

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0518818

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 661 CANDELA CR SAC
Parcel No: WESTLAKE PARCEL 31 LOT 54

CONTRACTOR
JOHN LAING HOMES
1536 EUREKA RD STE 100
ROSEVILLE CA. 95661

OWNER

ARCHITECT

Nature of Work: MP1801 2 STORY 8 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 687596 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 (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 _____

CITY OF SACRAMENTO
DEC 16 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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 12-06-05 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 LUMBERMANS MUTUAL Policy Number 3BA16432400 Exp Date 04/15/2005

_____, (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 12-06-05 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.

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

661 caudela Circle Sacramento, ca 95835

Site Address

Permit Number # 45090025

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 57 cfm

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity

in Thousands of Btu/hr, enter calculated value here 998 F24

If fan flow is measured, enter measured value here _____

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 6%

Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY – The following diagnostic testing was completed:

Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

04-18-01

Tests

Performed

COPY TO:

Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Signature, Date

[Signature]

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

[Signature]

January 4, 2001

Project Title: Candela PH 2 **Date:** 4/19/06
Project Address: 661 Candela Cr, Sacramento, CA 95835 **Builder Name:** WL Homes
Builder Contact: 45080025 Lot 14054 **Plan Number:** 3 (1901)
Builder Contact: Andre Douglas **Telephone:** 916 947 6514
HERS Rater: Qu Paul **Telephone:** 4/19/06 **Sample Group Number:** _____
Certifying Signature: _____ **Date:** 4/19/06 **Sample House Number:** _____
Firm: ACS **HERS Provider:** Checks
Street Address: 9524 Mosquito Rd **City/State/Zip:** Placerville, CA 95667
Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 57

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 1000

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.7%

Check Box for Pass or Fail (Pass = 6% or less

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = _____

Pass Fail

Yes for both 1 and 2 is a Pass

INSTALLATION CERTIFICATE

(Page 2 of 7)

CF-6R

666 CANDELA CIR

Site Address

John Laing Candela Plan V

Permit Number

0518818

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value ¹ (CF-1R value) ¹	Product SHGC ¹ (CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Interior or Exterior Shading Device or Overhang	Comments/Location/Special Features
1. XO	.35	.33	2		84		
2. S/H	.35	.29	2		201		
3. P/W	.33	.36	2		49		
4. SGD	.34	.33	2		0		
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-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-Value 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.

H		
Item #s (if applicable)	Signature, Date 1/5/06	Ultra Glass Inc Distributor Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor IWC windows + SGD
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

INSTALLATION CERTIFICATE

CF-6R

Lelel CANDELA CIR

John Laing Homes - Candela

0518818

Permit Number

Site Address

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-IR value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	30,469	60,000	Plan 1
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	30,895	60,000	Plan 2
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	33,122	60,000	Plan 3
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	33,192	60,000	Plan 4
Furnace	York LY8S060A12	1	0.80	Attic	R-4.2	36,390	60,000	Plan 5

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	York H*RD024	1	13.0	Attic	R-4.2	17,265	40,700	Plan 1
Condenser	York H*RD024	1	13.0	Attic	R-4.2	17,709	41,100	Plan 2
Condenser	York H*RD024	1	13.0	Attic	R-4.2	19,630	34,900	Plan 3
Condenser	York H*RD024	1	13.0	Attic	R-4.2	18,914	26,800	Plan 4
Condenser	York H*RD030	1	13.0	Attic	R-4.2	22,153	34,900	Plan 5

***TXV - Indicates Thermal Expansion Valve On 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, Date

Beutler Corporation

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
NG	STATE 65640xex T	STD		1	40,000	40	.60	3.20	16

(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

Installing Subcontractor (Co. Name)

