

#### **CITY OF SACRAMENTO**

www.cityofsacramento.org Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT

Inspection Request: 1-916-808-7622

Downtown Permit Center **New City Hall** 915 I Street, 3rd Floor Sacramento, CA 95814

**North Permit Center** 2101 Arena Blvd., Suite 200 Sacramento, CA 95834

Permit No. 0614003 Date Applied 09/11/2006 Commercial Туре Subtype **New Building** Category Hotel or Motel

7515 SHELDON RD SACRAMENTO CA Permit Address Site Location BLDG # 28

Parcel No.

11702120100000

FAIR OAKS, CA

Owner

DR HORTON INCORPORATE

**Applicant** 

D. R. HORTON/JOE MEYER D. R. HORTON/JOE MEYER

Valuation \$ 314,256.20

Fee Items	# of Each	Amount
PermitBuilding-Com	1	\$2,532.18
Plan CkBuilding Com	1	\$2,055.79
Review-Fire Department	1	\$214.32
ReviewBuilding ESC	1	\$100.00
Strong Motion	1	<b>\$6</b> 5.99
Construction Excise Tax	1	\$2,514.05
Residential Const Tax	1	\$950.00
City Business Oper Tax	1	\$125.70
Bldg-Technology Surcharg	1	\$183.52
General Plan Surcharge	1	\$185.85
Park Develop Impact Fee	1	\$7,941.00
Jacinto Creek Facilities Fee -	6891	\$6,891.00
Jacinto Drainage #4 - 293	1983	\$1,983.00
Jacinto Creek Administration Fee - 297	354	\$354.00
Total	Tea Tall III. Lea Arragan	\$26,096.40

**PAID** CITY OF SACRAMENTO

FEB 1 5 2007

LICENSED CONTRACTOR'S 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: License Number:  Date: Contractor:
Date:Contractor
OWNER-BUILDER DECLARATIONS  hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5.B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec.7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollar (\$500):
as 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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)
I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)
B & P.C. for this reason:
Date:Owner:
WORKERS COMPENSATION DECLARATION  I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).  Policy Number: Company:  Certified copy is hereby furnished.  Certified copy is filed with the oity building inspection department or city Date:  Applicant:
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances

and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Date: 2 - 18-07 Applicant or Agent: \

Description of Work GRIDORPLANNING -NAPT COMPLEX AND DEVELOPMENT SERVICES

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

	SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT	ION DISTRICT 1 UNTY SANITATION DISTRIC
	SEWER IMPACT	PACT FEE
	PERMIT AND CALCULATION	ALCULATION
	APPLICATION NO. (LT) O SWITHERS	171 9 SUMMENT BLDG PERMIT NO. SUNDEN /-CASE
	GENERAL INFÓRMATION	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
	MOHINGAMARICE	140
	Tui May	53
v=u	/	THIS PERMIT TO CONNECT EXPIRES.  ONE YEAR FROM DATE OF ISSUANCE
11	FEE CALCULATION	BUILDING USE
	INSPECTION	RESIDENTIAL SF MF
	4	COMMERCIAL USE
	SHCSD 2.4 5/4. SHCSD 2.4 CONSTRUCTION	
		Zunt
		W.58 68
	TOTAL FEE PARA	
	APN: 117	
	DESCRIPTION/ SUBDIVISION	TOT WAS NO.
	PROPERTY ADDRESS 7515 Shall Dr	4
	OWNER DE LIEUTION T	UAC .
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	CITY-STATE-ZIP (JAN JUNY, CV-) OFS	SOLL PHONE SOLU-LOSCOL
	ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT	USE INCREASE SEWER IMPACT.
	APPI ICANT SIGNATI IDE	
	CONSOLIDATED UTILITY BILLING USE ONLY	7
	ACCT IN	INPUT START

### Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY) OWNER'S NAME **OWNER'S ADDRESS PROJECT ADDRESS** PARCEL NUMBER SUBDIVISION NAME \ **NUMBER OF UNITS** Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise. APPLICANT'S SIGNATURE TITLE OF APPLICANT\_ **PHONE NUMBER** PART II To be completed by BUILDING DEPARTMENT PLAN IDENTIFICATION NUMBER BLD6 28 **BUILDING TYPE:** NEW RESIDENTIAL ( **RESIDENTIAL ADDITION (** APARTMENT/CONDOMINIUM ( COMMERCIAL/INDUSTRIAL ( SQUARE FEET OF CHARGEABLE BUILDING AREA MATT HARTER NAME (PRINTED) **SIGNATURE** PHONE NUMBER 808-5505 PART III To be completed by SCHOOL DISTRICT DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO EXEMPT\_ **NEW RESIDIENTIAL RESIDENTIAL ADDITIONS** SQFT X \$ SENIOR RESIDENTIAL SQFT X \$ **COMMERCIAL/INDUSTRIAL** SQFT X \$ This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance. NOTICE: This Certificate of Compliance shall be valid for 60 days from the date of issuance by the District. You may submit a written request for no more than two (2) 60 day extensions if you are unable to obtain a building permit from the City/County due to good cause beyond your reasonable control. Any extension shall be granted by the District at its sole discretion. As the authorized school district official + hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant. AUTHORIZED SCHOOL DISTRICT OFFICIAL **SIGNATURE** TITLE DATE

2nd copy: Building Department

3rd copy: Applicant

**REVISED 3/30/06** 

Original: School District

1st copy: School District

## **CERTIFICATION OF INSULATION**

0614003

ADDRESS OR TRA	CT		SACR	AMENTO BUIL	DING PROD	OUCTS				
DR. Herton	Blug. 26		O. BOX 854, WES							
Locuna Pointe.	LOTS AL TO		P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026							
Laguna Pointe. 1515 Sheldon Bld 28	82-2 Vian 28		P.O. BOX 9601, THESINO, OX 95735-9601 EIC. #202028							
7515 Sheldon Bld 28	14-3 Plan 28	103	E.O. BOX 1631, HENO, NV 89505 LIC. #106/5							
1010 Driedon	5 4 Malla 120	33	3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675							
DIA 20 18.	- /A	DATE INS	DATE INSULATION COMPLETED							
Elk Grove. S	5 CA.									
WALLS		CEILINGS			FLOC	RS				
( SQUARE FEET)		S	QUARE FEET)	,		SQUA	RE FEET)			
TYPE OF INSULATION	<u>'                                    </u>	PE OF INSULA								
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FORM	ATTS & BLO	W	FORM	BAT		44,144				
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e e e e e e e e e e e e e e e e e e e	NEE WALLS IF R-VAL	UE IS OTHER T	THAN WALLS A	BOVE	·					
MATERIAL FORM		R VALUE			N	MANUFACTURE	}			
FIBERGLASS	BATTS				СТ	oc	JM			
	AIR INF	ILTRATION SEA	ALANT		1	<u></u>	. "			
MATERIAL		72		MANÜFACI	URER					
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THIS IS TO CERTIFY THAT INSULATION CODES, MATERIAL STANDARDS AND	ON AND/OR SEAL/ REGULATIONS.	NT HAS BEI	EN INSTALLE	IN CONFO	RMANCE	WITH APP	LICABLE			
SIGNATURE — INSULATION CONTRACTOR	eff cobb		MANAGE	₹	DATE	<u>57317</u>	-07			
SIGNATURE GENERAL CONTRACTOR		TITLE			DATE					
REMARKS										
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, F						4	}			
·										

# 3<sup>rd</sup> Generation

Heating & Air Conditioning 4120 Cameron Park Dr. Suite 200A Cameron Park, CA 95682 530-677-9873

7515 Sheldon Rd. Bldg. 28 LOT 82 28101

## Installation Certificate

Permit \* 0614003 Site Address: Laguna Pointe Plan: All

## HVAC SYSTEM:

**Heating Equipment** 

Equipment (pkg. – hem pump)		ertified Mfr Name Indel Number	# Identical Systems	Efficiency (AFUE, etc.)	्रियाची विकासीया	DucVPiping R-Value	Heating Lord	Heating Capacity
Ons LY8S040A12U Coil - ACE36A3X145		York York	1 1	80%	Condition Space	ed R-6	40000	400 <b>0</b> 0
Cooling Equip	ment							
Equipment (pkg. – heat pump)		erdfied Mfr Name fodel Number	# Identical Systems	Efficiency (AFUE, cto.)	Dost (	ChictPiping R-Value	Conling Lord	Cooling Capacity
Elect - H2RTX036S06		York	1	13 SEER	Conditione Space	- :- :-	!	3 Ton
I, the undersigned, ver	ify that c	quipment listed alon	e is: 1) the actu:	of equipment insta	illed, 2) equis	alent to or mo	re efficiel	nt than that

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 sampliance (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.

