

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

Permit No: **0606759**

Insp Area: **3**

Thos Bros:

Sub-Type: **NSFR**

Housing (Y/N):

Site Address: **7350 ELDER CREEK RD SAC**

Parcel No: **040-0270-045**

**ELDER CREEK PARK UNIT 2 LOT # 6**

N

CONTRACTOR  
MARANATHA CORP.  
1860 PRAIRIE CITY RD  
FOLSOM CA. 95630

OWNER

ARCHITECT

Nature of Work: **MP 2160 2 STORY 10 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 B License Number 841756 Date 6-19-06 Contractor 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 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

JUN 19 2006

**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 laws 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 6-19-06 Applicant/Agent 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 6-19-06 Applicant 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.**

LOT 3, 4, 5 + 6

Certificate of Field Verification  
and Diagnostic Testing

Prescriptive Method -  
HVAC-only Alteration

CF-4R-ALT

Project Title: ELDER CREEK PARK II	Date: 2/28/07	© 2005 CalCERTS
Project Address: 7350 ELDER CREEK RD.	Climate Zone: 12	Enforcement Agency Use Only Building Permit # 0606759
Installing Contractor: AIR MASTER HT & AIR	Telephone: 399-1585	Plan Check Date
CalCERTS Rater Name: STEVE VASA-CC 5004262	Telephone: 682-8730	Field Check Date 2/28/07
Rater's Company Name: CAP. ENERGY CONSULT.		CalCERTS Rater ID #: CC2004262

IMPORTANT: This CF-4R-ALT form is only for use when an HVAC-only alteration is made to an existing home. Use one form for each system being altered. This is system # \_\_\_\_\_ of \_\_\_\_\_ systems altered in this house. Do not release CF-4Rs for a sample group until all verification and testing in the group is completed and passed. Copies to: Homeowner, Installer, and Building Department

HERS Rater Compliance Statement:

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic testing compliance requirements as checked ✓ on this form. I also certify that I have followed all protocols and procedures as required by the CalCERTS Rater Agreement.

Signed:

Sampling  First test  Re-test (attach previous CF-4R-ALT)

This house is NOT part of a sample group.

This house passes all necessary tests. (Rater to sign HERS rater compliance statement above).

This house did NOT pass the necessary tests. Retest required. See notes below and next page.

This house is part of a sample group. Other houses in the group include (max 6):

Home owner's last name/Street address/City

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

This house passes all necessary tests. (Rater to sign HERS rater compliance statement above). All homes in sample group will be issued CF-4R certificates from CalCERTS registry.

This house did NOT pass the necessary tests. Retest required. See notes below and next page.

This is the first house to fail in this group. (Select one of the above homes for second test).

This is the second house to fail in this group. All homes in group must be tested.

Notes:

NO DUCT/HERS VERIFICATION  
REQUIRED PER T-24

7350 ELDER CREEK RD LOT 26  
Site Address

0606759  
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 & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ( $\geq$ CF-1R value)	Duct Location (at/c, 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.) ( $\geq$ CF-1R value)	Duct Location (at/c, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment 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 equipment 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 Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value
GAS	GSL-50-200	STD	N/A	1	10,000	50	0.62		16.67

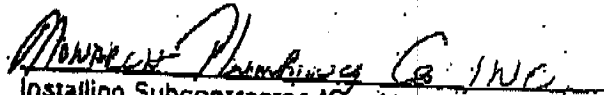
For small gas storage heaters (rated input  $\leq$  75,000 Btu/hr), list recovery efficiency and heat pump water heaters, list Energy Factor.  
For large gas storage water heaters (rated input  $>$  75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.  
For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 11.1.

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment 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 equipment 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  
Building Owner at Occupancy

Compliance Forms

LOTS 3, 4, 5, 6

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

7350 ELDER CREEK

0606759

Site Address

LOT-6

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 (pkgs. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Units	Efficiency (AFUE, etc.) <sup>1</sup> (CF-1R value)	Duct Location (at/c, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
GAS	AUGIER 48 AM-STAND	1	92	ATTIC	R6.0		

Cooling Equipment

Equip. Type (pkgs. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Units	Efficiency (SEER, etc.) <sup>1</sup> (CF-1R value)	Duct Location (at/c, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
A/C	ELIASHIV FEDDERS	1	13.0	ATTIC	R6.0		

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: FILLIP 2/12/07

AIR MASTER HEAT & AIR

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

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Boil, Fan-coil)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>3</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>2</sup>

- 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.
- 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, Date

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 13)

**CF-6R**

**MARANATHA CORP**

Site Address **ELDER CREEK PARK LOT 6**

Permit Number

**FENESTRATION/GLAZING:**

**Plan 2160**

**Elev.**

Manufacturer Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (CF-IR value) <sup>2</sup>	Product SHGC <sup>1</sup> (CF-IR value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Seasonal Features
1. PHILIPS WHITE							
2. VINYL WINDOWS							
3. W/LOWE2 GLASS							
4.							
5. XO	.35			13	199		
6. SH	.35			10	122.4		
7. PW	.32			3	27.2		
8. SGD	.33			1	40.8		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-IR.

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-IR) 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	12/4/06 <b>Sacramento Building Products</b> 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

# OMEGA PRODUCTS INTERNATIONAL, INC.

## DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

7350 Zider Creek Way  
Sacramento CA 95824

Date of Job Completion 10-30-06

### PLASTERING CONTRACTOR:

Name:

CAL NORTH INC

Address:

P.O. Box 7214 Citrus Hgts. CA 95621

Telephone No:

(916) 722-7959

Contractor Number of Diamond Wall System

5515

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 instructions.

02-05-07

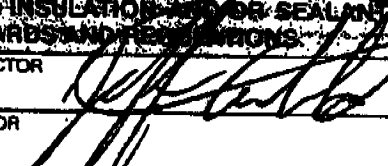
Date



Signature of authorized representative of  
Plastering Contractor

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

# CERTIFICATION OF INSULATION

ADDRESS OF PROJECT Maranatha 7350 Elder Creek RD LOT # 6			SACRAMENTO BUILDING PRODUCTS <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 9851, FRESNO, CA 93793-9851 LIC. #202026 <input type="checkbox"/> P.O. BOX 1831, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3328 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED		
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
		BAGS			
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS
R-13/R-19	3 1/2" / 5 1/2"	R-30	9" / 12"		
KNOWLEDGE IF R-VALUE IS OTHER THAN WALLS ABOVE					
MATERIAL FIBERGLASS		FORM BATTS		R VALUE	
				MANUFACTURER	
				CT	OC
				JM	
AIR INFILTRATION SEALANT					
MATERIAL			MANUFACTURER		
			HILTI		HANDY FOAM
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.					
SIGNATURE — INSULATION CONTRACTOR			TITLE		DATE
			MANAGER		2/13/07
			SIGNATURE — GENERAL CONTRACTOR		
					DATE
REMARKS					