

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0514893
Insp Area: 2
Thos Bros: 337D3

Site Address: 7738 ADDISON WY SAC
Parcel No: 048-0270-009 BUENA PARK LOT # 9

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

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HIGHTS 95610

OWNER
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD 225
CITRUS HTS, CA 95610


ARCHITECT

Nature of Work: MP2506 2 STORY 10RM 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 _____ License Number 492827 Date 9/30/05 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 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 9/30 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.

____ 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 0401182004 Exp Date 04/01/2006

____ (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.

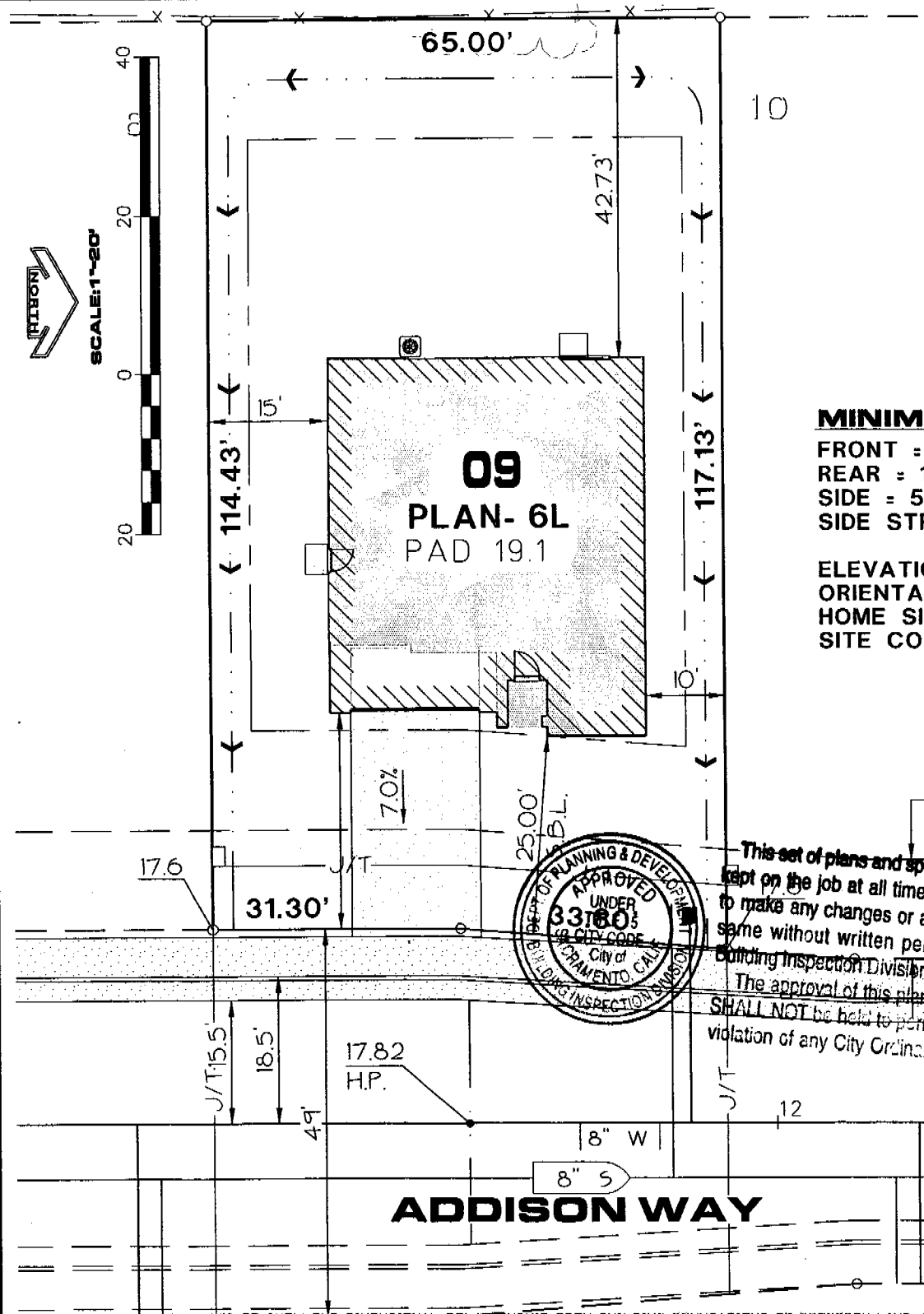
Date 9/30 Applicant Signature 

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.