Sharp & Blake 09/15/06

3rd Generation Heating & Air Conditioning Installing Subscentractor

שבישטישי שב:45pm צ. שע

# 3<sup>rd</sup> Generation

Heating & Air Conditioning 4120 Cameron Park Dr. Suite 200A Cameron Park, CA 95682 530-677-9873

7615 Sheldon Rd. Bldg. 28 LOT 83 2810Z

## **Installation Certificate**

Permit # 0614003 Site Address: Laguna Pointe Plan: All

# HVAC SYSTEM: Reating Equipment

Equipment (pkg. – hem pump)		ertified Mfr Name Indel Number	# Identical Systems	Efficiency (API)E, etc.)	Joset neignen, i	DucVPiping R-Value		Houting Capacity
Gns - LY8S040A12U Coil - ACE36A3X14S		York York	. 1	30%	Conditions Space	nd 18-6	40000	40000
Cooling Equipm	nent							
Equipment (pkg. – heat pump)		Certified Mfr Name Model Number	# Identical Systems	Efficiency (AFUE, cto.)	Does 1	R-Value	Cooling Lord	Conling Capacity
Elect - H2RIX036S06  I, the undersigned, veri		York	1	13 SEER	Conditione Space		:	3 Ton

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 exampliance (Form CF-IR) submitted for residential buildings and 3) equipment that meets or exaceds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable,

Signatura Bito 09/15/00

3rd Generation Heating & Air Conditioning Installing Subcontractor

שבישטישי שב:43pm צ. ש

# 3<sup>rd</sup> Generation

Heating & Air Conditioning 4120 Cameron Park Dr. Suite 200A Cameron Park, CA 95682 530-677-9873

7615 Sheldon Rd. Bldg. 28 LOT 84 28103

## Installation Certificate

Permit \* 0614003 Site Address: Laguna Pointe Plan: All

#### HVAC SYSTEM: Reating Equipment

CEC Certified Mfr Nume & Model Number	# Identical Systems	Efficiency (APUS, etc.)	Duot Location	Duct/Piping	Hesting	Heating Capacity
	1	90%	Conditions Space	d R-6	40000	40000
nent .						
CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Final 13	Net/Piping R-Value	Cooling Lord	Cooling Capacity
York	t	13 SEER		R-6		3 Yon
	& Model Number  Hill York York  York  CEC Cartified Mfr Name & Model Number	A Model Number Systems  H11 York 1 York 1 York 1 York 1  York 1  CEC Certified Mfr Name # Identical & Model Number Systems	At Model Number Systems (APUE, etc.)  H11 York 1 80% York 1  West  CEC Certified Mfr Name # Identical Efficiency At Model Number Systems (AFUE, etc.)	At Model Number Systems (APUE, etc.) Location  111 York 1 80% Conditione York 1 80% Conditione Space  West  CEC Contified Mfr Name # Identical Efficiency Duet 1: At Model Number Systems (AFUE, etc.) Location	At Model Number Systems (APUE, etc.) Location R-Value H11 York 1 80% Conditioned R-6 York 1 Space  West  CEC Cartified Mfr Name # Identical Efficiency Dues Distribing At Model Number Systems (AFUE, etc.) Location R-Value  York 1 13 SEER Conditioned R-6	### Model Number Systems (APUE, etc.) Location R-Value Load  ###################################

Space

Y, 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.

Signatura Blake 04/15/06

3rd Generation Heating & Air Conditioning Installing Subcontractor

## INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

7) 9 11	1				
Lake the	orton	Gldy 28-28101		1	D. o.
Site Address 7515	SHELL DOWN RAS.	Bld. 29 - 7810)	107 03	Permit Number	ina lointe
-0.5	2112	- Cary . 25 - 2010 1	20,82	TELLITTICITY OF INTERPRETATION OFFICIAL	614002

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).

