

CITY OF SACRAMENTO

Permit No: 0415835

1231 I Street, Sacramento, CA 95814

Insp Area: 4
Thos Bros: 256-H6

Site Address: 5816 LENGA WY SAC

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

Parcel No: 201-1000-006
N

NATOMAS CREEK VIL.1 LOT163

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

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

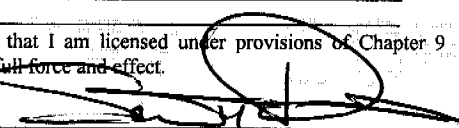
ARCHITECT

Nature of Work: MP 2559 2 STORY 10 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 10-5-04 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.)

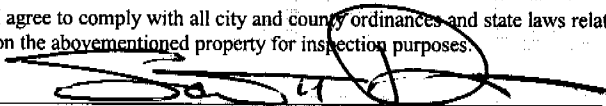
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____
Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
OCT 05 2004
4 MONTH PERMIT

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 10-5-04 Applicant/Agent Signature 

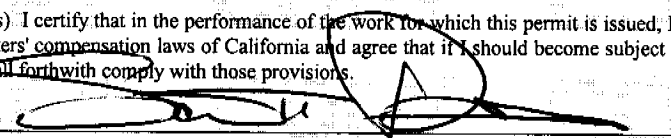
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2005

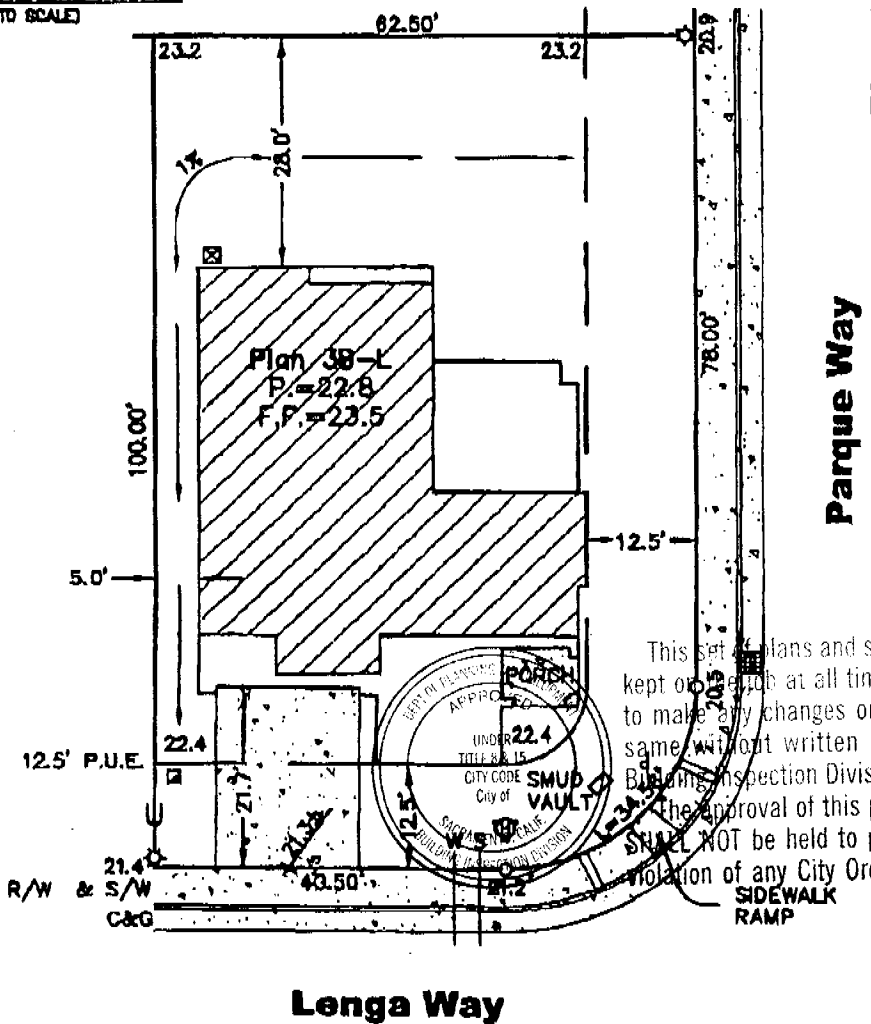
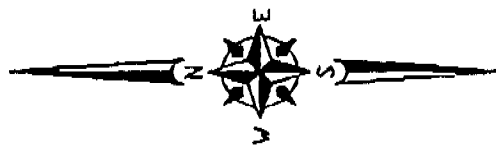
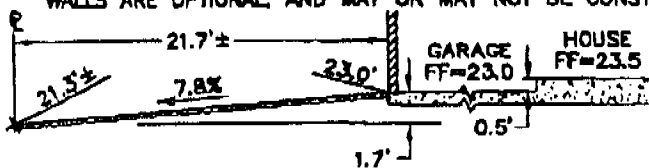
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 10-5-04 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.

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.



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 written 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

- U - - - - UTILITY LOCATION
- AC - - - - AIR CONDITIONER
- S - - - - SEWER
- W - - - - WATER
- OP - - - - DIMENSION POINT
- SL - - - - STREET LIGHT
- SS - - - - STREET SIGN
- SV - - - - SUREWEST VAULT
- DI - - - - DRAIN INLET
- FH - - - - FIRE HYDRANT

NET LOT AREA = 8,148 SQ. FEET
 FOOTPRINT AREA = 2,108 SQ. FEET
 LOT COVERAGE = 34%

[Signature]
9-20

SCALE: 1" = 20'

PLOT PLAN
LOT 1163
 Natomas Creek Village 1
 Monaco - Phase 5
 City of Sacramento, State of California

WECKER
SURVEYS

1111 KENNEDY PLACE
 SUITE 4
 DAVIS, CA 95618
 530-792-7252
 FAX 530-758-2775

INSTALLATION CARD

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

Job Address:

ICBO Evaluation Services, Inc.

