

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0415235

Insp Area: 1
Thos Bros: 297C5

Site Address: 2013 12TH ST SAC
Parcel No: 009-0141-001

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

CONTRACTOR
OLD COUNTRY ROOFING
8296 ALPINE AVE
SACRAMENTO CA 95826

OWNER
MCDERMED MARION K
2015 12TH ST
SACRAMENTO, CA 95818

ARCHITECT

Nature of Work: T/O & APPLY 30 YR DIM LAM COMP, 1 STRY 11 SQS.

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 C39 License Number 622731 Date 9/16/04 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
SEP 16 2004

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 9/16/04 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 NATIONAL UNION FIRE INS Policy Number WC 6436511 Exp Date 07/01/2005

(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 9/16/04 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
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-5807
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
2101 Arana Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: Marion McDermed Phone: (916) 422-0275
Project Address: 2013 12th St Phone: _____

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. ROOFING TYPE

- a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:
- | | | |
|--------------------------|-------------------------------------|--------------------------------------------------------|
| Existing | Proposed | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition |
| <input type="checkbox"/> | <input type="checkbox"/> | Wood shake or shingle |
| <input type="checkbox"/> | <input type="checkbox"/> | Tile |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal that simulates one of the above listed materials |
- b. The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:
- | | | |
|--------------------------|--------------------------|----------|
| Existing | Proposed | |
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

2. GUTTERS

- a. The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
 - New fascia gutters shall be provided.
 - Gutters shall be repaired and/or replaced to match existing.
- b. The existing gutters are Ogee gutters.
- There is no change proposed to existing gutters.
 - New Ogee gutters shall be provided.
 - Gutters shall be repaired and/or replaced to match existing.
- c. There are no existing gutters.
- No new gutters are proposed.
 - New Ogee gutters shall be provided.

3. RAFTER TAILS

- a. There are no exposed rafter tails.
- b. Rafter tails shall be repaired and replaced to match existing.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Danish Gr Date: 9/15/04

FOR CITY STAFF USE ONLY

Counter Staff [Signature]

- In a DR District. Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in a DR or P area

PBF10023



DEPARTMENT OF
UTILITIES

FIELD SERVICES
DIVISION
Water Distribution- Meter Shop

CITY OF SACRAMENTO
CALIFORNIA

5730 24th St. Bldg. 8
SACRAMENTO, CA
95822-3699

PH 916-433-6229
FAX 916-433-4036

To our customer:

Due to a supply problem, we will be using this document to substitute for an actual meter. This document may be shown to your inspector as proof that the City Of Sacramento is aware that you have purchased a meter and it will be installed as soon as possible.

Meter Address: 801 Regency Park

Utilities Leadworker: Chuck Barsuglia

Cell Phone: 798 4737

Date: 9-20-04

INSTALLATION CERTIFICATE

CF-6R

LOT -

US Home - Jubilee @ Regency Park

Site Address - 5475 BANFIELD DRIVE

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.) \geq CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	PLAN
FURNACE	York #P4HUA12L064	1	80%	ATTIC	6.0	33,427	60,000	1424
FURNACE	Goodman #GMPN060-3	1	92%	ATTIC	6.0	38,434	60,000	1527
FURNACE	Goodman #GMPN060-3	1	92%	ATTIC	6.0	42,196	60,000	1682
FURNACE	Goodman #GMPN080-4	1	92%	ATTIC	6.0	51,070	80,000	2209
FURNACE	Goodman #GMPN080-4	1	92%	ATTIC	6.0	52,431	80,000	2362
FURNACE	Goodman #GMPN100-4	1	92%	ATTIC	6.0	59,271	100,000	2605

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)	PLAN
A/C	York #H*RA024	1	10.0	ATTIC	6.0	21,994	23,200	1424
A/C	York #H*RC030*	1	12.0	ATTIC	6.0	28,965	29,400	1527
A/C	York #H*RA036	1	10.0	ATTIC	6.0	28,965	33,400	1682
A/C	York #H*RC042*	1	12.0	ATTIC	6.0	36,403	39,000	2209
A/C	York #H*RA042	1	10.0	ATTIC	6.0	35,929	39,500	2362
A/C	York #H*RA048*	1	10.0	ATTIC	6.0	41,163	48,000	2605

*= TXV is part of coil

(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.

Joan Cole 12/9/03
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

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

(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

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

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

CERTIFICATION OF INSULATION

15 HOMES
 ROSE GARDE
 JIMBLEE

- PO. BOX 85, WEST SACRAMENTO, CA 95691 LIC. #202028
- 1399 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202905
- PO. BOX 3251, FRESNO, CA 93703-0251 LIC. #202028
- PO. BOX 1531, RENO, NV 89505 LIC. #100781
- 6125 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #100781

DATE OF INSTALLATION: 8-13-07

SQUARE FEET	SQUARE FEET	SQUARE FEET
MATERIAL: FIBERGLASS	MATERIAL: FIBERGLASS	MATERIAL: FIBERGLASS
FORM: BAFFS	FORM: BAFFS & BLOWN	FORM: BAFFS
MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.

GT			OC			JM		
119 3 SIBS								

MATERIAL	FORM	R-VALUE	MANUFACTURER
FIBERGLASS	BAFFS		GT OC JM

MATERIAL	MANUFACTURER
Fiberglass	WETI HANDBY FOAM

INSULATION CONTRACTOR	TITLE	DATE
JL	MANAGER	8-13-07
MANUFACTURER CONTRACTOR	TITLE	DATE

REMARKS

ATTIC COPY

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 801 Regency Park Cir. Assessor Parcel # _____
 Lot Number: 39 Subdivision Regency Park Parcel 9

OWNER INFORMATION:

Legal Property Owner: US Home Phone# (916) 858-3900
 Owner Address 2366 Gold Meadow Way City Gold River State CA Zip 95670

CONTRACTOR INFORMATION:

Contractor: US Home Lic. # 451839 Phone # (916) 858-3900 Fax (916) 858-3925

Don McCloskey (916) 719-9050

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 1 No. of Rooms: _____ Street Width: _____
 1st Floor Area 1424 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

Dwelling/Living 1424
 Garage/Storage 412
 Decks/Balconies _____
 Carports _____

SCOPE OF WORK: _____

FOR OFFICE USE ONLY

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

~THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT~

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
 - a) Assessor's Parcel Number
 - b) New Floor Area
 - c) Owners Name
 - d) Project Address