

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0505602
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 840 GREG THATCH CR SAC
Parcel No: HAMPTONS VILLAGE 1 ALLEY LOT # 51

CONTRACTOR
KB HOME NORTH BAY INC.
611 ORANGE DR
VACAVILLE CA. 95687

OWNER

ARCHITECT

Nature of Work: MP1849 2 STORY 7RM 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 761970 Date 4-28-05 Contractor Signature D Stoll

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, 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
APR 28 2005
NORTH PERMIT
CENTER

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 4-28-05 Applicant/Agent Signature D Stoll

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 A. I. G. Policy Number WC 7085103 Exp Date 05/01/2005

(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.

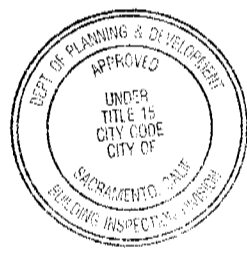
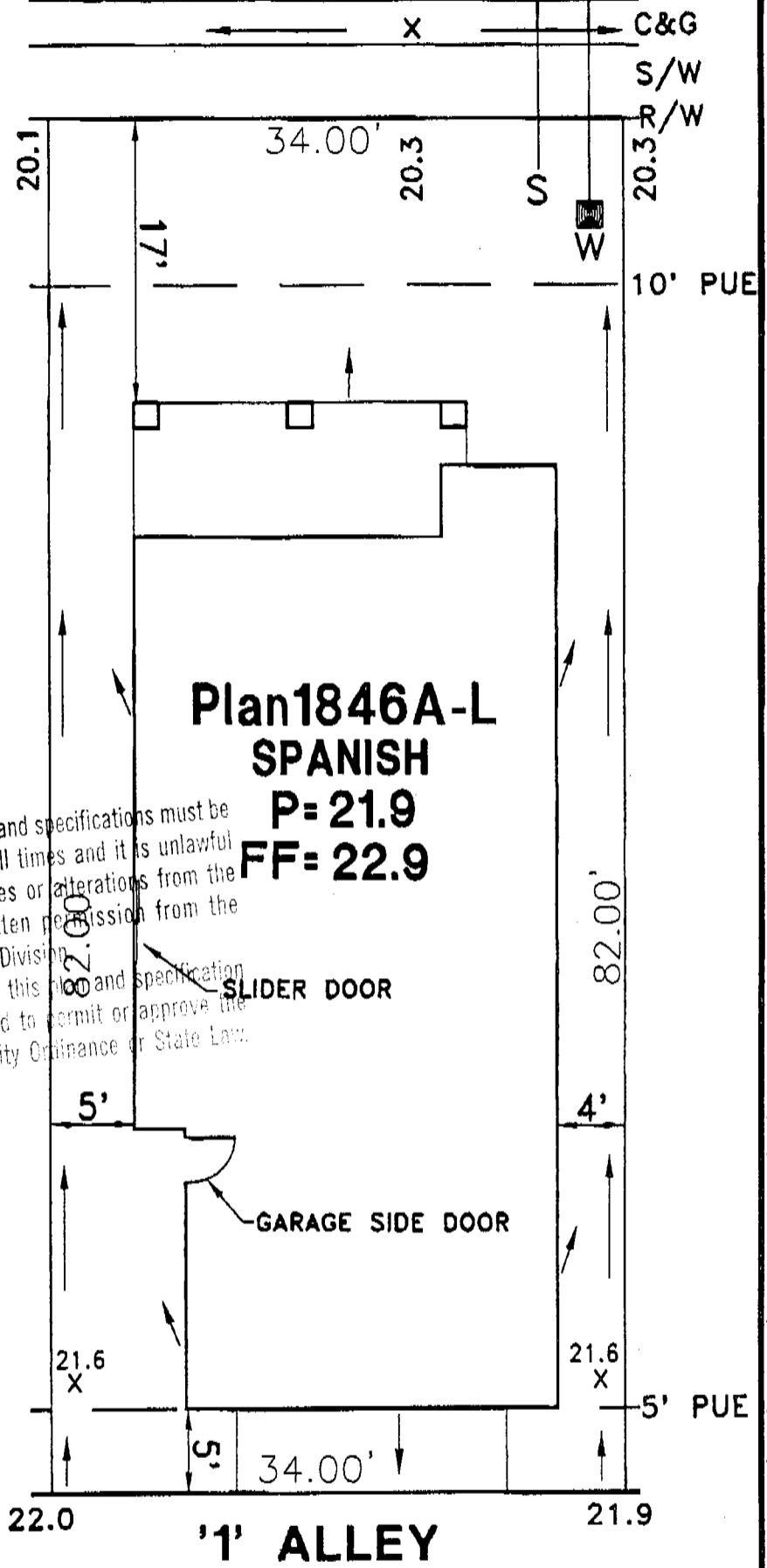
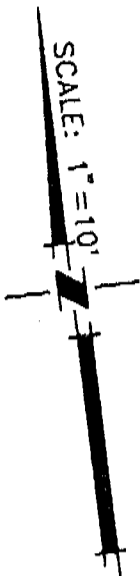
Date 4-28-05 Applicant Signature D Stoll

