

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0614670
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2367 DONNER PASS AV SAC
Parcel No: NATOMAS PARK COTTAGES LOT #2

CONTRACTOR
LENNAR RENAISSANCE INC
1075 CREEKSIDE RIDGE DR #100
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1648 2 STORY 7 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 732348 Date 12/19/06 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 _____

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 above mentioned property for inspection purposes.

Date 12/19/06 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:

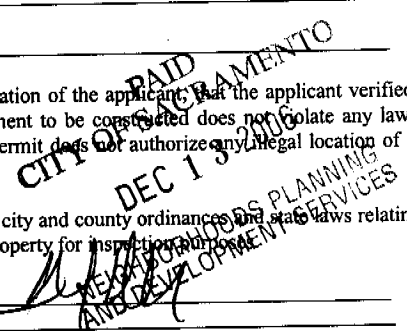
Carrier OLD REPUBLIC INS. CO. Policy Number MWC11114500 Exp Date 02/28/2007

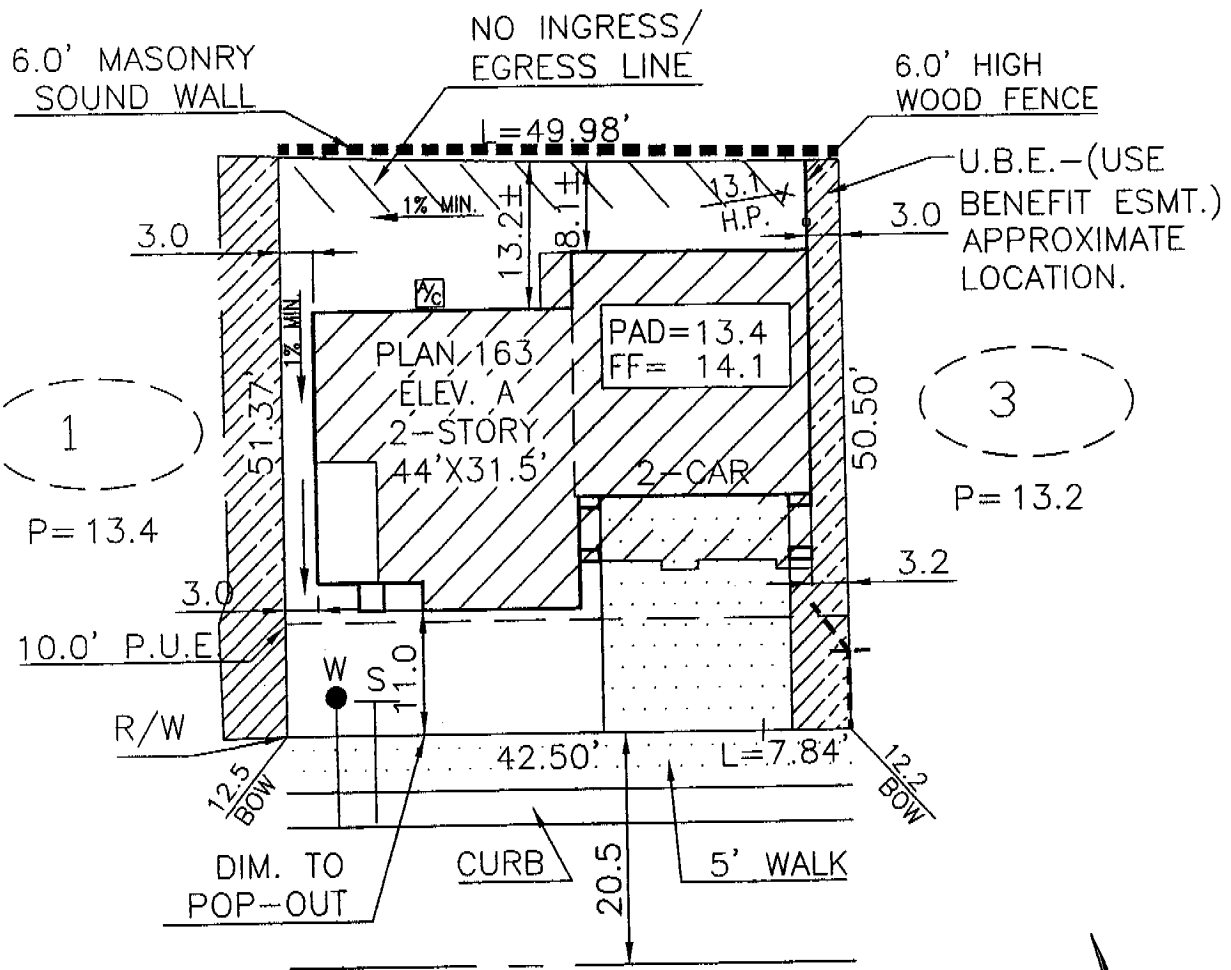
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12/19/06 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 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

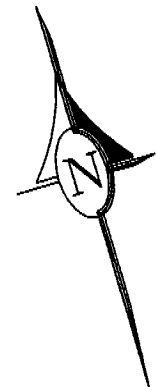






DONNER PASS AVENUE



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 Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

| | | | |
|--|--|---------------|------------------|
|  A Lennar Company 1075 CREEKSIDE RIDGE DR. SUITE 100. ROSEVILLE, CA. 95678 PHONE (916) 773-4083 FAX (916) 773-4086 | COTTAGES | | PLOT PLAN |
| | NATOMAS PARK COMMONS CITY OF SACTO. SACTO. COUNTY, CALIFORNIA | | NOTES: |
| ADDRESS: 2367 DONNER PASS AVENUE | LOT COV: 41.1% | LOT 2 | |
| PLAN NO.: 163-A | LOT SQ. FT.: 2,545.1 | | |
| DRAWN BY: R.P. | APPROVED BY:  | | |
| | DATE: 8/28/06 | SCALE: 1"=16' | |

1321 DUKE STREET, SUITE 200, OAKLAND, CALIFORNIA 94612-2214 TEL: (415) 778-0856

THIS IS TO CERTIFY THAT THE INSULATION CONTRACTOR HAS MET THE CURRENT ENERGY REQUIREMENTS OF CALIFORNIA IN THE BUILDING

RENAISSANCE APARTMENTS - COMMONS

STREET 2367 DORR STREET, OAKLAND, CALIF.