Healing Eq Equip, Typc (ptz. teal pump)	CEC Certified Milit Name and Model Number	of Identical Systems	Efficiency (AFUE, etc.) <sup>l</sup> (2CF-IR value)	Ducc Location (attic, atc.)	Duct or Piping R-value	Heating Load (Blu/hr)	Heading Capacity (Bluth)
			^	•			
Cooling Eq Equip. 'ype (pkg. cal pump)	ulpmen( CEC Cenified Compressor Unit MIT Name and Model Number	k of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (≥CF-1R Value)	Duet Location (stile, etc.)	Duct R-value	Cooling Load (Sugar)	Cooling Capacity (Bruth)
				-			
I, the und efficient Efficiency	s greater than ar equal to. Icrsigned, verify that equithan that specified in the Scandards for residential used devices (from the As	pment liste conificate ( buildings,	or compliance (Fo and 3) coulomest	rm Cr-IR) su that meets or	omitted for a		

Signature, Date

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

#### WATER HEATING SYSTEMS:

Heaver Type	CEC Certified MR Name & Model Number	Distribution Type (Sid. Point-of-Use)	lf Recit- cultisan, <u>C</u> onital Type	Fol Identical Systems	Rated <sup>3</sup> Input (\$W or Blubh)	Tank Volume (callons)	EM. clency! (SF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation
GAS	A.O. Smith	STD	N/A	1	40,000	50	-62	N/A	R-yoluc

manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Foucets & Shower Hends:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24. Part 6, Subchapter 2, Section

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable,

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

COPY TO: Building Department

Building Owner at Occupancy

<sup>2</sup> For small gas storage (rated input offess than er equal to 75,000 Birthe), electric restrance and hert pump mater heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 73,000 (heater), hat Necovery Efficiency, Standay Low and Rated Input, For largancous gas water heaters, list Resovery Efficiency and Rated Input.

## INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

7515 SHELDON R.B. Bldg. 28-28102 LOT 83 Permit humber 0614 003

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).

HYAC SY Heating Eq	STEMS:		•			flans 1,	2 and 3
Equip. Type (ptz. heal pump)	CEC Certified Hist Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-IR value)	Duce Location (attic, ste.)	Duct or Piping R-value	Heating Load (Blu/hr)	Heading Capacity (Bluth)
							· · · · · · · · · · · · · · · · · · ·
Cooling Eq Equip. Type (pkg. heat pump)	Kipment CEC Centified Compressor Unit Milt Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.)¹ [≥CF-1R value]	Duct Location (stije, etc.)	Duct R-value	Cooling Load (Swhr)	Cooling Capacity (Biwhr)

Signature, Date

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

#### WATER HEATING SYSTEMS:

Heaver Type	CEC Certified Mfr Name & Model Number	Olimibution Type (Sid. Point-of-Use)	If Recite eviation, Control Type	Fol Identical Systems	Rated <sup>1</sup> Input (kW or Blu/hr)	Tank Volume (anelles)	Efficiency) clancy) (SF, RE)	Standby! Loss (Va)	External Insulation Revalue
GAS	A.O. Smith GVR-50	STD	NA	1	40,000	50	-62	N/A	B-20

<sup>2</sup> For small gas storage (rated input of less than er equal to 75,000 Birth), electric restrance and heat pump mater heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Diwlie), hat Recovery Efficiency, Standay Low and Rated Input. For Instance and gas water heaters, list Recovery Efficiency and Rated Input.

Foucels & Shower Hends:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24. Part 6, Subchapter 2, Section

I, the undersigned, varify that equipment listed above my signature: 1) is the actual equipment installed; 2) is 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable,

General Contractor (Co. Name) OR Owner

COPY TO: Building Department

Building Owner at Occupancy

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 5), where applicable.

## INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.P. Horton
Site Address 7315 SHELDON R.B. Bldg 28-28103 LOT 84 Permit humber 0614003

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).

