

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0601177
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 3063 BRUNET LN SAC
Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #143

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

OWNER

ARCHITECT

Nature of Work: MP 1448 1 STORY 7 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 2/14/06 Contractor Signature D. Collins

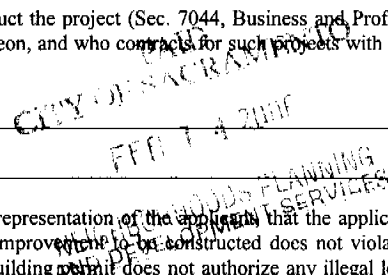
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 2/14/06 Applicant/Agent Signature D. 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 04/01/2005

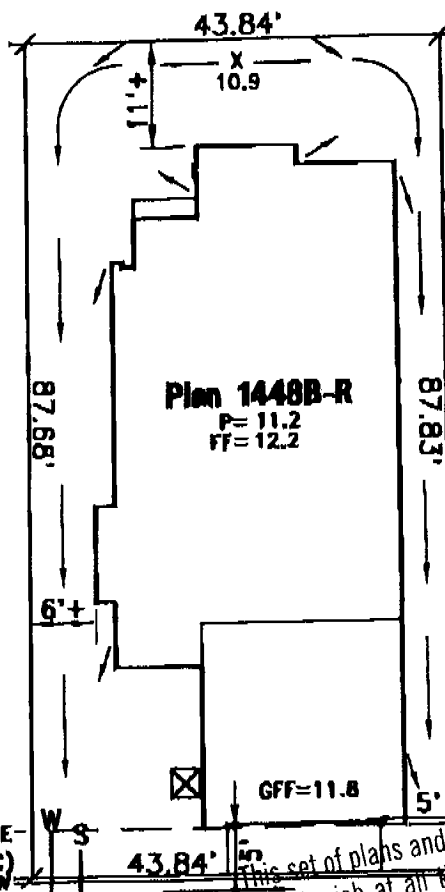
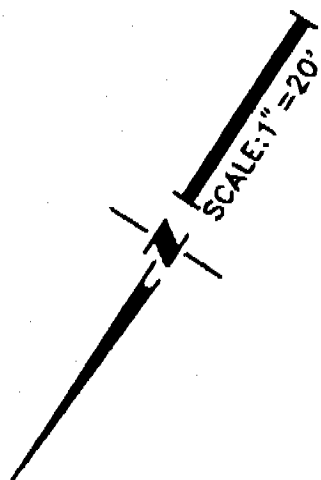
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 2/14/06 Applicant Signature D. 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.

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.



ROUTING/APPROVAL		
	✓	INITIALS
Problem		
Project Development		
Construction	✓	JBS
Marketing		
Admin.		
Accounting		

- ▲ - TRANSFORMER
- U - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- SU - SERVICE POINT
- ⊙ - FIRE HYDRANT
- GFF = GARAGE FINISHED FLOOR



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 the 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.

RIVERDALE VILLAGE 1
"THE LANDING" FOR BEAZER HOMES
PLOT PLAN FOR LOT 143

A.P.N.:
 LOT AREA: 2100 S.F.
 ADDRESS:
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING - PLANNING - MAPPING - SURVEYING
 3301 C STREET, BLDG. 1000, SACRAMENTO, CA 95816
 PHONE: (916) 341-7760 FAX: (916) 341-7767

12-15-05 DRAWN: GDM 1055.031

J:\Jobs\1055-Riverdale\Riverdale-VI\Civil\Plotplan\Lot_143.dwg 12/30/05 10:14pm gmckain



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

0601177

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 # 142 TRACT # LANDING
STREET 3067 BARNETT LANE CITY NATHANAS

EXTERIOR WALLS:

MANUFACTURER FA THICKNESS/TYPE 3 1/2 R-VALUE 13/19

CEILINGS:

BATTS: MANUFACTURER FA THICKNESS/TYPE 10 R-VALUE 30

BLOWN IN: MANUFACTURER CT MINIMUM THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 844 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 # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING CALIFORNIA CONTRACTORS LICENSE #815286 NEVADA CONTRACTORS LICENSE #0055201 DATE 3/16/04