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 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 WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

GREG THATCH CIRCLE



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.

LEGEND

- AC UNIT LOCATION
- DRAIN INLET
- SEWER SERVICE
- WATER SERVICE
- STREET LIGHT
- TRANSFORMER
- UTILITY BOX
- STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

PLOT PLAN FOR
LOT 51
HAMPTONS VILLAGE 1 - ALLEY
KB HOME NORTH BAY
CITY OF SACRAMENTO CALIFORNIA

WOOD RODGERS
ENGINEERING • PLANNING • MAPPING • SURVEYING
3301 C STREET, BLDG. 100-8, SACRAMENTO, CA 95816
PHONE: (916) 341-7788 FAX: (916) 341-7787

LOT NO. FT. 2788	DATE: 04-05-05	DRAWN: FJ	CHECKED: CJC
PROJECT NO: 1217.013			

J:\Jobs\1217-Natomas Meadows\The Hamptons-V1\Civil\Plotplan\LOT 51.dwg 4/05/05 2:53pm jowaniyah

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 51 ALLEY LOAD NUMBER NATOMAS CITY CA STATE

CEILING:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" RVALUE 38

BATTS: MANUFACTURER KNAUF THICKNESS 13" RVALUE 38

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" RVALUE 13

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6.5" RVALUE 19

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutierrez TITLE AUTH. AGENT DATE 7/27/2005

BECKY GUTIERREZ

F2

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

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
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

1. 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 (From 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.

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.

3. 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.

(GROUP LIKE PRODUCTS)	Manufacturer/Brand Name	U-Factor' (S) CF-1R value?	SHGC' (S) CF-1R value?	Product	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. Prico		.35	.35	SH	2			low E
2.		.35	.35	KO	2			
3.		.34	.34	PW	2			
4.		.35	.35	PD	2			
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

FENESTRATION/GLAZING:

INSTALLATION CERTIFICATE

Site Address: 840 Greg Thatch Dr

Permit Number: 0505602

CF-6R (Page 2 of 13)

INSTALLATION CERTIFICATE

Permit Number 0505002

Site Address 240 Greg Hatch Ct.

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:

Table with columns: Heating Equipment, Equip. Type (pkg), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.), Duct Location, Duct or Piping, Heating Load, Heating Capacity (Btu/hr).

Cooling Equipment

Table with columns: Cooling Equipment, Equip. Type (pkg), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.), Duct Location, Duct, Cooling Load, Cooling Capacity (Btu/hr).

1. 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 Owner _____ OR General Contractor (Co. Name) OR Owner _____

WATER HEATING SYSTEMS:

Table with columns: Heater Type, CEC Certified Mfr Name & Model Number, Point-of-Use, Distribution Type (Std, Control Type), If Recirculation, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Eff-iciency (EF, REB), 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. 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 2-23-05

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner R.C.R. Companies

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

INSTALLATION CERTIFICATE

LOT 51 PLAN# KB HOME - SCHUMACHER ALLEY CF-6R Permit Number

HVAC SYSTEMS:

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).

