

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0406414
Insp Area: 4
Thos Bros: 276J4

Site Address: 2976 MUTTONBIRD WY SAC Sub-Type: NSFR
Parcel No: 225-1880-065 PARKVIEW VILLAGE 3 LOT 24 Housing (Y/N): N

CONTRACTOR
KIMBALL HILL HOMES
10535 EAST STOCKTON BL. STE. K
ELK GROVE CA. 95624

OWNER

ARCHITECT

Nature of Work: MP3161 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 701803 Date 5/5/04 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 _____

PAID
CITY OF SACRAMENTO
MAY 06 2004

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 above mentioned property for inspection purposes.

Date 5/5/04 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.

[Signature] 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 TRAVELERS Policy Number WC59663000527 Exp Date 10/01/2004

_____, (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 5/5/04 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.



F. RODGERS INSULATION RESIDENTIAL, INC.

Thermal Insulation Contractors
Residential

INSULATION
CERTIFICATE

6895

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550

(925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691

(916) 386-9400 • FAX (916) 386-9446

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATION, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

44H LOT # 447 TRACT # CREEDVIEW

STREET _____ CITY SAC

EXTERIOR WALLS: _____ R- VALUE 13

MANUFACTURER _____ o/c THICKNESS/TYPE _____ R- VALUE 13

CEILING: _____ R- VALUE 30

BATT: _____ o/c THICKNESS/TYPE _____ R- VALUE 30

MANUFACTURER _____ o/c THICKNESS/TYPE _____ R- VALUE 30

BLOWN IN: _____ o/c THICKNESS/TYPE _____ R- VALUE 30

MANUFACTURER _____ o/c THICKNESS/TYPE _____ R- VALUE 30

OTHER: _____ R- VALUE 13

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE 13

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL
CALIFORNIA CONTRACTORS LICENSE #771285

DATE 9.8.04

BT/TA
SIGNATURE _____ TITLE _____

INSTALLATION CARD

OMEGA DIAMOND WALL INSULATING ONE COAT SYSTEM
OMEGA PRODUCTS INTERNATIONAL, INC.

Job Address:

2976 Muttarbird Wy.
Sacramento CA
Kimball Hill Homes

ICBO Evaluation Service, Inc.
Report: 4004

9-2-04
Date of Job Completion

Plastering Contractor:

Name: Mid Valley Plastering, Inc.

Address: 4807 S. Airport Way, Unit # D
Stockton, CA 95206-4924

Telephone: .. (209) 234-2671

Approved Contractor Number as Issued by the Coating Manufacturer Omega Diamond Wall No. 2315

This is to certify that the exterior 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

Jeff Dean
Signature of Plastering Contractor

9-2-04
Date

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

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Plan 3161

Site Address Parkview Executive

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 and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (>CF-1R value)	Duct Location (at/c, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<u>FAD Carrier</u>	<u>58ST2110-2a</u>	<u>1</u>	<u>80%</u>	<u>Attic</u>	<u>4.2</u>		<u>105,000</u>

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (>CF-1R value)	Duct Location (at/c, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<u>A/C Carrier</u>	<u>38CC060</u>	<u>1</u>	<u>10.0</u>	<u>Attic</u>	<u>4.2</u>		<u>100,000</u>

1. \geq 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.

Betty Martinez
Signature, Date 4-5-04

Lee Design, Inc.
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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ³ (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
<u>gas</u>	<u>A.O. Smith</u> <u>GU1650</u>	<u>Residential</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>57</u>	<u>.62</u>		<u>R-16</u>

- 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.
- 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]
Signature, Date 10-16-04

Kimball Hill Homes
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

Plan : 3161C;3161W/C;;;

Builder : KIMBALL HILL HOMES - PARKVIEW EXECUTIVE

Site Address :

Permit #

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Operator Type (e.g., fixed, slider)	Manufactured Products	Site Built Products	Quantity (optional)	Total Square Feet	Comments/ Special Features
		Labelled U-value (< CP-1R value) ²	# of Panes			
(GROUP LIKE PRODUCTS)						
1. WINDFORD WINDOW	S/Rung	0.350			126.0	
2. WINDFORD WINDOW	R/Slider	0.320			170.0	
3. WINDFORD WINDOW	Fixed	0.320			233.8	
4. * Weighted Average	----->	0.327	----	----	529.8	-----
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²Installed U-value must be less than or equal to value from CP-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CP-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 CP-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
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* Product mix and u-values reflect plan changes as of 10/05/04