A. Gordon SIGNATURE Trust Miller TITLE

Sub-Landing @ Riverdale North

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 3067 Brunnet Lane Sacramento Ca 95834	Builder Name Beazer Homes
Builder Contact Job # 1000537	Telephone Lot #142
HERS Rater Chris Perez	Plan Number Plan-964
Compliance Method (Prescriptive)	Sample Group Number
Certifying Signature Chris Perez	Telephone 916-247-6514
Firm ACS	Climate Zone
Street Address: 9524 Mosquito Rd	Date 5-30-06
	Sample House Number
	HERS Provider
	City/State/Zip: Placerville 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 Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where 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:	38	
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:	FAU 694	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage $\leq 6\%$ [$100 \times \frac{38}{694}$ (Line # 1) / $\frac{694}{694}$ (Line # 2)]	5.4%	<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 $\leq 6\%$ [$100 \times \frac{\text{Line # 5}}{\text{Line # 2}}$]		<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 $\leq 15\%$ [$100 \times \frac{\text{Line # 5}}{\text{Line # 2}}$]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage $\leq 10\%$ [$100 \times \frac{\text{Line # 7}}{\text{Line # 2}}$]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage $\geq 60\%$ [$100 \times \frac{\text{Line # 6}}{\text{Line # 4}}$] 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

Job # 100 0537

Beuzer Landing

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

Lot# 142 Plan # 964 3067 Bruner Lane Sacramento, Ca 95834
Site Address Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 38

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 694 fan.

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 5.4%

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

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

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 = _____

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.]

TD
Tests Performed

[Signature] 5/30/06
Signature, Date

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

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

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **THE LANDING @ RIVERDALE**

Lot Numbers: 142 Date of Job Completion: May 9, 2006

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 Inspections.

June 23, 2006
Date


Signature of authorized representative of Plastering Contractor

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

INSTALLATION CERTIFICATE

(Page 1 of 12)

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) 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)	Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ²	Standby Loss (%) ²	Insulation R-value ²
GAS	A.O. Smith GVR-50TM	Std.	N/A	N/A	40,000	50	.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.

Tom Brown
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

964 Plan A,B,C ELE

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# 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. SH	.35	.32	2				
4. P/D	.34	.32	2				
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

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.

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.

Item #s (if applicable) 1-17-06 Signature, Date John Day @ The Great Windows Co. 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

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

INSTALLATION CERTIFICATE

LANDING @ RIVERDALE NORTH CF-6R

Beazer Homes - RIVERDALE LANDING

LOT - ALL

Site Address

LANDING @ RIVERDALE NORTH 40X90

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

Table with 8 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). Rows include FURNACE YORK #LY8S040A12 through #LY8S060A12.

Table with 8 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). Rows include A/C YORK #H1RD024 and #H1RD030.

* = TXV valve installed with coil

PLAN 1871

(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

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 9 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 (%), 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

Handwritten signature and date: Steven P. [unclear]

Project Address: 3067 Brunnet Lane Assessor Parcel # 225-0220-095, 101, 102
Lot Number: 142 Subdivision Riverdale North Village # 1

OWNER INFORMATION:

Legal Property Owner: Brazier Homes Holdings Corp Phone# (916) 773-3888
Owner Address: 3721 Douglas Blvd # 100 City Roseville State Ca Zip 95661

CONTRACTOR INFORMATION:

Contractor: Brazier Homes Holdings Corp Lic. # 818129 Phone # (916) 773-3888 Fax (916) 773-0374

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 1 No. of Rooms: _____ Street Width: _____
 1st Floor Area 964 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

Dwelling/Living 964
 Garage/Storage 431
 Decks/Balconies _____
 Carports _____

SCOPE OF WORK: _____

- 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

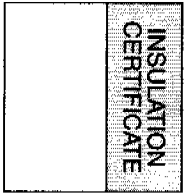
2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION

a) Assessor's Parcel Number c) Owners Name
 b) New Floor Area d) Project Address

Date: _____ Received by: (staff) _____ Permit # _____



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



148B 061177

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 # 143 TRACT # Landmark

STREET 3065 BENNETT LANE CITY Naperville

EXTERIOR WALLS:

MANUFACTURER FB THICKNESS/TYPE 3R1 R- VALUE 13/19

CEILING:

BATT: FB THICKNESS/TYPE 10 R- VALUE 30

BLOWN IN: FB MINIMUM THICKNESS 12 R- VALUE 30

MANUFACTURER FB THICKNESS/TYPE 1328 R- VALUE 23

FLOORS: FB THICKNESS/TYPE R- VALUE

MANUFACTURER FB THICKNESS/TYPE R- VALUE

SLAB ON GRADE: FB THICKNESS/TYPE R- VALUE

MANUFACTURER FB THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION FB INCHES R- VALUE

FOUNDATION WALLS: FB THICKNESS/TYPE R- VALUE

MANUFACTURER FB THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR FB DATE

CALIFORNIA CONTRACTORS LICENSE # DATE

NEVADA CONTRACTORS LICENSE # DATE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING DATE 5/16/06

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 5/16/06

NEVADA CONTRACTORS LICENSE #00555201 DATE 5/16/06

3063 BROWNELL LN 0601177

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **THE LANDING @ RIVERDALE**

Lot Numbers: 143 Date of Job Completion: May 9, 2006

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 Inspections.