HYACSY Heating E	STEMS:				1	Plans 1,	2 and 3
Equip. Type (pkg. heal pump)	CEC Centified Mili Nume	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (2CF-1R value)	Duce Location (attic, atc.)	Ductor Piping R-value	Heating Load 18(w/hr)	Heading Capacity (Blufts)
			,				- Diang
Cooling Eq	ulpment		***	*			
Equip. Type (pkg. heat pump)	CEC Centified Compressor Unit Affr Name and Model Number	k of Identical Systems	E(ficiency (SEER, etc.)¹ [≥CF-IR value]	Duct Location (stile, etc.)	Duct R-value	Cooling Load '	Cooling Capacity (Bitu/hr)
							(0:0/1/)

1. ≥ 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 5), where applicable.

Signature, Date

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

#### WATER HEATING SYSTEMS:

Pleaser Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	l ( Recito eulzhan, Contral Type	# of Identical Systems	Rated <sup>1</sup> Input (kW of Bla/hr)	Tanic Volunta (gallons)	Em. sishay <sup>2</sup> (Sr. RE)	Standby!	External Insulation
GAS	A.O. Smith	STD	N/A	1	40,000	-, <del></del>	-62	NA NA	R-20

<sup>2</sup> For small gas storage (rated input of less than exequal to 73,000 Binche), electric restrance and heat pump water heaters, list Energy Factor. For last a new respectively, that Recovery Efficiency, Standay Loss and Rated Input.

Foucets & Shower Hends:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24. Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed: 2) is 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) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date 112/07

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

COPY TO: Building Department

Building Owner at Occupancy

pg -- , ---

INSTALLATION CER  DR HORTON AC  Site Address 7515 Shaldon  FENESTRATION/GLAZING:  Product  U-Factor (GROUP LIKE PRODUCTS)  1.  2. CLASSIC Stad 32.  3. STULFLINE HV 32.  4. STULFLINE HV 32.  5. STULFLINE PAN 35.  6  9  10  11  12  13  14  15  Manufactured fenestration products default values from Section 116 of  Installed U-Factor must be less than from CF-1R, or a shading device (e weighted average U-Factors for the installed; 2) is equivalent to or has (Form CF-1R) submitted for con product meets or exceeds the approduct meets or exceeds the approximation of the approach meets or exceeds the approximation of the ap	Product SHIGC' (S CF-IR value)  -35 -30 -30 -50	Total Quantitic of Like Frences (Ontions  10 3 15 22 14 14 14  14 14  Troin the product icncy Standards.	Square  136 221 127 83	Permit Numbe  Exterior Shading Device or Overhans	Comments/Location/ Special Features
FENESTRATION/GLAZING:  Product U-Factor (GROUP LIKE PRODUCTS)  1.  2. CLASSIC SCAD 32.  3. STULFLINE HV 32.  4. STULFLINE HV 32.  6. 7.  8. 9.  10.  11.  12.  13.  14.  15.  Manufactured fenestration products default values from Section 116 of  Installed U-Factor must be less than from CF-1R, or a shading device (e weighted average U-Factors for the installed; 2) is equivalent to or has (Form CF-1R) submitted for conproduct meets or exceeds the appropriate than the installed; 2) is equivalent to or has (Form CF-1R) submitted for conproduct meets or exceeds the appropriate than the installed; 2) is equivalent to or has (Form CF-1R) submitted for conproduct meets or exceeds the approximation of the submitted for confidence of	Product SHKC' (S CF-IR value)  . 35 . 30 . 30 70	Quantitic of Like Product 15 14 14 14 14 14 14 14 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Square  136 221 127 83	Permit Numbe  Exterior Shading Device or Overhang	Comments/Location/ Special Features
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INSTALLATIO	N CERTI	FICATE	<u> </u>		(Page 2	2 of 13)		CF-6R
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Site Address 7515						Permit Numb		003
FENESTRATION/GLA		,					•	_
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	Product	Product		Quantity of Like	_	Exterior Shading		
Manufacturer/Brand Name	U-Factor (S CF-1R value) <sup>2</sup>	SHGC' (≤ CF-1R value) <sup>2</sup>	# of Panca	Product (Outional)	Square Feet	Device or Overhaus	Comments Special I	
(GROUP LIKE PRODUCTS)								
2 CLASSIC SGD	38	.35	$\overline{L}_{a}$	3	136			
3. STYLELINE HY	.35	.30	30	_ 15_	221			
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Compliance Forme

#### **INSTALLATION CARD**

# WESTERN ONE STUCCO SYSTEM SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

Permit # 06/4003

ICBO Evaluation Services, Inc.