EXTERIOR WALLS: PERMIT # 000000

MANUFACTURER F/G TYPE 3 VALUE 15/17

CEILINGS:

BATTS: MANUFACTURER CT TYPE VALUE 30

BLOWN IN: MANUFACTURER (NSI) TYPE VALUE 30

SQUARE FOOTAGE COVERED 10 BAGS USED 10

FLOORS: MANUFACTURER TYPE VALUE

SLAB ON GRADE: MANUFACTURER TYPE VALUE

WIDTH OF INSULATION FOUNDATION WALLS: MANUFACTURER TYPE VALUE

GENERAL CONTRACTOR

CALIFORNIA CONTRACTORS LICENSE 5-11-07

Sandy Walker SIGNATURE

INSULATION CONTRACTOR

CALIFORNIA CONTRACTORS LICENSE NEVADA CONTRACTORS LICENSE 4/13/17

Otilio A. Insulation SIGNATURE

INSTALLATION CERTIFICATE

Lennar Homes - Natomas Commons - All Plans

Site Address **2307 Donner Pass Ave Sacramento CA, 95835** Permit Number **0614670**

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 | Lennox #G40UH36A070 | 1 | 0.80 | Attic | R-6.0 | 17,810 | 70,000 | Plan 162 |
| Furnace | Lennox #G40UH36A070 | 1 | 0.80 | Attic | R-6.0 | 30,131 | 70,000 | Plan 163 |
| Furnace | Lennox #G40UH36A070 | 1 | 0.80 | Attic | R-6.0 | 17,810 | 70,000 | Plan 164 |

Coil Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Mfr name and Model # | # of Identical Systems | (1) Efficiency (SEER, EER, etc.) > CF-1R value | Duct Location (attic, etc.) | ARI # | | | |
|------------------------------|------------------------------------|------------------------|--|-----------------------------|--------|--|--|----------|
| Coil | Aspen CB30B3X * | 1 | 14.0 | Attic | 590697 | | | Plan 162 |
| Coil | Aspen CB30A3X * | 1 | 14.0 | Attic | 590724 | | | Plan 163 |
| Coil | Aspen CB30A3X * | 1 | 14.0 | Attic | 590724 | | | Plan 164 |

Cooling Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Compressor Unit Mfr Name and Model # | # of Identical Systems | (1) Efficiency (SEER, EER, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) | |
|------------------------------|--|------------------------|--|-----------------------------|--------------|-----------------------|---------------------------|----------|
| Condenser | Lennox #13ACD024 | 1 | 14.0 | Attic | R-6.0 | 20,036 | 22,100 | Plan 162 |
| Condenser | Lennox #13ACD030 | 1 | 14.0 | Attic | R-6.0 | 19,801 | 25,100 | Plan 163 |
| Condenser | Lennox #13ACD030 | 1 | 14.0 | Attic | R-6.0 | 20,036 | 25,100 | Plan 164 |

* = TXV valve installed w/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] 4-10-07
Signature, Date

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

External Insulation R-value

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 (%) |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|
| | | | | | | | | |

- (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] 5-11-07
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

KwikKote

No. 200-914943

Stucco System Installation Card

Job Name: *RENAISSANCE COMMONS AT NATOMAS PARK*
Address: *2367 DONNER PASS AVE*
SACRAMENTO, CA 95835

Lot #: *Z*
PERMIT# *0614670*

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion: *5-11-07*

Home Builder: LENNAR RENAISSANCE
Address: 2240 DOUGLAS BLVD #250
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 04/25/2003

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.

Julian A. Alvarez
Signature of authorized representative of stucco Contractor

Sandy Walker
Date

Plan #: 163C;163(REV)

Work Order :

175687

Builder :

RENAISSANCE - THE COMMONS

Site Address : 2367 Donner Pass Ave
Sacramento CA 95835

Permit # 0614670

FENESTRATION/GLAZING:

| Manufacturer/Brand Name | Operator Type (e.g., fixed, slider) | Manufactured Products Labelled U-value (< CF-1R value) ² | Site Built Products | | Quantity (optional) | Total Square Feet | Comments/Special Features |
|-------------------------|-------------------------------------|---|---------------------|------------------------------|---------------------|-------------------|---------------------------|
| | | | # of Panes | Default U-Value ² | | | |
| (GROUP LIKE PRODUCTS) | | | | | | | |
| 1. WINDFORD WINDOW | Fixed | 0.320 | | | | 35.5 | |
| 2. WINDFORD WINDOW | S/Hung | 0.350 | | | | 78.0 | |
| 3. WINDFORD WINDOW | P/Door | 0.350 | | | | 48.0 | |
| 4. WINDFORD WINDOW | H/Slider | 0.350 | | | | 45.0 | |
| 5. * Weighted Average | -----> | 0.345 | ---- | ---- | ---- | 206.5 | ----- |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 0. | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
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| 0. | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is the 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) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

em #s
f applicable)

Sandy Wells 5-11-07
Signature, Date

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

em #s
f applicable)

Signature, Date

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

em #s
f applicable)

Signature, Date

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

Product mix and u-values reflect plan changes as of 02/13/06