CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

Permit No: 0400789

Insp Area:

Thos Bros:

257-C5

4

Site Address: 5479 ALVOCA WY SAC

And the second s

Sub-Type:

NSFR

Parcel No:

201-0680-116

NORTHPT. PARK 23 LOT 116

Housing (Y/N): N

CONTRACTOR

<u>OWNER</u>

ARCHITECT

LENNAR RENAISSANCE INC 2240 DOUGLAS BL ROSEVILLE, CA 95661

Lender's Name		7, Civ. C).			
		<u>d</u> nder's A	Address	• • •	-20 PA
LICENSED Confidence Class 1	n section 7000) of Division 3 of t	ATION: I hereby affirm under the Business and Professions Code	and my license is in full fo	rce and effect.	provisions of Chapter 9
reason (Sec. 7031 prior to its issuance License Law (Cha	.5, Business and Professions Coce, also requires the applicant for apter 9 (commencing with Sections et exemption. Any violation of	hereby affirm under penalty of perde; any city or county which requires such permit to file a signed statem on 7000) of Division 8 of the Busic Section 7031.5 by any applicant to	es a permit to construct, all tent that he or she is licens these and Professions Code	Iter, improve, demolish ed pursuant to the prov) or that he or she is ex	 or repair any structure, isions of the Contractors tempt therefrom and the
sale (Sec. 7044, B	Business and Professional Code: ork himself or herself or through provement is sold within one ye	yees with wages as their sole comp The Contractors License Law doe his/her own employees, provided ar of completion, the owner-builde	s not apply to an owner of that such improvements ar	property who builds on the property who builds on property who builds or offer the property of the property who begins to be a support of the property of the	or improves thereon, and red for sale. If, however,
The Contractors L	icense Law does not apply to ar	y contracting with licensed contract towner of property who builds or it	mproves thereon, and who	contracts for such pro	jects with a contractor(s)
I am exemp	pt under Sec	B &PC for this reason: Ower Signature		PAID	MENTO
Date		Ower Signature	CITY '	IF SAWAR!	, , , , , , , , , , , , , , , , , , ,
IN ISSUING TH measurements and private agreement	HIS BUILDING PERMIT, the d locations shown on the application of the application of the probability of probability of probability.	applicant represents, and the city cation or accompanying drawings ibited locations for such improvement relating to location of improve	relies on the representation and that the improvement cents. This building permi	n of the applicant, that to be constaucted the	the applicant verified all
building construct	tion and herby authorize represer	that all information is correct. I agntative(s) of this city to enter upon the	he abovementioned/proper	and county ordinances ty for inspection purpo	and state laws relating to ses.
Date	03.09	Aplicant/Agent Signature) My	4
I have and	COMPENSATION DECLA will maintain a certificate of coork for which the permit is issue	RATION: I hereby affirm unde onsent to self-insure for workers' c d.	r penalty of perjury one of ompensation as provided t	the following declaration of the following declaration of the section 3700 of	the Labor Code, for the
I have and this permit is issu	will maintain workers' compensed. My workers' compensation i	sation insurance, as required by Seinsurance carrier and policy number	ction 3700 of the Labor C r are:	ode, for the performan	ce of the work for which
Carrier	OLD REPUBLIC INS. CO.	Policy Num	ber MWC10845400	Exp Date	11/01/2004
not employ any p	erson in any manner so as to be sation provisions of Section 3700	permit is for \$100 or less) I certify come subject to the workers' comp of the Labor Code, I shall forthwith Aplicant Signature	ensation laws of California	and agree that if I sho	is permit is issued, Ishal uld become subject tothe

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

and the second control of the second control

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATI

43972

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION I CURRENT ENERGY REGULATIONS, CALIFOR CALIFORNIA, IN THE BUILDING LOCATED A	RNIA ADMINISTRATI	D IN CONFORMANCE WITH VE CODE, TITLE 24, STATE OF
And the second	LOT #	TRACT #
STREET A SALE OF THE STREET	CITY	
EXTERIOR WALLS:		
MANUFACTURER	_THICKNESS/TYPE.	R- VALUE
CEILINGS:		R-
BATTS: MANUFACTURER	THICKNESS /TVDE	- ·
•	INICKNESS/ITPEL	VALUE
BLOWN IN: MANUFACTURER		
MANUFACTURER	_ I HICKINESS	VALUE
SQUARE FOOTAGE COVERED	NUMBER OF BAGS	LISED
FLOORS:	_NOMBER OF BAGS	R-
MANUFACTURER	THICKNESS/TYPE	* *
SLAB ON GRADE:		R-
MANUFACTURER	THICKNESS/TYPE	VALUE
WIDTH OF INSULATION	INCHES	
FOUNDATION WALLS:		R-
MANUFACTURER	_THICKNESS/TYPE.	VALUE
GENERAL CONTRACTOR		
CALIFORNIA CONTRACTORS LICENSE #		
		DATE
		No.
SIGNATURE		TITLE
1001051	NOW ATION	
INSULATION CONTRACTOR ARCADE I		
CALIFORNIA CONTRACTORS LICENSE #8152 NEVADA CONTRACTORS LICENSE #55201		1 47
INLYADA CONTRACTORO LICENSE #33201		DATE
I_{α}	ļ	
SIGNATURE		TITLE