No. DRH-82

D.R. HORTON - LAGUNA POINTE

Report No. 3899

BLDG# 28 / UNIT # 82 - 7515 SHELDON RD# 28101

Installation eard must be presented to the building inspector

After completion of work and before final inspection.

Date of Job Completion: 8-29-57

**Plastering Contractor** 

Name:	TOLIVER PLASTERING, INC	<u> </u>	
Address:	3158 Luyung Dr., Rancho Co	ordova, CA 95742	
Telephone Nu	mber: <u>(916) 631-9844</u>		
Approved App Issued by Wes	licator's License Number as stern Stucco Products	507	
This is to certify that the paccordance with the eval	plastering system on the building e uation report specified above and	exterior at the above address ha the manufacturer's instructions.	s been installed in
7/1/ au	htative of plastering contractor	9-13-07 Date	

#### INSTALLATION CARD

# WESTERN ONE STUCCO SYSTEM SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

Permit # 0614003

ICBO Evaluation Services, Inc.

D.R. HORTON - LAGUNA POINTE

Report No. 3899

No. DRH-83

BLDG# 28 / UNIT # 83 - 7515 SHELDON RD# 28102

After completion of work and before final inspection.

Date of Job Completion: 8-29-07

**Plastering Contractor** 

Name:	TOLIVER PLASTERING, I	NC.	
Address:	3158 Luyung Dr., Rancho	Cordova, CA 9574	42
Telephone N	umber: (916) 631 <u>-9844</u>		
	plicator's License Number as estern Stucco Products	507	NOTE OF THE PROPERTY.
This is to certify that the accordance with the eva	plastering system on the building aluation report specified above an	y exterior at the abo id the manufacturer	ve address has been installed in 's instructions.
may.	- Clu	9-	1307
//	entative of plastering contractor	Date	

#### **INSTALLATION CARD**

### **WESTERN ONE STUCCO SYSTEM** SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

Permit # 0614003

ICBO Evaluation Services, Inc.

D.R. HORTON -- LAGUNA POINTE

Report No. 3899

No. DRH-84

BLDG# 28 / UNIT # 84 - 7515 SHELDON RD# 28103

Date of Job Completion: 8-29-07

Plastering Contractor

Name:	TOLIVER PLASTERING, INC	<u>,                                      </u>	
Address:	3158 Luyung Dr., Rancho Co	rdova, CA 95742	
Telephone	Number: (916) 631-9844		
	pplicator's License Number as Vestern Stucco Products	507	
	he plastering system on the building evaluation report specified above and t		been installed in
Mau	, Clu	9-13-07	
- 1 27	sientative of plastering contractor	Date	
Installation card must	be presented to the building inspector	·	
After completion of wo	ork and before final inspection.	<u>No. DRH-84</u>	•



GEOTECHNICAL ENVIRONMENTAL WATER RESOURCES CONSTRUCTION SERVICES

7515 Sheldon Ed. Bldg. 28 Parmit # 0414003

Project No. 6735.5.001.02

October 17, 2007

Mr. Justin Bertoli D.R. Horton 11919 Foundation Place, Suite 200 Gold River, CA 95670

Subject:

North Laguna Pointe Condominiums - Building 28

Sheldon Road

Elk Grove, California

#### FINAL CONSTRUCTION CONFORMANCE REPORT

Dear Mr. Bertoli:

With your authorization, ENGEO Incorporated performed special inspections related to the post-tensioned foundation slab for the subject building in Elk Grove, California. This report is submitted in accordance with Chapter 17 of the Uniform Building Code.

Pad moisture testing of subject building was performed before placement of the water vapor retarder.

To the best of our knowledge and based on our observations and test results, the work requiring special inspection is in general conformance with the approved plans and specifications, field recommendations of the Structural Engineer, and the applicable workmanship provisions of the Uniform Building Code. Results of the concrete compression testing and elongation measurements from stressing of post-tensioned tendons for the subject building are attached.

We make no representation as to the accuracy of dimensions, calculations, or any portion of the design for this project. If you have any questions or comments, please contact us.

Very truly yours,

ENGEO Incorporate

Zhuo George Hu Pr

Attachments: Concrete Sampling and Stressing Reports

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