Beutler Heating & Air Cond. Inc.
HVAC Subcontractor (Co. Name)
Or General Contractor Or Owner

Site Address Steamboat Bend 1711 Highbridge Wy. Sac, CA 95832 Permit Number Hoffmann Company L-28

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 93 cfm

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 1566 Fan

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 4.9%

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

Pass Fail

Yes No Visual Inspection of Duct Connections

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.]

3/1/03

Tests Performed

A.A.
Signature, Date

Bruce Her

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

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

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Steamboat Bend Ph2D Job# 921002D4 L-28 3-1-05
 Project Title Date
 1711 Highbridge way Sacramento, Ca. 95832 Hofmann Company
 Project Address Builder Name
 2309
 Builder Contact Telephone Plan Number
 Jeremie Russell
 HERS Rater Telephone Sample Group Number
 Jeremie Russell 3-1-05
 Certifying Signature Date Sample House Number
 Firm: NCHR HERS Provider:
 Street Address: PO. Box 340370 Sac, Ca. City/State/Zip:
 Copies to: Builder, HERS Provider 95834

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.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

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

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

FAIL PASS

Test Leakage in CFM) 150 CFM / 93 CFM

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter

calculated value here 1800 fail

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 4.9%

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

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

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

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

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

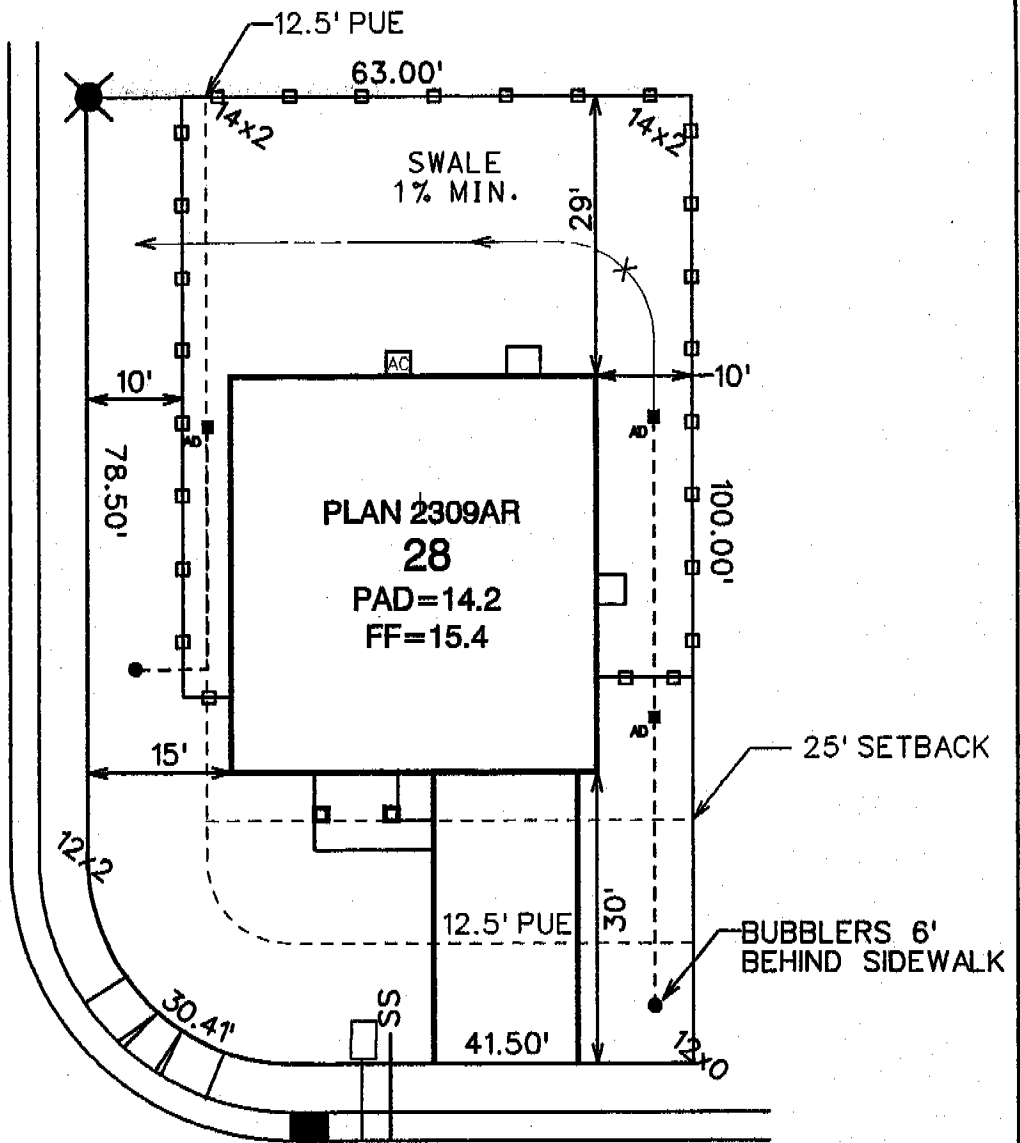
2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Pass Fail

Yes for both 1 and 2 is a Pass

CAVALIER WAY



HIGHBRIDGE WAY

LOT AREA: 6200 SQ. FT.
BLDG COVERAGE: 1558 SQ. FT.
% LOT COVERAGE: 25%

SCALE: 1"=20'

- FIRE HYDRANT
- D.I.
- ELECTRICAL BOX
- WATER SERVICE
- STREET LIGHT
- SS SANITARY SEWER
- CABLE T.V. BOX
- SWALE(1% MIN.)
- AREA DRAIN
- BUBBLERS

- R OR L GARAGE LOCATION FACING HOUSE
- FF FINISH FLOOR
- LP/HP LOW/HIGH POINT
- TC TOP OF CURB
- TW TOP OF WALL
- BW BOTTOM OF WALL
- FG FINISH GRADE
- P.U.E. PUBLIC UTILITY EASEMENT
- GL GARAGE LIP
- D/W DRIVEWAY

- 225 LOT NUMBER
- LOT LINE
- S.S. CLEAN OUT
- WATER METER BOX
- TRANSFORMER
- EMBANKMENT(2:1 MAX.)
- RETAINING WALL
- 6' SOUND WALL
- 6' VIEW FENCE
- 6' HIGH WOOD FENCE

PLOT PLAN FOR
LOT 28

SCALE: 1"=20'
DATE: 05-11-04

CONSULTING
KASL
ENGINEERS
CIVIL - WATER RESOURCES - SURVEYING

7777 Greenbark Lane
Suite 104
Citrus Heights, CA 95621
Tel. (916) 722-1600
Fax (916) 722-4595

APPROVED
A.P.N.
ADDRESS:
COUNTY: SACRAMENTO

REVISIED:
DRAWN BY: PWG
CHK'D. BY: DLA
W.O. 3940-03