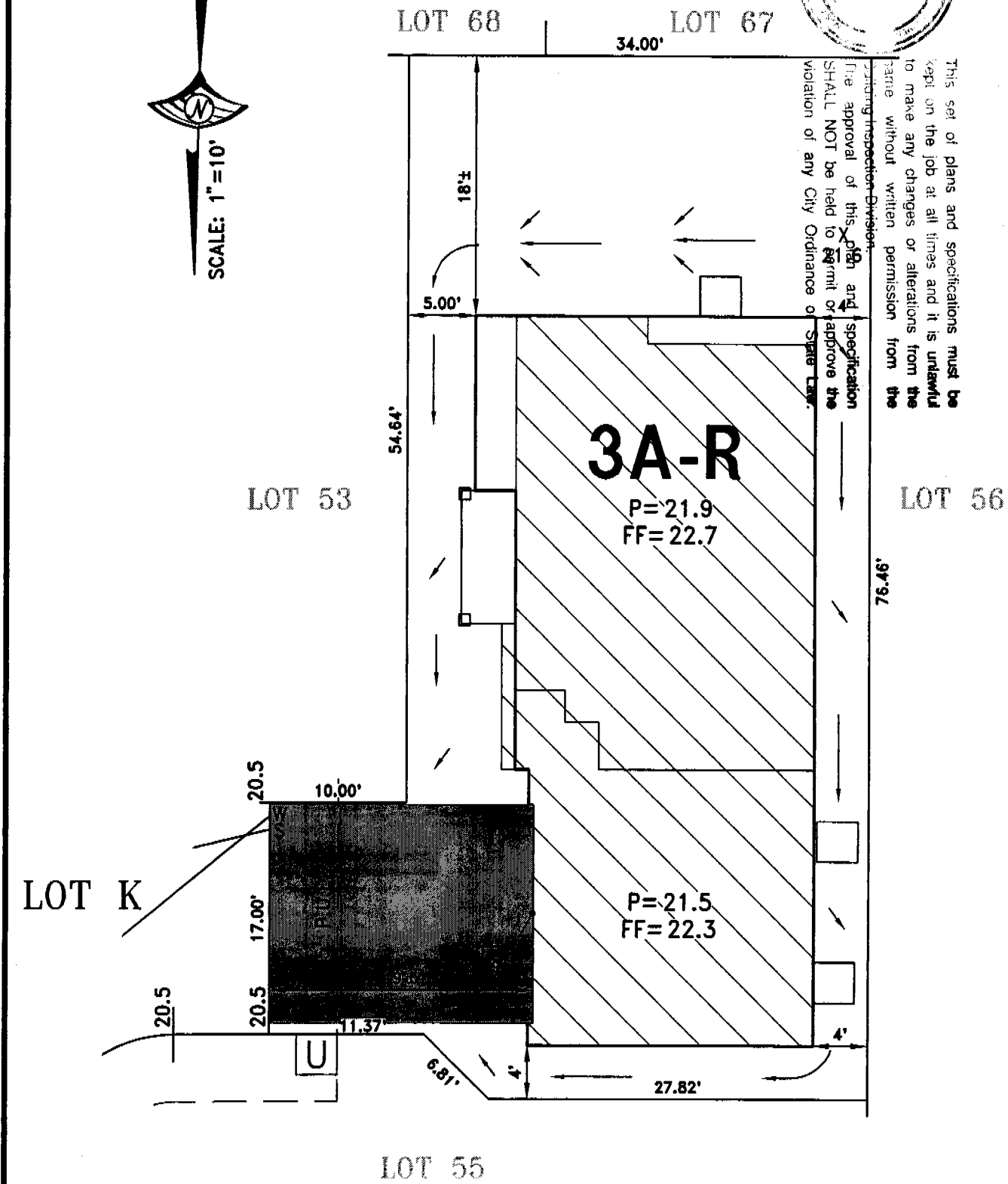
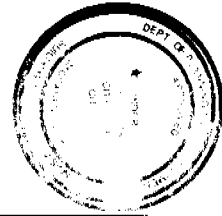
OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department

HERS Provider (if applicable)

Building Owner at Occupancy

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



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 Planning 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.

LEGEND

	STREET LIGHT		FIRE HYDRANT
	TRANSFORMER		DRAINAGE INLET
	UTILITY BOX		BLOWOFF VALVE
	STREET LIGHT SERVICE BOX		
	STREET SIGN		

A.P.N.: _____
 LOT AREA: 2751 S.F.
 ADDRESS: 661 CANDELA CIRCLE

PLOT PLAN
LOT 54
WESTLAKE
PARCEL 31
 FOR
JOHN LAING HOMES
 CITY OF SACRAMENTO CALIFORNIA

WOOD RODGERS
 engineering • planning • mapping • surveying
 1012 11th St, Suite 300 Modesto, CA 95354
 Tel 209.549.7060 Fax 209.549.7064

DATE: OCTOBER 2005	DRAWN: JD	CHECKED: JR	PROJECT NO: 1122.059
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J:\Jobs\1122-Westlake-Parcel-31\Westlake-Parcel-31-OA\Civil\Plot Plans\lot 54.dwg 11/01/05 8:32am jdalmon