

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0602215
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
N

Site Address: 530 CANDELA CR SAC
Parcel No: CANDELA LOT #22 Housing (Y/N):

CONTRACTOR
JOHN LAING HOMES
1536 EUREKA RD STE 100
ROSEVILLE CA. 95661

OWNER

ARCHITECT

Nature of Work: MP1541 2 STORY 5 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 687596 Date 4-06-06 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 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 _____

PAYED
CITY OF SACRAMENTO
APR 06 2006
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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 improvements 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 4-06-06 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 ZURICH AMERICAN INSURANCE COMP Policy Number wc367699401 Exp Date 05/15/2006

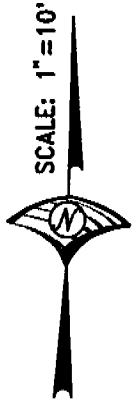
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 4-06-06 Applicant Signature [Signature]

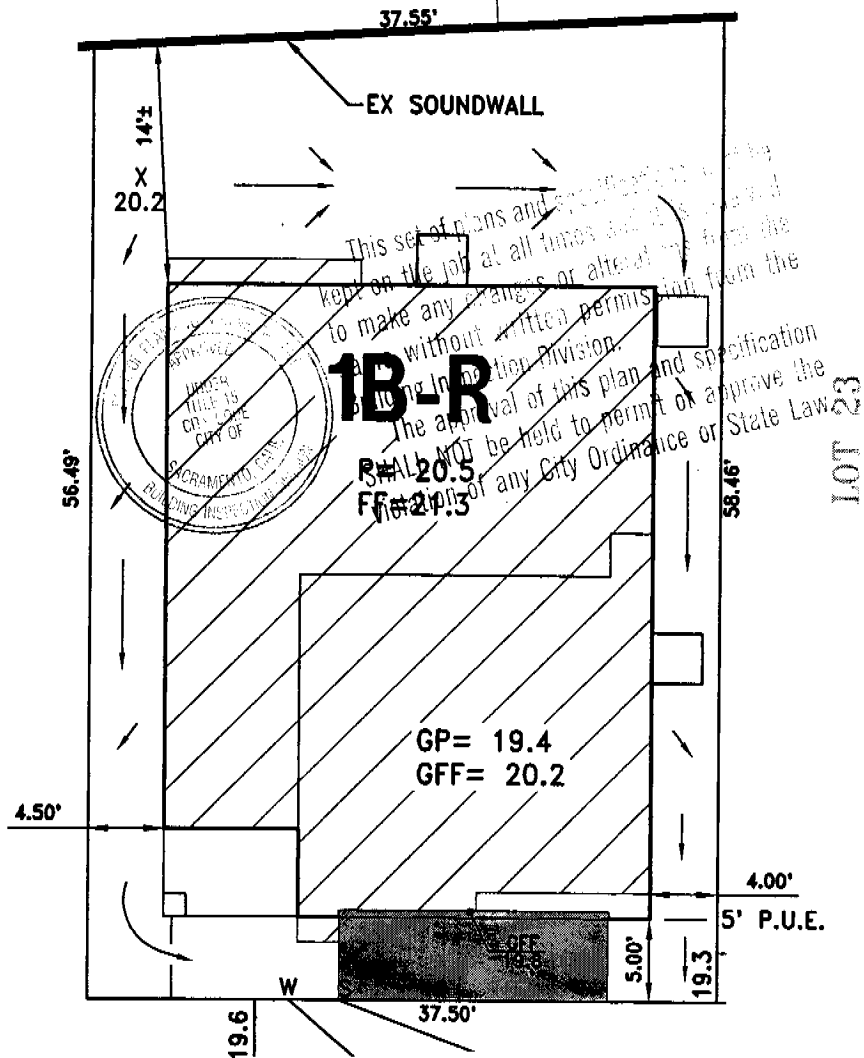
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S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

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

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 WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



EX WESTBOROUGH VILLAGE 1



This plot plan is subject to change and may not be 100% accurate until approval by the appropriate cities/counties.

LEGEND

- STREET LIGHT
- ▲ TRANSFORMER
- UTILITY BOX
- ⊞ STREET LIGHT SERVICE BOX
- ≡ STREET SIGN
- FIRE HYDRANT
- DRAINAGE INLET
- BLOWOFF VALVE

A.P.N.: 275 210-022
 LOT AREA: 2155 S.F.
 ADDRESS: XX CANDELA CIRCLE 530

PLOT PLAN
LOT 22
 WESTLAKE
 PARCEL 31
 FOR
 JOHN LAING HOMES
 CITY OF SACRAMENTO CALIFORNIA

WOOD RODGERS
 engineering • planning • mapping • surveying
 1012 11th St, Suite 300 Modesto, CA 95354
 Tel 209.549.7060 Fax 209.549.7064

| | | | |
|--------------------------|---------------|----------------|-------------------------|
| DATE: JANUARY 2006 | DRAWN: OME | CHECKED: JR | PROJECT NO: 1122.059 |
|--------------------------|---------------|----------------|-------------------------|

J:\Jobs\1122 - Westlake - Parcel - 31 - 0A\Civil\Plot Plans\lot 22.dwg 1/06/06 4:01pm Jaudabaugh

Permit # 0602215



Installation Card

Job Address

CANDELA | Lot: 0000022
530 CANDELA CIRCLE
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 A. Alvarez
Signature of authorized representative of stucco contractor

7-18-06
Date

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: 530 (Lot 22) Candela Circle Sacramento CA
Number Street City State

