

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603422

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

N

Site Address: 170 CLEAR SKY CR SAC
Parcel No: LIBERTY LANE LOT # 47 Housing (Y/N):

CONTRACTOR
RYLAND HOMES
1755 CREEKSIDE OAKS DR. #240
SACRAMENTO CA. 95835

OWNER

ARCHITECT

Nature of Work: MP1511 2 STORY 6 ROOMS 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 054648 Date 3-31-06 Contractor Signature [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 a ny 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 3-31-06 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 AMERICAN HOME ASSURANCE Policy Number WC118-2338(CA) Exp Date 06/01/2006

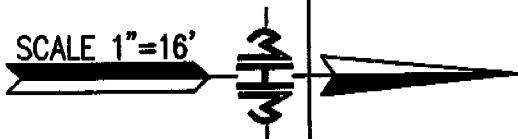
_____, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 3-31-06 Applicant Signature [Signature]

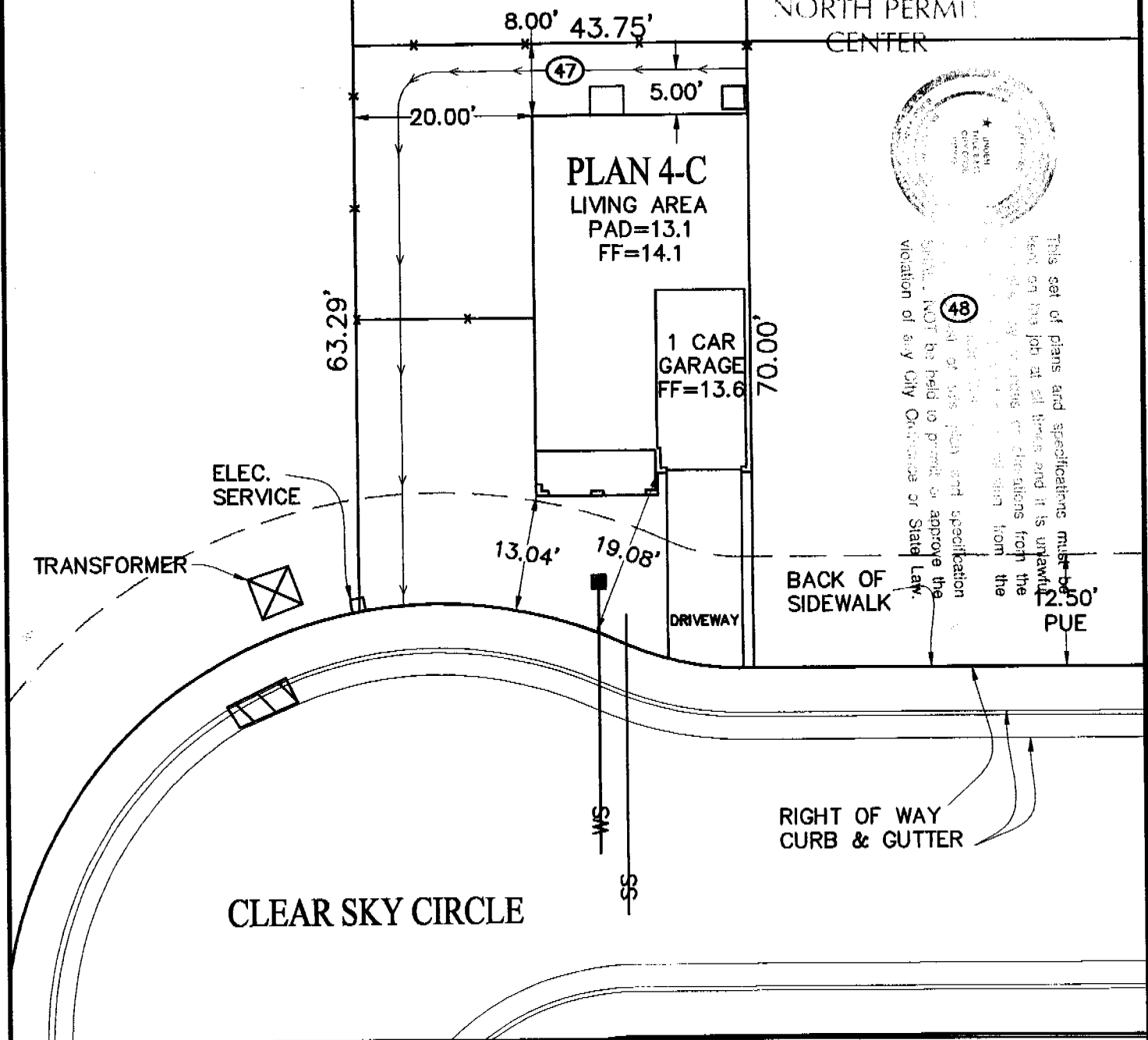
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