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency IR 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	6	25,501	53,000
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	25,363	53,000
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	26,387	53,000
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	29,738	70,000
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	31,616	70,000
PLAN 1699							
PLAN 1717							
PLAN 1846							
PLAN 2013							
PLAN 2251							

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems etc.) > CF-1R value	(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 38BRC030*	1	13.0	ATTIC	6	19,664	27,600
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	21,175	33,100
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	20,815	33,100
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	25,809	38,600
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	27,401	38,600
PLAN 1699							
PLAN 1717							
PLAN 1846							
PLAN 2013							
PLAN 2251							

* = TXV valve installed as part of coil

(1) > 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 Maria J. Garcia 8/12/05

BEUTLER CORPORATION

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

FIELD REPORT

Signed *George A. Johnson*

48	S.I.I.	5/8	10	3	13"	S.I.I.	5/8	10	8"
49	S.I.I.	5/8	16	8"	33	H.D.-8	7/8	1	13"
50	S.I.I.	5/8	8	6"	4	H.H.22	5/8	2	12"
51	H.H.22	5/8	12	12"	2	H.H.22	5/8	1	12"
52	S.I.I.	5/8	8	8"	43	S.I.I.	5/8	2	8"

OBSERVATIONS: On site 7:15 AM as requested to conduct seismic inspections of a poly methane collection tanks. Observation will holes were drilled to the correct depth and that they were flushed and blown clean using high pressure compressed air at the following depths and locations.

Top of type size NO depth cut type size no depth

DATE	3-26-05	JOB NO.	540617	WEATHER	Clear	TEMP.	81° AM
PROJECT	The Pump房	LOCATION	K&R	TYPE OF WORK	F poly methane	TECHNICIAN I	<input checked="" type="checkbox"/>
TECHNICIAN II	<input type="checkbox"/>	TECHNICIAN III	<input type="checkbox"/>	Senior E/G	<input type="checkbox"/>	Principal E/G	<input type="checkbox"/>
REG. HRS	4	OT HRS	0	TOTAL HRS	4	TRAVEL	1
ON JOB	3	VEHICLE	100	MILES	30		
PERSONNEL		PERSONNEL		PERSONNEL		PERSONNEL	

3050 Industrial Biv
West Sacramen
California 9566
916-372-143

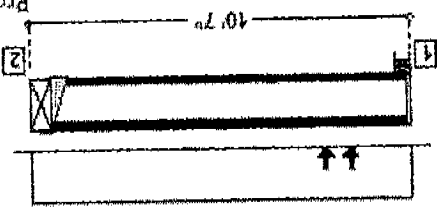
WALLACE - KUHLE & ASSOCIATES INC.
GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING





Analysis is for a Joist Member.
 T-J Beam® 6 16 Serial Number: 7004100084
 User: 4 6/23/2005 9:40:40 AM
 Page 1 Engine Version: 1.16.5

Analysis for Head-out
 11 7/8" TJI® 210 @ 19.2" o/c
THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS
FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis is for a Joist Member.
 Primary Load Group - Residential - Living Areas (psf): 40.0 Live at 100% duration, 17.0 Dead

Type	Class	Live	Dead	Location	Application	Comment
Point	(1.00)	36	15	1' 8 1/4"	-	point load from header
Point	(1.00)	144	61	2' 4 3/4"	-	point load from header

SUPPORTS:

Input	Bearing	Length	Live/Dead/Uplift/Totals	Ply	Depth	Nailing	Detail	Other
1 Stud wall	5.50"	4.25"	477 / 202 / 0 / 679	N/A	N/A	N/A	End, Rim	1 Ply 1 1/4" x 11 7/8" 1.8E TimberStand® LSL
2 Parallell PSL Beam	7.00"	Hanger	380 / 162 / 0 / 542	1	11.88"	N/A	Top Mount Hanger	None

HANGERS: Simpson Strong-Tie® Connectors

Support	Model	Slope	Skew	Reverse	Flanges	Offset	Top Flange	Top Flange	Support Wood
2 Top Mount Hanger	HTT2.1/1.88	0/12	0	N/A	N/A	No	0	N/A	Support Wood

-Nailing for Support 2: Face: 2-N10, Top 4-N10, Member: 2-N10

DESIGN CONTROLS:

