

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0417811
Insp Area: 4
Thos Bros: 257-C5

Site Address: 5527 CELEBRATION ST SAC
Parcel No: 201-0810-083
N

NORTHPOINT PARK VIL. 22 LOT 81

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

CONTRACTOR
LENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE, CA 95661

OWNER
NORTHPOINTE NORTH LLC
2240 DOUGLAS BL
ROSEVILLE, CA 95661

ARCHITECT

Nature of Work: MP322 1 STORY 8 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 732348 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, 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
JAN 10 2005
NORTH PERMIT CENTER

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1-10-05 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 OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2004

____ (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.

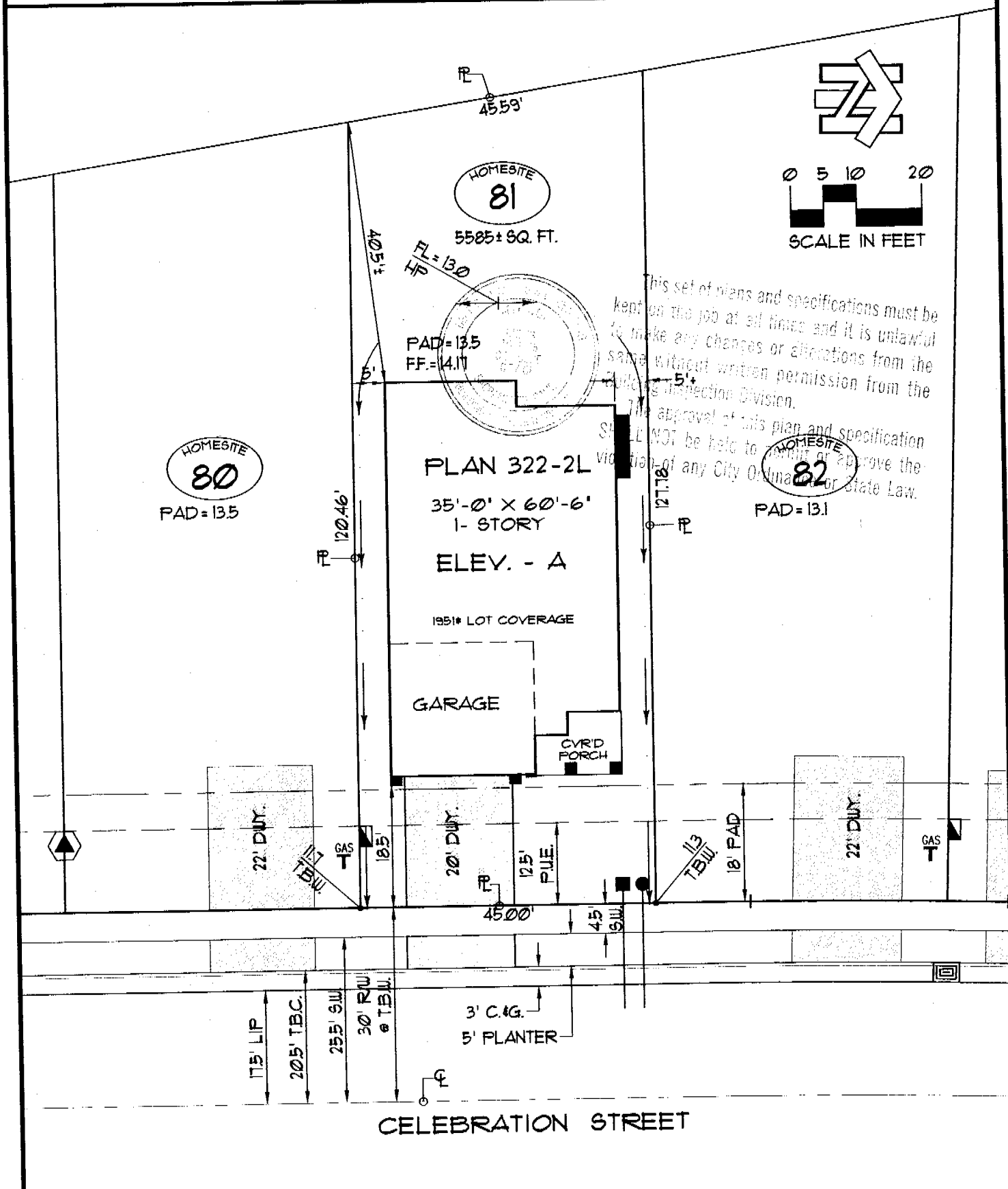
Date 1-10-05 Applicant Signature [Signature]

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.

plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



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 Student Inspection Division.
Approval of this plan and specification shall NOT be held to justify or approve the violation of any City Ordinance or State Law.

