

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0403811**  
**Insp Area: 4**  
**Thos Bros: 257C4**

**Site Address: 1845 WILLIAM BIRD AV SAC**  
Parcel No: 201-0580-087 NORTHPT PK 31 LOT 87

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

**CONTRACTOR**  
CAMBRIDGE HOMES  
9852 BUSINESS PARK DR STE. B  
SACRAMENTO CA. 95827

**OWNER**

**ARCHITECT**

**Nature of Work: MP 3291 2 STORY 12 ROOM 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 766741 Date \_\_\_\_\_ 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 \_\_\_\_\_

**PAID**  
**CITY OF SACRAMENTO**  
**MAR 19 2004**

**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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3-19-04 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_\_, (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 3-19-04 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.**

Project Address: 1845 WILLIAM BIRD AVE Assessor Parcel # 201-0580-087  
Lot Number: 87 Subdivision NORTAPOINTE PARK VILLAGE 31

**OWNER INFORMATION:**

Legal Property Owner: CAMBRIDGE HOMES Phone# 643-1444  
Owner Address: 1816 TRIBUNE RD City SACTO State CA Zip 95815

**CONTRACTOR INFORMATION:**

Contractor: CAMBRIDGE Lic. # 766741 Phone # 643-1444 Fax \_\_\_\_\_

**PROJECT INFORMATION:**

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: TWO No. of Rooms: 12 Street Width: 40'  
1<sup>st</sup> Floor Area 1715 2<sup>nd</sup> Floor Area 1576 Basement M/A Roof Material TILE

**AREA IN SQUARE FOOT OF:**

Dwelling/Living 3291  
Garage/Storage 712  
Decks/Balconies \_\_\_\_\_  
Carports \_\_\_\_\_

SCOPE OF WORK: NEW SFD  
M.P. # 4

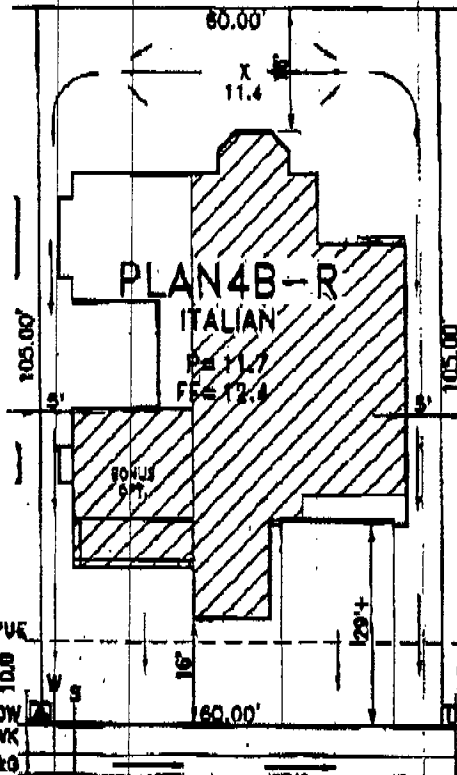
- Information Above Complete
  - Violation Files Checked
  - Standard Setbacks
  - County Sewer
  - AR Flood Waiver Required
  - Flood Elevation Certificate Required
  - Water Development Infill Area
  - Planning Approval
  - Design Review Approval
  - Special Fee Districts Apply:
- THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT**
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
  - 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
    - a) Assessor's Parcel Number
    - b) New Floor Area
    - c) Owners Name
    - d) Project Address
- Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_

Mar. 3. 2004 10:09AM

No. 3376 P. 2

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

# PRELIMINARY



SMUD BOX

616KW


OK KW

TU-PHONE  
GASL

OK  
KW  
3-3-2004

RECEIVED  
MAR 03 2004  
BY:

LOT SQ. FT. = 6300      LOT COVERAGE = 32.8 %

-  = TRANSFORMER
-  = UTILITY BOX
-  = STREET LIGHT
-  = FIRE HYDRANT
-  = STREET LIGHT SERVICE POINT

1845 WILLIAM BIRD AVENUE

**PLOT PLAN**  
**LOT 87**  
Northpointe Village # 31  
FOR  
CAMBRIDGE HOMES  
CITY OF SACRAMENTO CALIFORNIA

**WOOD ROGERS**  
ENGINEERING • PLANNING • SURVEYING  
3381 O STREET, SUITE 100, SACRAMENTO, CA 95811  
PHONE: (916) 441-1100 FAX: (916) 441-1102

|          |       |         |              |
|----------|-------|---------|--------------|
| DATE     | DRAWN | CHECKED | REVISION NO. |
| FEB 2004 | HMB   |         | 1045.079     |

