

Job	Truss	Truss Type	City	Pl	CENTEX SHELDON WHITEHOUSE HALF PLEX
RS-018	F3A	CAL HIP	1	1	Job Reference (optional)

DOLAN'S LUMBER, Sacramento, CA

5:200 a Oct 18 2006 MITek Industries, Inc. Tue Aug 15 15:12:32 2006 Page 1

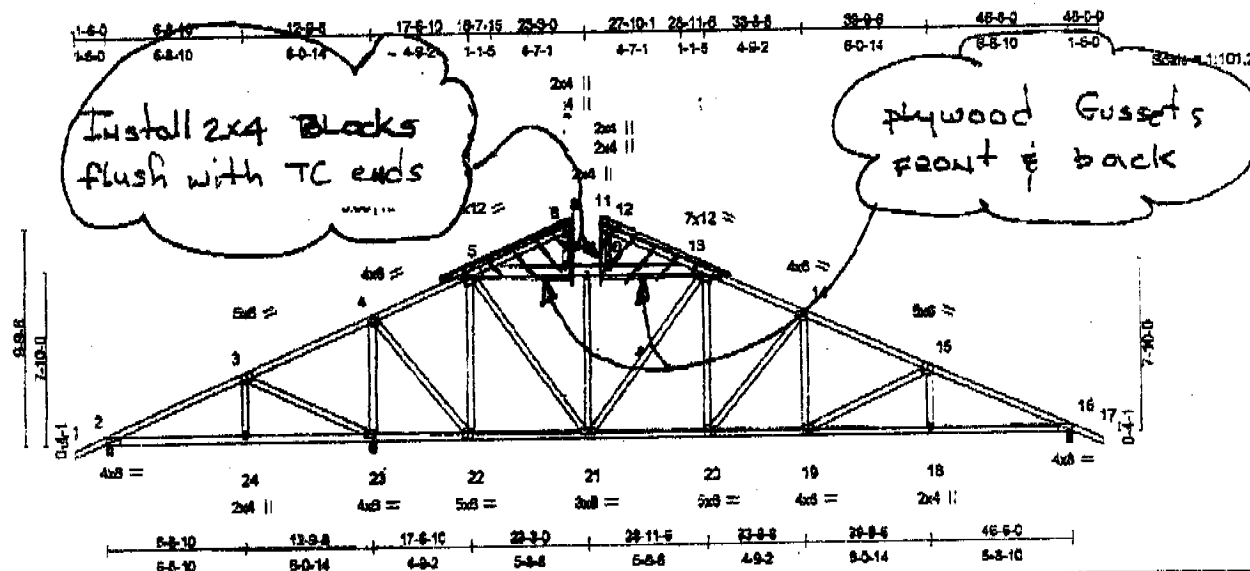


Plate Offsets (X,Y): [2-0-0-0-0-0], [3-0-3-0-0-3-0], [15-0-3-0-0-3-0], [18-0-0-0-0-0-0], [25-0-3-0-0-3-0], [27-0-3-0-0-3-0]

LOADING (pcf)	SPACING	2-0-0	CSI	DEPL	In (loc)	Vdef	L/d	PLATES	GRIP
TCLL 16.0	Plate Increase	1.25	TC 0.38	Vert(LL)	-0.08	19	>999	MI20	220/195
TCDL 14.0	Lumber Increase	1.25	BC 0.42	Vert(TL)	-0.19	18-19	>999		
BCLL 5.0	Rep Stress Inor	NO	WB 0.97	Horz(TL)	0.05	16	n/a		
BCDL 7.0	Code	UBC97/ANSI95	(Matrix)						Weight: 275 lb

LUMBER
 TOP CHORD 2 X 4 DF No. 1&Btr "Except"
 5-13 2 X 6 DF No. 2
 BOT CHORD 2 X 4 DF No. 1&Btr
 WEBS 2 X 4 DF Std