SCALE 1"=16'



ISSUED
 City of Sacramento
 MAR 31 2006
 NORTH PERMIT
 CENTER



This set of plans and specifications must be held on the job at all times and it is unlawful to make any change or alterations from the original set of plans and specifications without the approval of the City Engineer or State Engineer. (48)

LOT AREA: 2030 S.F.	ACTUAL LOT COVERAGE: 984 S.F. = 48.5%	NUMBER OF BEDROOMS: 3 BUILDING HEIGHT: 27' 10"
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Reviewed by Home Owner with Sales Representative: Home Owner _____ Date _____ Sales Rep. _____ Date _____	Approved By: Ryland Homes _____ Date _____
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It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

M.H.M. ENGINEERING-SURVEYING 523 "J" STREET MARYSVILLE, CALIF. 95901-1674 Ph: (530)742-6485	Plot plan for Liberty Lane Sacramento	170 Clear Sky Circle Sacramento California	MHM Job# 04182 Lot 47 A.P.N.
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harris & sloan
CONSULTING GROUP, INC.

2379 Gateway Oaks Dr., Suite 250, Sacramento, CA 95833
tel 916.921.2800, toll free 800.877.1430, fax 916.921.2878
www.hscgi.com

Structural
Engineering
Consultants

170 CLEAR SKY CIRCLE

#0603422

April 10, 2006

Francis Posey
Ryland Homes
2400 Del Paso Road, Suite 250
Sacramento, CA 95834

RE: Liberty Lane Plan 1 - (Job #HS5092)
Response to Request for Information
Alternate Strap at Floor Framing

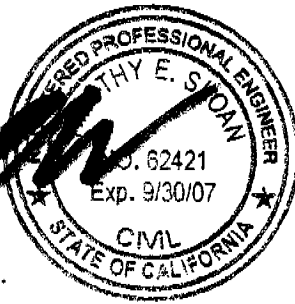

To Whom It May Concern:

This letter is in response to a request received from Ryland Homes, regarding items that are in need of clarification or revision.

- The straps specified by keynote 13A, indicated on page 2, may be substituted either directly with a Simpson HTS20 strap, or with a Simpson CS16 strap placed over the floor sheathing, to blocking between the floor joists (see detail 217 on page 3). These straps are to be substituted where a plumbing pipe placed through the top plates have prohibited the installation of the straps specified on the plans.

If there are further questions, please contact Nick Fahrney or me at (916) 921-2800.

