

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0505013
Insp Area: 2
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 4271 SUNMEADOW DR SAC
Parcel No: BROOKFIELD MEADOWS UNIT 2 LOT #38

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP2506 2 STORY 10RM 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 492827 Date 4-22-05 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 or 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 4-22-05 Owner Signature [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 _____ 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 STATE FUND Policy Number 040-191-2004 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 4-22-05 Applicant Signature [Signature]

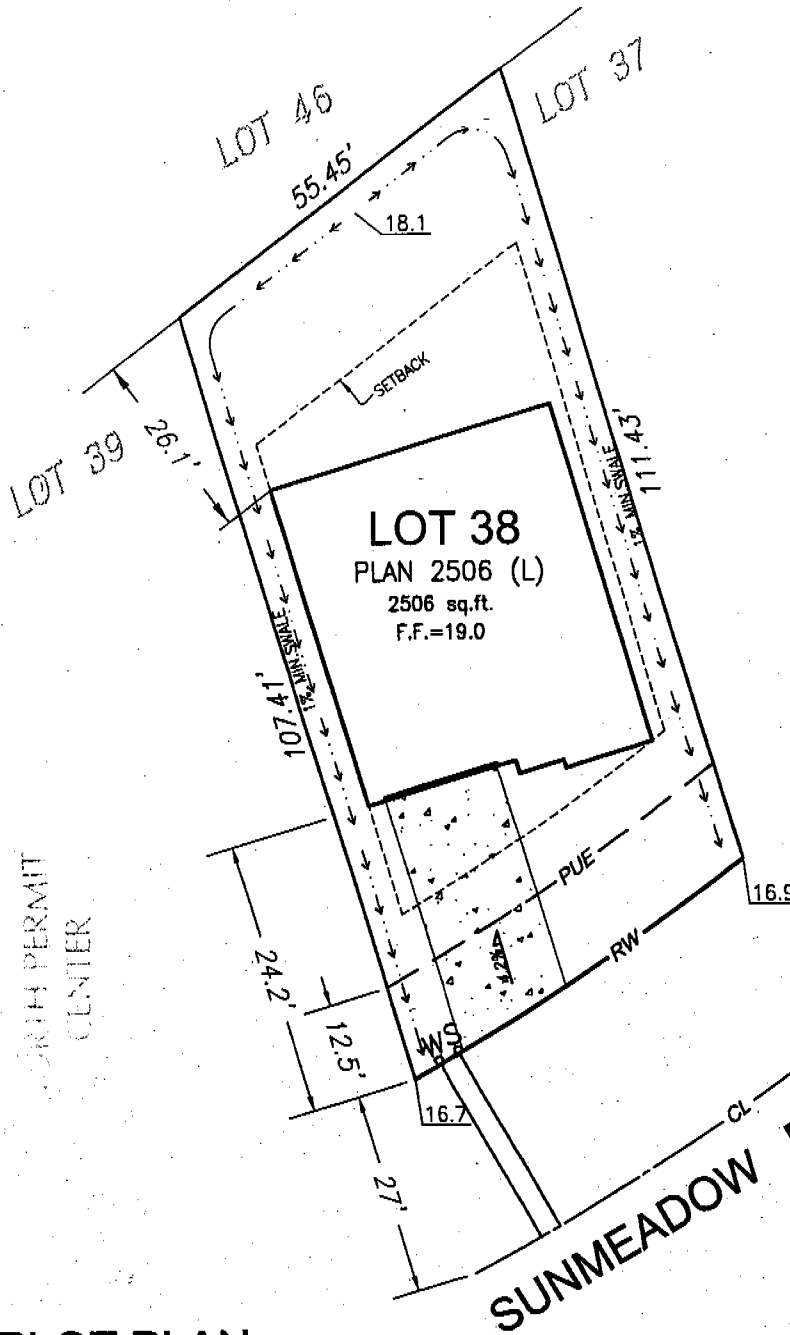
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S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

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

PAID
SACRAMENTO

APR 22 2005

CITY PERMIT
CENTER



PLOT PLAN

BROOKFIELD MEADOWS UNIT NO.2

APN: _____ ADDRESS: **427th SUNMEADOW DRIVE**
 HOME SITE #: **38** RESIDENCE: **2506** ELEV.: **A**
 ORIENTATION: **L** COLOR: **1** STYLE: **SP**
 HOME SITE: **5725 S.F. (.13ac.)** COVERAGE: **31.9%**



NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

This set of plans and specifications must be kept on the job at all times. It is unlawful to make any changes or alterations from the same without written approval from the City of Sacramento. No part of this plan may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without the prior written permission of the City of Sacramento.

