

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0518082

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 660 CANDELA CR SAC  
Parcel No: WESTLAKE PARCEL 31 LOT 9

**CONTRACTOR**  
JOHN LAING HOMES  
1536 EUREKA RD STE 100  
ROSEVILLE CA. 95661

**OWNER**

**ARCHITECT**

Nature of Work: MP1801 2 STORY 8 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 B License Number 687596 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 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  
NOV 21 2005

**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 a 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 11-21-05 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 LUMBERMANS MUTUAL Policy Number 3BA16432400 Exp Date 04/15/2005

(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 11-21-05 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.**

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Project Title: Candela Ph1 Date: 3/14/06  
 Project Address: 660 Candela circle Sacto, Ca 95835 Builder Name: John Laing  
45040015 LO #19 Plan Number: 3(201)  
 Builder Contact: Josh McConnell Telephone: 916 847 6514  
 HERS Rater: [Signature] Telephone: 3/14/06 Date: 3/14/06  
 Certifying Signature: [Signature] Date: 3/14/06  
 Firm: ACS HERS Provider: \_\_\_\_\_  
 Street Address: 9524 Mosquito Rd City/State/Zip: Placerville, Ca 95667  
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This house was:  Tested  Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 60

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998 FAIL

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 6%  
Check Box for Pass or Fail (Pass = 6% or less)

Pass  Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass

Pass  Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = \_\_\_\_\_

Pass  Fail

Yes for both 1 and 2 is a Pass

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

Site Address

660 Candela - John Laing - Candela lot 9

Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Fan Flow

Test Leakage (CFM) 69

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 1172 F90

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 6%

Pass if leakage fraction ≤ 0.06

Pass  Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed: Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes  No  Pressure pan test or House pressurization test

Yes  No  Visual Inspection of Duct Connections

Pass  Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass

Pass  Fail

DUCT DESIGN

1.  Yes  No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = \_\_\_\_\_

Yes for both 1 and 2 is a Pass

Pass  Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Shulco

Tests

Performed

COPY TO:

Signature, Date

Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

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

January 4, 2001

### Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 660 (Lot 9) Candela Circle Sacramento CA  
Number Street City State

**Ceilings:**

Blow:	Manufacturer	<u>Greenfiber</u>	Thickness	<u>N/A</u>	R / Value	<u>N/A</u>
	Square Feet	<u>N/A</u>	# Bags / Lbs. Per Bag	<u>N/A</u>		
Batts:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>10.25"</u>	R / Value	<u>R-30</u>
Batts:	Manufacturer	<u>Johns Manville</u>	Thickness	<u>N/A</u>	R / Value	<u>N/A</u>

**Exterior Walls:**

Manufacturer	<u>Johns Manville</u>	Thickness	<u>6.5"</u>	R / Value	<u>R-19</u>
Manufacturer	<u>Johns Manville</u>	Thickness	<u>3.5"</u>	R / Value	<u>R-13</u>

**Floor Insulation:**

Manufacturer	<u>Johns Manville</u>	Thickness	<u>6.5"</u>	R / Value	<u>R-19</u>
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Air Infiltration: (Title 24)

Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Contractor: John Laing Homes Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 3/23/06

**INSTALLATION CERTIFICATE**

CF-6R

1640 CAÑDELA CIR John Laing Homes - Candela  
Site Address

0518082  
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 #	# 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)	
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	30,469	60,000	Plan 1
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	30,895	60,000	Plan 2
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	33,122	60,000	Plan 3
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	33,192	60,000	Plan 4
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	36,390	60,000	Plan 5

**Cooling Equipment**

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)	
Condenser	York H*RD024	1	13.0	Attic	R-4.2	17,265	40,700	Plan 1
Condenser	York H*RD024	1	13.0	Attic	R-4.2	17,709	41,100	Plan 2
Condenser	York H*RD024	1	13.0	Attic	R-4.2	19,630	34,900	Plan 3
Condenser	York H*RD024	1	13.0	Attic	R-4.2	18,914	26,800	Plan 4
Condenser	York H*RD030	1	13.0	Attic	R-4.2	22,153	34,900	Plan 5

**\*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

Beutler Corporation  
OR General Contractor ( Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

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
NG	STATE 65640verf	STD		1	40,000	40	.62	3.20	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.

**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

D. MARTEL PLUMBING, INC.  
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**

1660 CANDELA CIR 0518082  
 Site Address John Laing Candela Plan III Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (< CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Interior or Exterior Shading Device or Overhang	Comments/Location/Special Features
1. YO	.35	.33	2		122		
2. S/H	.35	.29	2		104		
3. D/W	.33	.36	2		48		
4. SGD	.34	.33	2		48		
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-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-Value 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.