KwikKote

Stucco System

Installation Card

Job Name: AMBER LANE @ REGENCY PARK

Address: 5479 ALVOCA WAY

SACRAMENTO,

Lot #: 0116-23

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion:

Home Builder: LENNAR RENAISSANCE/WINNCREST

Address: 1075 Creekside Ridge Dr. #100

ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as

issued by the Stucco Manufacturer: 1001

Card Print Date: 01/27/2004

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

Signature of authorized representative of stucco copyrictor

6-15.00

Jate

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:

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Etficiency (AFUE, etc.)¹ [≥CF-1R yalue]	Duet Location (attic. etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Cooling Eq Equip. Type (pkg. heat pump)	uipment 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-yajue	Cooling Load (Btu/hr)	Cooling Capacity (Btwhr)

^{1. ≥} reads greater than or equal to.

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 Recir- culation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Effi- ciency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Nat Gas	41VRSOF 41VRYOF	<u> </u>	NA	1	40,000	50 40	·62	NA	R-20 R-20

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, 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

COPY TO: Building Department

HERS Provider (if applicable) Building Owner at Occupancy Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

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.

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

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 occumancy, per Section 10-103(b).

occupancy	, per Section 10-103(b).	F7 ——— 1				•			
HVAC SY	/STEMS:								
Heating E Equip. Type (pkg. heat pump)	quipment CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) (>CF-1R value)	(attic.	ion 1	Ouct or Piping -value	Heating Load (Btu/hr)	· · · · · · · ·	Heating Capacity Btu/hr)
<u>Furn</u> a	3 <u>10JAV03607</u> 0								
						 .			<u> </u>
	<i>quipment</i> CEC Certified Compresso	r. #of	Efficiency	Du	ct		Cooling		Cooling
Equip. Type (pkg.	Unit Mfr Name and	Identical	(SEER, etc.)	Locat		Duct	Load		Capacity (Btu/hr)
heat pump)	Model Number	Systems	[≥CF-1R value]			-value	2810		5800
Split A/C	Bryant 537ANX036		4.2		<u>ti</u> c		40.0		
									·
l. ≥re	ads <i>greater than or equal</i> indersigned, verify that e	10. ium ont liste	d ahove ier 1) i	s the actua	al equipme	nt installed	1. 2) equiv	alent to or	r more
i, the u	ndersigned, verify that e at than that specified in t	quipment usici	of complished	Form CF	1R) subm	itted for co	mpliance	with the A	Energy
emclei	n than that specified in t ncy Standards for residen	tial buildings	and 3) equipme	ent that me	ets or exc	eeds the ar	propriate	requireme	nts for
Efficien	ectured devices (from the	Annliance Fff	iciency Regulat	tions or Pa	rt 6), wher	e applicabl	 e.		
manua	etitical devices (Hom the					••			
(1/2	Lux() .					eet Me		nc.	
Signati	rre, Date		Ī	nstalling S	Subcontrac	tor (Co. Na	me)		
_		-	(OR Genera	ıl Contract	or (Co. Na	me) OR O	wner	
<u>water</u>	<u>HEATING SYSTEMS:</u>								
Heater	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recir- culation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (galions)	Effi- ciency ¹ (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Туре	Name & Model Number	romvor-osc)	Donato. 1747						
				,					
For large	gas storage (rated input of les gas storage water heaters (rat ntaneous gas water heaters, li- mal insulation is mandatory for	ed input of greates st Recovery Effici	ency and Rated In	n, ns roo		pump water zy, Standby L	heaters, list oss and Rate	Energy Fact d Input.	or.
Faucets é	& Shower Heads: s and showerheads instal	led are certifie	d to the Commi	ission, pur	suant to Ti	tle 24, Pari	: 6, Section	1 111.	
or mor	indersigned, verify that executive efficient than that spece Efficiency Standards to ments for manufactured descriptions.	ified in the ce	rtificate of com buildings: and	ipliance (P d 3) equi	orm Cr-1:	k) submitu t meets o	r exceeds	the appr	tm mc
		•	• •						
			•	Installing 4	Zuhaantesa	tor (Co. N	eme) OR		_
Signat	ure, Date		7	Instanting &	ontractor (Co. Name)	OR Owne	er .	
CORVE	> Building Dengtment		•	Ocheral C	marini (,	~~. <u></u>	52. 0		

HERS Provider (if applicable) Building Owner at Occupancy