MINIMUM SETBACKS:

FRONT: 18.1
 SIDE: 111.43
 REAR: 16.9

LEGEND

- PROPERTY LINE
- PUE PUBLIC UTILITY EASEMENT
- RW RIGHT OF WAY
- SLOPE LINE
- SETBACK
- L.P. LOT PAD
- FF FINISHED FLOOR
- W WATER SERVICE
- S SEWER SERVICE
- SWALE (1% MIN.)
- ☐ STREET LIGHT
- ▲ FIRE HYDRANT
- ⚡ TRANSFORMER
- △ DRY UTIL. SERV. NOTCH
- DRY UTIL. PULLBOX

TIM LEWIS COMMUNITIES
 5750 SUNRISE BLVD., STE. 130
 CITRUS HEIGHTS, CALIFORNIA 95610
 (916) 966-8047
 LAST EDITED: 3/11/05

APPROVED: _____

REV.1 _____
 REV.2 _____
 REV.3 _____

SIGNED (BUYER) _____ DATE: _____
 SIGNED (BUYER) _____ DATE: _____

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
CITY of SACRAMENTO
SACRAMENTO PERMIT AND CALCULATION

SEWER IMPACT FEE *LDL*

15 APRIL 05

APPLICATION NO:

BLDG PERMIT NO.

GENERAL INFORMATION

SW 02005-00327

THIS PERMIT GOOD ONLY WHEN
VALIDATED BY THE CASHIER
PAID 15 APRIL 05

019-0220-061 & 063

THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION		RESIDENTIAL	SF <input checked="" type="checkbox"/>	MFD <input type="checkbox"/>
CSD-1		COMMERCIAL	PAID	
SRCSD	<i>2500</i>	CITY OF SACRAMENTO		
CONSTRUCTION		APR 22 2005		
IN-LIEU		NORTH PERMIT		
		CENTER		
TOTAL FEE	<i>2500</i>			

APN: *119-0220-061 Mother*

DESCRIPTION/ SUBDIVISION: *Brookfield Meadows* LOT: *38*

PROPERTY ADDRESS: *4271 Sunmeadow Drive*

OWNER: *Tim Lewis Communities*

MAILING ADDRESS: *5750 Sunrise Blvd # 225*

CITY/STATE/ZIP: *Chrus Heights CA 95610* PHONE: *916-80417*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT

APPLICANT SIGNATURE

Thakale *4-15-05*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

**Certification of Compliance
School District Development Fees**

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT (MUST BE FILLED OUT BY APPLICANT)

OWNER'S NAME TIM LEWIS COMMUNITY
 OWNER'S ADDRESS 5150 SULLY RD KAYWOOD CHAIRMAN CA 95616
 PROJECT ADDRESS 421 SULLY LANE SACRAMENTO CA 95811
 PARCEL NUMBER 001-000-003 LOT NO. 21
 SUBDIVISION NAME KAPOKIA
 NUMBER OF UNITS 1
 Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.
 APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT CONSTRUCTION COORDINATOR
 DATE 4-6-05 PHONE NUMBER 916-766-2097

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER ~~2009~~ ~~2000~~ 2506
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA ~~2009~~ 2506
 NAME (PRINTED) DAVID HAY SIGNATURE [Signature]
 TITLE BI-IV PHONE NUMBER 916-5905 DATE 4-14-05

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 1-24
 EXEMPT _____ COMMENTS _____

RESIDENTIAL - LEVEL 1	2506	SQ FT X	\$ 2.24	= \$ 5613.44
RESIDENTIAL - LEVEL 2			\$ 1.71	= \$ 4285.26
TOTAL RESIDENTIAL			\$ 3.95	= \$ 9898.70
SENIOR RESIDENTIAL	_____	SQ FT X	\$ _____	= \$ _____
COMMERCIAL/INDUSTRIAL	_____	SQ FT X	\$ _____	= \$ _____

PAID
 SACRAMENTO
 APR 22 2005

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

PAID

AUTHORIZED SCHOOL DISTRICT OFFICIAL
 SIGNATURE [Signature] DATE APR 22 2005
 TITLE _____



**TIM LEWIS
COMMUNITIES**

4271 SunMeadowDr.

0505013

HOME BUILDING
LAND DEVELOPMENT

5750 Sunrise Boulevard, Suite 225
Citrus Heights, CA 95610
916/966-8047
916/966-8066 Fax
License No. 492827

January 23, 2006

City of Sacramento
1231 I Street
Room 200
Sacramento, CA 95814

To Whom It May Concern:

