

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0513793

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 8547 WEST WING DR SAC
Parcel No: SHELDON WHITEHOUSE PH.1 LOT # 2

CONTRACTOR
CENTEX HOMES
2527 CAMINO RAMON STE. #250
SAN RAMON, CA 94583

OWNER

ARCHITECT
RITNER ARCHITECTURAL GROUP
20201 SW BIRCH ST. STE. 150
NEWPORT BEACH, CA 92660

Nature of Work: MP2806 2 STORY 11 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 N/A 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 825943 Date 9/22/05 Contractor Signature Debbi Stowers

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
SEP 22 2005

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 9/22/05 Applicant/Agent Signature Debbi Stowers

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 INSUR Policy Number WC8322097-08 Exp Date 10/01/2005

(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 9/22/05 Applicant Signature Debbi Stowers

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
PART II AREAS INSULATED
PART III CERTIFICATION

Contex Homes
 LOT # 4208
8547 Wood Wing
 Serenade

- P.O. BOX 654, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9851, FRESNO, CA 93793-9851 LIC. #202026
- P.O. BOX 1831, RENO, NV 89505 LIC. #10675
- 3328 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED
2-27-06

WALLS SQUARE FEET	FLOORS SQUARE FEET	SQUARE FEET
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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.

CT	OC		CT	OC	JM	CT	OC	JM
----	----	--	----	----	----	----	----	----

13	56	38	12 1/4"			
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MATERIAL FIBERGLASS	MATERIAL BATTS	VALUE
		CT OC JM

MATERIAL Foam	MANUFACTURER HILTI	MANUFACTURER HANDY FOAM
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SIGNATURE — INSULATION CONTRACTOR <i>B. B.</i>	TITLE MANAGER	DATE 2/14/06
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS

INSTALLATION CERTIFICATE

CF-6R

Centex - Saranada

Site Address 8547 WEST WIND DR

Permit Number 0513793

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

Table with columns: 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), and Plan number.

Cooling Equipment

Table with columns: 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), and Plan number.

*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.

Handwritten signature and date: Greg Perry 3-29-05

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with columns: 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), (3) Standby Loss (%), External Insulation R-value.

(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

Site Address 8547 WEST WINDY DR Permit Number 0513793

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 10-123(b).

HVAC SYSTEMS:
Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr Name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-IR value	Duct Location (atdc, 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 #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR value	Duct Location (atdc, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

(1) > means 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-IR) 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 #	Disposition Type (Sub. point of use)	If Resealable Control Type	# of Identical Systems	(1) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(3) Standby Loss (%)	External Insulation R-value
Gas	BRADCO WH18 11-1-5056FPA	Sub	N/A	N/A	40,000	50	0.67	N/A	N/A

(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-IR) 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 _____ BZ Plumbing Co, Inc.
 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)

CF-6R

Center Homes - Serenade

Site Address

Plan 7804


Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (± CF-1R value) ¹	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/Special Features
			# of Panels	Default U-Value ²			
1. <i>UN70</i>	<i>HW</i>	<i>.35</i>				<i>251.50</i>	
2. <i>UN31</i>	<i>SD</i>	<i>.34</i>				<i>98</i>	
3. <i>UN30</i>	<i>SH</i>	<i>.34</i>				<i>78.67</i>	
4. <i>UN30</i>	<i>PD</i>	<i>.33</i>				<i>96</i>	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than 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 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.

<u>4</u>		<u>7/20/05</u>	<u>MILGARD MFG.</u>
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		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

Compliance Forms

July 1, 2005

SIGNET

Testing Labs, Inc.

DATE: 12-21-05
 PROJECT NO. 2007
 PROJECT: CV/CENTEX HOMES
 LOCATION: SERENADE LOT-2

DSA FILE/APPL. NO. _____
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: _____ TEMP: _____

PROOF LOAD TORQUE WITNESSING

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: _____ GAGE: _____ TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST

Type of epoxy/grout used: SIMPSON RET-22 / EXR 107 Method of application / cleaning: AIR / BRUSH
 Visual inspection was performed on THE PLACEMENT OF TEN 5/8" DIA ANCHOR BOLTS IN A PRE-DRILLED AND CLEANED HOLE 3/4" DIA X 12" EMBED AT SHEARWALL LOCATIONS

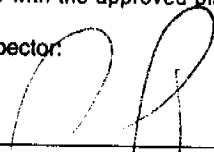
Show up / Stand by time. Job Canceled / Delayed due to: _____
 All non-compliance items were brought to the attention of: _____ at the job site.

NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above **WAS** ~~WAS NOT~~ performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____

Inspector: 

3121 Diablo Avenue
Hayward CA 94545

4741 Pell Drive #8
Sacramento CA 95838

520 Mercantile Street #A
Cotati, CA 94931

310 W 5th Street #203
Santa Ana CA 92701

JOB SITE COPY

FORM 301

INSTALLATION CERTIFICATE

(Page 4 of 12) CF-6R

Site Address

1416 RODEO WAY SAC 95819

Permit Number

0519793

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

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

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:

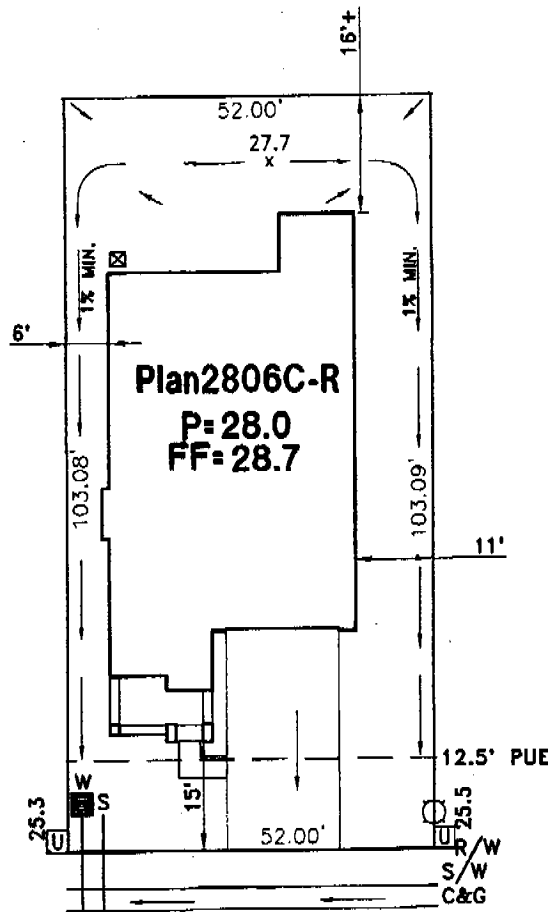
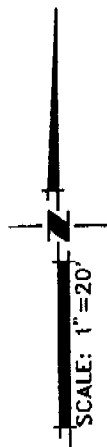
Duct Pressurization Test Results (CFM @ 25 Pa)		Measured Values	
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number 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:	1000	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage \leq 6% for Final or \leq 4% at Rough-in: [100 x [(Line # 1) / 35 (Line # 2)]]	35	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage \leq 6% for Final or \leq 4% at Rough-in [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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 \leq 15% [100 x [(Line # 5) / (Line # 2)]]		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
10	Pass if Leakage to Outside Percentage \leq 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage \geq 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
			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

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 retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	AAROUS COOLING & HEATING
Signature: <i>Ken Harris</i>	Date: 1-10-06

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

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 WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



LEGEND

- ☒ AC UNIT LOCATION
- DRAIN INLET
- S W SEWER SERVICE
- W WATER SERVICE
- ☉ STREET LIGHT
- T TRANSFORMER
- ☐ UTILITY BOX
- ☑ STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

WEST WING DRIVE



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

SHELDON WHITEHOUSE - PHASE 1
CENTEX HOMES
PLOT PLAN FOR LOT 2

APN:
LOT AREA: 5,360 S.F.
ADDRESS: 8547 WEST WING DRIVE
CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
ENGINEERING • PLANNING • MAPPING • SURVEYING
3301 D STREET, BLDG. 100-B, SACRAMENTO, CA 95814
PHONE: (916) 341-7700 FAX: (916) 341-7707
8/4/2005 Bw/DAM 1212.003

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