

 <p>Development Services We Help Build A Great City</p>	<p>CITY OF SACRAMENTO</p> <p>www.cityofsacramento.org Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT Inspection Request: 1-916-808-7622</p>	<p>Downtown Permit Center New City Hall 915 I Street, 3rd Floor Sacramento, CA 95814</p> <p>North Permit Center 2101 Arena Blvd., Suite 200 Sacramento, CA 95834</p>
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Permit No. 0616501
Date Applied 10/22/2006
Type Residential
Subtype New Building
Category Single Family

Permit Address 1910 ALICE WY
 SACRAMENTO CA
Site Location SONORA SPRINGS LOT 120

Parcel No.

Owner D. R. HORTON

Applicant D. R. HORTON
 D. R. HORTON

Valuation \$ 200,871.00

Fee Items	# of Each	Amount
Permit--Building-Res	1	\$1,762.60
Plan Ck--Building Res	1	\$370.27
Review--Grading ESC	1	\$70.00
Strong Motion	1	\$20.09
Construction Excise Tax	1	\$1,606.97
Residential Const Tax	1	\$385.00
City Business Oper Tax	1	\$80.35
Bldg-Technology Surcharge	1	\$85.31
General Plan Surcharge	1	\$118.59
Water Development Fee	1	\$2,305.00
Water Meter Fee	1	\$385.00
Res Const Water Use Fee	1	\$53.55
SAFCA CIEF Fee	1	\$221.87
FBA--South Natomas	1	\$2,230.00
Park Develop Impact Fee	1	\$4,493.00
Total		\$14,187.60

PAID
CITY OF SACRAMENTO
 JAN 03 2007
 NORTH PERMIT
 CENTER

Description of Work: CENTER
 MP 2064 2 STORY 7 ROOM SFR

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: B License Number: 750190
 Date: 1/3/07 Contractor: [Signature]

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

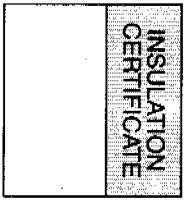
I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).
 Policy Number: _____ Company: _____
 Certified copy is hereby furnished.
 Certified copy is filed with the city building inspection department or city department.
 Date: 1/3/07 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: 1/3/07 Applicant or Agent: [Signature]

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



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



Permit # 0616501

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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:

Dr Horfan LOT # 120 TRACT # SOWER 9

STREET 1910 Alice wy CITY Nat. Sac.

EXTERIOR WALLS:

MANUFACTURER F/E THICKNESS/TYPE 3 5/8 VALUE 13/19

CEILINGS:

BATTS: MANUFACTURER CT THICKNESS/TYPE 10 VALUE 30

BLOWN-IN: MINIMUM: MANUFACTURER 14501 12 VALUE 30

SQUARE FOOTAGE COVERED 1120 NUMBER OF BAGS USED 20

FLOORS:

MANUFACTURER THICKNESS/TYPE VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS:

MANUFACTURER THICKNESS/TYPE VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #

DATE

SIGNATURE TITLE

ALCAL ARCADE CONTRACTING

INSULATION CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #0055201 DATE 4/10/07

Signature: [Handwritten Signature] TITLE: Insulator

Site Address 1910 Alice Wy.

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), and Plan numbers (Plan 1 (1665) to Plan 8 (1981)).

Coil Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (SEER, EER, etc.) > CF-1R value, Duct Location (attic, etc.), and Plan numbers (Plan 1 (1665) to Plan 8 (1981)).

Cooling Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, EER, etc.) > CF-1R value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr), and Plan numbers (Plan 1 (1665) to Plan 8 (1981)).

* = TXV valve installed w/coil

(1) > reads greater than or equal to. I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy

Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date: [Signature] 12/2/06

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

External Insulation R-value

WATER HEATING SYSTEMS:

Table with columns: Heater Type, CEC Certified Mfr Name & Model #, Distribution Type (Std, point of use), If Recirculation Control Type, # of Identical Systems, (2) Rated Input (kW or Btu/hr), Tank Volume (gallons), (2) Efficiency (EF, RE), and (2) Standby Loss (%)

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input. (3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

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

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

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

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

INSTALLATION CARD

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

Job Address:

D.R. HORTON - SONORA SPRINGS
LOT# 120- 1910 ALICE WAY

ICBO Evaluation Services, Inc.

Report No. 3899

Date of Job Completion: 4-25-07

Plastering Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3158 Luyang 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
Signature of authorized representative of plastering contractor

5-9-07
Date

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

No. DRH-120

Permit # 0616501

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

DR HORTON SONORA SPRINGS PLAN 2
 Site Address 1910 Alice Wy.

Permit Number 0616501

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) 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(a).

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.	CLASSIC SKID	.31	.31					
3.								
4.	STYLELINE HU	.31	.30	2	1	48		
5.								
6.	STYLELINE SH	.31	.30	60	30	307		
7.								
8.	STYLELINE PU	.33	.30	2	2	16		
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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. If using default table SHGC values from §116 identify whether tinted or not.

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.

33
 Signature: *[Signature]* Date: 1/17/07
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor
 MILLETTED MANUFACTURING

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 Rater (if applicable)
 Building Owner at Occupancy