Sincerely,



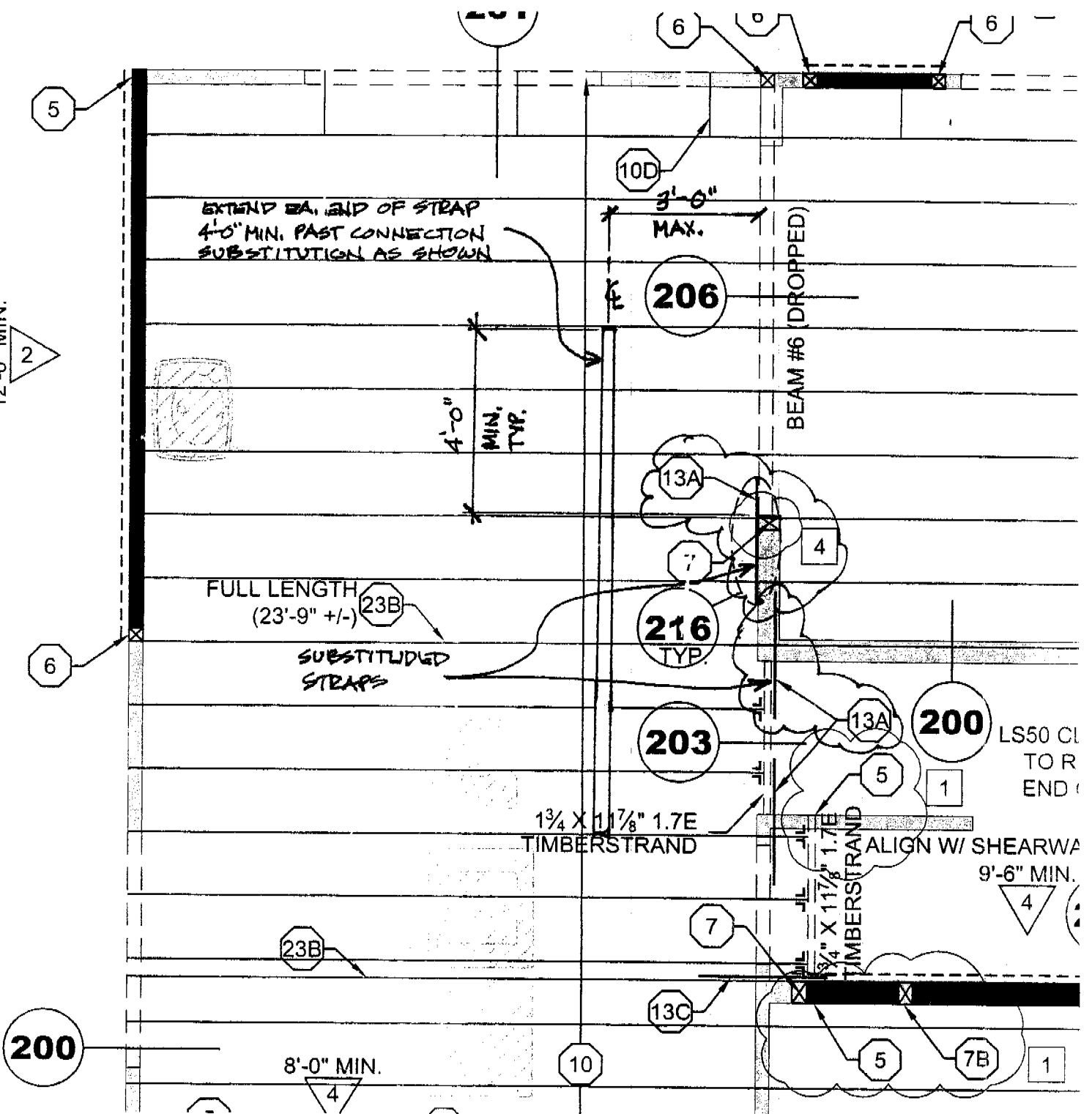
Tim Sloan, P.E.