C:\Jobs\Northpointe Phase 2\Drawings\31\City\Utilities\081.dwg 2/27/04 10:44am 3/3/2004

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Owner Address: 1816 TRIBUTE RD City SACTO State CA Zip 95815

CONTRACTOR INFORMATION:

Contractor: CAMBRIDGE Lic. # 766741 Phone # 643-1444 Fax \_\_\_\_\_

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1<sup>st</sup> Floor Area 1715 2<sup>nd</sup> Floor Area 1576 Basement N/A Roof Material TILE  
AREA IN SQUARE FOOT OF:  
Dwelling/Living 3291  
Garage/Storage 712  
Decks/Balconies \_\_\_\_\_  
Carports \_\_\_\_\_  
SCOPE OF WORK: NEW SFD.  
M.P. # 4

- Information Above Complete
  - Violation Files Checked
  - Standard Setbacks
  - County Sewer
  - AR Flood Waiver Required
  - Flood Elevation Certificate Required
  - Water Development Infill Area
  - Planning Approval
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  - Special Fee Districts Apply:
- THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT→**
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
  - 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
    - a) Assessor's Parcel Number
    - b) New Floor Area
    - c) Owners Name
    - d) Project Address

Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_ Permit # \_\_\_\_\_



DEPARTMENT OF  
UTILITIES

FIELD SERVICES  
DIVISION  
Water Distribution- Meter Shop

CITY OF SACRAMENTO  
CALIFORNIA

5730 24<sup>th</sup> St. Bldg. 8  
SACRAMENTO, CA  
95822-3699

PH 916-433-6229  
FAX 916-433-4036

To our customer:

Due to a supply problem, we will be using this document to substitute for an actual meter. This document may be shown to your inspector as proof that the City Of Sacramento is aware that you have purchased a meter and it will be installed as soon as possible.

Meter Address: 1345 William Bied

Utilities Leadworker: Chuck Barsuglia

Cell Phone: 798 4737

Date: 9-20-04

**INSTALLATION CERTIFICATE**

*Plan 4*

CF-6R

Cambridge Homes (Northpointe)

Permit Number

**Site Address:**

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.) $\geq$ CF-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |        |
|---|------------------------------------|------------------------|--|-----------------------------|------------------------|-----------------------|---------------------------|--------|
| FURNACE                                   | GMT090-4                           | 1                      | 80%  | ATTIC                       | R-4.2                  | 49,006                | 72,000                    | Plan 1 |
| FURNACE                                   | GMT115-5                           | 1                      | 80%  | ATTIC                       | R-4.2                  | 46,587                | 80,000                    | Plan 2 |
| FURNACE                                   | GMT115-5                           | 1                      | 80%  | ATTIC                       | R-4.2                  | 55,543                | 80,000                    | Plan 3 |
| FURNACE                                   | GMT115-5                           | 1                      | 80%  | ATTIC                       | R-4.2                  | 66,083                | 80,000                    | Plan 4 |
| * TXV VALVE INSTALLED AS PART OF THE COIL |                                    |                        |  |                             |                        |                       |                           |        |

**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                          | CLJO48   | 1                      | 80%   | ATTIC                       | R-4.2        | 41,908                | 41,700                    | Plan 1 |
| A/C                          | CLJO48   | 1                      | 80%   | ATTIC                       | R-4.2        | 38,761                | 39,500                    | Plan 2 |
| A/C                          | CLJO48   | 1                      | 80%   | ATTIC                       | R-4.2        | 37,470                | 49,000                    | Plan 3 |
| A/C                          | CLJO60   | 1                      | 80%   | ATTIC                       | R-4.2        | 48,454                | 49,000                    | Plan 4 |

(1)  $\geq$  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

**BEUTLER CORPORATION**

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

| 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 (%) | 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)

# Cambridge Homes - Parkside - All Plans

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 & Model Number | # of Identical Systems | Efficiency (AFUE, etc.) (> CF-1R value) | Duct Location (attic, 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.) (> CF-1R value) | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|-------------------------------|---|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|
|                               |   |                        |   |                             |              |                       |                           |
|                               |   |                        |   |                             |              |                       |                           |
|                               |   |                        |   |                             |              |                       |                           |

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

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

### WATER HEATING SYSTEMS:

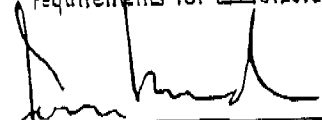
| Heater Type | CEC Certified Mfr Name & Model Number | Distribution Type (Std, Point-of-Use) | If Recirculation, Control Type | # of Identical Systems | Rated Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency (EF, RE) | Standby Loss (%) | External Insulation R-value |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|----------------------------|-----------------------|---------------------|------------------|-----------------------------|
| Gas         | Rheem 42VR50-40F                      | SFD                                   | N/A                            | 2                      | 40,000                     | 50                    | .62                 |                  | R-20                        |