BRACING
 TOP CHORD Sheathed or 4-0-12 oc purlins,
 BOT CHORD Rigid ceiling directly applied or 6-0-0 oc bracing.
 WEBS 1 Row at midpt 13-21

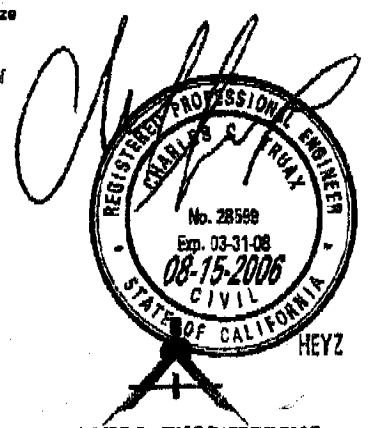
REACTIONS (lb/size) 2=243/0-3-8, 23=2172/0-3-8, 18=1226/0-3-8
 Max Grav 2=328(load case 3), 23=2172(load case 1), 15=1226(load case 1)

FORCES (lb) - Maximum Compression/Maximum Tension
 TOP CHORD 1-2=0/33, 2-3=-117/365, 3-4=0/864, 4-5=-304/0, 5-6=-82/29, 6-8=-10/0, 5-7=-847/0, 7-25=-847/0, 9-25=-847/0, 9-26=-847/0, 10-26=-847/0, 10-13=-847/0, 11-12=-10/0, 12-13=-82/29, 13-14=-1311/0, 14-15=-1775/0, 15-16=-2388/0, 16-17=0/33
 BOT CHORD 2-24=-286/40, 23-24=-302/37, 22-23=-737/0, 21-22=0/316, 20-21=0/1122, 18-20=0/1572, 18-19=0/2103, 16-18=0/2105
 WEBS 3-24=0/241, 3-23=-640/0, 4-23=-1818/0, 4-22=0/1454, 5-22=-1025/0, 5-21=0/946, 9-21=-295/0, 13-21=-528/0, 13-20=0/352, 14-20=-612/0, 14-19=0/393, 15-19=590/0, 15-18=0/238, 10-12=-119/0, 6-7=-119/0

- NOTES** (5-9)
- 1) Unbalanced roof live loads have been considered for this design.
 - 2) Provide adequate drainage to prevent water ponding.
 - 3) This truss has been designed for a 10.0 pcf bottom chord live load nonconcurrent with any other live loads.
 - 4) Design assumes #2 (flat orientation) purlins at oc spacing indicated, fastened to truss TC w/ 2-10d nails.
 - 5) California-Hip/Valley overframing and extended top chords to be supported 24" o.c. for uniform load distribution, Laterally brace flat top chord at indicated spacing. See Standard detail for other framing alternatives. (When Applicable)
 - 6) REPAIR NOTES: When vertical blocks were removed from Extended Top Chords 3 1/2" to the left joint 8 and 3 1/2" to the right of joint 11
 - 7) Truss repair calculations based on information from fabricator/contractor whose responsibility it is to verify the adequacy of repair as to its field application. Return all joints to original position before applying repair. The end distance, edge distance, nail spacing, and size of plywood gussets and/or truss members shall be such as to avoid splitting of the wood.
 - 8) Refer to original engineering for plating information not shown.
 - 9) Field-fit 2x4 #1&Btr DF block at joints 6 to 7, and from joints 12 to 10, using 3/8" CDX plywood (or APA rated equivalent) each side of truss, using 5-10d clinched each member each end as shown. Obtain wood-to-wood tight-fitting joints.

LOAD CASE(S) Standard

17060 9375
 7565 SPLENDID WAY
 PLOZ MICRO FILM



This individual component is to be used in a building system designed by others. Loading criteria and dimensions were provided by others and must be verified and approved for the specific application by the project design professional.

