

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0317538  
Insp Area: 4  
Thos Bros: 276-H1

Site Address: 3354 BERETANIA WY SAC  
Parcel No: 225-1860-005 CAMBAY WEST VIL. 2 LOT 29

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

CONTRACTOR  
GRIFFIN INDUSTRIES  
24005 VENTURA BL.  
CALABASAS CA. 91302

OWNER

ARCHITECT

Nature of Work: MP 3802 2 STORY 11 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 \_\_\_\_\_ License Number 684448 Date 11/18/03 Contractor Signature Jerry Peterson

**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  
NOV 18 2003  
SPRINK PERMIT

**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 11/18/03 Applicant/Agent Signature Jerry Peterson

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

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

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

Carrier STATE COMP. INS. FUND Policy Number WC 1673452-2003 Exp Date 01/01/2004

(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 11/18/03 Applicant Signature Jerry Peterson

**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.**

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 3354 Beretania Way Assessor Parcel # 225-0080-050
Lot Number: 29 Subdivision Cambay West/WestParke

OWNER INFORMATION:

Legal Property Owner: Natomas Heritage-2, LLC Phone# (916) 515-0171
Owner Address: 24005 Ventura Blvd. City Calabasas State CA Zip 91302

2

CONTRACTOR INFORMATION:

Contractor: Griffin Industries, Inc. Lic. # 684448 Phone # (916) 515-0171 Fax (916) 515-0171

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 2 No. of Rooms: 11 Street Width: 31' not incl. sidewalks
1st Floor Area 1821 2nd Floor Area 1981 Basement N/A Roof Material Tile
AREA IN SQUARE FOOT OF:
Dwelling/Living 3862
Garage/Storage 575
Decks/Balconies 239
Carports N/A
SCOPE OF WORK: MP 3802, Plan 6Alt B