TS:nf

170 CLEARSKY CIRCLE #0603422

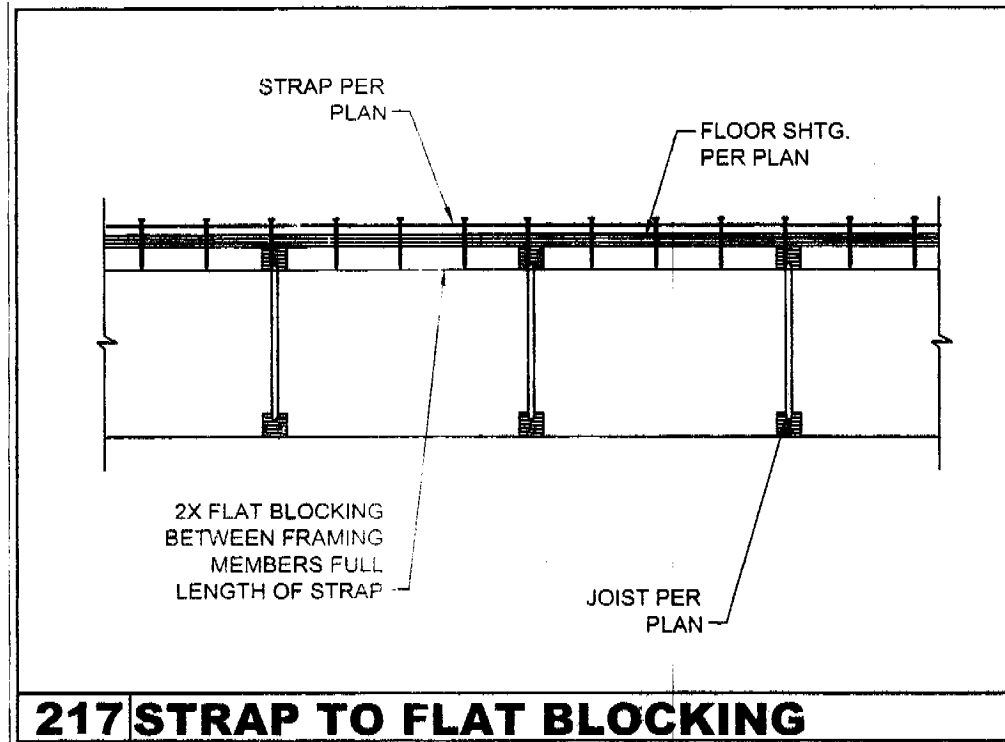
ALIGN W/ SHEARWALL ABOVE
12'-0" MIN.

G:\Jobfiles\HS5092\Drawing Files\HS5092-p1.dwg, 4/6/2006 1:08:57 PM, NF



170 CLEARSKY CIRCLE

0603422



G:\Old Styl: tocad\Details\217.dwg, 4/10/2006 3:25:14 PM, NF

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004
Date of Job Completion

10/3/06

Job Address Liberty Lane
130. Clear Sky Circle
Lot # 47

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Applicator # 318

Approved contractor number as issued by coating manufacturer:

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 instructions.

Signature of authorized representative of plastering contractor

Date

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

FIGURE 3

INSULATION CERTIFICATE

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

170 CLEARSKY CIRCLE #0603422

SITE ADDRESS LOT 47 LIBERTY LANE SACRAMENTO CA
NUMBER CITY STATE

CEILINGS:

BLOW:	MANUFACTURER	GREEN FIBER	THICKNESS	10.3"	R/VALUE	38
	MANUFACTURER	GREENFIBER	THICKNESS		R/VALUE	
BATTS:	MANUFACTURER	KNAUF	THICKNESS	13"		38
		KNAUF				

EXTERIOR WALLS:

MANUFACTURER	KNAUF	THICKNESS	3.5"	R/VALUE	13
	KNAUF		6"		19

FLOOR INSULATION:

MANUFACTURER	KNAUF	THICKNESS	6"	R/VALUE	19
	KNAUF				

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: RYLAND HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 784484

BY: Becky Gutierrez TITLE AUTH. AGENT DATE 9/29/2006
BECKY GUTHERZ

INSTALLATION CERTIFICATE

CF-6R

Ryland Homes Liberty lane

LOT

PLAN

0603422

Permit Number

Site Address **170 CLEARSKY CIRCLE**

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.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	30,256	70,000	Plan 1
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	30,704	70,000	Plan 2
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	32,246	70,000	Plan 3
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-6	24,627	70,000	Plan 4

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	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	15,755	25,900	Plan 1
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	18,690	25,900	Plan 2
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	19,068	25,900	Plan 3
A/C	Carrier 38ETG030-3*	1	13.0	ATTIC	R-6	13,496	25,900	Plan 4

* = TXV valve installed as part of coil

(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] 11/1/05
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

Site Address **170 CLEAR SKY CIRCLE**

Permit Number **0603422**

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).