For small gas storage (rated input ≤ 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input > 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

J.R. Pierce Plumbing Co.  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

Compliance Forms

# KwikKote

No. 200-921105

Stucco System

## Installation Card

Job Name: PARKSIDE @ NORTHPOINTE  
Address: 1845 WILLIAM BIRD AVENUE  
          , CA  
Lot #: 0000087

Stucco System Trade Name: KWIK KOTE  
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion:

Home Builder: CAMBRIDGE HOMES  
Address: 1816 TRIBUTE ROAD   STE. 100  
          SACRAMENTO, CA

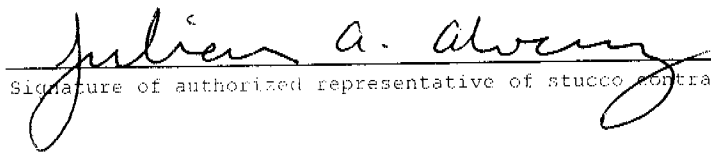
Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
          North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 09/15/2004

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

  
\_\_\_\_\_  
Signature of authorized representative of stucco contractor

9-14-04  
\_\_\_\_\_  
Date



# CERTIFICATION OF INSULATION

|   |   |
|---|---|
| ADDRESS OR TRACT<br><i>Cambridge Homes LOT # 87</i><br><i>Northpointe @ Natomas</i> | SACRAMENTO BUILDING PRODUCTS<br><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202028<br><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202028<br><input type="checkbox"/> P.O. BOX 9851, FRESNO, CA 93793-9851 LIC. #202028<br><input type="checkbox"/> P.O. BOX 1831, RENO, NV 89505 LIC. #10875<br><input type="checkbox"/> 3328 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675<br>DATE INSULATION COMPLETED |
|---|---|

| WALLS   |    |    | CEILINGS  |    |    | FLOORS  |    |    |
|---|----|----|---|----|----|---|----|----|
| SQUARE FEET                                     |    |    | SQUARE FEET                                     |    |    | SQUARE FEET                                     |    |    |
| TYPE OF INSULATION                              |    |    | TYPE OF INSULATION                              |    |    | TYPE OF INSULATION                              |    |    |
| MATERIAL <b>FIBERGLASS</b>                      |    |    | MATERIAL <b>FIBERGLASS</b>                      |    |    | MATERIAL <b>FIBERGLASS</b>                      |    |    |
| FORM <b>BATTS</b>                               |    |    | FORM <b>BATTS &amp; BLOW</b>                    |    |    | FORM <b>BATTS</b>                               |    |    |
| MANUFACTURER'S PRODUCT I.D.                     |    |    | MANUFACTURER'S PRODUCT I.D.                     |    |    | MANUFACTURER'S PRODUCT I.D.                     |    |    |
| MANUFACTURER                                    |    |    | MANUFACTURER                                    |    |    | MANUFACTURER                                    |    |    |
| CT  | OC | JM | CT  | OC | JM | CT  | OC | JM |
| R - VALUE INSTALLED                             |    |    | R - VALUE INSTALLED                             |    |    | R - VALUE INSTALLED                             |    |    |
| APPLIED THICKNESS                               |    |    | APPLIED THICKNESS                               |    |    | APPLIED THICKNESS                               |    |    |
| MIN. INSTALLED WEIGHT PER SQUARE FOOT           |    |    | MIN. INSTALLED WEIGHT PER SQUARE FOOT           |    |    | MIN. INSTALLED WEIGHT PER SQUARE FOOT           |    |    |
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |    |    | KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |    |    | KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |    |    |
| MATERIAL <b>FIBERGLASS</b>                      |    |    | FORM <b>BATTS</b>                               |    |    | R VALUE   |    |    |
| AIR INFILTRATION SEALANT                        |    |    | AIR INFILTRATION SEALANT                        |    |    | AIR INFILTRATION SEALANT                        |    |    |
| MATERIAL <b>Foam</b>                            |    |    | MANUFACTURER <b>HILTI</b>                       |    |    | MANUFACTURER <b>HANDY FOAM</b>                  |    |    |

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

|   |                      |                     |
|---|----------------------|---------------------|
| SIGNATURE — INSULATION CONTRACTOR <i>JC</i> | TITLE <b>MANAGER</b> | DATE <i>8/09/04</i> |
| SIGNATURE — GENERAL CONTRACTOR              | TITLE                | DATE                |

REMARKS

PART I GENERAL PART II AREAS INSULATED PART III CERTIFICATION