

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0613851

Insp Area: 4

Thos Bros: 298B1

Site Address: 1689 ARDEN WY SAC

Parcel No: 277-0160-071

CONTRACTOR

CONSTRUCTION SAJO INC DBA MONTREAL
1320 GRAHAM BLVD
MOUNT ROYAL H3P3C8

STE. 1078 PAID
CITY OF SACRAMENTO
3875 TAYLOR RD #B
LOOMIS, CA 95670
SEP 08 2006
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Sub-Type: COM

Housing (Y/N): N

ARCHITECT

ARDEN FAIR ASSOCIATES

Nature of Work: UPGRADE EXISTING FIRE AND DEVELOPER "ALDO SHOES" INTERIOR REMODEL (#0609132); DEVICES ONLY

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 746021 Date 9-8-06 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 _____

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 9-8-06 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 LIBERTY MUTUAL Policy Number WCI-B72-072805-045 Exp Date 11/01/2006

(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 9-8-06 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.

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OF PROJECT		SACRAMENTO BUILDING PRODUCTS					
	KB 5259 GLIMMER WAY Per # 0612851 Hamptons		LOT # 97 <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 DATE INSULATION COMPLETED					
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		
	R - VALUE INSTALLED		APPLIED THICKNESS		R - VALUE INSTALLED		APPLIED THICKNESS	
	R-13		3 1/2"		R-38		12" / 14 3/4"	
NOTE: IF R-VALUE IS GREATER THAN WALLS ABOVE								
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER		
						CT OC JM		
AIR INFILTRATION SEALANT				MANUFACTURER				
				HILTI		HANDY FOAM		
THIS IS TO CERTIFY THAT INSULATION SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND METHODS.								
SIGNATURE — INSULATION CONTRACTOR				TITLE MANAGER		DATE 11/10/00		
SIGNATURE — GENERAL CONTRACTOR				TITLE		DATE		
REMARKS								

INSTALLATION CERTIFICATE

CF-6R

PLAN#

KB HOME - SCHUMACHER NATOMAS TRADITIONAL

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.) \geq CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	31,832	53,000	PLAN 1364
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	35,686	53,000	PLAN 1975
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	39,196	53,000	PLAN 1979
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,283	70,000	PLAN 2093
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,630	70,000	PLAN 2132
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,206	70,000	PLAN 2199
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	39,638	70,000	PLAN 2286
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,240	70,000	PLAN 2552

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)	
A/C	Carrier 38BRC030*	1	13.0	ATTIC	6	20,368	27,600	PLAN 1364
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,153	33,100	PLAN 1975
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,004	33,100	PLAN 1979
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	26,512	33,100	PLAN 2093
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,559	33,100	PLAN 2132
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,919	33,100	PLAN 2199
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	28,790	38,600	PLAN 2286
A/C	Carrier 38BRC048*	1	13.0	ATTIC	6	33,212	44,100	PLAN 2552

* = TXV valve installed as part of coil

(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.

 11.02.04
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

Site Address 5259 [REDACTED]

Permit Number [REDACTED]

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. Pacific	.35	SH	2				lowE ²
2. ↓	.35	XO	2				
3. ↓	.34	PW	2				
4. ↓	.35	PD	2				
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-Factor 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 (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors 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-Factor 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.

Item #s (if applicable)	Signature, Date <u>[Signature]</u> <u>12/13/04</u>	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

E

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 (>CE-1R value)	Duct Location (attic, 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.) ¹ (>CE-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

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.

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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ³ (EE, RE)	Standby ² Loss (%)	External Insulation R-value ³
GAS	GURSO	GAS				50	0.62		

- 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.

Mark A. Byr 10/03/05
Signature, Date

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

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

CERTIFICATION OF INSULATION

<p>ADDRESS</p> <p>KB Homes 5279 Glimmer Way Hamptons Traditional Per# 0612848</p> <p style="text-align: right;">LOT # 100</p>	<p style="text-align: center;">SACRAMENTO BUILDING PRODUCTS</p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
---	---

WALLS			CEILINGS			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
R - VALUE INSTALLED			R - VALUE INSTALLED			R - VALUE INSTALLED		
APPLIED THICKNESS			APPLIED THICKNESS			APPLIED THICKNESS		
R13/R19 3 1/2" / 5 1/2"			R38 14 3/4"					
THREE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS			FORM BATTS			R VALUE		
						MANUFACTURER		
						CT	OC	JM
AIR INFLATION SEALANT								
						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
<i>Danny B</i>	MANAGER	10-27-06
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

INSTALLATION CERTIFICATE

Site Address [REDACTED]

Permit Number [REDACTED]

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. Pacific	.35	SH	2				
2. ↓	.35	KO	2				lowe ²
3. ↓	.34	PW	2				
4. ↓	.35	PD	2				
5.							
6.							
7.							
8.							
9.							
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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-Factor 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 (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors 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-Factor 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.

Item #s (if applicable) _____ Signature, Date [Signature] 12/13/04
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s (if applicable) _____ Signature, Date _____
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Item #s (if applicable) _____ Signature, Date _____
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COPY TO: Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy

E

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 (2CE-1R value)	Duct Location (attic, 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.) ¹ (2CE-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

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.

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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, EE)	Standby ² Loss (%)	External Insulation R-value ³
GAS	GURSO	GAS				50			

- 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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Nick Orby 10/08/05
Signature, Date

PCR Companies

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

LOT _____ PLAN# _____ KB HOME - SCHUMACHER NATOMAS TRADITIONAL

Site Address _____

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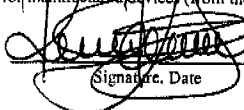
Cooling Equipment

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)	
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 11.02.04
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner