

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

**Permit No: 0511064**

**Insp Area: 4**

**Thos Bros:**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**Site Address: 5436 KNOTTY PINE WY SAC**  
**Parcel No: NATOMAS PARK COMMONS LOT #51**

**CONTRACTOR**  
LENNAR RENAISSANCE INC  
1075 CREEKSIDE RIDGE DR #100  
ROSEVILLE, CA 95678

**OWNER**

**ARCHITECT**

**Nature of Work: MP1805 2 STORY 8RM 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 10 License Number 732348 Date 8/9/05 Contractor Signature [Signature]

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 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**  
**AUG 09 2005**  
**NON-FEE PERMIT**  
**CENTLR**

**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 8/9/05 Applicant/Agent Signature [Signature]

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

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

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

Carrier OLD REPUBLIC INS. CO. Policy Number MWC11114500 Exp Date 02/28/2007

(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 8/9/05 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

0511064

Installation Card

Job Address

COMMONS AT NATOMAS | Lot: 00051-1  
5436 KNOTTY PINE WAY  
SACRAMENTO

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evaluation Service, Inc.  
Evaluation Report ESR-1711  
Date of Job Completion \_\_\_\_\_

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

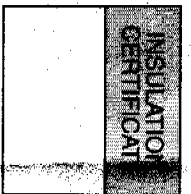
*Juliana Alvarez*  
Signature of authorized representative of stucco contractor

1-12-06  
Date



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

OS11064



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:

RENAISSANCE LOT # 51 TRACT # Common

STREET 5436 KNOTT'S PINNACLE WAY CITY SACRAMENTO

EXTERIOR WALLS:

MANUFACTURER EG THICKNESS/TYPE 3 1/4 R-VALUE 13 1/9

CEILING:

BATT: MANUFACTURER EG THICKNESS/TYPE 10 1/4 R-VALUE 30

BLOWN IN: MANUFACTURER EG THICKNESS/TYPE 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1176 NUMBER OF BAGS USED 21

FLOORS: MANUFACTURER THICKNESS/TYPE VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE VALUE

WIDTH OF INSULATION INCHES

EQUILIBRATION 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 1-12-06

A. [Signature] TUSTIA [Signature] TITLE

**INSTALLATION CERTIFICATE**

**CF-6R**

Site Address 5436 Knotty Pine

Permit Number 0511064

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)	CBC 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)
Furnace	Bryant 310JAV036070	1	80	Attic	6	17,810	51,000

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CBC 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)
Split A/C	Bryant 537GNX030	1	14.0	Attic	6	20036	28,800

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.

Ronald Deal 10/17/05  
Signature, Date

Deal Mechanical, Inc.  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CBC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>3</sup> Loss (%)	External Insulation R-value
G-92	AHeem 4127150-907F	SPD	N/A	N/A	20,000	50			19.2

- 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.

[Signature] 2/28/05  
Signature, Date

Minchi  
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 2 of 4)

2103-908

CP-6R

LOT : 51-1  
Plan : 164C;164(REV);;

Work Order : 171931  
Builder : RENAISSANCE - THE COMMONS

Site Address : 5436 Knolly Drive

Permit # 0511067

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labelled U-value (< CF-1R value) <sup>2</sup>	Site Built Products		Quantity (optional)	Total Square Feet	Comments/ Special Features
			# of Panes	Default U-Value <sup>2</sup>			
1. WINDFORD WINDOW	S/Hung	0.350				98.5	
2. WINDFORD WINDOW	P/Door	0.490				48.0	
3. WINDFORD WINDOW	H/Slider	0.350				54.0	
4. WINDFORD WINDOW	Fixed	0.490				10.0	
5. * Weighted Average	----->	0.389	----	----	----	210.5	-----
6.							
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<sup>2</sup>Installed U-value must be less then or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less then 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 the 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.

