



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**
 Type **Commercial**
 Subtype **New Building**
 Category **Hotel or Motel**

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

Parcel No. **11702120100000**

Owner **D R HORTON INCORPORATE
 4401 HAZEL AV
 FAIR OAKS, CA**

Applicant **D. R. HORTON/JOE MEYER
 D. R. HORTON/JOE MEYER**

Valuation **\$ 314,256.20**

Fee Items	# of Each	Amount
Permit--Building-Com	1	\$2,532.18
Plan Ck--Building Com	1	\$2,055.79
Review--Fire Department	1	\$214.32
Review--Building ESC	1	\$100.00
Strong Motion	1	\$65.99
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 - 288	6891	\$6,891.00
Jacinto Drainage #4 - 293	1983	\$1,983.00
Jacinto Creek Administration Fee - 297	354	\$354.00
Total		\$26,096.40

PAID
CITY OF SACRAMENTO
FEB 15 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: _____

OWNER-BUILDER DECLARATIONS
 I 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 dollars (\$500):

I, 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.)

I am exempt under Sec. _____ 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 city building inspection department or city department.
 Date: 2-15-07 Applicant: [Signature]

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: 2-15-07 Applicant or Agent: [Signature]

Description of Work
 BLDG # 28 **NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES**
 15,640 B&P 12 STORY TRAILING -NAPT COMPLEX

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

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO: *City of Sacramento* BLDG PERMIT NO. *S20207-000*
 GENERAL INFORMATION
North Laguna Park
Tv's Play
 THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE
 0614003
 THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF LJ MF LY
CSD-1		COMMERCIAL USE	
SRCSD <i>22 7515</i>	<i>(15,750)</i>		
CONSTRUCTION			
IN-LIEU			
			<i>3 units</i>
			<i>82,53.84</i>
TOTAL FEE	<i>15,750</i>		

APN: *117-6212-010*
 DESCRIPTION/
 SUBDIVISION *Laguna Park* LOT: *14428*
 PROPERTY ADDRESS *7515 Sheldon Rd*
 OWNER *DE HULTON, JANE*
 MAILING ADDRESS *1919 Foundation Place Ct 2*
 CITY-STATE-ZIP *CUMMINGS, CA 95026* PHONE *914-680-1000*
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *Christy Summers*
 CONSOLIDATED UTILITY BILLING USE ONLY
 ACCT _____ 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 DR. HARVEY T. K...
 OWNER'S ADDRESS 11919 Foundation Dr
 PROJECT ADDRESS 7515 Sheldon Rd
 PARCEL NUMBER 117-0210-010 LOT NO. Bldg 28
 SUBDIVISION NAME Laguna Hills #2
 NUMBER OF UNITS 3
 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 _____
 DATE _____ PHONE NUMBER _____

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0614003 Bldg 28
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM (✓) COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 4418
 NAME (PRINTED) MATT HARPER SIGNATURE _____
 TITLE BUILDING TECH PHONE NUMBER 808-5909 DATE 1-23-07

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 52356
 EXEMPT _____ COMMENTS _____
 NEW RESIDENTIAL 4418 SQ FT X \$ 5.15 = \$ 22,311.70
 RESIDENTIAL ADDITIONS _____ SQ FT X \$ _____ = \$ _____
 SENIOR RESIDENTIAL _____ SQ FT X \$ _____ = \$ _____
 COMMERCIAL/INDUSTRIAL _____ SQ FT X \$ _____ = \$ 22,310.90

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, I 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 _____

CERTIFICATION OF INSULATION

0614003

PART I GENERAL	ADDRESS OR TRACT	SACRAMENTO BUILDING PRODUCTS				
	DR. Horton Laguna Pointe 7515 Sheldon Bld 28 Elk Grove. S CA.	Bldg. LOT# 28 82-2 Plan 28101 83-1 Plan 28102 84-3 Plan 28103 Permit # 0614003	<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		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
			BAGS			
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED
R-13 R-19	3 1/2" 5 1/2"	R-30 R-30 Blow	9" 11.75"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER
						CT OC JM
AIR INFILTRATION SEALANT						
MATERIAL Foam				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.						
PART III CERTIFICATION	SIGNATURE -- INSULATION CONTRACTOR Jeff Cable		TITLE MANAGER		DATE 8-31-07	
	SIGNATURE -- GENERAL CONTRACTOR		TITLE		DATE	
REMARKS						