4  
 Item #s (if applicable)                       
 Signature, Date                      1/5/06

Ultraglass Inc Distributor  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor IWC windows + SGD

Item #s (if applicable)                       
 Signature, Date                     

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

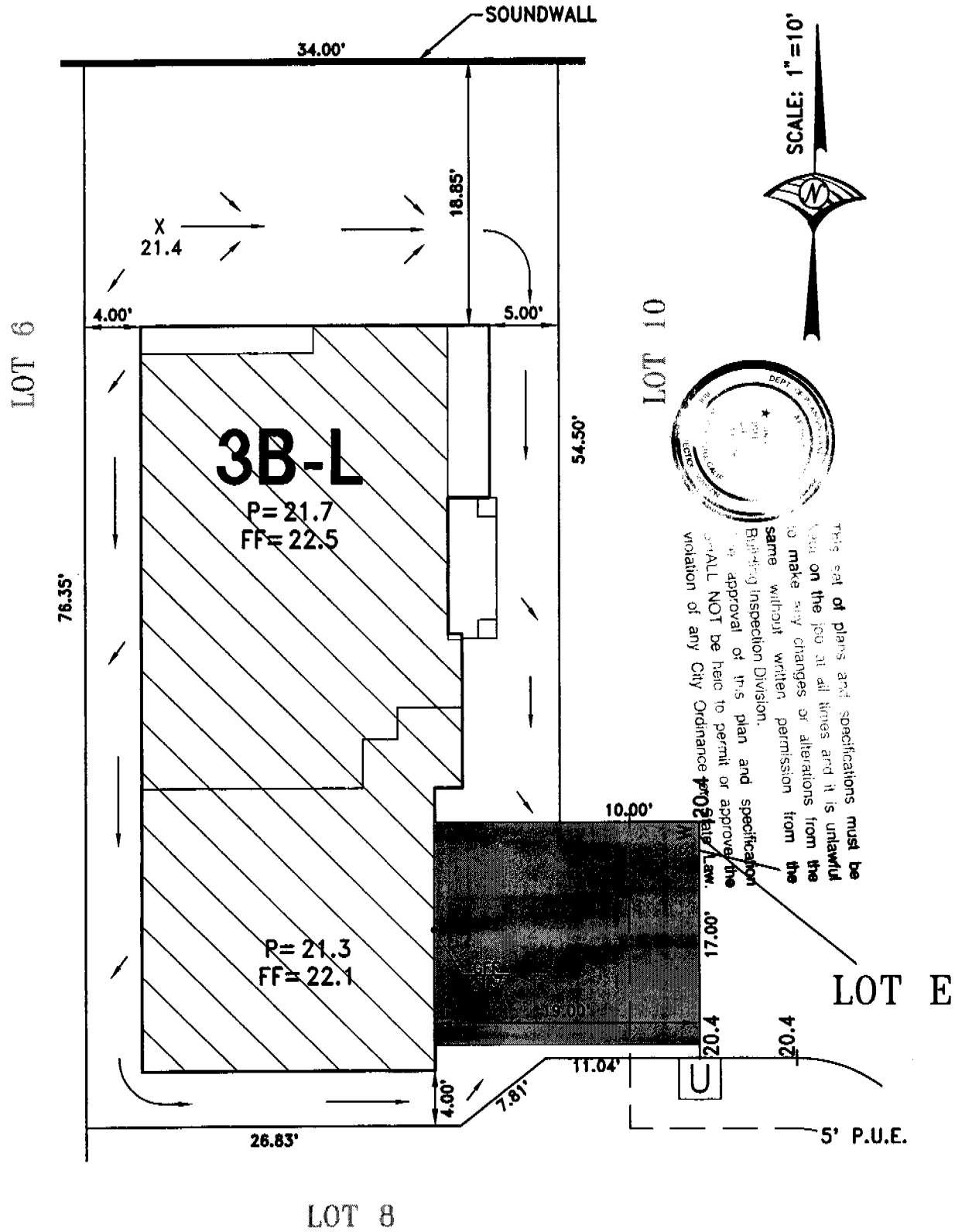
Item #s (if applicable)                       
 Signature, Date                     

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

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

EX WESTBOROUGH VILLAGE 1



This set of plans and specifications must be used in their entirety. Any changes or alterations to the plans must be approved in writing by the Building Inspection Division. ALL NOT be held to permit or approval of any City Ordinance violation of any City Ordinance.

- LEGEND**
- STREET LIGHT
  - FIRE HYDRANT
  - ▲ TRANSFORMER
  - DRAINAGE INLET
  - U UTILITY BOX
  - BLOWOFF VALVE
  - SL STREET LIGHT SERVICE BOX
  - # STREET SIGN

A.P.N.: \_\_\_\_\_  
 LOT AREA: 2746 S.F.  
 ADDRESS: 660 CANDELA CIRCLE

**PLOT PLAN**  
**LOT 9**  
**WESTLAKE**  
**PARCEL 31**  
 FOR  
**JOHN LAING HOMES**  
 CITY OF SACRAMENTO CALIFORNIA

**WOOD RODGERS**  
 engineering • planning • mapping • surveying  
 1012 11th St, Suite 300 Modesto, CA 95354  
 Tel 209.549.7060 Fax 209.549.7064

DATE: OCTOBER 2005	DRAWN: JD	CHECKED: JR	PROJECT NO: 1122.059
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