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	If Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ²	Standby Loss (%) ²	External Insulation R-value ²
Gas	A.O. SMITH GVR-50	STD	N/A	1	43,000	50	.62	N/A	N/A

- 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 (EF). For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Thermal Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Kitchen Piping:

If indicated on the CF-1R, all hot water piping \geq 3/4 inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Energy Commission, pursuant to Title 24, Part 6, Section 111.

Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)

- All hot water piping in main circulating loop is insulated to requirements of §150(j)
- Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

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] 4/10/05
Signature, Date

Law-Ann Prensibing
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

RYLAND HOMES

Site Address **LIBERTY LANE - LOT 170 CLEARSKY CIRCLE**

Permit Number **06034ZZ**

FENESTRATION/GLAZING: PLAN 4 ELEV. C

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. PHILIPS WHITE							
2. VINYL WINDOWS							
3. W/LOWE2 GLASS							
4.				3	41		
5. XO	35			7	93		
6. SH	35			4	30		
7. PW	32			1	48		
8. SGD	33						
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.

Item #s
(if applicable)

[Signature] 1/6/2006
Signature, Date

Sacramento Building Products

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

CERTIFICATE OF COMPLIANCE: RESIDENTIAL COMPUTER METHOD

Date..01/28/06 11:38:17

Project Title..... LIBERTY LANE *****
 Project Address..... PLAN 1 (REVISED) *v7.10*
 Documentation Author... SACRAMENTO - CZ 12 *****
 JIM WHEELER
 ConSol
 7407 Tam O'Shanter Dr Ste 200
 Stockton, CA 95210
 209-473-5000

Building Permit #
Plan Check / Date
Field Check/ Date

Climate Zone..... 12
 Compliance Method..... MICROPAS7 v7.10 for 2005 Standards by Enercomp, Inc.

MICROPAS7 v7.10 File-RHLL1 Wth-CTZ12S05 Program-FORM CF-1R
 User#-MP0105 User-ConSol Run-RYLAND - PLAN 1 (REVISED)

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (kTDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	19.49	19.39	0.10
Space Cooling.....	16.07	12.62	3.45
Water Heating.....	12.80	12.36	0.44
North Total	48.36	44.37	3.99
Space Heating.....	19.49	19.25	0.24
Space Cooling.....	16.07	15.07	1.00
Water Heating.....	12.80	12.36	0.44
East Total	48.36	46.68	1.68
Space Heating.....	19.49	20.44	-0.95
Space Cooling.....	16.07	13.27	2.80
Water Heating.....	12.80	12.36	0.44
South Total	48.36	46.07	2.29
Space Heating.....	19.49	20.62	-1.13
Space Cooling.....	16.07	12.07	4.00
Water Heating.....	12.80	12.36	0.44
West Total	48.36	45.05	3.31

*** Building complies with Computer Performance ***
 *** HERS Verification Required for Compliance ***

GENERAL INFORMATION

HERS Verification..... Required
 Conditioned Floor Area..... 1619 sf
 Building Type..... Single Family Detached
 Construction Type..... New
 Fuel Type..... Natural Gas
 Building Front Orientation..... Cardinal - N,E,S,W
 Number of Dwelling Units... 1
 Number of Building Stories. 2
 Weather Data Type..... Full Year

Floor Construction Type.....	Slab On Grade
Number of Building Zones....	1
Conditioned Volume.....	15311 cf
Slab-On-Grade Area.....	770 sf
Glazing Percentage.....	13.4 % of floor area
Average Glazing U-factor....	0.37 Btu/hr-sf-F
Average Glazing SHGC.....	0.3
Average Ceiling Height.....	9.5 ft

BUILDING ZONE INFORMATION

Zone Type	Floor Area (sf)	Volume (cf)	# of Dwell Units	# of People	Cond- it- ioned	Thermo- stat Type	Vent Height (ft)	Vent Area (sf)	Verified Leakage or Housewrap
Residence	1619	15311	1.00	8.0	Yes	Setback	8.0	Standard	No

