

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0504625**  
**Insp Area: 3**  
**Thos Bros: 318-B5**

**Site Address: 7018 NEW SACTO WY SAC**  
Parcel No: 027-0311-023  
N

COUNTRY LANE ESTATES LOT #9

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

**CONTRACTOR**  
JAG DEVELOPMENT  
P.O. BOX 603  
ORANGEVALE CA. 95662

**OWNER**  
MARGUINN, LLC  
120 BLUE RAVINE RD #4  
FOLSOM, CA 95630

**ARCHITECT**

**Nature of Work: MP2882 2 STORY 9 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 B1 License Number 844546 Date \_\_\_\_\_ 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 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 4/7/05 Applicant/Agent Signature [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 \_\_\_\_\_ Policy Number \_\_\_\_\_ 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 4/7/05 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.**

# ENGEL INSULATION, INC.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 786-2064

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: 0504625

TRACT Country Lane Estates LOT 9 PLAN M-3  
STREET \_\_\_\_\_ CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

CEILING AREA- BATTIS

MANUFACTURER CT THICKNESS 12 R-VALUE 38

CEILINGS- BLOWN IN

MANUFACTURER insul safe THICKNESS 14 3/4 R-VALUE 38

SQUARE FOOTAGE 1005 NUMBER OF BAGS USED 24  
FLOOR AREA Garage

MANUFACTURER CT THICKNESS 6 1/4 R-VALUE 19

EXTERIOR KNEEWALL:

MANUFACTURER \_\_\_\_\_ THICKNESS \_\_\_\_\_ R-VALUE \_\_\_\_\_

INTERIOR KNEEWALL:

MANUFACTURER \_\_\_\_\_ THICKNESS \_\_\_\_\_ R-VALUE \_\_\_\_\_

APPLIED CAULK & SEALANT TO ALL EXTERIOR  
OPENINGS & PENETRATIONS

YES  NO \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_

CALIFORNIA CONTRACTORS \_\_\_\_\_

LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

TITLE

Jessica P. Hill \_\_\_\_\_ Bookkeeper \_\_\_\_\_  
INSULATION CONT. SIGNATURE TITLE DATE

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

Starting contractor

Signature of authorized representative or

Jagan Wu President 9-7-05 Date

It is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the

approved contractor number as issued by coating manufacturer: 243

Telephone Number: (916) - 334-3591

Address: PO Box 1391, North Highlands, CA 95660

Name: Venture Lath & Plaster, Inc

Starting Contractor

New Sacto Way  
Country Ln. Estates

7018

Address

Date of Job Completion 8-10-05

ICBO Evaluation Service, Inc.  
Evaluation Report ER-3899

0.504625

Sacramento Succo Company, Inc.

WESTERN I-KOTE

INSTALLATION CARD

0504625

INSTALLATION CERTIFICATE

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CF-6R

Site Address

Permit Number

M3

FENESTRATION/GLAZING: LOWE<sup>2</sup>

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Pairs	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>CHRYSLER HW</u>	<u>.34</u>	<u>.28</u>			<u>333.68</u>		
2. " " <u>SH</u>	<u>.34</u>	<u>.28</u>			<u>26.0</u>		
3. " " <u>SUNNY DAY</u>	<u>.24</u>	<u>.27</u>			<u>40.5</u>		
4.							
5.							
6.							
7.							
8.							
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) FR 6/30/05 Collier Warehouse Sacramento, Inc.  
 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

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

**INSTALLATION CERTIFICATE**

CF-88

Site Address

PLAN # 3

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 Model Name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CIP-IR 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 Model Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CIP-IR 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) 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 Regulation Part 6*), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

0504625

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Model Name & Model #	Distribution Type (See point of use)	If Rehabilitation Control Type	# of Identical Systems	Rated Input (kW or BTU/hr)	Tank Volume (gallons)	(1) Efficiency (UEF, RE)	(2) Standby Loss (%)	External Insulation R-value
NAT GAS STATE	65432X0CTG		N/A	0	40000 BTU	50	.51		R-16

(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

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 1.

I, the undersigned, verify that equipment listed above has signature: 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 Regulation Part 6*), where applicable.

Signature, Date

8-15-05  
 Installing Subcontractor (Co. Name)  
 OR General Contractor (Co. Name) OR Owner

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

INSTALLATION CERTIFICATE

(Page 1 of 7)

CF-6R

7018 New Sacto Way

0504625

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

Table with 8 columns: Equip. Type (pkgs. heat pumps), CBC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) (aCF-IR value), Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Row 1: RHEAT, RHEAT, 1, 80%, X, 4/2, 100,000, 100,000

Cooling Equipment

Table with 8 columns: Equip. Type (pkgs. heat pumps), CBC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (aCF-IR value), Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Row 1: RHEAT, RHEAT-2603, 1, 13.5, X, 4/2, 10,000, 10,000

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: [Signature] 7/12/05

Gold River Mechanical
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CBC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Eff. ciency (EF, RE), 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. A-1.2 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

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

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