

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0601186

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3044 SPOONWOOD WY SAC  
Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #170

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

OWNER

ARCHITECT

Nature of Work: MP 964 1 STORY 5 RM SFR

**CONSTRUCTION LENDING AGENCY :** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 724191 Date 2/10/06 Contractor Signature N. Collins

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

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

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

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

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

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

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

Date 2/10/06 Applicant/Agent Signature N. Collins

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082

Exp Date 04/01/2006

\_\_\_\_ (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 2/10/06 Applicant Signature N. Collins

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

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

PAID  
CITY OF SACRAMENTO  
FEB 10 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES



Planning and Building Department  
Building Division

CITY OF SACRAMENTO  
CALIFORNIA

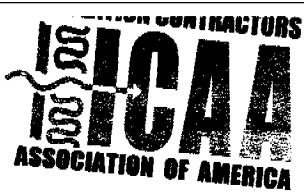
Downtown Permits Center  
1231 I Street, #200  
Sacramento, CA 95814-2998

North Permits Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

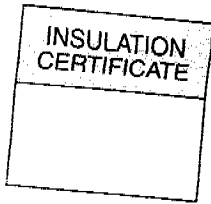
ADDRESS 3044 Spoonwood wy PERMIT NO. 0601186

INSPECTION COMMENTS	PERMIT DOCUMENTS
2-3-06 P-40-SETBACK AP MDP	
3-2-06 #1211 - 2 HBAR BEHIND MAIN BLOCK	
3-7-06 #1726 A.P. 2 EB	
3-15-06 #81 A.P. 2 EB	
3-21-06 B-44 AP MDP	
3-24-06 N #47 A.P. 2 EB	
4-19-06 P-43 AP MDP	
4-24-06 10 E-67 (B) #4751	

FINAL APPROVALS	
BUILDING	5-10-06 S. Bronson
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



Permit # 0601186

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

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

Beazer Home LOT # 170 TRACT # Landing  
STREET 3044 Spoonwood Way CITY Napa, CA

EXTERIOR WALLS:  
MANUFACTURER FR THICKNESS/TYPE 3 5/8 R-VALUE 13/19

CEILINGS:  
BATTES:  
MANUFACTURER FR THICKNESS/TYPE 10 1/4 R-VALUE 30  
BLOWN IN:  
MANUFACTURER CT THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1064 NUMBER OF BAGS USED 15  
FLOORS:  
MANUFACTURER THICKNESS/TYPE R-VALUE  
SLAB ON GRADE:  
MANUFACTURER THICKNESS/TYPE R-VALUE

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

GENERAL CONTRACTOR  
CALIFORNIA CONTRACTORS LICENSE #

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_

INSULATION CONTRACTOR **ALCAL ARCADE CONTRACTING**  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #0055201

A. Hopper SIGNATURE DATE 3-30-04  
Justin Allen TITLE



# INSTALLATION CARD

Western 1 Kote Exterior Stucco System  
Sacramento Stucco Company



**Job Address**  
BEAZER HOMES  
THE LANDING @ RIVERDALE  
LOT: 170

Permit # 0601186  
3044 Spearwood  
Way

ICC Evaluation Services, Inc.  
Evaluation Report ESR-1607

Date of Job Completion: March 27, 2006

**Plastering Contractor**

Name: **STUCCO WORKS, INC.**

Address: **5900 WAREHOUSE WAY, SACRAMENTO CA 95826**

Telephone No.: **PHONE: (916) 383-6699 FAX: (916) 383-6668**

Approved contractor number as issued by coating manufacturer: **511**

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 or plastering contractor

**April 6, 2006**  
Date

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

INSTALLATION CERTIFICATE

lot 1170

LANDING @ RIVERDALE NORTH CF-6R

Beazer Homes - LINCOLN VILLAGE

LOT 1170 - ALL

Site Address 3044 Spoonwood

LANDING @ RIVERDALE NORTH 40X90

Permit Number 0601186

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 9 columns: 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), and Plan number.

Table with 9 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.

\* = TXV valve installed with coil

PLAN 1871

(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

BEUTLER CORPORATION

Installing Subcontractor (Co. Name) 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), (2) 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

Lot 1170

INSTALLATION CERTIFICATE

(Page 1 of 12)

CF-6R

Site Address 3044 Spoonwood

Permit Number 0601186

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)	Tank Volume (gallons)	Efficiency (EF, RE) <sup>1</sup>	Standby Loss (%) <sup>2</sup>	External Insulation R-value <sup>2</sup>
GAS	A.O. Smith GVR-40TM	Std.	N/A	N/A	40,000	40	.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.

Jon Buell  
Signature, Date

BZ Plumbing Co., Inc.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

March 2005

Lot 1170 964 Plan A,B,C ELE

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

Site Address 3044 Spoonwood

Permit Number 0601186

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. XO	.35	.32	2				
2. PW	.33	.31	2				
3. SF	.35	.32	2				
4. P/D	.34	.32	2				
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> 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.

1-17-06  
 Item #s (if applicable) Signature, Date  
 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor  
 The Great Window Co.

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

Project Title: Living @ Riverdale north Date: 4/18/06  
 Project Address: 3044 Spoonwood dr Sacto, Ca 95834 Builder Name: Beazer  
45120046 lot #170 Plan Number: 964  
 Builder Contact: Josh McConnell Telephone: 916 847 6514  
 HERS Rater: JM Telephone: 4/18/06 Sample Group Number: \_\_\_\_\_  
 Certifying Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sample House Number: \_\_\_\_\_  
 Firm: AES HERS Provider: \_\_\_\_\_  
 Street Address: 9524 Mosquito rd City/State/Zip: placerville, Ca 95667  
 Copies to: Builder, HERS Provider

**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

Test Leakage in CFM) 40

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 2000000/c

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.0%

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



45120040 PLAN# 964  
lot#12

Beazer/Riverdale north  
(Page 3 of 8) CF-6R

INSTALLATION CERTIFICATE

3044 Spoonwood Dr Sacto, Ca 95834  
Site Address Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 40

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 400 A/C  
If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 5.0%  
Pass if leakage fraction ≤ 0.06

Pass  Fail

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

CHECK AFTER FINISHING WALL:

Yes  No  Pressure pan test or House pressurization test  
 Yes  No  Visual Inspection of Duct Connections

Pass  Fail

THERMOSTATIC EXPANSION VALVE (TXV)

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

Pass  Fail

DUCT DESIGN

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

Duct Cert

Tests  
Performed

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

D. Johnson  
Signature, Date

4/18/00  
Date

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