

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0507007
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2794 MAYBROOK DR SAC
Parcel No: NATOMAS PARK COMMONS LOT # 19

CONTRACTOR
LENNAR RENAISSANCE INC
1075 CREEKSIDE RIDGE DR #100
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1648 2 STORY 7 RM 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 AW License Number 732348 Date SW Contractor Signature SW

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 _____

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 SW Applicant/Agent Signature SW

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.

SW 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 OLD REPUBLIC INS. CO. Policy Number MWC11114500 Exp Date 02/28/2007

_____, (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 SW Applicant Signature SW

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.

Memo

To: City of Sacramento Building Department
From: Carl Corippo
Date: 10/21/05
Re: Model Homes at the Commons Community

Renaissance Homes will retro-fit the model homes and request a final building inspection upon completion of the community and prior to delivery of homes for occupancy by homeowners. The retrofit will include, but not limited to, separated electrical switch configuration, driveway installation and sales office / garage conversion. An approximate conversion date is the summer of 2007.

The model home addresses are:

Homesite 20 – 2788 Maybrook Drive	0507006
Homesite 19 – 2794 Maybrook Drive	0507007
Homesite 18 – 2800 Maybrook Drive	0507008

We shall endeavor to keep the building permit active through the process.

Thank You for your consideration.



Carl Corippo
Director of Construction
Lennar Renaissance, Inc.
916-773-4083



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

45581

0507007

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

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Renaissance Home LOT # 19 TRACT # Commons
STREET 2794 Maybrook Dr CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER FG THICKNESS/TYPE _____ R-VALUE 13

CEILINGS:

BATTS: MANUFACTURER FG THICKNESS/TYPE _____ R-VALUE 30

BLOWN IN: MANUFACTURER CT THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 690 NUMBER OF BAGS USED 16

FLOORS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR Lennar Homes

CALIFORNIA CONTRACTORS LICENSE # _____ DATE 12/17/07

[Signature] SIGNATURE CM TITLE

INSULATION CONTRACTOR **ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #55201 DATE 11/3/07

[Signature] SIGNATURE Installer TITLE

LOT : 19-1
 Plan : 163B;163(REV);;

Work Order : 169691
 Builder : RENAISSANCE - THE COMMONS

Site Address : 2794 May brook

Permit # 0507007

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Operator Type (e.g., fixed, slider)	Manufactured Products	Site Built Products		Quantity (optional)	Total Square Feet	Comments/ Special Features
		Labelled U-value (< CF-1R value) ²	# of Panes	Default U-Value ²			
(GROUP LIKE PRODUCTS)							
1. WINDFORD WINDOW	Fixed	0.320				59.2	
2. WINDFORD WINDOW	P/Door	0.350				48.0	
3. WINDFORD WINDOW	H/Slider	0.350				65.0	
4. WINDFORD WINDOW	S/Hung	0.350				36.0	
5. * Weighted Average	----->	0.341	----	----	----	208.2	-----
6.							
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25.							

²Installed U-value must be less then or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less then 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 the 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.

Item #s (if applicable)	Signature, Date <i>[Signature]</i> 10/24/05	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner <i>CWF</i>
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

* Product mix and u-values reflect plan changes as of 10/20/05

NAME: **RICH ALIRES** HOME PHONE: **NEXTEL 1384** WORK PHONE: _____ W/O #: **071859758**
 ADDRESS: **2794 MAYBROOK DR.** CITY: **NATOMAS** ZIP: **95835**

SYSTEM NUMBER	FURNACE MODEL NO.	FURNACE SERIAL NO.	A/C MODEL NO.	A/C SERIAL NO.	PRICE PER SYSTEM
1	310JAV036070	5204A25354	537GN030-A	2305E11966	
3	All style 22 EVAP ASLB3618A31T+V+S				
TOTAL					

Year(s) of E.S.A. MEMBERSHIP (max. of 5 years) - Two Tune-Ups. Start Date of Membership: **12/7/07** Expiration Date: **12/7/07**

Your E.S.A provides the following benefits for the length of the contract:

- Extends Equipment Life
- Maintenance/Tune-Ups Every Year
- Preferred Customer Status
- 10% Discount on Any Repairs
- Keeps Utility Bills Low

(SPLIT 64° W/ 45° W/ 45°) MAINTENANCE FEATURES

(RISE 30-60°F)