OPAQUE SURFACES

Surface	Frame Type	Area (sf)	U-factor	Cavity R-val	Sheath- ing R-val	Act Azm	Tilt	Solar Gains	Appendix IV Reference	Location/ Comments
1 Wall	Wood	238	0.068	13	4	0	90	Yes	IV.9 C3	Front Wall
2 Wall	Wood	27	0.102	13	0	0	90	Yes	IV.9 A3	At Kneewall
3 Wall	Wood	599	0.068	13	4	90	90	Yes	IV.9 C3	Left Wall
4 Wall	Wood	92	0.055	19	4	90	90	Yes	IV.9 C5	2x6 Left Wall
5 Wall	Wood	334	0.068	13	4	180	90	Yes	IV.9 C3	Back Wall
6 Wall	Wood	212	0.068	13	4	270	90	Yes	IV.9 C3	Right Wall
7 Wall	Wood	373	0.055	19	4	270	90	Yes	IV.9 C5	2x6 Right Wall
8 Wall	Wood	4	0.102	13	0	270	90	Yes	IV.9 A3	At Kneewall
9 Wall	Wood	167	0.102	13	0	0	90	No	IV.9 A3	Garage Wall
10 Wall	Wood	95	0.074	19	0	0	90	No	IV.9 A5	2x6 Garage Wal
11 Door	Wood	20	0.160	0	0	0	90	Yes	DOOR	Insul Entry Dr
12 Door	Wood	18	0.500	0	0	270	90	No	IV.28 A4	Garage Door
13 FloorExt	Wood	147	0.048	19	0	n/a	0	No	IV.21 A4	Above Garage
14 Roof	Wood	867	0.025	38	0	n/a	0	Yes	IV.1 A18	Flat w/ Attic
15 Roof	Wood	50	0.043	19	0	n/a	0	Yes	IV.1 A14	At Furnace

PERIMETER LOSSES

Surface	Length (ft)	F2 Factor	Insul R-val	Solar Gains	Appendix IV Reference	Location/ Comments
16 SlabEdge	102	0.730	R-0	No	EDGE.EXT	To Outside
17 SlabEdge	31	0.730	R-0	No	EDGE.EXT	To Garage

FENESTRATION SURFACES

Orientation	Area (sf)	U-factor	SHGC	Act Azm	Tilt	Exterior Shade Type	Location/Comments
1 Wind Front (N)	3.0	0.350	0.300	0	90	Standard	FIXED / VINYL / SSGLZ
2 Wind Front (N)	12.5	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
3 Wind Front (N)	15.0	0.390	0.290	0	90	Standard	SNGL HNG / VINYL / SSGLZ
4 Wind Front (N)	18.0	0.350	0.300	0	90	Standard	FIXED / VINYL / SSGLZ
5 Wind Left (E)	4.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
6 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
7 Wind Left (E)	25.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
8 Wind Left (E)	15.0	0.390	0.290	90	90	Standard	SNGL HNG / VINYL / SSGLZ
9 Wind Left (E)	6.0	0.380	0.290	90	90	Standard	SLIDER / VINYL / SSGLZ
10 Door Back (S)	48.0	0.340	0.310	180	90	Standard	PATIO DR / VINYL / SSGLZ
11 Wind Back (S)	10.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ
12 Wind Back (S)	6.0	0.380	0.290	180	90	Standard	SLIDER / VINYL / SSGLZ
13 Wind Back (S)	30.0	0.390	0.290	180	90	Standard	SNGL HNG / VINYL / SSGLZ

OVERHANGS

Surface	Area (sf)	Window		Overhang			
		Width	Height	Depth	Height	Left Extension	Right Extension
1 Window	3.0	n/a	1.0	5.0	0.2	n/a	n/a
2 Window	12.5	n/a	5.0	5.0	0.3	n/a	n/a
3 Window	15.0	n/a	5.0	1.0	0.6	n/a	n/a
4 Window	18.0	n/a	6.0	0.2	3.5	n/a	n/a
8 Window	15.0	n/a	5.0	1.0	0.6	n/a	n/a
12 Window	6.0	n/a	1.5	1.0	0.6	n/a	n/a
13 Window	30.0	n/a	5.0	1.0	0.6	n/a	n/a