3rd Generation
Heating & Air Conditioning
 4120 Cameron Park Dr. Suite 200A
 Cameron Park, CA 95682
 530-677-9873

7615 Sheldon Rd. Bldg. 28 Lot 82 28101

Installation Certificate

Permit # 0614003
 Site Address: Laguna Pointe
 Plan: All

HVAC SYSTEM:

Heating Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - LY8S040A12UH1	York	1	80%	Conditioned Space	R-6	40000	40000
Coil - ACE36A3X145	York	1					

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - H2RD036806	York	1	13 SEER	Conditioned Space	R-6		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 compliance (Form CE-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.

Sheryl L. Blake 09/15/06
 Signature

3rd Generation Heating & Air Conditioning
 Installing Subcontractor

3rd Generation
Heating & Air Conditioning
4120 Cameron Park Dr. Suite 200A
Cameron Park, CA 95682
530-677-9873

7515 Sheldon Rd. Bldg. 28 Lot 03 28102

Installation Certificate

Permit # 0614003
Site Address: Laguna Pointe
Plan: All

HVAC SYSTEM:
Heating Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - LY8S040A12UH1 Coil - ACE36A3X145	York York	1 1	80%	Conditioned Space	R-6	40000	40000

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - H2RDX36S06	York	1	13 SEER	Conditioned Space	R-6		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 compliance (Form CE-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.

Sheryl L. Blake 09/15/06
Signature Date

3rd Generation Heating & Air Conditioning
Installing Subcontractor

3rd Generation
Heating & Air Conditioning
4120 Cameron Park Dr. Suite 200A
Cameron Park, CA 95682
530-677-9873

7515 Sheldon Rd. Bldg. 28 Lot 84 28103

Installation Certificate

Permit # 0614003
Site Address: Laguna Pointe
Plan: All

HVAC SYSTEM:
Heating Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - LY8S040A12UH11	York	1	90%	Conditioned Space	R-6	40000	40000
Coil - ACE36A3X145	York	1					

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - H2RDX36S06	York	1	13 SEER	Conditioned Space	R-6		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 compliance (Form CE-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.

Sheryl Blake
Signature _____ 09/15/06

3rd Generation Heating & Air Conditioning
Installing Subcontractor

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton
Site Address 7515 SHELTON RD. Bldg. 28-28101 LOT 82 Laguna Pointe Permit Number 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).

Plans 1, 2 and 3

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (2CF-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 (2CF-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 5), 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 ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GVR-50</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>0.63</u>	<u>N/A</u>	<u>R-20</u>

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.

Faucets & Shower Heads:

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-1R) 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.

Ivan Chavel 1/2/07
Signature, Date

J.R. Pierce Plumbing Co.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton Site Address 7515 SHELLBOW RD. Bldg. 28-28102 LOT 83 Laguna Pointe Permit Number 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).

HVAC SYSTEMS:

Plans 1, 2 and 3

Heating Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.)¹ (≥CF-1R value), Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.)¹ (≥CF-1R value), Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr)

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:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation Control Type, # of Identical Systems, Rated² Input (kW or Btu/hr), Tank Volume (gallons), Eff. ciency² (EF, RE), Standby¹ 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.

Faucets & Shower Heads:

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-1R) 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.

Ivan Chavel 1/2/07 Signature, Date

J.R. Pierce Plumbing Co. Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton
 Site Address 7515 SHELTON RD. Bldg. 28-28103 LOT 84 Laguna Pointe Permit Number 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).

HYAC SYSTEMS:

Plans 1, 2 and 3

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-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 (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

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:

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 ¹ (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
<u>GAS</u>	<u>A.O. Smith GVR-50</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>.62</u>	<u>N/A</u>	<u>R-20</u>

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.

Faucets & Shower Heads:

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-1R) 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.

Ivan Chavel 1/2/07
 Signature, Date

J.R. Pierce Plumbing Co.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

DR HORTON LAGUNA H PLANT Bldg. 28 Lot 82 - 20101
 Site Address 7515 Sheldon Rd. Permit Number 0614003

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-IR value) ²	Product SHGC ¹ (S CF-IR value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. CLASSIC SIGD	.38	.35	6	3	136		
3. STYLELINE HV	.38	.30	30	15	221		
4. STYLELINE SH	.39	.30	28	14	187		
5. STYLELINE PIN	.35	.30	14	14	83		
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-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-IR.

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.

40
 Item #s (if applicable) Joe Ryzh Signature, Date MILGARD MANUFACTURING 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

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

DR HORTON LAGUNA Pt PEAN D Bldg. 28 Lot 83 - 28102
 Site Address 7515 Sheldon Rd. Permit Number 0614003

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-1R value) ²	Product SHGC ¹ (S CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. CLASSIC 360D	.38	.35	6	3	136		
3. STYLING HV	.36	.30	30	15	221		
4. STYLING SH	.39	.30	28	14	127		
5. STYLING PW	.35	.30	14	14	83		
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.

40
 Item #s
 (if applicable)

Joe Rupp
 Signature, Date

MILGARD MANUFACTURING
 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

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

DR HORTON LAGUNA H PLANT D Bldg. 28 LOT 84 28/03
 Site Address 7515 Sheldon Rd. Permit Number 0614003

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-1R value) ²	Product SHGC ¹ (S CF-1R value) ²	# of Panes	Total Quantity of Like Product (Options)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. CLASSIC S&D	.30	.35	6	3	136		
3. STYLELINE HV	.30	.30	30	15	221		
4. STYLELINE SH	.30	.30	28	14	187		
5. STYLELINE PN	.35	.30	14	14	83		
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.

40 Item #s (if applicable)	[Signature] Signature, Date	MILGARD MANUFACTURING 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

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
BLDG# 28 / UNIT # 82 - 7515 SHELDON RD# 28101 Date of Job Completion: 8-29-07

Plastering Contractor

Name: TOLIVER PLASTERING, INC.
Address: 3158 Luyung Dr., Rancho Cordova, CA 95742
Telephone Number: (916) 631-9844
Approved Applicator's License Number as
Issued by Western Stucco Products 507

This is to certify that the plastering 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.

Mary Allen 9-13-07
Signature of authorized representative of plastering contractor Date

Installation card must be presented to the building inspector
After completion of work and before final inspection. No. DRH-82

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
BLDG# 28 / UNIT # 83 - 7515 SHELDON RD# 28102 Date of Job Completion: 8-29-07

Plastering Contractor

Name: TOLIVER PLASTERING, INC.
Address: 3158 Luyung Dr., Rancho Cordova, CA 95742
Telephone Number: (916) 631-9844
Approved Applicator's License Number as
Issued by Western Stucco Products 507

This is to certify that the plastering 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.

May Che
Signature of authorized representative of plastering contractor

9-13-07
Date

Installation card must be presented to the building inspector
After completion of work and before final inspection.

No. DRH-83

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

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

Date of Job Completion: 8-29-07

Plastering Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3158 Luvung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as Issued by Western Stucco Products 507

This is to certify that the plastering 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.

Mary Ann
Signature of authorized representative of plastering contractor

9-13-07
Date

Installation card must be presented to the building inspector After completion of work and before final inspection.

No. DRH-84

ENGEO

INCORPORATED

GEOTECHNICAL
ENVIRONMENTAL
WATER RESOURCES
CONSTRUCTION SERVICES

7515 Sheldon Rd. Bldg. 28
Permit # 0614003

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 Incorporated

Zhuo George Hu, PE



James E. Moore, Jr., PE

Attachments: Concrete Sampling and Stressing Reports