TRU-TRUSS ENGINEERING

CERTIFICATION OF INSULATION

0609375

PART I
GENERAL

<p style="font-size: 24px; margin: 0;"><i>Centex</i></p> <p style="font-size: 24px; margin: 0;"><i>Homes</i></p> <p style="font-size: 24px; margin: 0;"><i>Serenade</i></p>	<p>LOT # <i>14233</i></p>	<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 <p>DATE INSULATION COMPLETED</p>
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PART II
AREAS INSULATED

WALLS			CEILING			FLOORS		
(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
FORM BATTS			FORM BATTS & BLOW			FORM BATTS		
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
BAGS			BAGS			BAGS		
R - VALUE INSTALLED		R - VALUE INSTALLED		R - VALUE INSTALLED		R - VALUE INSTALLED		APPLIED THICKNESS
<i>13" 19" 3.5" 5.5"</i>		<i>30 12</i>						
FREE WALLS IF R-VALUE IS GREATER THAN 10.0 ABOVE								
MATERIAL			FORM			R VALUE		
FIBERGLASS			BATTS					
						MANUFACTURER		
						CT OC JM		
MATERIAL			MANUFACTURER			MANUFACTURER		
<i>Foam</i>			HILTI			HANDY FOAM		

PART III
CERTIFICATION

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

SIGNATURE — INSULATION CONTRACTOR	TITLE	DATE
<i>J. C.</i>	MANAGER	<i>10/20/06</i>
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

Site Address: Cen by Homes - Serenade
7565 Splendid
Plan 1193

Permit Number: 0609375

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, sliding)	Manufactured Product Labeled U-value (or CF-1R value) ²	Site Built Products # of Panels	Default U-Value ²	Quantity (Optional)	Total Square Feet	Comments/ Special Features
1. <u>W30</u>	<u>SA</u>	<u>.34</u>				<u>516</u>	
2. <u>W30</u>	<u>HV</u>	<u>.35</u>				<u>15</u>	
3. <u>W30</u>	<u>SO</u>	<u>.34</u>				<u>1667</u>	
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² 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.

<p><u>3</u> Item #s (if applicable)</p>	<p><u>[Signature]</u> Signature, Date</p>	<p><u>MILGARD MFG.</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner</p>
<p>_____ Item #s (if applicable)</p>	<p>_____ Signature, Date</p>	<p>_____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner</p>
<p>_____ Item #s (if applicable)</p>	<p>_____ Signature, Date</p>	<p>_____ Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner</p>

COPY TO: Building Department
 Building Owner at Occupancy

Compliance Forms

July 1, 1995

Site Address: 2545 Splendid Way Permit Number: 0607375

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 10-183(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-IR value	Duct Location (attd, etc.)	Duct 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 #	# of Identical Systems	(1) Efficiency (SEER, etc.) \geq CF-IR value	Duct Location (attd, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

(1) \geq means 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-IR) 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 #	Disposition Type (Sub. point of use)	If Resirculation Control Type	# of Identical Systems	(1) Rated Input (kW or Btu/hr)	Tank Volume (gal/ltr)	(2) Efficiency (EF, RE)	(3) Standby Loss (%)	Exterior Insulation R-value
GAS	BEAUCONNEXION M-4-SB56FB	Sub	N/A	N/A	40,000	50	0.67	N/A	N/A

(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 exterior 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-IR) 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: _____
 BZ Plumbing Co., Inc.
 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

CF-6R

7565 Splendid Way Centex - Saranado 0407375
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).

HYAC SYSTEMS:

Heating Equipment

Table with columns: Equip. Type (pkgs. Heat pump), CRC Certified Mfr Name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Fiping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), Plan. Includes rows for Furnace models like Lennox G40UH-38A-70.

Cooling Equipment

Table with columns: Equip. Type (pkgs. Heat pump), CRC 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), Plan. Includes rows for Condenser models like Lennox 13ACC-030.

TXV - Indicates Thermal Expansion Valve On Coil

(1) Equals 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.

Gregg King 3-29-05
Signature, Date

Beutler Corporation
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with columns: Heater Type, CRC 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.

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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