D.R. Horton-Monaco

Report No. 3899

Lot 1163 5816 Lenga Way

Date of Job Completion: 4-5-05

Plaster Contractor

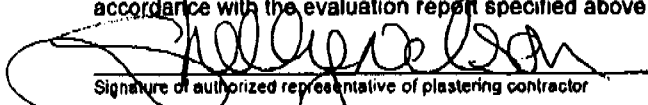
Name: TOLIVER PLASTERING, INC.

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.


Signature of authorized representative of plastering contractor

5-9-05
Date

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

No. DRH-1163

INSTALLATION CARD

INSTALLATION CERTIFICATE * All Plans CF-6R

D.R. Horton - Monoco @ Natomas Creek
 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.) ¹ [2CF-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 [2CF-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) 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:

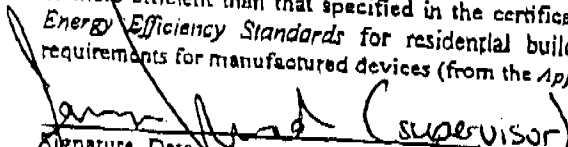
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Gas	Bradford White M-4-S0SGFBN	STD	N/A	1	40,000	50	0.63		R-11.6

- 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* or Part 6), where applicable.


 Signature, Date 11/5/04
 (supervisor)

J.R. Pierce Plumbing Co.
 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

(page 2 of 4)

CF-6R

Site Address: DR HORTON - MONACO PLAN 3.5

Permit Number _____

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., Fixed, Sliding)	Manufactured Products Labelled U-value (≤ CF-1R value) ²	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
			# of Panels	Default U-Value ³			
1. <u>6110</u>	<u>.35</u>	<u>HV</u>	_____	_____	_____	<u>96</u>	_____
2. <u>6210</u>	<u>.35</u>	<u>SH</u>	_____	_____	_____	<u>248</u>	_____
3. <u>5621</u>	<u>.34</u>	<u>SLIP</u>	_____	_____	_____	<u>48</u>	_____
4. <u>6340</u>	<u>.33</u>	<u>PV</u>	_____	_____	_____	<u>94</u>	_____
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)

Julie Beutt 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

Generation

Heating & Air Conditioning

1660 Shadydale Ln.
Placerville, CA 95667
530-622-2228

Installation Certificate

Site Address: Schumacher, Natomas Creek, Monaco
Plan 3

HVAC SYSTEM:

Heating Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - GMS80704BNA	Goodman	1	80%	Attic	R-6	70,000	70,000

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - CLJ 48-1	Goodman	1	12 SEER	Attic	R-6		4 Ton

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.

Sherry Blake 9-1-04
Signature, Date

3rd Generation Heating & Air Conditioning
Installing Subcontractor



WALLACE - KUHL & ASSOCIATES INC.
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.
 PO Box 1137
 West Sacramento
 California 95691
 916-372-1434

DATE 1-12-04	JOB NO. 5406.15	WEATHER Cld.	TEMP. ° at ° at	AM PM			
PROJECT D.R. HORTON NATOMAS CREEK VII		Technician I <input checked="" type="checkbox"/>	Staff E/G <input type="checkbox"/>				
LOCATION 1158 - 1102 Lot # 1158 - 1102 @ Paradise		Technician II <input type="checkbox"/>	Project E/G <input type="checkbox"/>				
TYPE OF WORK Concrete SO.G		Technician III <input type="checkbox"/>	Senior E/G <input type="checkbox"/>				
Inside 50 mi. radius <input checked="" type="checkbox"/>	Outside 50 mi. radius <input type="checkbox"/>	Nuclear Densities <input type="checkbox"/>	Principal E/G <input type="checkbox"/>				
PERSONNEL	REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE	MILES
Jesse Matano						#1	20

OBSERVATIONS:
 Concrete was placed on SO.G lot # 1157
 1101 Mix designed # 31203 (2500 PSI) was supply by
 R.M.C. and pump by INTERSTATE and placed
 by DENNIS BIAZUNA and consolidated by hand tamp
 Took sample described below and perform
 Slump Test, Mix Temp Test 1 set of 3 6x12 Test
 Cylinders.

SET	Mix Temp	Air Temp	Slump	load #	lot #	TR#	TC#
1	60°	41°	4 1/2"	3	1157	079U	54128604

- No deficiencies noted -

FIELD REPORT

Signed Jesse Matano

LOCATION OF INSULATION

PART I
GENERAL

ADDRESS OR TRACT <p style="font-size: 2em; font-family: cursive;">DR HERMAN</p> LOT # 1163	SACRAMENTO BUILDING PRODUCTS <input 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
Monaco	DATE INSULATION COMPLETED <p style="font-size: 1.5em; font-family: cursive;">5-6-05</p>

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	WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS		
0.811	0 1/2 1 5/8	0	R					
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				
Pellon				HILTI		HANDY FOAM		

PART III
CERTIFICATION

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

SIGNATURE — INSULATION CONTRACTOR	J-C	TITLE	MANAGER	DATE
SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE
REMARKS				