

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0412132**

**Insp Area: 2**

**Thos Bros: 337-D4**

**Site Address: 7796 WALSH WY SAC**  
Parcel No: BETH ESTATES LOT # 10 Housing (Y/N):

**Sub-Type: NSFR**  
N

CONTRACTOR  
GRAY CONSTRUCTION

OWNER

ARCHITECT

**Nature of Work: MP 1783 2 STORY 7 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 A License Number 800671 Date 8/26/04 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 8/26/04 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:

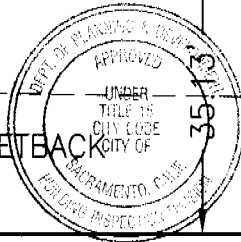
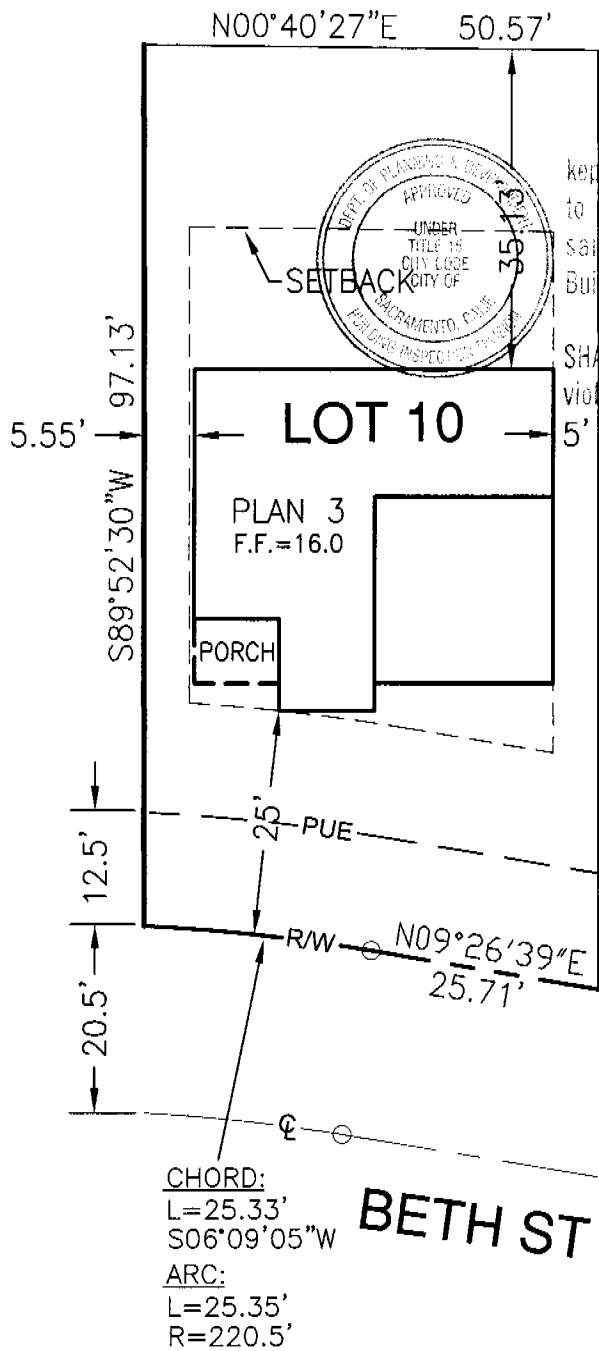
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (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 8/26/04 Applicant Signature [Signature]

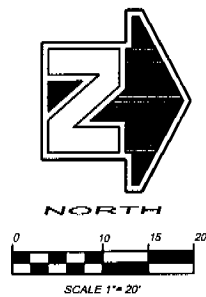
**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S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

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



This set of plans and specifications shall be kept on the lot at all times and it is intended to make any changes or alterations hereon same without written permission from the Building Inspector. No approval or modification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

**LOT:**  
 5,095 sq. ft.  
 0.12 acres  
**HOUSE:**  
 1,759 sq. ft.



**ROSE'S ENGINEERING**  
 ENGINEERING PLANNING SERVICES  
 9152 ELK GROVE BLVD. ELK GROVE, CA 95624  
 BUS. (916) 686-6445 FAX (916) 685-8900



**BETH ESTATES**  
 PLOT PLAN  
 LOT 10  
 CITY OF SACRAMENTO, CALIFORNIA

DATE:  
 6/29/04  
 SCALE:  
 1"=20'

SHEET  
**1**  
 OF  
**1**



# OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

0412132

7696 Beth st

Date of Job Completion

4/2/05

PLASTERING CONTRACTOR:

Name: Quality Plastering Inc.

Address: 4111 82nd St., Sacramento, Ca 95826

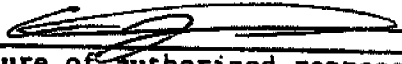
Telephone No: (916) 454-0840

Contractor Number of Diamond Wall System 2417

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Date

4/2/05

  
Signature of authorized representative of  
Plastering Contractor

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

ABC INSULATION & SUPPLY CO.  
 11386 AMALGAM WAY  
 RANCHO CORDOVA, CA 95670  
 Phone (916) 635-7171  
 Fax (916) 635-7717  
 State License No. 369263

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:

STREET 7696 Beth Street LOT# 10 TRACT Tractor  
City Sacramento

EXTERIOR WALLS: Manufacturer Certainted Thickness 3 1/2" R Value 13

CELLINGS: Manufacturer Knauf Thickness 12" R Value 38

Blown In Manufacturer Greenfiber Thickness 10.3" R Value 38

Square footage covered 738

Garage ceiling - 1/2" styrofoam

FLOORS: Manufacturer N/A Thickness \_\_\_\_\_ R Value \_\_\_\_\_

POLYSEAL/CAULK PER TITLE 24: YES

GENERAL CONTRACTOR \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE# \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION CONTRACTOR ABC INSULATION & SUPPLY CO. DATE 5-5-05

*Jason Crother*  
 SIGNATURE TITLE Office Manager

*From #  
 0412-132*

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

**INSTALLATION CERTIFICATE**

(Page 1 of 13)

CF-6R

7696 Beth St

Site Address

Permit Number 0412132

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 (incl. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) [CF-1R value]	Duct Location (gals. etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
SPLIT TRANE	TUEOR948	1	80%	ATTIC	R4.2	33,548	80,000

**Cooling Equipment**

Equip. Type (incl. heat pump)	CEC Certified Component Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) [CF-1R value]	Duct Location (gals. etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SPLIT TRANE	3TTB3042A1000A	1	12-SEER	ATTIC	R4.2	37,052	42,000

1.  $\geq$  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 of Part 6), where applicable.

Paul Drallos 4/18/05  
Signature, Date

DP HEATING & A/C  
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)	W Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value

- 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.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

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

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

Site Address

7696 Beth st

Permit Number

0412132

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor (CF-1R value) <sup>1</sup>	Product SHGC (CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Lbs Product (Custom)	System Part	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. Pella	.35	SH	2				low E <sup>2</sup>
2. Pella	.35	KD	2				
3. Pella	.34	PD	2				
4. Pella	.35	PD	2				
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> 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.

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

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

E<sub>2</sub>

**INSTALLATION CERTIFICATE**

(page 1 of 4)

CF-6R

Site Address 7696 Beth st

Permit Number 0412132

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 (pkgs. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (CF-1R value)	Duct Location (attn. etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkgs. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (CF-1R value)	Duct Location (attn. 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 Appliances Efficiency Regulations or Part 6), 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 (Dist. Form of Use)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value
<u>GAS</u>	<u>RUID PRODUCTION 570</u>	<u>N/A</u>	<u>N/A</u>	<u>1</u>	<u>40,000</u>	<u>50</u>	<u>61</u>	<u>N/A</u>	<u>N/A</u>

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.

**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 Appliances Efficiency Regulations or Part 6), where applicable.

[Signature]  
Signature, Date

BIANCHI PLUMBING CO., INC  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy