

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0604773  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 210 SIGNET WY SAC  
Parcel No: MORRISON POINT UNIT 2 LOT 19

CONTRACTOR  
RIVERLAND HOMES  
1566 BERRY RD.  
RIO OSO CA. 95674

OWNER

ARCHITECT

Nature of Work: MP 1900 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 783707 Date 4-17-06 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 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 \_\_\_\_\_

CITY OF SACRAMENTO  
APR 17 2006

**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 improvements proposed 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 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 4-17-06 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:

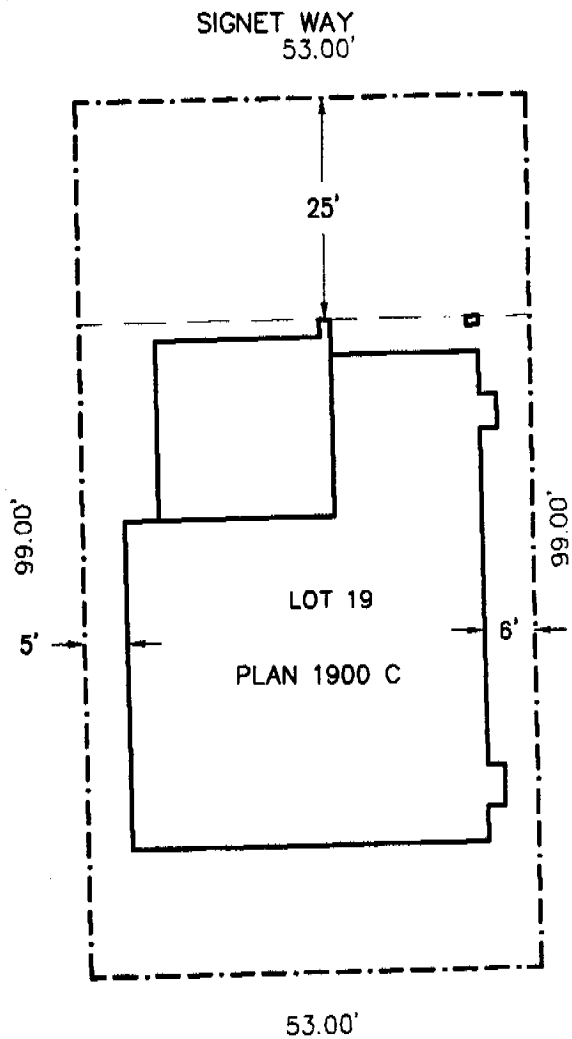
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (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.

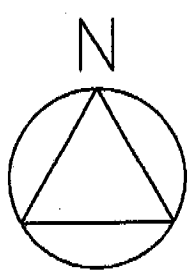
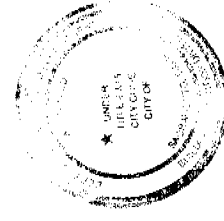
Date 4-17-06 Applicant Signature [Signature]

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 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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



This set of plans and specifications must be kept on the job at all times and shall remain the property of the City of Sacramento. Any violation of any City Ordinance or State Law.



LOT 19  
 MORRISON POINT UNIT NO. 2  
 SACRAMENTO, CA  
 SCALE: 1"=20'-0"



**INSTALLATION CERTIFICATE** (Page 12 of 13) **CF-6R**

Site Address <b>210 Sugnet Wy</b>	Permit Number: <b>0604773</b>
County Subdivision	Lot Number

**Description of Installation (Formerly IC-1 Form)**

- 1. RAISED FLOOR**  
Material: Fiberglass Brand Name: Johns Manville  
Thickness (inches): 1.5 Thermal Resistance (R-Value): R-19
- 2. STAIR FLOOR/PERIMETER**  
Material: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
Thickness (inches): \_\_\_\_\_ Thermal Resistance (R-Value): \_\_\_\_\_  
Perimeter Insulation Depth (inches): \_\_\_\_\_
- 3. EXTERIOR WALL**  
Frame Type: 2x4  
A. Cavity Insulation  
Material: Fiberglass Brand Name: Johns Manville  
Thickness (inches): 3.5 Thermal Resistance (R-Value): R-12  
B. Exterior Foam Sheathing  
Material: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
Thickness (inches): \_\_\_\_\_ Thermal Resistance (R-Value): \_\_\_\_\_
- 4. FOUNDATION WALL**  
Material: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
Thickness (inches): \_\_\_\_\_ Thermal Resistance (R-Value): \_\_\_\_\_
- 5. CEILING**  
Batt or Blanket Type: R-19 Brand Name: Johns Manville  
Thickness (inches): 3.5 Thermal Resistance (R-Value): R-38  
Loose Fill Type: cellulose Brand: GREEN FIBER  
Contractor's min installed weight per square foot: 1.20 lb Minimum thickness: 10.5 inches  
Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value): R-38
- 6. ROOF**  
Material: \_\_\_\_\_ Brand Name: \_\_\_\_\_  
Thickness (inches): \_\_\_\_\_ Thermal Resistance (R-Value): \_\_\_\_\_

**Declaration**

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficiency Standards for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Line # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
	<u>Robert Barry</u>		

INSTALLATION CERTIFICATE

Site Address 210 Sugnet Wy

Permit Number 0604773

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

Table with 7 columns: Equip. Type (pkg.), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) (2013, 1998), Duct Location (attic, etc.), Duct or Piping Details, Heating Load (BTU/hr), Heating Capacity (BTU/hr)

Cooling Equipment

Table with 7 columns: Equip. Type (pkg.), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (2013, 1998), Duct Location (attic, etc.), Duct Details, 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:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (SM, Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), EER, standby Loss (604 (%)), External Insulation, Equivalent Evaporator

- 2. For small gas storage (tank type) 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-13 external insulation is mandatory for storage water heaters with an energy factor of less than 0.53.

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.

Signature, Date Linda Sanders 10/6/05

Signature, Date Northstar 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



Brent Duggins Glass

Specializing in New Construction & Remodel  
Windows \* Glass \* Mirrors \* Shower Enc.  
C.L.# 773246

Plan #900

<b>INSTALLATION CERTIFICATE</b> (Page 2 of 12) <b>CF-6R</b>	
Site Address: <b>210 Sunnet Wy</b>	Permit Number: <b>0604773</b>

An installation certificate is required to be posted at the building site or made available for all appropriate inspectors. (The information provided on this form is required.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner or occupancy, per Section 10-108(a).

**GLAZING:**

Item	Manufacturer/Brand Name (GROUP LISTED PRODUCTS)	Product U-Factor (if CF-1R value)	Product SHGC (if CF-1R value)	# of Panels	Total Quantity of all Windows (Squares)	Area Square Feet	Shading Device or Coefficient	Other Information
1	LWC 5320	.32	.28	4	1	30	N/A	N/A
2	LWC 5320	.32	.28	4	1	30	N/A	N/A
3	LWC 5320	.35	.29	2	1	12	N/A	N/A
4	LWC 5320	.35	.29	4	2	30	N/A	N/A
5	LWC 5320	.35	.29	2	1	16	N/A	N/A
6	LWC 5320	.35	.29	2	1	16	N/A	N/A
7	LWC 5320	.35	.29	2	3	60	N/A	N/A
8	LWC 5320	.34	.28	2	1	41	N/A	N/A
9	LWC 5320	.35	.29	1	1	18	N/A	N/A
10	LWC 5320	.35	.29	1	1	11	N/A	N/A
11	LWC 5320	.35	.29	2	1	20	N/A	N/A
12	LWC 5320	.32	.28	1	1	12	N/A	N/A
13	LWC 5320	.32	.28	1	1	3	N/A	N/A
14								
15								

1) Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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 interior) 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. If using default table SHGC values from 6116 identify whether tinted or not.

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)	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
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, BEES Rater (if applicable) Building Owner or Occupancy  
P.O. Box 1290 Elyria, CA 95626 \* 530/742-2587 \* Fax 530/742-2750



1200  
9100  
Plans

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 3 of 12) CF-6R</b>
Site Address	210 Sugar WY	Permit Number 0604773

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) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Sections 10-103(a).

**HVAC SYSTEMS:**  
*Heating Equipment*

Equip Type (aka. heat pump)	CSC Certified ME Manufacturer Model Number	# of Identical Systems	Efficiency (AFUE, AER, <sup>1</sup> (CF-1R value)	Test Location (Attic, etc.)	Door or Piping Leakage	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split System Room	Keas 0718 M68	1	80%	Attic	4.2		75000

*Cooling Equipment*

Equip Type (aka. heat pump)	CSC Certified ME Manufacturer Model Number	# of Identical Systems	Efficiency (SEER or EER, <sup>1</sup> (CF-1R value)	Test Location (Attic, etc.)	Door Leakage	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split System Room	Keas 0718 J62	1	12 SEER	Attic	4.2		42000

1. ≥ symbol reads greater than or equal to what is indicated on the CF-1R value.  
In-halls both SEER and EER if compliance credit for high EER air conditioner is claimed.

On, 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.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Gold River Mechanical
Signature: <i>[Signature]</i>	Date: 10/5/05

Copy to: BUILDING DEPARTMENT, FIRM RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

<b>INSTALLATION CERTIFICATE</b>		(Page 11 of 12) <b>CF-6R</b>
Site Address <b>210 Sugnet Way</b>		Permit Number <b>0604773</b>

**✓ MINOR/MAJOR MATS**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	No gaps
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	No voids over 1/4 in. deep or more than 10% of the total surface area.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulations fit against walls like insulation
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Recessed light fixtures covered
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Net free-ventilation area maintained at eave vents

**✓ ROOFKILING LOOSE-FILL**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Baffles installed at eave vents or soffit vents - maintain net free-ventilation area of eave vent
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Attic access insulated
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Recessed light fixtures covered
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value <b>R-30</b> . Manufacturer's minimum required weight for the target R-value <b>1.210</b> (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation <b>10.13</b> . Manufacturer's minimum required settled thickness <b>10.13</b> . Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (CF-6R only)

**DECLARATION**

I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

**GOLD STAR INSULATION, INC.**  
3021 Foothill Blvd, Unit 8  
McClellan, CA 95832

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	<b>GOLD STAR INSULATION, INC.</b>
Signature: <i>[Signature]</i>	Date:

Contact for BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE), BUILDING OWNER AT OCCUPANCY



<b>INSTALLATION CERTIFICATE</b>		<b>(Page 10 of 12) CF-6R</b>
Site Address <b>210 Sugnet Wy</b>		Permit Number <b>0604773</b>

**Insulation Installation Quality Certificate**

- Description of Insulation. (CF-6R, formerly K-1) signed by the installer stating: insulation manufacturer's name, material identification, installed R-value, and for loose-fill insulation maximum weight per square foot and minimum inches
- Installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

<b>FLOORS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<b>WALLS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the batt surface area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as: corner channels, wall intersections, and behind microwave enclosures insulated to proper R-Value
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
Yes	No	NA	
<b>ROOFCEILING PREPARATION</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures (IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flam cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and out-walks insulated or accessible for blown insulation
Yes	No	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic eavelets installed
Yes	No	NA	