June 23, 2006
Date


Signature of authorized representative of Plastering Contractor

This Installation card must be presented to the building Inspector after completion of work and before final inspection.

Sub - Landing @ Riverdale North

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R	
Project Address 3063 Brunnet Lane Sacramento Ca 95834	Builder Name Beazer Homes
Builder Contact John 1000537	Telephone Lot # 143
HERS Rater Chris Perez	Telephone 916-877-6514
Compliance Method (Prescriptive)	Climate Zone
Certifying Signature Chris Perez	Date 5-30-06
Firm ACS	HERS Provider
Street Address: 9524 Mesquite rd	City/State/Zip: Placerville 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 Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where 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:	56	
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:	998 FAN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% [100 x [(Line # 1) / 998 (Line # 2)]]	5.6%	<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
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

No work order

Job # 1000537

Boyer/Landing

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

Lot # 143 Plan # 1448 3063 Brunnet Lane Sacramento, Ca. 95834

Site Address

Permit Number

0601177

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 56

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

998 fan

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 5.6%

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

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

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 =

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.]

TD

Tests

Performed

COPY TO:

Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Signature, Date

5/30/06

Beutter

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

January 4, 2001

1448 plan **ABR** ELE

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

3063 BURNETT LN

Site Address

0601177

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	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. SH	.35	.32	2				
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

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.

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.

Item #s (if applicable)	1-17-06	Signature, Date _____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor <i>John R. Theodor & Window Co.</i>
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

INSTALLATION CERTIFICATE 1448B
 LOT 1143 - ALL LANDING @ RIVERDALE NORTH CF-0K
 Beazer Homes -

Site Address **3063 Burnside Ln** LANDING @ RIVERDALE NORTH 40X90

Permit Number
0601177

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.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	YORK #LY8S040A12	1	80%	ATTIC	R-4.2	22,690	40,000	PLAN 964
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	23,954	60,000	PLAN 1120
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	26,943	60,000	PLAN 1283
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	28,611	60,000	PLAN 1448
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	28,620	60,000	PLAN 1522
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	33,016	60,000	PLAN 1871

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	YORK #H1RD024	1	13.0	ATTIC	R-4.2	15,211	20,800	PLAN 964
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	15,026	20,800	PLAN 1120
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	17,140	20,800	PLAN 1283
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	17,734	20,800	PLAN 1448
A/C	YORK #H1RD030	1	13.0	ATTIC	R-4.2	18,587	20,800	PLAN 1522
A/C	YORK #H1RD030	1	13.0	ATTIC	R-4.2	22,363	28,900	PLAN 1871

* = TXV valve installed with 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.

PLAN 1871

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
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(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 1043

1488B

INSTALLATION CERTIFICATE

(Page 1 of 12)

CF-6R

3063 Brunnet

0601177

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) 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	CEE Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ²	Standby Loss (%) ²	Insulation R-value ²
GAS	A.O. Smith GVE-50TM	Std.	N/A	N/A	40,000	50	.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.

Tom Brown
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

**@lpha Inspections
& Material Testing**

70 Rancho Del Sol • Camino, CA 95709
(530) 644-6726 • (916) 384-7815

DATE: 4-17-06
PROJECT NO. 2007
PROJECT: C.V. BEAZER HOMED
LOCATION: SUNRISE LOT - 1193

DSA FILE/APPL. NO. _____
OSHPD NO. _____
PERMIT NO. _____
WEATHER: _____ TEMP: _____

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AJ-255 GAGE: AJ-1004 TORQUE WRENCH: _____
RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE/SIZE	# TESTED	% of TOTAL	LOAD lb of Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>PHDS EPOXIED ANCHOR BOLTS</u>	<u>5/8</u>	<u>1</u>		<u>6855</u>	<u>2670</u>	<u>1</u>	<u>0</u>	<u>0</u>

Type of epoxy / grout used: _____ Method of application / cleaning: _____
 Visual inspection was performed on _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Except As Noted
Superintendent/Representative: _____

Inspector/Technician: _____