- COOLING**
- Check and clean indoor air filter. **clean**
 - Check and oil outdoor fan motor if applicable. **OK**
 - Check A/C suction and liquid line pressure. Hi **210** Low **95 psig**
 - Check suction and liquid line temp. Suction **40°** Liquid **62°**
 - Verify proper refrigerant charge. **OK**
 - Verify indoor and outdoor temp. Indoor **74°** Outdoor **79°**
 - Check A/C temperature split. **19°**
 - Inspect indoor blower. **OK**
 - Check and clean condensate pan and flush condensation line. **clean**
 - Check indoor thermostat for proper operation. **(2) OK**
 - Clean all outside panels on A/C. **OK**
 - Check capacitor for proper microfarad reading. **OK New**
 - Check time delay/relay. **OK**
 - Check & clean outdoor condenser coil. **OK**
 - Inspect indoor evaporator coil. **NO LEAK**
 - Inspect evaporator metering device. **TRV**
 - Check compressor starting and running amperage/draw. Rating **14.7 RLA 6.5A**
 - Check for proper line and low voltage at A/C. Hi **240V** Low **24V**
 - Check all line voltage electrical connections to A/C. **OK**
 - Check condenser fan motor running amperage. Rating **8A** RLA **5A**

- HEATING**
- Check and clean indoor air filter. **clean**
 - Check indoor blower. **OK (Bearings)**
 - Check indoor blower motor running amperage. Rating **6.8** RLA **3.9A**
 - Inspect furnace flue pipe. **OK**
 - Inspect furnace heat exchanger. **OK**
 - Inspect furnace combustion air. **OK**
 - Check for proper voltage at furnace. **120 Volts**
 - Check furnace inducer motor operation. **OK**
 - Check furnace inducer motor running amperage. Rating **2.8** RLA **1.6A**
 - Inspect ductwork. **OK (All W/AC)**
 - Inspect and clean furnace flame sensor. **OK**
 - Inspect furnace gas valve and ignition system for proper operation. **HSI OK**
 - Inspect furnace burners. **(3) Clean**
 - Inspect furnace pressure switch for proper operation. **OK SHUTDOWN F**
 - Verify and adjust operating temp rise to manufacturer specifications. **53°F**
 - Check indoor thermostat for proper operation. **(2) OK**
 - Inspect accessible incoming gas lines and flexible connections. **OK NO LEAK**
 - Inspect furnace condensate drain lines. **clean**
 - Check furnace safety limits. **OK**
- 58°F IN 111°F E 53°F OUT = RISE**

COMMENTS

NO LEAKS ON FLUE PIPE & PROPERLY STRAPPED, NO HOT SPOTS ON HEAT EXCHANGER, NO GAS LEAKS ON GAS LINE, FLEX LINE & CONNECTIONS, PUT VENTED CAP ON CONDENSATE DRAIN LINE, Honeywell MINI ZONE CONTROLLER IS OPERATING PROPERLY, Taped AROUND & TIGHTEN MOTOR DAMPER WIRES, NO LEAKS @ EVAP COIL, NO LEAKS @ CONDENSER COIL.

ACCEPTED BY

I have read the "Terms and Conditions" on the back of this Agreement and agree to these terms.

CUSTOMER'S SIGNATURE: **Hector Chavez** DATE: **12/7/07**
 SERVICE TECHNICIAN: **JOHNNY PEREZ** DATE: **12/7/07**

For Service and Maintenance call
 (916) 646-2230
 Business Office 1-800-BEUTLER
 4700 Long Avenue • McClellan, CA 95652
 Contractor Lic. #162634

White - Customer Blue - Business Office

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address 2794 Maybrooke

Permit Number 0507007

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)	CFC 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)
Furnace	Bryant 310JAV038070	1	80	Attic	6	17,810	51,000

Cooling Equipment

Equip. Type (pkg. heat pump)	CFC 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)
Split A/C	Bryant 537GNX030	1	14.0	Attic	6	20036	28,800

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.

Ronald Ouel 10/17/05
Signature, Date

Deal Mechanical, Inc.
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CFC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated ¹ Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RT)	Standby ³ Loss (%)	External Insulation R-value ³
G-23	AHEEM 412R50-90FF	STD	N/A	N/A	26,000	50			19.2

- 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] 10/17/05
Signature, Date

Manchi
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

0507007



Installation Card

Job Address

COMMONS AT NATOMAS | Lot: 00019-1
2794 MAYBROOK DRIVE
SACRAMENTO

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evaluation Service, Inc.
Evaluation Report ESR-1711
Date of Job Completion

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

Julian A. Adams
Signature of authorized representative of stucco contractor

10-20-05
Date