

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0504365

Insp Area: 2

Thos Bros: 337H3

Site Address: 149 CASELLI CR SAC

Parcel No: 049-0302-009

PHOENIX PARK

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

BROWN CONSTRUCTION INC
1465 ENTERPRISE BLVD STE 100
WEST SACRAMENTO, CA 95798

OWNER

HOUSING AUTHORITY OF CITY OF SACRAMENTO
630 I ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL

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 396120 Date 4/1/05 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: ART 6.1.001

Date _____ Owner Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 4/1/05 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: STATE COMP.INSURANCE Policy Number 1727418-03 Exp Date 03/05/2006

(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 4/5/05 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 149 CREEKS EDGE WY Permit No.: 0504365
Building Use: T.I. Occupancy: R1
Building Owner: PHOENIX PARK 2 LLC Construction Type: _____
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 3300 Sq. Ft.
11/7/05
Date By: (Print) Carolyn Cooper Sign RON BEEHLER
CHIEF BUILDING OFFICIAL

[Finaled By: SMB,GRS,JS]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE



F. RODGERS INSULATION, INC.
 Thermal Insulation Contractors
 Residential

INSULATION
 CERTIFICATE

10580

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550
 (925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691
 (916) 386-9400 • FAX (916) 386-9446

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

STREET BROWN LOT # 99 TRACT # PHOENIX
 CITY SAC

EXTERIOR WALLS: MANUFACTURER o/c THICKNESS/TYPE _____ R-VALUE 13

CEILINGS: BATTs: MANUFACTURER o/c THICKNESS/TYPE _____ R-VALUE 30
 MINIMUM 1 3/4 R-VALUE 30

BLOWN IN: MANUFACTURER o/c THICKNESS/TYPE _____ R-VALUE 29

SQUARE FOOTAGE COVERED 1825 NUMBER OF BAGS USED _____ R-VALUE 19

FLOORS & OVERHANGS: MANUFACTURER o/c THICKNESS/TYPE _____ R-VALUE 11

OTHER: MANUFACTURER o/c THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
 CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

 SIGNATURE TITLE

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL
 CALIFORNIA CONTRACTORS LICENSE #771285

B. F. M.
 SIGNATURE DATE 9-13-05
 TITLE _____

White - Customer Copy Yellow - Invoice Copy Pink - Field Copy Gold - Office Copy

TYPE 4

Site Address 149 Creeks Edge way

Permit Number 0504365

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>ALPINE</u>							
2. <u>270 SERIES</u>	<u>.50</u>	<u>2</u>		<u>19</u>	<u>284</u>		
3. <u>770 SERIES</u>	<u>.50</u>	<u>2</u>		<u>2</u>	<u>12</u>		
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

² 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)	Signature, Date <u>[Signature]</u> <u>3/15/05</u>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor <u>BROWN CONSTRUCTION INC.</u>
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

TYPE 4

Site Address 149 Courts Edge way

Permit Number 0504365

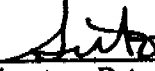
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Item #s (if applicable)	 Signature, Date <u>3/3/05</u>	<u>BROWN CONSTRUCTION INC.</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy

SIGNET

Testing Labs, Inc.

DATE: 7-15-05
 PROJECT NO. 16415
 PROJECT: PHOENIX PARK
 LOCATION: ELK GROVE, CALIF

DSA FILE/APPL. NO. _____
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: HOT TEMP: 103°

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: SN 746 GAGE: SN 5492 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>UNIT # 100 3-A</u>	<u>5/8" ALL-THREAD H.D.</u>	<u>12</u>	<u>100%</u>	<u>3040</u>	<u>1200</u>	<u>12</u>	<u>0</u>	<u>0</u>
<u>UNIT 99 4-C</u>	<u>5/8" ALL-THREAD H.D.</u>	<u>16</u>	<u>100%</u>	<u>3040</u>	<u>1200</u>	<u>16</u>	<u>0</u>	<u>0</u>

- Type of epoxy / grout used: _____ Method of application / cleaning: _____
 Visual inspection was performed on _____

 Show up / Stand by time. Job Canceled / Delayed due to: _____
 All non-compliance items were brought to the attention of: _____ at the job site.

NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative:

[Signature]

Inspector:

[Signature]

3121 Diablo Avenue
Hayward CA 94545

4741 Pell Drive #8
Sacramento CA 95838

520 Mercantile Street #A
Cotati, CA 94931

310 W 5th Street #203
Santa Ana CA 92701

JOB SITE COPY

FORM 301