This letter is to provide you with information regarding a Model Home Conversion. This will take place on lots 36, 37, & 38, of our Visions @ Brookfield Meadows Project. Following is an item list of what will be done during the conversion:

1. Return sales office to garage
2. Remove HVAC from sales office/garage
3. Disable alarm, surveillance, and stereo
4. Remove covers from thermostats
5. Replace interior doors and hardware
6. Remove screws from windows & install screens
7. Install property line fencing
8. Re-key exterior locks
9. Remove inter-connecting walk ways
10. Re-activate light switches
11. Remove exterior lighting from photo cells
12. Remove wrought iron trap fencing

Should you have any questions or comments please call John McChesney at (916) 439-3255, or call Stephanie Johnston (916) 966-8047 ext. 215

Thank you.

Sincerely

John McChesney
Construction Manager-Visions@Brookfield Meadows

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OF PROJECT		SACRAMENTO BUILDING PRODUCTS								
	Tim Lewis 4271 Sunmeadow 0505 013 Plan 6A Visions		LOT # 38	<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			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 THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS		MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS		
13 19	3.5 5.5		30	9"-12"		—	—	—			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT											
MATERIAL						MANUFACTURER					
Foam						HILTI		HANDY FOAM			
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.											
SIGNATURE --- INSULATION CONTRACTOR			B.G.			TITLE MANAGER		DATE 9/6/05			
SIGNATURE --- GENERAL CONTRACTOR						TITLE		DATE			
REMARKS											

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004

Date of Job Completion

10/6/05

Job Address

Tim Lewis - Visitors
4271 Summerwood Drive
Lot 38 Plan 64

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as

Issued by coating manufacturer: Applicator # 318

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.

[Signature]
Signature of authorized representative
or plastering contractor

1/17/06
Date

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

FIGURE 3

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Site Address 4271 Sunnyside Permit Number 0605013 1/16/6A

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.) ¹ [≥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.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ 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 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value
GRS	A.O. SMITH GVR-50700	STD	N/A	1	40,000	50	62	N/A	N/A

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.

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 Appliance Efficiency Regulations or Part 6), where applicable.


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

INSTALLATION CERTIFICATE

CF-6R

Tim Lewis - Visions @ Brookfield Meadows

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:

4211 SUNMEADOW 0505013

PLAN 6A

Heating Equipment

Table with 8 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). Rows include Furnace models like York LY8S060A12UH11 for Plan 1 through Plan 7.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-1R value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Rows include Condenser models like York H*RC030 for Plan 1 through Plan 7.

TXV - Indicates Thermal Expansion Valve On 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: [Handwritten Signature] 3-28-05

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 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), (2) Standby Loss (%), External 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.

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 CERTIFICATE

CF-6R

Site Address TIM LEWIS - VISIONS

Permit Number

FENESTRATION/GLAZING:

ALSIDE - ALPINE

4221 S. MADISON

PLAN 6 A

7000 SERIES WINDOWS

0505013

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (s CF-1R value) ²	Product SHGC ¹ (s CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Feature
1.							
2.	<u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>			
3.					<u>87</u>		
4.	<u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>			<u>LOW-E GLASS</u>
5.					<u>228</u>		
6.	<u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>			
7.					<u>76</u>		
8.	<u>PATIO DOORS</u>	<u>.35</u>	<u>.35</u>	<u>2</u>			
9.					<u>48</u>		
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

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.

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.

2, 4, 6, 8
Item #s
(if applicable)

[Signature] 9-30-05
Signature, Date

Y.T. GLASS & WINDOWS INC.
3200 DWIGHT RD STE 400
PERDUEVILLE, KY 40375
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

PLUMBING CERTIFICATE OF GUARANTEE

BIANCHI PLUMBING

4371 S. W. 20th Ave
0506 013 plan 6A

CERTIFIES AND GUARANTEES

LOT#: 38

SUBDIVISION: THE VISIONS

WASTE SYSTEM LINES HAVE BEEN TESTED AND VIDEOED. LINES ARE CLEAR
AND COMPLY WITH LOCAL PLUMBING CODES. LINES CONTAIN THE
PROPER FALL PER UPC.

Signature Greg Strangio

Date 11/8/05