

CITY OF SACRAMENTO

Permit No: 0608571

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 6427 LIFE AV SAC

Thos Bros:

Parcel No: 65TH EXPRESSWAY, LOT 1

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

CARAMAZZA DEVELOPMENT CO., INC.
267 ALABASTER POINT WAY
FOLSOM CA. 95630

OWNER

CARAMAZZA DEVELOPMENT CO., INC.
267 ALABASTER POINT WY.
FOLSOM, CA 95630

ARCHITECT

Nature of Work: MP 1500 ONE 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 B License Number 306831 Date 6-20-06 Contractor 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

CITY OF SACRAMENTO JUN 20 2006

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 improvements 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 6-20-06 Applicant/Agent 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 EXEMPT Policy Number NO EMPLOYEES 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 6-20-06 Applicant 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.

# CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS						
	<p style="font-size: 1.5em; margin: 0;"><i>Carmazza</i></p> <p style="margin: 0;">LOT # <i>1</i></p> <p style="font-size: 1.5em; margin: 0;"><i>Res. @ 65<sup>th</sup></i></p>		<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 <b>FIBERGLASS</b>		MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			
	FORM <b>BATTS</b>		FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>			
	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
	R - VALUE INSTALLED		APPLIED THICKNESS		BAGS	R - VALUE INSTALLED		APPLIED THICKNESS	
	<i>13/19</i>		<i>3 1/2 / 5 1/2</i>		<i>38</i>	<i>12 / 14 3/4</i>			
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
	MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE		MANUFACTURER		
						CT	OC	JM	
AIR INFILTRATION SEALANT									
MATERIAL				MANUFACTURER					
<i>Foam</i>				<b>HILTI</b>		<b>HANDY FOAM</b>			
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.									
SIGNATURE — INSULATION CONTRACTOR				TITLE		DATE			
<i>[Signature]</i>				<b>MANAGER</b>		<i>2/28/07</i>			
SIGNATURE — GENERAL CONTRACTOR				TITLE		DATE			
<i>[Signature]</i>				<i>Supervisor</i>		<i>2/28/07</i>			
REMARKS									

**INSTALLATION CERTIFICATE****CF-6R**

Site Address:

6427 LIFE AVE., SACRAMENTO, CA

Permit Number

0605571

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(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> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Furnace	Carrier #58STX070-12	1	0.80	Attic	R-6.0	26,266	51,000

*Cooling Equipment*

Equip Type (pkg. Heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
A/C	Carrier #24ABA336A003	1	13.0	Attic	R-6.0	21,478	30,400

1. ≥ reads greater than or equal to what is indicated on the CF-1R value.

Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

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 6), where applicable.

1/23/07  
Signature Date

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

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

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

**CF-6R**

**CARAMAZZA DEVELOPMENT**

Site Address **THE RESIDENT @ 65<sup>th</sup> LOT 1**

Permit Number  
**0608 571**

**FENESTRATION/GLAZING: Plan 1500**


**Elev.C**

Manufacturer/Brand Name (CIRCULAR LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (2) (CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (2) (CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. PHILIPS WHITE							
2. VINYL WINDOWS							
3. W/ LOWE2 GLASS							
4.							
5. XO	.35			7	128		
6. SH	.35			3	45		
7. PW	.32			1	9.6		
8. SGD	.33			1	36.6		
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)	 <u>2/21/07</u> Signature, Date	<b>Sacramento Building Products</b> 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