

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0417876
Insp Area: 4
Thos Bros: 256H3

Site Address: 5654 LOS PUEBLOS WY SAC
Parcel No: 201-1030-065 NATOMAS CREEK VIL. 2 LOT 65
N

Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 225
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP 2218/5TH 2 STORY 9 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 750190 Date 12-14-04 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 12-14-04 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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2005

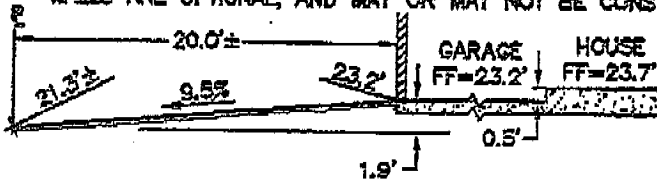
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12-14-04 Applicant Signature [Signature]

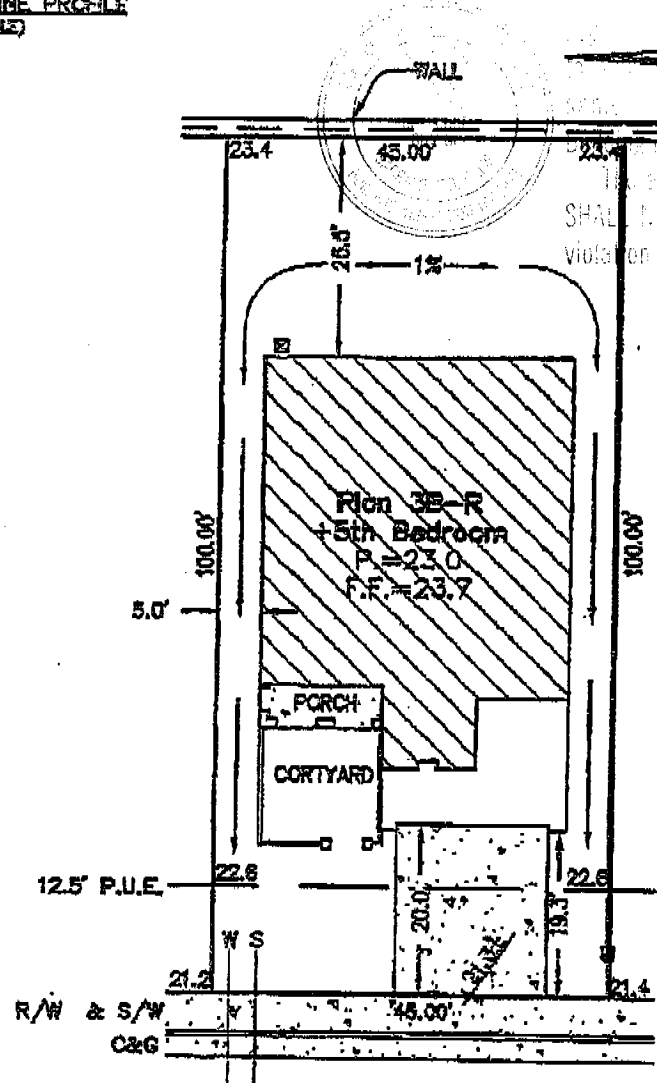
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



DRIVEWAY CENTERLINE PROFILE (NOT TO SCALE)



SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

LEGEND

- U - - - - UTILITY LOCATION
- SE - - - - AIR CONDITIONER
- S - - - - SEWER
- W - - - - WATER

Los Pueblos Way

NET LOT AREA = 4,500 SQ. FEET
FOOTPRINT AREA = 1,882 SQ. FEET
LOT COVERAGE = 37%

SP
10-7

SCALE: 1" = 20'

PLOT PLAN
LOT 2065
Natomas Creek Village 2
Terrace Park - Phase 7
City of Sacramento, State of California

**WECKER
SURVEYS**

1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-758-2775

CERTIFICATION OF INSULATION

PART I GENERAL

LOT #
5654 Los Pueblos

0417876

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
 P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
 P.O. BOX 1631, RENO, NV 89505 LIC. #10675
 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

6-3-95

PART II AREAS INSULATED

WALLS			CEILING			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	CT	OC	JM
BAGS								
R-VALUE INSTALLED	APPLIED		R-VALUE	APPLIED	MIN. INSTALLED WEIGHT PER SQ. FT.	R-VALUE	APPLIED	
NOTE: WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE.								
MATERIAL	FORM	R VALUE		MANUFACTURER				
FIBERGLASS	BATTS			CT	OC	JM		
AIR IMPROVEMENT SEALANT				MANUFACTURER				
				HILTI	HANDY FOAM			

