

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

**Permit No: 0412325**  
**Insp Area: 4**  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N):

**Site Address: 2712 INGLETON LN SAC**  
Parcel No: 201-0880-020  
N

HERITAGE @ NATOMAS PARK 9 LOT 20

CONTRACTOR  
US HOME  
2366 GOLD MEADOW DR STE 100  
GOLD RIVER, CA 95670 77041

OWNER

ARCHITECT

**Nature of Work: MP2005 1 STORY 8 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 451839 Date 8/9/4 Contractor Signature Don McCloskey

**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 8/9/4 Applicant/Agent Signature Don McCloskey

**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 policy number are:

Carrier OLD REPUBLIC INS. CO. Policy Number MWC10815000 Exp Date 11/01/2004

\_\_\_\_\_, (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.

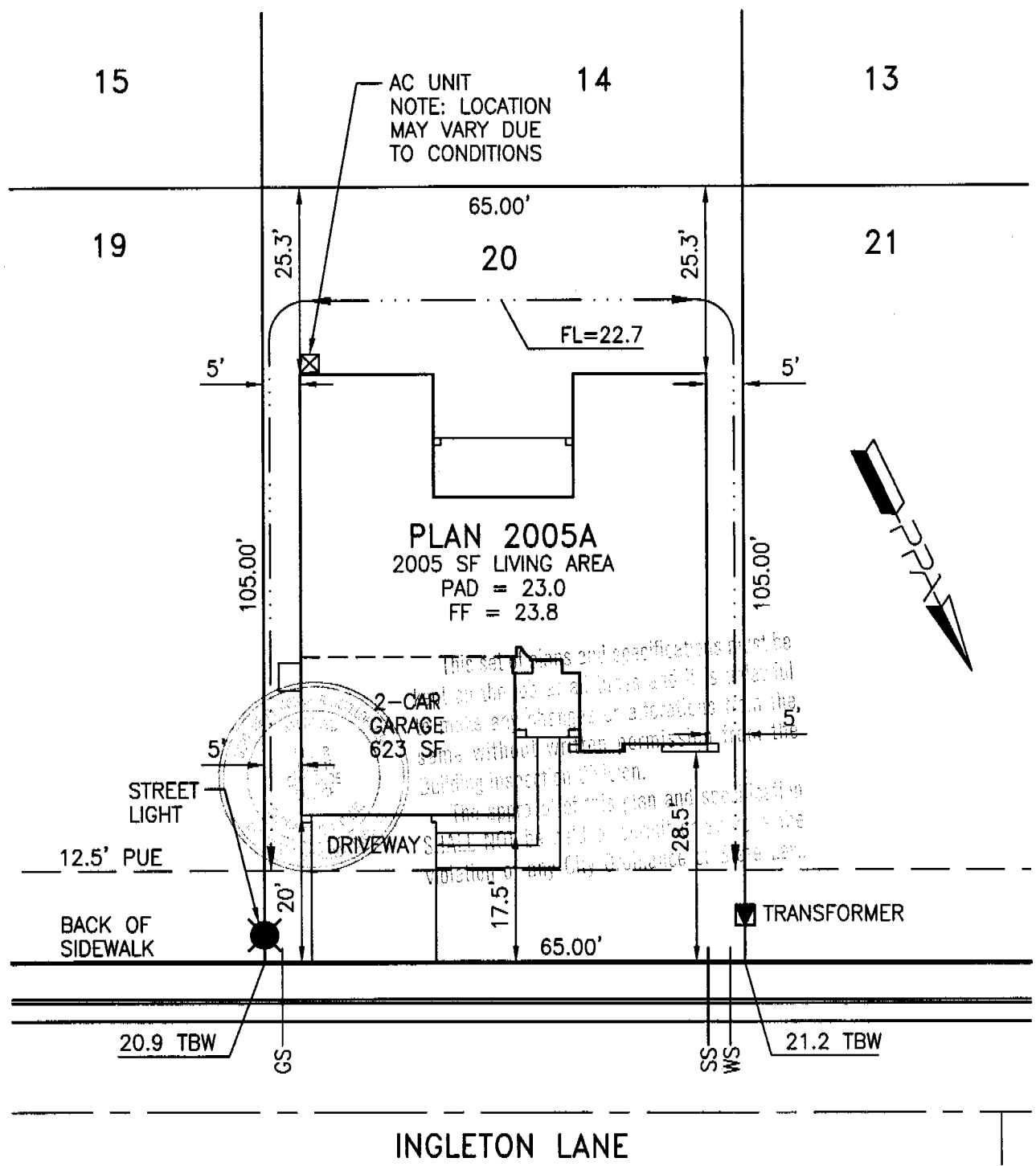
Date 8/9/4 Applicant Signature Don McCloskey

**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.**

**PAID**  
**CITY OF SACRAMENTO**  
**AUG 10 2004**  
**NON-TRANSFERABLE**

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.