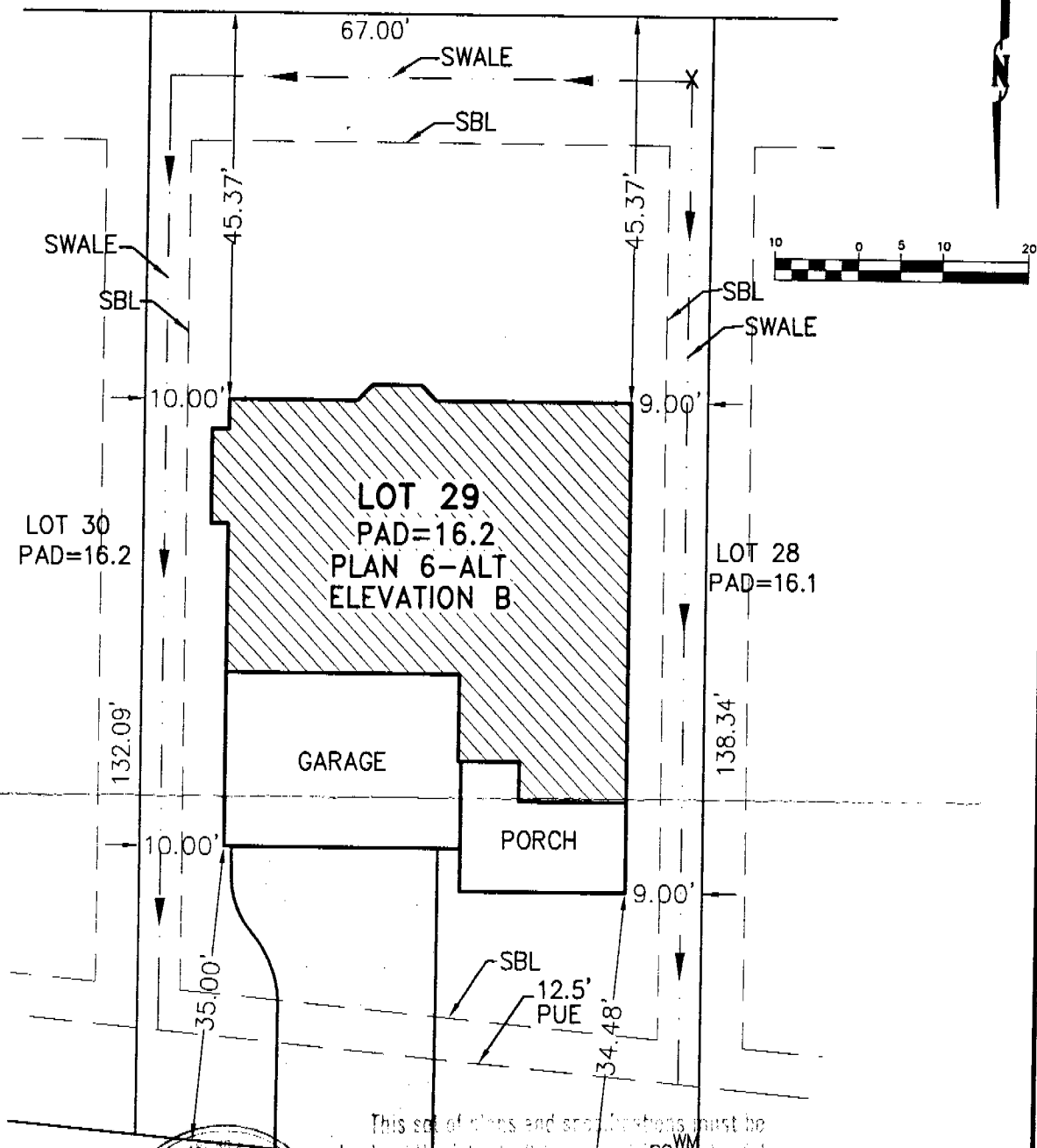
FOR OFFICE USE ONLY

- Information Above Complete AR Flood Waiver Required Planning Approval
Violation Files Checked Flood Elevation Certificate Required Design Review Approval
Standard Setbacks Water Development Infill Area Special Fee Districts Apply:
County Sewer

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

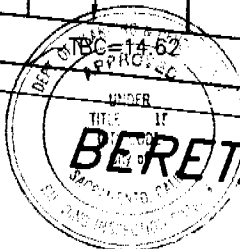
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
a) Assessor's Parcel Number c) Owners Name
b) New Floor Area d) Project Address

THIS PLOT PLAN IS PROVIDED AS A GENERAL LAYOUT OF THE PROPERTY. ALL INFORMATION ON THIS PLAN INCLUDING: SETBACK DIMENSIONS, DRIVEWAY GRADES, SLOPE AND WALL HEIGHTS AND LOCATIONS, ARE APPROXIMATE AND MAY VARY OR CHANGE WITHOUT PRIOR NOTICE.



**LEGEND**

- SBL - SET BACK LINE
- PUE - PUBLIC UTILITY ESMT.
- TBC - TOP BACK OF CURB
- WM - WATER METER
- SS - SANITARY SEWER



This set of plans and specifications must be kept on the job at all times and shall not be removed without written approval from the City Engineer. If any changes or alterations are made to these plans, they must be approved by the City Engineer and the City Council. The City Engineer shall have the authority to suspend or revoke the approval of any City Ordinance or State Law.