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

SIGNATURE — INSULATION CONTRACTOR

TITLE **MANAGER**

DATE

SIGNATURE — GENERAL CONTRACTOR

TITLE

DATE

REMARKS

PART III CERTIFICATION

FURNACE / A.C

INSTALLATION CERTIFICATE

PLANE 3 Lot # 2065 D.R. Horton - TERRACE PARK CR-6R

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 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 #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CR-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	58MXA060-12	1	92%	ATTIC	6.0	28,927	60,000	PLAN 1
FURNACE	58MXA060-12	1	92%	ATTIC	6.0	27,893	60,000	PLAN 2
FURNACE	58STX060-16	1	80%	ATTIC	6.0	33,145	92,000	PLAN 3
FURNACE	58MCA100-20	1	92%	ATTIC	6.0	36,140	100,000	PLAN 4

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CR-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
AC	38CKC036-3*	1	10.0	ATTIC	6.0	28,422	30,800	PLAN 1
AC	38CKC036-3*	1	10.0	ATTIC	6.0	28,335	30,800	PLAN 2
AC	38CKC048-3*	1	10.0	ATTIC	6.0	33,618	40,800	PLAN 3
AC	38CKC048-3*	1	10.0	ATTIC	6.0	34,064	40,800	PLAN 4

*TAX INCLUDED WITH THE COST.

(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 CR-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] 10/21/04

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 (60L, point of use)	If Recirculation Control Type	# of Identical Systems	(1) Rated Input (KW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(3) Standby Loss (%)	External Insulation R-value

(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. 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.
(2) E-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 1111.
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 CR-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) _____
COPY TO: Building Department HERS Provider (if applicable): Building Owner or O OR General Contractor (Co. Name) OR Owner

INSTALLATION CARD

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

Job Address: ICBO Evaluation Services, Inc.
DRH-Terrace Park Report No. 3899
Lot 2065 5654 Los Pueblos Way Date of Job Completion: 5-24-05

Plaster Contractor

Name: TOLIVER PLASTERING, INC.
Address: 3346 Luyung Dr., Rancho Cordova, CA 95742
Telephone Number: (916) 631-9844
Approved Applicator's License Number as
Issued by Western Stucco Products 507

2065

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.

Shelly Nelson
Signature of authorized representative of plastering contractor

6-1-05
Date

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

No. DRH-2065

INSTALLATION CARD

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

Job Address: ICBO Evaluation Services, Inc.
DRH-Terrace Park Report No. 3899
Lot 2066 5660 Los Pueblos Way Date of Job Completion: 5-24-05

Plaster Contractor

Name: TOLIVER PLASTERING, INC.
Address: 3346 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.

Shelly Nelson
Signature of authorized representative of plastering contractor

6-1-05
Date

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

No. DRH-2066

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

DR. HORTON - TERRACE PARK PLAN 3
Site Address Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Product Labeled U-value (or CF-1R value) ²	Site Built Product # of Panels	Default U-Value ³	Quantity (Optional)	Total Square Feet	Comments/Special Features
1. 6110	HV	.35				232	
2. 6210	SH	.35				112	
3. 5621	SGD	.34				42	
4. 6340	PN	.33				21	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

4
Item #s
(if applicable)

Joe Bault 11/8/04
Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Compliance Form

July 1, 1995

FENESTRATION

Orientation	Area (sf)	U-Factor	SHGC	Interior Shading	Exterior Shading	Overhang/Fins
Window Front (N)	25.0	0.380	0.290	Standard	Standard	Yes
Window Left (E)	70.0	0.380	0.290	Standard	Standard	None
Window Back (S)	50.0	0.380	0.290	Standard	Standard	None
Door Back (S)	88.0	0.350	0.310	Standard	Standard	None
Window Right (W)	30.0	0.390	0.290	Standard	Standard	None
Window Right (W)	73.0	0.380	0.290	Standard	Standard	None

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

Page 2

CF-1R

Project Title..... Plan 1 (1695)

Date..03/02/04 07:56:14

MICROPAS6 v6.01 File-TPI695 Wth-CTZ12S92 Program-FORM CF-1R
 User#-MP0565 User-Beutler Heating & Air Con Run-Plan 1 (1695)

SLAB SURFACES

Slab Type	Area (sf)
Standard Slab	1695

HVAC SYSTEMS

Equipment Type	Minimum Efficiency	Refrigerant Charge and Airflow	Duct Location	Duct R-value	Tested Duct Leakage	ACCA Manual D	Thermostat Type
Furnace	0.800 AFUE	n/a	Attic	R-6	No	No	Setback
ACSplit	10.00 SEER	No	Attic	R-6	No	No	Setback

WATER HEATING SYSTEMS

Tank Type	Heater Type	Distribution Type	Number in System	Energy Factor	Tank Size (gal)	External Insulation R-value
Storage	Gas	Standard	1	0.62	50	R- n/a

SPECIAL FEATURES AND MODELING ASSUMPTIONS

*** Items in this section should be documented on the plans, ***
 *** installed to manufacturer and CEC specifications, and ***
 *** verified during plan check and field inspection. ***

This is a multiple orientation building with no orientation restrictions.
 This printout is for the front facing North.

This building incorporates a Housewrap/Air Infiltration Retarder.

This building incorporates non-standard Duct R-value.

REMARKS

CERTIFICATE OF COMPLIANCE: RESIDENTIAL

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CF-1R