Ceilings:

| | | | | | | |
|--------|--------------|-----------------------|-----------------------|---------------|-----------|-------------|
| Blow: | Manufacturer | <u>Greenfiber</u> | Thickness | <u>8.36"</u> | R / Value | <u>R-30</u> |
| | Square Feet | <u>898</u> | # Bags / Lbs. Per Bag | | | <u>30</u> |
| Batts: | Manufacturer | <u>Johns Manville</u> | Thickness | <u>10.25"</u> | R / Value | <u>R-30</u> |
| Batts: | Manufacturer | <u>Johns Manville</u> | Thickness | <u>N/A</u> | R / Value | <u>N/A</u> |

Exterior Walls:

| | | | | | |
|--------------|-----------------------|-----------|-------------|-----------|-------------|
| Manufacturer | <u>Johns Manville</u> | Thickness | <u>6.5"</u> | R / Value | <u>R-19</u> |
| Manufacturer | <u>Johns Manville</u> | Thickness | <u>3.5"</u> | R / Value | <u>R-13</u> |

Floor Insulation:

| | | | | | |
|--------------|-----------------------|-----------|-------------|-----------|-------------|
| Manufacturer | <u>Johns Manville</u> | Thickness | <u>6.5"</u> | R / Value | <u>R-19</u> |
|--------------|-----------------------|-----------|-------------|-----------|-------------|

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: John Laing Homes Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation LLC Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 7/14/06

INSTALLATION CERTIFICATE

530 CANDELA CDR
 Site Address: John Laing Candela Plan I Permit Number: _____

FENESTRATION/GLAZING:

| Manufacturer/Brand Name | Product U-Value ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panels | Total Quantity of Like Product (Optional) | Square Feet | Interior or Exterior Shading Device or Overhang | Comments/Location/Special Features |
|------------------------------|---|--|-------------|---|-------------|---|------------------------------------|
| (GROUP LIKE PRODUCTS) | | | | | | | |
| 1. XO | .35 | .33 | 2 | | 64 | | |
| 2. S/H | .35 | .29 | 2 | | 94 | | |
| 3. P/W | .33 | .36 | 2 | | 54 | | |
| 4. SGD | .34 | .33 | 2 | | 48 | | |
| 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-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-Value 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.

| | | |
|---------------------------------|--|---|
| 4 Item #s (if applicable) | <u> </u> Signature, Date 1/5/06 | Ultra Glass Inc. Distributor Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor We windows + SGD |
| 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

July 1, 1999

530 CAVIDA CR

John Laing Homes - Candela

Permit Number

Site Address

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 LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 30,469 | 60,000 | Plan 1 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 30,895 | 60,000 | Plan 2 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 33,122 | 60,000 | Plan 3 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 33,182 | 60,000 | Plan 4 |
| Furnace | York LY8S060A12 | 1 | 0.80 | Attic | R-4.2 | 36,390 | 60,000 | Plan 5 |

Cooling Equipment

| 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) | |
|------------------------------|--|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|--------|
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 17,265 | 40,700 | Plan 1 |
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 17,709 | 41,100 | Plan 2 |
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 19,630 | 34,900 | Plan 3 |
| Condenser | York H*RD024 | 1 | 13.0 | Attic | R-4.2 | 18,914 | 26,800 | Plan 4 |
| Condenser | York H*RD030 | 1 | 13.0 | Attic | R-4.2 | 22,153 | 34,900 | Plan 5 |

***TXV - Indicates Thermal Expansion Valve On 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

Beutler Corporation
 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 |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|-----------------------------|
| NG | STATE 65640vexT | STD | | 1 | 40,000 | 40 | .62 | 3.20 | 16 |

(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

Project Title: CANDELA Sacramento CA, 95835 Date: 7-20-00
 Project Address: 520 CANDELA CIRCLE Builder Name: JOAN LAING
 Job # 1000512 L# 22 Plan Number: 1(1841)
 Builder Contact: Demetri Wells Telephone: _____
 HERS Rater: Demetri Wells Telephone: 720-09 Sample Group Number: _____
 Certifying Signature: _____ Date: _____ Sample House Number: _____
 Firm: ALLEN ALLEN HERS Provider: CHEERS
 Street Address: 9524 MOSQUITO RD. City/State/Zip: PLACERVINE CA 95607
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This 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 houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa) _____ Measured values _____
 Test Leakage in CFM) 60 CFM
 If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998 FAN.
 If fan flow is measured enter measured value here _____
 Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%
 Check Box for Pass or Fail (Pass = 6% or less) Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
 Yes is a pass Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)
 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 = _____ Pass Fail
- Yes for both 1 and 2 is a Pass

Installation Certificate
 4700 Lang Avenue • McCellan, CA 95652
 916.646.2222 • Contractor Lic. #162634
 Sacramento, CA 95835
 Site Address
 Permit Number # 1000512
INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE
 Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT
 The building was: Tested at Final Tested at Rough-in
INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:
 Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
 If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
 Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

DUCT LEAKAGE REDUCTION
NEW CONSTRUCTION:
Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

| 1 | Enter Tested Leakage Flow in CFM: | Measured Values |
|---|---|---|
| 1 | Enter Tested Leakage Flow in CFM: | 600 |
| 2 | Fan Flow: Calculated (Nominal): <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here: | 998 |
| 3 | Pass if Leakage Percentages ≤ 6% for Final or ≤ 4% at Rough-in: [100 x (Line # 1) / 92] (Line # 2)] | 6% |
| ALTERATIONS: Duct System and/or HVAC Equipment Change-Out | | |
| 4 | Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out. | |
| 5 | Enter Tested Leakage Flow in CFM from 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) | |
| 8 | Enter New Duct System - Pass if Leakage Percentage ≤ 6% for Final or ≤ 4% at Rough-in [100 x (Line # 5) / (Line # 2)] | |
| 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)] | <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 | | |

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofitted Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

Signature: John L. King Date: 07-20-02
 Installing Subcontractor (Co. Name) or General Contractor (Co. Name): Beutler