Item #s  
(if applicable)

Signature, Date

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

Item #s  
(if applicable)

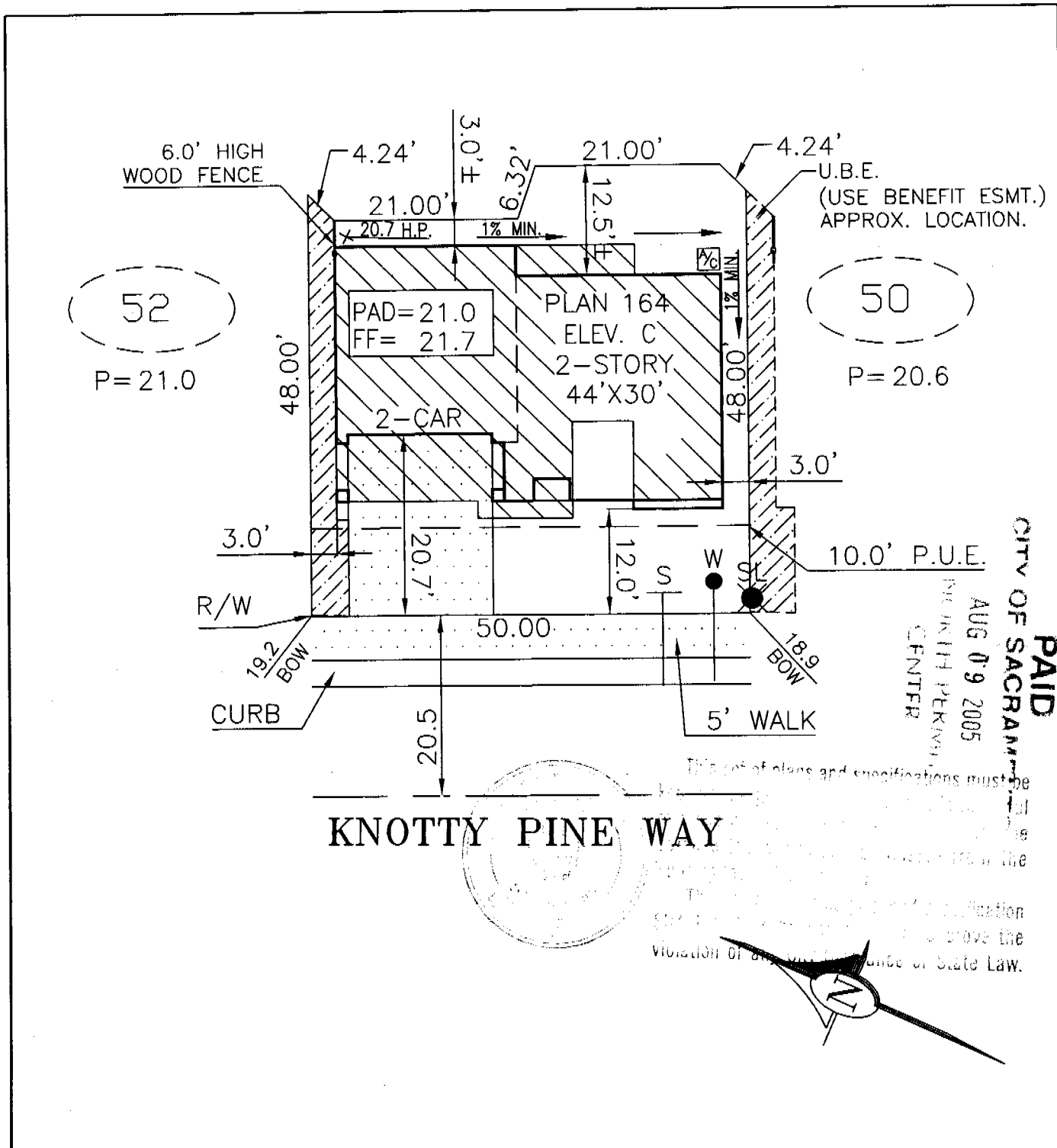
Signature, Date

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


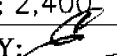
Item #s  
(if applicable)

Signature, Date

\* Product mix and u-values reflect plan changes \*



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

 <p>1075 CREEKSIDE RIDGE DR. SUITE 100. ROSEVILLE, CA 95678 PHONE (916) 773-4083 FAX (916) 773-4086</p>		<p><b>PLOT PLAN</b></p> <p>NOTES:</p> <p>* LOT REQUIRES BACKWATER VALVE</p>	
<p>ADDRESS: 5436 KNOTTY PINE WAY</p>		<p>LOT COV: 43.3%</p>	
<p>PLAN NO.: 164-C</p>	<p>LOT SQ. FT.: 2,400</p>	<p>APN:</p>	
<p>DRAWN BY: R.P.</p>	<p>APPROVED BY: </p>	<p>DATE: 7/12/05</p>	<p>SCALE: 1"=16'</p>
		<p><b>LOT 51</b></p>	