

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0614063

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 30 PORCELLO PL SAC
Parcel No: VILLA TERRASSA PHASE 1 LOT #20

PAID
CITY OF SACRAMENTO
ARCHITECT

SEP 26 2006

CONTRACTOR
REGIS CONTRACTORS
1435 RIVER PARK DR SUITE415
SACRAMENTO CA. 95815

OWNER

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: MP1575 2 STORY 6 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 708694 Date 9-26-06 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 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 9-26-06 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 NATIONAL UNION FIRE INS. CO. Policy Number WC0270307 Exp Date 09/01/2006

____ (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.

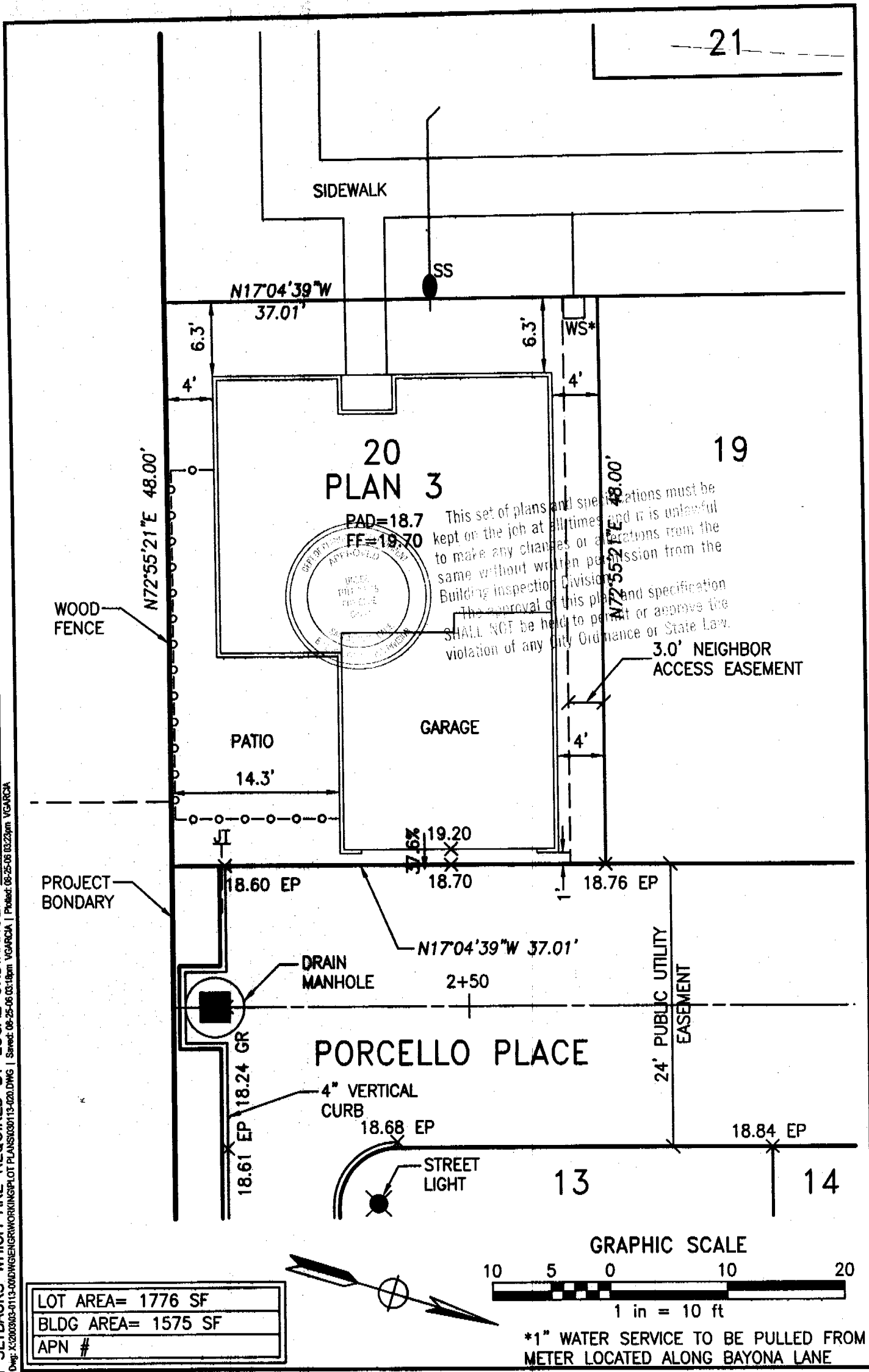
Date 9-26-06 Applicant Signature [Signature]

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.

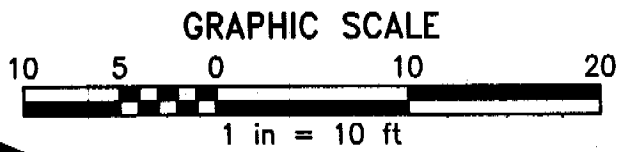
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.