**GRIFFIN INDUSTRIES**  
4200 DUCKHORN DR.  
SACRAMENTO, CA 95834  
(916) 515-0171

LOT SIZE = 9060 SF  
BLDG. FOOTPRINT = 2415 SF  
FRONT SETBACK = 17.5'  
LEFT SETBACK = 5'  
RIGHT SETBACK = 5'  
REAR SETBACK = 15'

**CAMBAY WEST VILLAGE 2**  
**LOT #29**  
SACRAMENTO CALIFORNIA

**Carter-Burgess**  
Carter & Burgess Inc.

## 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:

Site Address: Lot 29/3354 Beretania Way Sacramento CA  
Number Street City State

**Ceilings:**

Blow:	Manufacturer	<u>Greenfiber</u>	Thickness	<u>8.11"</u>	R / Value	<u>R-30</u>
	Square Feet	<u>2202 sq. ft.</u>	# Bags / Lbs. Per Bag	<u>41 bags</u>		
Batts:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>10.25"</u>	R / Value	<u>R-30</u>
Batts:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>6.5"</u>	R / Value	<u>R 19</u>

**Exterior Walls:**

Manufacturer	<u>Johns Manville</u>	Thickness	<u>3.5"</u>	R / Value	<u>R 13</u>
Manufacturer	<u>Johns Manville</u>	Thickness	<u>N/A</u>	R / Value	<u>N/A</u>

**Floor Insulation:**

Manufacturer	<u>Johns Manville</u>	Thickness	<u>6.5"</u>	R / Value	<u>R-19</u>
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Air Infiltration: (Title 24)

Yes       No

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General Contractor: \_\_\_\_\_ Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Jan Newman Title: Office Manager Date: 6/4/04

**INSTALLATION CERTIFICATE**

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CF-6R

**PLAN 6**

Site Address

Permit Number

**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., (fixed, slider)	Manufactured	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
		Products Labelled U-value (≤ CF-1R value) <sup>2</sup>	# of Panels	Default U-Value <sup>2</sup>			
1. 1110	SL	.62				365	
2. 1510	SH	.60				23	
3. 910 PIC	PW	.44				201.5	
4. 415	SGD	.59				40	
5. R15	ATPW	.42				25	
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>2</sup> Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

5  
Item #s  
(if applicable)

[Signature] 8/17/04  
Signature, Date

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

Item #s  
(if applicable)

Signature, Date

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

Item #s  
(if applicable)

Signature, Date

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

COPY TO: Building Department  
Building Owner at Occupancy

# INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ 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.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  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 \_\_\_\_\_

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 <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>1</sup>
Water Gas	A.O. SMITH GVE-50	S/D	N/A		.60	50			R-16


- 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.

**Faucets & Shower Heads:**

All faucets 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.

 8-18-2004  
Signature, Date Raymond Wainwright

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

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

# INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

### HVAC SYSTEMS:

#### Heating Equipment

Equip. Type (pkg. heat num)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [≥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 num)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) 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

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 <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
NATURAL GAS	A.O. SMITH FOR-75	STD	N/A		70,000	75	70%	2.85%	R-11.0

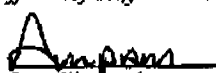
- For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

### Faucets & Shower Heads:

All faucets 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 8-18-04  
Raymond Wilson

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

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

# INSTALLATION CERTIFICATE

(Part 1 of 13)

CF-6R

SITE ADDRESS Lot #IG29 3354 Beretania Way Sacramento, Ca 95834

PERMIT NUMBER

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

## HVAC SYSTEMS:

### Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Bru/hr)	Heating Capacity (Btu/hr)
SPLIT	G-40UH-48A-90X (UP)		80% Lennox	ATTIC	R-6	24,897	72,100
SPLIT	G-40UH-48A-90X (DN)		80% Lennox	ATTIC	R-6	36,194	72,100

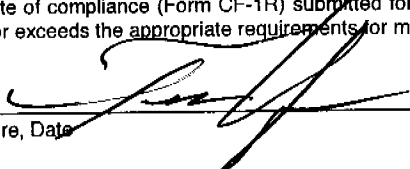
### Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Bru/hr)	Cooling Capacity (Btu/hr)
SPLIT	13ACC048		12 SEER	ATTIC	R-6	31,701	48,000
SPLIT	13ACC048		12 SEER	ATTIC	R-6	26,796	48,000

1.  $\geq$  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 building, 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



Sac Valley Sheet Metal, Inc.

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 <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>

- 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.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

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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