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	770

HVAC SYSTEMS

System Type	Number of Systems	Minimum Efficiency	Verified EER	Verified Refriger Charge or TXV	Verified Adequate Airflow	Verified Fan Watt Draw	Verified Maximum Cooling Capacity
Furnace	1	0.800 AFUE	n/a	n/a	n/a	n/a	n/a
ACSplit	1	13.00 SEER	No	Yes	No	No	No

3

HVAC SIZING

System Type	Total Heating Load (Btu/hr)	Sensible Cooling Load (Btu/hr)	Design Cooling Capacity (Btu/hr)	Verified Maximum Cooling Capacity (Btu/hr)
Furnace	32433	n/a	n/a	n/a
ACSplit	n/a	21254	25327	n/a

Orientation of Maximum..... Front Facing 90 deg (E)
 Sizing Location..... SACRAMENTO AP
 Winter Outside Design..... 26 F
 Winter Inside Design..... 70 F
 Summer Outside Design..... 98 F
 Summer Inside Design..... 75 F
 Summer Range..... 35 F

DUCT SYSTEMS

System Type	Duct Location	Duct R-value	Verified Duct Leakage	Verified Surface Area	Verified Buried Ducts
Furnace	Attic	R-6	No	No	No
ACSplit	Attic	R-6	No	No	No

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
1 Storage	Gas	StandardNoInsul	1	0.60	50	R- n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

*** Items in this section should be documented on the plans, ***
 *** installed to manufacturer and CEC specifications, and ***
 *** verified during plan check and field inspection. ***

This building incorporates a HERS verified Refrigerant Charge test or a HERS verified Thermostatic Expansion Valve (TXV). If a cooling system is not installed, then HERS verification is not necessary.

This is a multiple orientation building. This printout is for the front facing North.

HERS REQUIRED VERIFICATION

*** Items in this section require field testing and/or ***
 *** verification by a certified home energy rater under ***
 *** the supervision of a CEC-approved HERS provider using ***
 *** CEC approved testing and/or verification methods and ***
 *** must be reported on the CF-4R installation certificate. ***

4

HERS REQUIRED VERIFICATION

This building incorporates a HERS verified Refrigerant Charge test or a HERS verified Thermostatic Expansion Valve (TXV). If a cooling system is not installed, then HERS verification is not necessary.

REMARKS

DUAL PANE, VINYL WITH SPECTRALLY SELECTIVE GLASS
U-FACTORS = 0.38 (SL) / 0.39 (SH) / 0.35 (FX) / 0.34 (PATIO)
SHGC = 0.29 (SL) / 0.29 (SH) / 0.30 (FX) / 0.31 (PATIO)
SEE MANUFACTURER'S SPECIFICATION SHEET

THESE CALCULATIONS ARE FOR A 1-COAT STUCCO SYSTEM (R-4.2)
ELEVATION 'A' TAKEN AS WORST CASE GLAZING SCENARIO

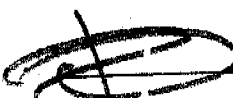
COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title-24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility.

DESIGNER or OWNER

Name.... _____
Company. RYLAND HOMES
Address. 1755 CREEKSIDE OAKS #240
SACRAMENTO, CA 95833
Phone... (916) 648-3100
License. _____
Signed.. _____ (date)

DOCUMENTATION AUTHOR

Name.... JIM WHEELER
Company. ConSol
Address. 7407 Tam O'Shanter Dr Ste 200
Stockton, CA 95210
Phone... 209-473-5000
Signed  1/24/06 (date)

ENFORCEMENT AGENCY

Name.... _____
Title... _____
Agency.. _____
Phone... _____
Signed.. _____ (date)

5

170 CLEAR SKY CIRCLE # 0603422

COMPLIANCE STATEMENT


This certificate of compliance lists the building features and performance specifications needed to comply with Title-24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility.


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License.

Name.... JIM WHEELER
Company. ConSol
Address. 7407 Tam O'Shanter Dr Ste 200
Stockton, CA 95210
Phone... 209-473-5000

Signed..  8/25/05
(date)

Signed..  8/24/05
(date)

ENFORCEMENT AGENCY

Name....
Title...
Agency..
Phone...
Signed..
(date)

6