Approved By:	US Home Corp. Rep.	Date
Revision	Approved By	Date
▲		
▲		

LOT AREA: 6825 SF  
 ALLOWED LOT COVERAGE: 3071 SF = 45.0%  
 ACTUAL LOT COVERAGE: 2779 SF = 40.7%  
 REAR YARD AREA: 1805 SF  
 NUMBER OF BEDROOMS:

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

Plot Plan for Heritage at Natomas Park Village 9  
**Heritage Park - Riviera**  
 2712 Ingleton Lane, Sacramento, CA 95835  
 PPA Job #005010  
**Lot 20**  
 APN 201-0880-020

**US Home Corporation - Sacramento Division**  
 2366 Gold Meadow Way, Suite 200, Gold River, CA 95670 Phone (916) 858-3900 Fax (916) 858-3925

**Plot Plan Associates** www.plotplans.org  
 PO Box 435 Citrus Heights CA 95611-0435 (916) 769-9063  
 Date Drawn: 06/21/04 Scale: 1"=20'  
 Date Revised: - Drawn By: KLM

# CERTIFICATION OF INSULATION

PART I GENERAL

<b>ADDRESS OR TRACT</b> <div style="font-size: 1.2em; font-family: cursive;">US HOMES</div> <div style="font-size: 1.2em; font-family: cursive;">HERITAGE PARK RIV</div>	<b>SACRAMENTO BUILDING PRODUCTS</b> <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
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PART II AREAS INSULATED

WALLS			CEILINGS			FLOORS		
SQUARE FEET)			SQUARE FEET)			SQUARE FEET)		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>		
FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>		
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
BAGS			BAGS			BAGS		
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS
13 19	3.5 5.5	38	12" 1475'	—	—	—	—	—
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE		
						CT	OC	JM
AIR INFILTRATION SEALANT								
MATERIAL <b>FOAM</b>						MANUFACTURER <b>HILTI</b>		
						<b>HANDY FOAM</b>		

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR	B.G.	TITLE MANAGER	DATE 6/24/05
SIGNATURE — GENERAL CONTRACTOR		TITLE	DATE
REMARKS			

INSTALLATION CERTIFICATE

CF-6R

US Home Corporation - Heritage Park Product Line 3 - Sacramento - Plan 2005

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided in 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 (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 #F4HUB16L064	1	0.80	Attic	8	37,813	80,000

Cooling Equipment

Equip. Type (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	York #HRC036	1	12.0	Attic	6	31,403	34,400

(1) > adds 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 Part 6), where applicable.

Signature: [Handwritten Signature]

Beutler Corporation  
Installing Subcontractor (Co. Name)  
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	(1) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (SEER) or (3) Standby Loss (%)	External Insulation R-value
Storage	Round PH2R50-40F	Gas	NA	1	40,000	50	.62	R-2.0

(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) If 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: [Handwritten Signature] 02-18-05

Monarch Plumbing Company, Inc.  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner


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

**Atrium Window Corporation  
Installation Certificate**

Customer US HOMES / RIVIERA  
 Lot # \_\_\_\_\_  
 Plan 2005 A  
 Site Address \_\_\_\_\_

Brand Name	Product Series	Window Type	Labeled Uvalue	Net Width	Net Height	Quantity	Total Sq. Ft	Comments
Atrium Windows	7000	XO	0.35	59	71	6	174.54	
Atrium Windows	7000	SH	0.35	23	59	1	9.42	
Atrium Windows	7000	PW	0.34	23	23	2	7.35	
Atrium Windows	7000	SH	0.35	35	71	4	69.03	
Atrium Windows	7000	XO	0.35	59	95	2	77.85	
Atrium Windows	7000	PW	0.34	59	71	1	29.09	
Atrium Windows	7000	SH	0.36	35	77	1	18.72	
Atrium Windows	7000	SH	0.35	23	47	1	7.51	
Atrium Windows	7000	SH	0.35	47	71	1	23.17	
Atrium Windows	7000	PW	0.34	17	35	1	4.13	
Atrium Windows	7000	XO	0.35	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	XO	0.35	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	XO	0.35	-1	-1	0	0.00	
Atrium Windows	7000	XO	0.35	-1	-1	0	0.00	
Atrium Windows	7000	XO	0.35	-1	-1	0	0.00	
Atrium Windows	7000	PW	0.34	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Atrium Windows	7000	SH	0.35	-1	-1	0	0.00	
Weighted Average			0.348				Total Sq. Ft.	420.81

I, the undersigned, verify that the fenestration / glazing listed above my signature is the actual fenestration product installed is the equivalent to or more efficient than that specified in the certificate of compliance (CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and the product meets or exceeds the appropriate requirements for manufactured devices where applicable.

		
Item #'s	Signature, Date	General Contractor (Co. Name)
Item #'s	Signature, Date	General Contractor (Co. Name)
Item #'s	Signature, Date	General Contractor (Co. Name)