

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0318696

Insp Area: 4

Thos Bros:

Sub-Type: NAPT

Housing (Y/N): N

Site Address: 5350 DUNLAY DR SAC St: #13

Parcel No: 201-0440-031 BLDG UNIT:

CONTRACTOR

PACIFIC WEST BUILDERS
7025 LONGLEY LANE #60
RENO NV 89511

OWNER

SYRAH, LLC
7025 LONGLEY LANE #60
RENO, NV 89511

ARCHITECT

HUMPHREYS & PARTNERS LP
5350 ALPHA RD
DALLAS TX 75240

Nature of Work: 7 UNIT CONDOMINIUMS W/ATTACHED GARAGE (RESIDENCE UNITS

INCLD: 1 @ A-1, 2 @ B-1, 2 @ B-2, 2 @ B-3)

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 754967 Date 12/11/03 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 12/11/03 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 STAR INS

Policy Number 238-0000-0840

PAID
CITY OF SACRAMENTO
Exp Date 04/01/2004

____ (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 I shall not become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12/11/03 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 5350 DUNLAY DR BLDG #13 Permit No.: 0318696
Building Use: CONDOMINIUMS Occupancy: R1
Building Owner: SYRAH, LLC Construction Type: V-1 HR
Owner Address: RENO, NV Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 13,316 Sq. Ft.
Date 02/18/05 By: Thomas B. Opley Sign RON BEEHLER
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: MW, CDY, TK, MF, KFW]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

ENGEL INSULATION, INC.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 786-2064

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

TRACT SYRAH @ NATCHUKS LOT 13 TYPE 1
 STREET _____ CITY SACRAMENTO

EXTERIOR WALLS: CT 2x4 2 1/2 13
 MANUFACTURER CT 2x6 THICKNESS 6 1/4 R-VALUE 19

CEILING AREA: BATT
 MANUFACTURER CT THICKNESS 10 R-VALUE 30

CEILINGS: BLOWN IN
 MANUFACTURER FIBUL-SAK THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE 2400 NUMBER OF BAGS USED 43
 OF GARAGE FLOOR AREA

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 11

STY WALL
 EXTERIOR KNEEWALL: MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 11

INTERIOR KNEEWALL:
 MANUFACTURER CT THICKNESS 10 R-VALUE 30

APPLIED CAULK & SEALANT TO ALL EXTERIOR
 OPENINGS & PENETRATIONS

YES NO

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS
 LICENSE # _____ DATE _____

SIGNATURE <u>Rene Schmidt</u> _____ INSULATION CONT. SIGNATURE	TITLE <u>Bob Keegan</u> _____ TITLE	DATE <u>11/2/04</u> _____ DATE
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OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

5350 Dunlay Street

SACRAMENTO CA

ICBO Report #4004

Date of Job Completion 1-21-88

PLASTERING CONTRACTOR:

Name: Keayon Plastering BL-13

Address: 3223 Freeman Park Dr

Telephone No: (916) 349-8191

Contractor Number of Diamond Wall System # 2280

This is to certify that the exterior coating 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.

1-21-05

Date

Signature of authorized representative of

Plastering Contractor

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

INSTALLATION CERTIFICATE

5350 DUNLAP DR.
Site Address

AREA #4

Bld #13

0318696
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 [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
HRDRD	APOLLO W-4230	3		ATTIC			42,000	R-1/R-2
HRDRD	APOLLO W-4235	4		ATTIC			45,000	R-3/R-4
HRDRD	APOLLO H-2230	1		ATTIC				REC.

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	GIBSON 030KA	3	10	ATTIC		28,000	
	GIBSON 031KA	4	10	ATTIC		34,000	

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

[Handwritten Signature]

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, RE)	Standby ² Loss (%)	External Insulation R-value ³
GAS	APOLLO AG 30NAT L			1	52,500	50	76%		R-16
GAS	APOLLO AG 30NAT LS			4	65,000	50	76%		R-16
GAS	APOLLO AG 30NAT LSZ			2	62,000	50	76%		R-16

- ¹ 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.
- ² For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.
- ³ 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, Date

[Handwritten Signature]

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

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

January 4, 2001

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

5350 DUNLAP DR BUDG: #13

0318696
Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name	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
(GROUP LIKE PRODUCTS)							
1. AMSCO LOW-E	0.350	0.29	2	17	24.0		B-1 B-2 B-3
2. AMSCO LOW-E	0.350	0.29	1	4	4.5		B-1
3. AMSCO LOW-E	0.350	0.29	2	6	40.0		B-1 B-2 B-3
4. AMSCO LOW-E	0.350	0.29	2	3	20.0		B-1
5. AMSCO LOW-E	0.350	0.29	1	2	6.7		B-2
6. AMSCO LOW-E	0.350	0.29	2	2	17.7		B-2
7. AMSCO LOW-E	0.350	0.29	2	11	12.0		B-2 B-3
8. AMSCO LOW-E	0.350	0.29	2	2	15.0		B-2
9. AMSCO LOW-E	0.350	0.29	2	4	28.0		B-3
10. AMSCO LOW-E	0.350	0.29	2	1	13.5		B-3
11. AMSCO LOW-E	0.350	0.29	2	1	33.3		B-3
12. AMSCO LOW-E	0.350	0.29	2	4	21.0		B-2
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 1), where applicable.

Item #s (if applicable) | Signature, Date | 3-15-05 | Pacific West Bldr

Item #s (if applicable) | Signature, Date | | |

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