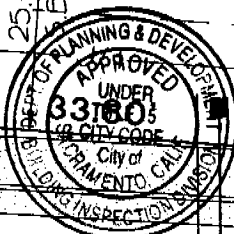
SCALE: 1"=20'



MINIMUM SETBACKS:

- FRONT = 25'
- REAR = 15'
- SIDE = 5'
- SIDE STREET = 12.5'


ELEVATION: B
 ORIENTATION: L
 HOME SITE: 7,483 S.F.
 SITE COVERAGE: 33.5%



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

 <p>BURRELL CONSULTING GROUP, INC. 1001 Enterprise Way, Suite 100, Roseville, CA 95678 (916) 783-8895</p>	PLOT PLAN FOR: LOT 9 LEGACY at BUENA PARK		DRAWN BY: R.C.T.	CHK'D BY: T.G.B.
	7738 ADDISON WAY A.P.N.: 000-000-000		DATE: 12/06/04	REVISD: 06/02/05
	CITY: SACRAMENTO CALIFORNIA		SCALE: 1"=20'	JOB NO.: 1322-00-811

CERTIFICATION OF INSULATION

0514893

P A R T I G E N E R A L	ADDRESS OR TRACT Two lots West side 7738 Addison Sacramento, CA	LOT # 9	SACRAMENTO BUILDING PRODUCTS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 98793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675
	DATE INSULATION COMPLETED		
P A R T II A R E A S I N S U L A T E D	WALLS (SQUARE FEET)	CEILING (SQUARE FEET)	FLOORS (SQUARE FEET)
	TYPE OF INSULATION	TYPE OF INSULATION	TYPE OF INSULATION
	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS
	FORM BATTS	FORM BATTS & BLOW	FORM BATTS
	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.
	MANUFACTURER		
	CT OC JM	CT OC JM	CT OC JM
	BAGS		
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED
	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS
	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
	13	3 1/2"	38
	19	4 1/2"	38
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE		
	MATERIAL FIBERGLASS	FORM BATTS	R VALUE
MANUFACTURER			
AIR INFILTRATION SEALANT			
MATERIAL Foam		MANUFACTURER	
		HILTI	
		HANDY FOAM	
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.			
SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE 5-8-07	
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE	
REMARKS			

INSTALLATION CERTIFICATE

CF-6R

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

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [E.C.F.-IR value]	Duct Location (atls, 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 [E.C.F.-IR value]	Duct Location (atls, 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) 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ¹ (EP, RB)	Standby ² Loss (%)	External Insulation R-value
GAS	A. G. SMITH GVR-50-100	STD	N/A	1	40,000	50	62	N/A	N/A

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.

Signature _____
Date _____

BIANCHI PLUMBING CO., INC
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

Tim Lewis - Legacy @ Buena Park

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 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (ΔFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), and Plan number. Rows include Furnace models for Plans 1 through 6.

Cooling Equipment

Table with 8 columns: 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), and Plan number. Rows include Condenser models for Plans 1 through 6.

*TXV - Indicates Thermal Expansion Valve On Coil

(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.

Signature: [Handwritten Signature] 10-5-06

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: 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), (1) Efficiency (EF, RE), (2) Standby Loss (%), and External Insulation R-value.

(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.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

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

KENYON PLASTERING

0005
No.: 200-930699



Installation Card

Job Address
LEGACY AT BUENA PARK | Lot:
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 of the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

Signature of authorized representative of stucco contractor

Date 6.1.0



Installation Card

Job Address
LEGACY AT BUENA PARK | Lot: 0000004
7731 ADDISON WAY
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

INSTALLATION CERTIFICATE

Site Address TIM LEWIS - VISIONS

Permit Number
PLAN 6 A

FENESTRATION/GLAZING:

ALSIDE - ALPINE

7000 SERIES WINDOWS

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor' (s CF-1R value)	Product SHGC' (s CF-1R value)	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Feature
1.							
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>87</u>		<u>LOW-E GLASS</u>
3.							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>228</u>		
5.							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>76</u>		
7.							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.35</u>	<u>2</u>		<u>48</u>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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.

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.

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.

2, 4, 6, 8
Item #s
(if applicable)

[Signature] 9-30-05
Signature, Date

Y.T. GLASS & WINDOWS INC.
3200 DWIGHT RD STE 400
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #s
(if applicable)

Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

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