Dwg: K200203-0113-000DWG\ENGINEERING\WORKING\LOT PLANS\030113-020.DWG | Saved: 08-25-06 03:15pm VGARCA | Plot: 08-25-06 03:23pm VGARCA



LOT AREA=	1776 SF
BLDG AREA=	1575 SF
APN #	



*1" WATER SERVICE TO BE PULLED FROM METER LOCATED ALONG BAYONA LANE

mp **MORTON & PITALO, INC.**
 CIVIL ENGINEERING • PLANNING • SURVEYING
 1788 Tribute Road, Suite 200 • Sacramento, CA 95815
 phone: 916.927.2400 • fax: 916.567.0120 • survey fax: 916.563.6770
 email: eng@mpeng.com • web: www.mpeng.com

DRAWN:	JDP	JOB NO:	030113
CHECKED:	RJN	DATE:	AUGUST 2006
SCALE:	1"=10'	SHEET:	1 of 1

Plot Plan

LOT 20
PORCELLO PLACE
VILLA TERRASSA
 SACRAMENTO, CALIFORNIA

21

19

13

14

SIDEWALK

SS

N17°04'39"W
37.01'

N72°55'21"E 48.00'

N72°55'21"E 48.00'

20
PLAN 3

PAD=18.7
FF=19.70

PATIO
14.3'

GARAGE

WOOD FENCE

PROJECT BOUNDARY

DRAIN MANHOLE

PORCELLO PLACE

4" VERTICAL CURB

STREET LIGHT

24' PUBLIC UTILITY EASEMENT

3.0' NEIGHBOR ACCESS EASEMENT

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.



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998
North Permits Center
2191 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 30 TOWNSEND PLACE PERMIT NO. 0614063

INSPECTION COMMENTS	PERMIT DOCUMENTS
10-4-06 P46	
9-9-06 P46	
10/12/06 P46	
11-8-06 P46	
11-30-06 P46	OK TO PROCEED WITH SAND NEEDED TO SEE SAND WITHIN
12-6-06 P46	
3/27/07 P46	
4/2/07 P46	
1-17-07 P46	TS/8/8/AP SAE
1-26-07 P46	
12-4-07 P46	DATA 43928

FINAL APPROVALS	
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

5/9
04/17/07



F. RODGERS SPECIALTY CONTRACTOR, INC.
THERMAL INSULATION & SPECIALTY CONTRACTOR

INSULATION
CERTIFICATE

13105

1300 S. RIVER ROAD, SUITE 125 • WEST SACRAMENTO, CA 95691
(916) 386-9500 • FAX (916) 386-9446

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

REGIS HOMES LOT # 20 TRACT # VILLA TERRAZZA
STREET _____ CITY SACRAMENTO

EXTERIOR WALLS:

MANUFACTURER OC THICKNESS/TYPE _____ R-VALUE 13/17

CEILINGS:

BATTS:

MANUFACTURER OC THICKNESS/TYPE _____ R-VALUE 38

BLOWN IN:

MANUFACTURER CT THICKNESS/TYPE 14 3/4 R-VALUE 38

SQUARE FOOTAGE COVERED 787 NUMBER OF BAGS USED 18

FLOORS & OVERHANGS:

MANUFACTURER OC THICKNESS/TYPE _____ R-VALUE 17

OTHER:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR F. RODGERS INSULATION INC.
CALIFORNIA CONTRACTORS LICENSE #499755

DATE 2-23-07

Max Schmidt SIGNATURE INSTALLER TITLE



Installation Card

Job Address

Stucco System Tradename: KWIK KOTE

VILLA TERRASSA | Lot: 0000020

Name of Stucco Manufacturer: KWIK KOTE CORP.

30 PORCELLO PLACE

ICC Evaluation Service, Inc.

WEST SAC *cast 20*

Evaluation Report ESR-1711

Date of Job Completion 2-1-7

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 on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

[Signature]
Signature of authorized representative of stucco contractor

2-28-7
Date

Site Address: **30 PORCELLO PL. SACRAMENTO, CA 95823** Permit Number: **LS# 20**

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE
REGIS/VILLA TERRASSA

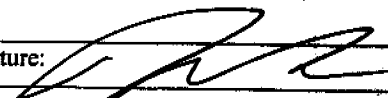
INSTALLER COMPLIANCE STATEMENT
 The building was: Tested at Final Tested at Rough-in

- INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:**
- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
 - If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
 - Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used on new ducts.

DUCT LEAKAGE REDUCTION
 Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	54	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1150	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [54 (Line # 1) / 1150 (Line # 2)]]	3.4%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner: _____
 Signature:  Date: **3/10/07**

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Lot #20

VILLA TERRAZZA

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8)		CF-4R
Project Address 30 PORCELLO PL SAE 95823		Builder or Installer Name Regis Construction
Builder or Installer Contact Beutler	Telephone	Plan/Permit (Additions or Alterations) Number #3 (1575)
HERS Rater ALEX AMARO 916-847-6519	Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature Alex Amaro 03/04/07	Date	Sample House Number
Firm AES		HERS Provider Clear
Street Address 9504 Mosquito Pl		City/State/Zip Pleasanton Ca 95667

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The 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 house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

The installer has provided a copy of CF-6R (Installation Certificate).

New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).

New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	54	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured Enter Total Fan Flow in CFM:	1150	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% [100 x [54 (Line # 1) / 1150 (Line # 2)]]	3.4	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if One of Lines # 9 through # 12 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail