

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

**Permit No: 0509026**  
**Insp Area: 4**  
**Thos Bros: 256-H7**

**Site Address: 321 PENHOW CR SAC**  
**Parcel No: CAMBAY WEST UNIT 7 LOT #39**

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

CONTRACTOR  
GRIFFIN INDUSTRIES  
24005 VENTURA BL.  
CALABASAS CA. 91302

OWNER

ARCHITECT

**Nature of Work: MP 1618 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 \_\_\_\_\_ License Number 684448 Date 8/1/05 Contractor Signature Jerry Peterson

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractor 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 8/1/05 Applicant/Agent Signature Jerry Peterson

**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:

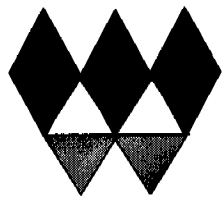
Carrier STATE COMP. INS. FUND Policy Number WC 1673452-2003 Exp Date 01/01/2006

(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 8/1/05 Applicant Signature Jerry Peterson

**WARNING: FAILURE TO SECURE WORKERS' 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.**



# Walldesign Incorporated

DRYWALL \* INSULATION \* PAINT \* PLASTER \* CONTRACTOR

321 Penhow Circle Sacramento  
Street Address City

Sacramento Griffin Industries MapleWood 39  
County Builder Project Lot

| Description of Insulation :       | Thickness    | R-Value   |
|-----------------------------------|--------------|-----------|
| <b>Exterior Walls</b>             |              |           |
| Insulation Type: <u>Batts</u>     | <u>3 1/2</u> | <u>13</u> |
| <b>Flat Ceilings</b>              |              |           |
| Insulation Type: <u>Batts</u>     | <u>10</u>    | <u>30</u> |
| <b>Cathedral Ceilings</b>         |              |           |
| Insulation Type: <u>Batts</u>     | <u></u>      | <u>0</u>  |
| <b>Garage Ceilings</b>            |              |           |
| Insulation Type: <u>Batts</u>     | <u>6 1/4</u> | <u>19</u> |
| <b>Interior Walls</b>             |              |           |
| Insulation Type: <u>Batts</u>     | <u></u>      | <u>0</u>  |
| <b>Interm Ceilings</b>            |              |           |
| Insulation Type: <u>Batts</u>     | <u>3 1/2</u> | <u>11</u> |
| <b>Garage Walls</b>               |              |           |
| Insulation Type: <u>Batts</u>     | <u></u>      | <u>0</u>  |
| <b>Slab on Grade</b>              |              |           |
| Insulation Type: <u>Batts</u>     | <u></u>      | <u>0</u>  |
| <b>Blown Ceilings</b>             |              |           |
| Insulation Type: <u>Cellulose</u> | <u></u>      | <u>0</u>  |
| <b>Blown Ceilings</b>             |              |           |
| Insulation Type: <u>Insulsafe</u> | <u></u>      | <u>0</u>  |

**Declaration**

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficient Standards for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

449739  
License Number

  
Signature Date

Walldesign, Inc.  
Insulation  
Subcontractor

# Special Inspection Daily Field Report (DFR)

Project Name Maplewood Project No. 37143 Date 1-31-06  
 Project Location Bohannan + Tewbury Lane / Cambay West Village #7 Time Arrived 0800  
 Contractor Wall Designs Technician Ben Bennetfield Time Departed 1400  
 Weather Clear Travel Time 1  
 Earthwork Equipment Observed \_\_\_\_\_ Total Time (Hours) 6  
 DFR Given to (or left at) \_\_\_\_\_ Mileage 21  
 Reviewed by \_\_\_\_\_ Date Reviewed \_\_\_\_\_ DFR No. \_\_\_\_\_

Observations/Remarks: Dry film Thickness testing of intumescent latex fire barrier performed.

Three (3) Tests were performed at various locations on overhangs of houses on Penhow Circle.

Test results are as follows: O-Overhang / F-Facia  
Address — Side of house — No. end — Center — So. end

| Address         | Side of house  | No. end       | Center        | So. end       |
|-----------------|----------------|---------------|---------------|---------------|
| 361 Penhow Cir. | West side only | 0-17/F-25     | 0-16/F-20     | 0-21/F-22.5   |
| 351 Penhow Cir. | East side      | 0-14/F-15     | 0-15/F-19.5   | 0-16/F-15     |
|                 | West side      | 0-15/F-16.5   | 0-14.5/F-16-F | 0-16/F-14     |
| 341 Penhow Cir. | East side      | 0-18/F-20     | 0-17/F-20.5   | 0-14/F-18     |
|                 | West side      | 0-14/F-19     | 0-14/F-17.5   | 0-15/F-18     |
| 321 Penhow Cir. | East side      | 0-15/F-18     | 0-15/F-21     | 0-21/F-22     |
|                 | West side      | 0-20.5/F-17.5 | 0-16/F-18     | 0-15/F-14     |
| 311 Penhow Cir. | East side      | 0-21/F-17.5   | 0-19/F-14.5   | 0-17.5/F-15.5 |
|                 | West side      | 0-19/F-14.5   | 0-16.5/F-14   | 0-19.5/F-15   |
| 301 Penhow Cir. | East side      | 0-17/F-16.5   | 0-14.5/F-14.5 | 0-15.5/F-17   |
|                 | West side      | 0-16/F-14.5   | 0-14/F-17.5   | 0-14/F-16.5   |
| 291 Penhow Cir. | East side only | 0-16/F-17     | 0-16/F-18     | 0-16/F-20     |

Measurements are in mils. Dry film thicknesses recommended by manufacturer is 14 mils dry. DFT thicknesses were achieved by painter.  
No further testing performed at this time

NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

Page 1 of 1

Ben Bennetfield  
 Kleinfelder Representative Signature

Ben Bennetfield  
 Kleinfelder Representative Print Name

321 Renhow

Plan 3  
35

|                                 |  |                             |
|---------------------------------|--|-----------------------------|
| <b>INSTALLATION CERTIFICATE</b> |  | <b>(Page 2 of 12) CF-6R</b> |
| 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) 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:**

| Item | Manufacturer/Brand Name<br>(GROUP LIKE PRODUCTS) | Product U-factor <sup>1</sup><br>(CF-1R value) <sup>2</sup> | Product SHGC <sup>1</sup><br>(CF-1R value) <sup>2</sup> | # of Panels | Total Quantity of Like Product (Optional) | Area Square Feet | Shading Device or Overhang | Comments/Additional Product Features |
|------|--|---|---|-------------|---|------------------|----------------------------|--------------------------------------|
| 1.   | 710  | .43   | .35   | 9           |   | 61               | NO                         |                                      |
| 2.   | 1110   | .47   | .35   | 10          |   | 162              | NO                         |                                      |
| 3.   | 1510   | .51   | .35   | 6           |   | 27               | NO                         |                                      |
| 4.   | 450  | .52   | .31   | 1           |   | 42               | NO                         |                                      |
| 5.   |  |   |   |             |   |                  |                            |                                      |
| 6.   |  |   |   |             |   |                  |                            |                                      |
| 7.   |  |   |   |             |   |                  |                            |                                      |
| 8.   |  |   |   |             |   |                  |                            |                                      |
| 9.   |  |   |   |             |   |                  |                            |                                      |
| 10.  |  |   |   |             |   |                  |                            |                                      |
| 11.  |  |   |   |             |   |                  |                            |                                      |
| 12.  |  |   |   |             |   |                  |                            |                                      |
| 13.  |  |   |   |             |   |                  |                            |                                      |
| 14.  |  |   |   |             |   |                  |                            |                                      |
| 15.  |  |   |   |             |   |                  |                            |                                      |

<sup>1</sup> 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.

<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. 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 (Item Part 6), where applicable.

|                            |           |        |   |
|----------------------------|-----------|--------|---|
| Item #s<br>(if applicable) | Signature | Date   | Installing Subcontractor (Co. Name) OR<br>General Contractor (Co. Name) OR Owner<br>OR Window Distributor |
|                            |           | 6/2/05 | Milgard Windows   |
| Item #s<br>(if applicable) | Signature | Date   | Installing Subcontractor (Co. Name) OR<br>General Contractor (Co. Name) OR Owner<br>OR Window Distributor |
| Item #s<br>(if applicable) | Signature | Date   | Installing Subcontractor (Co. Name) OR<br>General Contractor (Co. Name) OR Owner<br>OR Window Distributor |