lot coverage	
LOT AREA:	5585± #
BUILDING:	1951 #
BLDG./ LOT AREA:	35 %

retaining wall	
HEIGHT:	_____
LENGTH:	_____
DISTANCE FROM P.L.:	_____

symbols legend	
DROP INLET:	
ELECTRIC SERVICE BOX:	
FIRE HYDRANT:	
FLOW LINE HIGH POINT:	FL=23.4
GAS SERVICE:	
PAD-MOUNT TRANSFORMER:	
SEWER SVC.:	
STREET LIGHT:	
TOP-BACK OF SIDEWALK ELEV.:	23.4 TBW
SWALE (FLOW DIRECTION):	
WATER SVC.:	
EXTENTS OF 2ND STORY LEVEL:	



AMBER LANE
A REGENCY PARK COMMUNITY

home site #81

5527 Celebration Street
NORTHPOINTE PARK VILLAGE 22
CITY OF SACRAMENTO, CALIFORNIA
a.p.n.: 201-0810-083

general notes

- 1) DIMENSIONS ALONG CURVED LINES ARE ARC LENGTHS, U.O.N.
- 2) SETBACK DIMENSIONS ARE ROUNDED DOWN TO NEAREST HALF UNIT, U.O.N.
- 3) MAXIMUM ALLOWABLE LOT COVERAGE IS 45 PERCENT FOR 1-STORY HOMES AND 40 PERCENT FOR 2-STORY HOMES.
- 4) FOOTPRINT AREA CALCULATION (#) DOES NOT INCLUDE FRONT PORCH AREA.

82	BCB	10/04/04	20:1
phase	drawn by	issue	scale



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE
45170

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:

Winncrest Homes LOT # 01 TRACT #
STREET 5527 Celebration Ct CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER FG THICKNESS/TYPE R- VALUE

CEILINGS:

BATTS: MANUFACTURER FG THICKNESS/TYPE R- VALUE 38

BLOWN IN: MANUFACTURER CF THICKNESS 14.75 R- VALUE 38

SQUARE FOOTAGE COVERED 1200 NUMBER OF BAGS USED 29

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 CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ARCADE INSULATION CALIFORNIA CONTRACTORS LICENSE #815286 NEVADA CONTRACTORS LICENSE #55201 DATE 8-22-05

SIGNATURE B/owner TITLE

KwikKote
Stucco System
Installation Card

No.: 200-926674

Print Date: 06/10/2005

Stucco System Trade Name: **KWIK KOTE**

Stucco System Manufacturer: **KWIK KOTE CORP**

Job Description

Tract: AMBER LANE @ REGENCY PARK
Address: 5527 CELEBRATION STREET,
SACRAMENTO
Lot #: 0081-22

Evaluation Company

Company: ICBO EVALUATION SERVICE, INC.
Report No.: 3607
Completed: _____

Home Builder

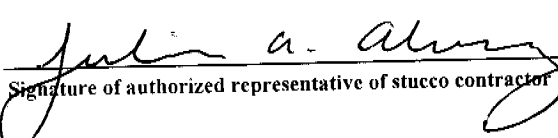
Company: LENNAR RENAISSANCE/WINNCREST
Address: 1075 CREEKSIDE RIDGE DR. #100
ROSEVILLE, CA 95678

Contractor

Company: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA 95678
Phone: 916/349-8191

Approved Contractor Number as issued by the Stucco Manufacturer: **1001**

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 contractor

9-6-05

Date

INSTALLATION CERTIFICATE

5527 Celebration St.

0417811

Site Address

Permit Number

FINESTRATIONS/GLAZING:

Manufacturer/Brand Name (OR U-Factor Product)	Product U-Factor (cf-1R value)	Product SHGC (cf-1R value)	# of Pans	Total Quantity of Lites Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. CASCADE XD	0.35	0.34					
2. PW	0.33	0.31					
3. T10	0.33	0.34					
4. SH	0.35	0.34					
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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.

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 #
(if applicable) 2-22-05
Signature, Date

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

Item #
(if applicable) _____
Signature, Date

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

Item #
(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

5527 Celebration St.
Site Address

0417811
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 (>CF-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 (>CF-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) 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 ³ (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Inst Gas	41VR50F	STD	N/A	1	40,000	50	.62	N/A	R-20
Inst Gas	41VR40F	STD	N/A	1	40,000	40	.62	N/A	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.
- 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.

Paul J. [Signature] 12-16-03
Signature, Date

D&J Plumbing
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

5527 Celebration St.

0417811

Site Address

Permit Number

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HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type, CBC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.), Duct Location, Duct or Piping R-value, Heating Load, Heating Capacity. Row 1: Furnace, Bryant, 510JAY036070, 1, .80, Attic, 4.2, 21720, 21,000.

Cooling Equipment

Table with 8 columns: Equip. Type, CBC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.), Duct Location, Duct R-value, Cooling Load, Cooling Capacity. Row 1: Split A/C, Bryant, 537ANX030, 1, 14.0, Attic, 4.2, 22918, 29800.

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

Deal Sheet Metal, Inc. 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, If Recirculation Control Type, # of Identical Systems, Rated Input, Tank Volume, Efficiency, 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. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

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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