Maximum	Design	Control	Control	Location
Shear (lbs)	645	637	Passed (39%)	Lt. end Span 1 under Floor loading
Vertical Reaction (lbs)	645	645	Passed (45%)	Bearing 1 under Floor loading
Moment (Ft-Lbs)	1310	1310	Passed (36%)	MID Span 1 under Floor loading
Live Load Defl (in)	0.059	0.321	Passed (L/99+)	MID Span 1 under Floor loading
Total Load Defl (in)	0.085	0.481	Passed	Span 1

-Deflection Criteria: S1/N/A/R/D(L,L,V,UBU, L,L,U,2,0)
 -TJ maximum bearing length controls reaction capacity. Limits: End supports, 3 1/2", Intermediate supports, 6 1/4",
 -Deflection analysis is based on composite action with single layer of 2x12 Panels (24" Span Rating) GLUED & NAILED wood decking.
 -Bracing(L/V): All compression edges (top and bottom) must be braced at 5' 3" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

-IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). Allowable product values shown are in accordance with current TJ materials and code accepted design values. TJ Engineering has verified the analysis. The input loads and dimensions have been provided by others () and must be verified and approved for the specific application by the design professional for the project.
 -THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
 -Allowable Stress Design methodology was used for Building Code UBC analyzing the TJ Custom product listed above.

PROJECT INFORMATION:

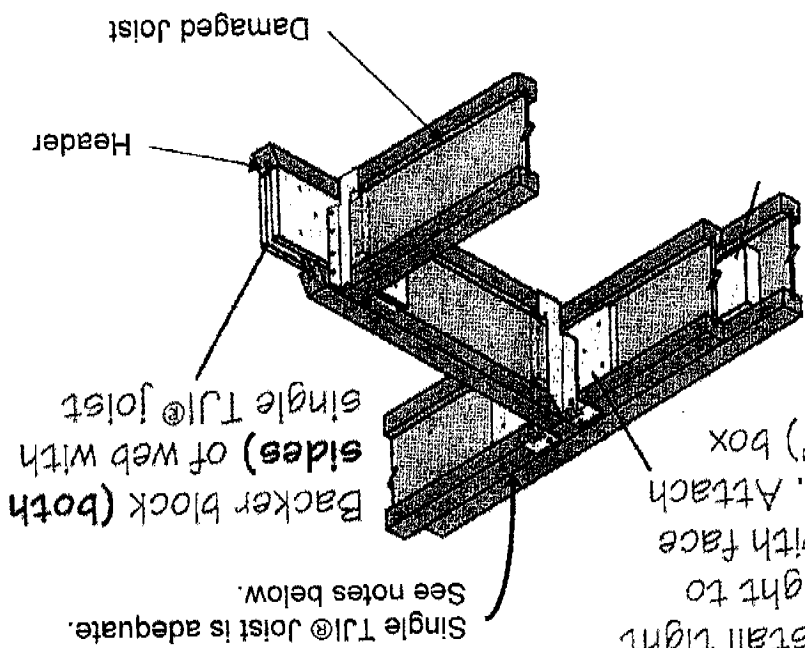
KB Home
 Natomes - Alley Load / Storeybrook

OPERATOR INFORMATION:

Renee Strand, P.E.
 Trus Joist
 3841 N. Freeway Blvd., #265
 Sacramento, CA 95834
 Phone: 916-649-8935
 Fax: 916-825-2564
 renee.strand@woythauser.com

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 TJI®, TJI-Beam®, and Parallellam® are registered trademarks of Trus Joist.
 e-T Joist™, Trus-Joist™ and TJI-Beam™ are trademarks of Trus Joist.
 Simpson Strong-Tie® Connectors is a registered trademark of Simpson Strong-Tie Company, Inc.

Backer block: Install tight to top flange (tight to bottom flange with face mount hangers). Attach with ten 10d (3") nails, clinched when possible. (Both sides of web with single TJI® joist.)



H2
 With top flange hangers, backer block required only for downward loads exceeding 250 lbs or for uplift conditions

Notes:

See Tj-Beam® calculation dated 6/23/2005 9:40:40 AM for loads and dimensions. Calculation justifies that the single, adjacent TJI® joists can support the point loads from the header.

Header can be TJI® joist as shown or 3.5" x 4.375" TimberStrand® LSL beam or 4 x 6 DF #2 dimension lumber. Use the appropriate joist hangers.

Partial Framing Plan: (N.T.S.)