Copies to: Building Department, IERS Rater (if applicable) Building Owner at Occupancy

Plan 3 321 Penhur

**INSTALLATION CERTIFICATE**

(Page 1 of 8)

**CF-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 Number | # of Identical Systems | Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ 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.) <sup>1</sup> [ $\geq$ CF-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) 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

**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 <sup>2</sup> Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency <sup>3</sup> (EF, RE) | Standby <sup>2</sup> Loss (%) | External Insulation R-value <sup>3</sup> |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| GAS         | Rheem 41VR50                          | GAS                                   |                                |                        |   | 50                    | .62                              |                               |  |
|             |                                       |                                       |                                |                        |   |                       |                                  |                               |  |

- 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.
- 3 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.

**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* or Part 6), where applicable.

Signature, Date Mil OABye 10/4/05

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

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

**INSTALLATION CERTIFICATE**

**CF-6R**

Site Address Maplewood Plan 3 321 Penhew 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 Number | # of Identical Systems | Efficiency (AFUE, etc.)<br>[≥CF-1R value] | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| Furnace                      | Lennox #G4HU48B090X                     | 1                      | 80%                                       | Attic                       | R6                     | 90,000                |                           |

**Cooling Equipment**

| Equip. Type (pkg. heat pump) | CEC Certified Compressor Unit Mfr Name and Model Number | # of Identical Systems | Efficiency (SEER, etc.)<br>[≥CF-1R value] | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|
| Condensor                    | Lennox #13ACC048  | 1                      | 13.6 SEER                                 | Attic                       | R6           | 48,000                |                           |

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]* 10-7-05

Blue Mountain Air, Inc

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 Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency (EF, RE) | External Standby Loss (%) | 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.

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

**Faucets & Shower Heads:**

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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

# Special Inspection Daily Field Report (DFR)

Project Name Maplewood Project No. 37143 Date 1-31-06  
 Project Location Bonfair & Tewbury Lane / Cambay West Village #7 Time Arrived 0800  
 Contractor Wall Designs Technician Ben Bennetfield Time Departed 1400  
 Weather Clear Travel Time 1  
 Earthwork Equipment Observed \_\_\_\_\_ Total Time (Hours) 6  
 DFR Given to (or left at) \_\_\_\_\_ Mileage 21  
 Reviewed by \_\_\_\_\_ Date Reviewed \_\_\_\_\_ DFR No. \_\_\_\_\_

Observations/Remarks: Dry film thickness testing of intumescent latex fire barrier performed.

Three (3) tests were performed at various locations on overhangs of houses on Penhow Circle.

Test results are as follows: O-Overhang / F-Facia

| Address         | Side of house  | No. end       | Center        | So. end       |
|-----------------|----------------|---------------|---------------|---------------|
| 361 Penhow Cir. | West side only | 0-17/F-25     | 0-16/F-20     | 0-21/F-22.5   |
| 351 Penhow Cir. | East side      | 0-14/F-15     | 0-15/F-19.5   | 0-16/F-15     |
|                 | West side      | 0-15/F-16.5   | 0-14.5/F-16-F | 0-16/F-14     |
| 341 Penhow Cir. | East side      | 0-18/F-20     | 0-17/F-20.5   | 0-14/F-18     |
|                 | West side      | 0-14/F-19     | 0-14/F-17-F   | 0-15/F-18     |
| 321 Penhow Cir. | East side      | 0-15/F-18     | 0-15/F-21     | 0-21/F-22     |
|                 | West side      | 0-20.5/F-17.5 | 0-16/F-18     | 0-15/F-14     |
| 311 Penhow Cir. | East side      | 0-21/F-17.5   | 0-19/F-14.5   | 0-17.5/F-15.5 |
|                 | West side      | 0-19/F-14.5   | 0-16.5/F-14   | 0-19.5/F-15   |
| 301 Penhow Cir. | East side      | 0-17/F-16.5   | 0-19.5/F-16.5 | 0-15.5/F-17   |
|                 | West side      | 0-16/F-14.5   | 0-14/F-17.5   | 0-14/F-16.5   |
| 291 Penhow Cir. | East side only | 0-16/F-19     | 0-16/F-18     | 0-16/F-20     |

Measurements are in mils. Dry film thicknesses recommended by manufacturer is 14 mils dry. DFT thicknesses were achieved by painter.  
No further testing performed at this time.

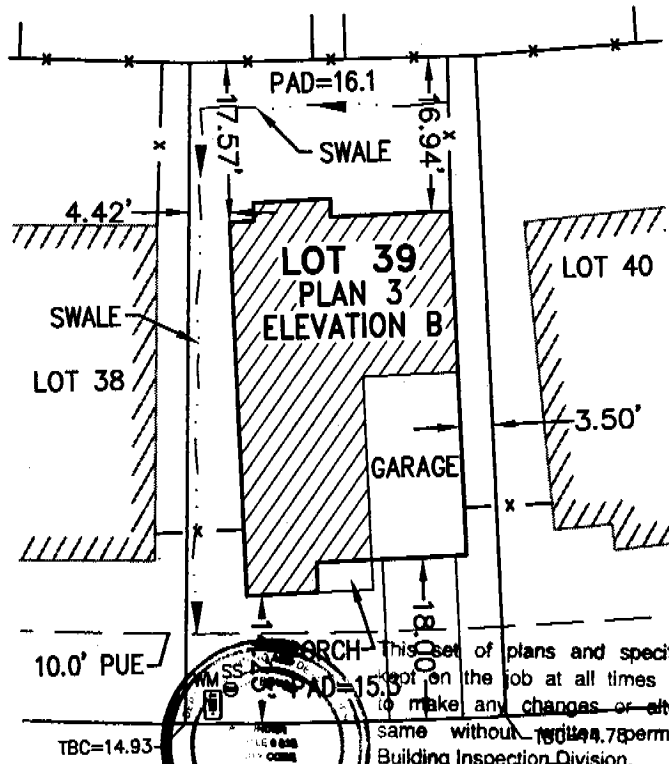
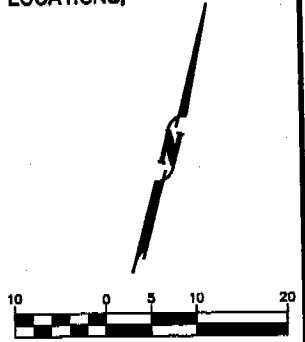
NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

Page 1 of 1

Ben Bennetfield  
 Kleinfelder Representative Signature

Ben Bennetfield  
 Kleinfelder Representative Print Name

THIS PLOT PLAN IS PROVIDED AS A GENERAL LAYOUT OF THE PROPERTY. ALL INFORMATION ON THIS PLAN INCLUDING: SETBACK DIMENSIONS, FENCE LOCATIONS, DRIVEWAY GRADES, SLOPE AND WALL HEIGHTS AND LOCATIONS, ARE APPROXIMATE AND MAY VARY OR CHANGE WITHOUT PRIOR NOTICE.



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without the permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

**LEGEND**

- SBL -- SET BACK LINE
- PUE -- PUBLIC UTILITY ESMT.
- TBC -- TOP BACK OF CURB
- WM -- WATER METER
- SS -- SANITARY SEWER
- TBW -- TOP BACK OF WALK
- x -- FENCE

|  |   |   |
|--|---|---|
| <p><b>GRIFFIN INDUSTRIES</b><br/>4200 DUCKHORN DR.<br/>SACRAMENTO, CA 95834<br/>(916) 515-0171</p> | <p>LOT SIZE = 2409 SF<br/>BLDG. FOOTPRINT = 955 SF<br/>FRONT SETBACK = 10.0'<br/>LEFT SETBACK = 3.5'<br/>RIGHT SETBACK = 3.5'<br/>REAR SETBACK = 0'</p> | <p><b>CAMBAY WEST UNIT 7</b><br/><b>LOT 39</b><br/><b>321 PENHOW CIRCLE</b><br/>SACRAMENTO CALIFORNIA</p> |
|  |   | <p><b>Carter-Burgess</b><br/>Carter &amp; Burgess Inc.</p>  |
| <p>DRAWN BY: AJL    CHECKED BY: RJT    W.O. NO.: 333252    DWG: Phase 4</p>                        | <p>SCALE: 1"=20'</p>  | <p>DATE: 06-14-05</p>   |

P:\Projects\333252.3\Drawings\Plot Plans\Phase 4 Lots 20-23, 36-45.dwg 6-17-05 08:00:48 AM moberly