

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0417442
Insp Area: 2
Thos Bros: 337-H3

Site Address: 7473 SUN CASTLE LN SAC
Parcel No: SUN MEADOWS LOT #46 Housing (Y/N):

Sub-Type: NSFR
N

CONTRACTOR
NEW FAZE DEVELOPMENT
3187 DEL PASO BLVD.
SACRAMENTO CA. 95815

OWNER

ARCHITECT

Nature of Work: MP 1505 2 STORY 7 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 714601 Date 5/25 Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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
MAY 25 2005

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 5/25/05 Applicant/Agent 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.

OK 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 FUND Policy Number 1536963-03 Exp Date 11/01/2004

____ (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 5/25/05 Applicant 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.



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998
North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 7473 Sun Castle Ln PERMIT NO. 0417442

INSPECTION COMMENTS	PERMIT DOCUMENTS
6-14-05	check at shop
6-14-05 B N CW HWA	Footings at porch + mtg #2 OK To Pour. Brenda Approved Letter for Change/Deletion of Ext. Footings by Sherie Insp
7-6-05 H N SGT LNW	
7-11-05 AP-TM 567	
7-22-05 B17 AP HWA	
7-29-05 B-26 col HWA	
8-2-05 B-26:12 AC HWA	
8-18-05 B18:01 CW HWA	
8-22-05 B19:01 AP HWA	
8-22-05 B14 AP HWA	
10-04-05 8:47 AP PGL	
12-9-05 Final CW	

FINAL APPROVALS	
BUILDING	12-9-05 [Signature]
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE
45594

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

NEW FAZE DEVEZ LOT # 46 TRACT # SUN MEADOWS
STREET 7473 SUN CASTLE LN CITY SACRA

EXTERIOR WALLS: MANUFACTURER FG THICKNESS/TYPE R-VALUE 13

CEILINGS: BATTs: MANUFACTURER FG THICKNESS/TYPE R-VALUE 38
BLOWN IN: MANUFACTURER CT THICKNESS 11 3/4 R-VALUE 38

SQUARE FOOTAGE COVERED 692 NUMBER OF BAGS USED 16

FLOORS: MANUFACTURER THICKNESS/TYPE R-VALUE
SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R-VALUE

WIDTH OF INSULATION INCHES R-VALUE
FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R-VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE # DATE
SIGNATURE TITLE

INSULATION CONTRACTOR **ARCADE INSULATION**
CALIFORNIA CONTRACTORS LICENSE #815286 DATE 9-28-05
NEVADA CONTRACTORS LICENSE #55201
A. Gordon SIGNATURE Installer TITLE

INSTALLATION CARD

WESTERN I-KOTE
Sacramento Stucco Company, Inc.

Job Address 7473
SUN CASTLE LN
SACRAMENTO, CA

ICBO Evaluation Service, Inc.
Evaluation Report ER-3899

Date of Job Completion 9/19/05

Plastering Contractor

Name: Rick H. Hitch Plastering, Inc.

Address: PO Box 1391, North Highlands, CA 95660

Telephone Number: (916) 334-3591

Approved contractor number as issued by coating manufacturer: 243

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

[Signature]
Signature of authorized representative or
plastering contractor

12/8/05
Date

This installation card must be presented to the building inspector after completion of work and before final inspection.

INSTALLATION CARD

WESTERN I-KOTE
Sacramento Shucco Company, Inc.

Job Address
2473 sun castle

ICBO Evaluation Service, Inc.
Evaluation Report ER-3899
Date of Job Completion 9/11/85

Plastering Contractor

Name: Rick H. Hitch Plastering, Inc.

Address: PO Box 1391, North Highlands, CA 95660

Telephone Number: (916) 334-3591

Approved contractor number as issued by coating manufacturer: 243

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the
/data report specified above and the manufacturer's instructions.

Signature of authorized representative or
plastering contractor [Signature] Date 9/8/85

This installation card must be presented to the building inspector after completion of work and before final inspection.

New Faze Sun Meadows

Site Address 7473 Sun Castle

Permit Number 0417442

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 #P4HUA12L04801	1	0.80	Attic	R-4.2	27,994	60,000	Plan 6
Furnace	York #P4HUA12L04801	1	0.80	Attic	R-4.2	20,175	60,000	Plan 7
Furnace	York #P4HUA12L04801	1	0.80	Attic	R-4.2	20,496	60,000	Plan 8

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*RA030	1	10.0	Attic	R-4.2	20,166	24,500	Plan 6
Condenser	York #H*RA030	1	10.0	Attic	R-4.2	19,763	24,500	Plan 7
Condenser	York #H*RA030	1	10.0	Attic	R-4.2	18,617	24,500	Plan 8

* = 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.

Mark Padgett 6-24-04
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 (Sink, 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)

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

INSTALLATION CERTIFICATE

Site Address: **7473 Suncoast**
NEW FAZE DEVELOPMENT INC. Permit Number **0417442**
PENESTRATION/GLAZING: **SUN MEADOWS RETIREMENT PLAN 3 I**
ALSIDE - ALPINE
7000 SERIES WINDOWS
SACRAMENTO, CA

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (s CF-1R value) ²	Product SHGC ¹ (s CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. _____							LOW-E GLASS
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>122</u>		
3. _____							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>26</u>		
5. _____							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>0</u>		
7. _____							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.34</u>	<u>2</u>		<u>46</u>		
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.

2, 4, 6, 8
 Item #s (if applicable)

 Signature, Date
10.20.05

 Item #s (if applicable)

 Signature, Date

 Item #s (if applicable)

 Signature, Date

Y.T. GLASS & WINDOWS INC.
 3260 DWIGHT RD STE 100
 ELK GROVE, CA 95758-6461
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

 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

(page 1 of 4)

CF-6R

Site Address: New Faze Sun Meadows Permit Number: All Plans

7473 Suncoast
 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).

0417442

Attn: Christian

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is 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:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (SW, Point-of-Use)	If Recirculation Central Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ¹ Loss (%)	External Insulation R-value
Gas	Rheem 42VR40-40F STD	STD	N/A	1	40,000	40	.62		R-20

1 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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed, 2) is 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 equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

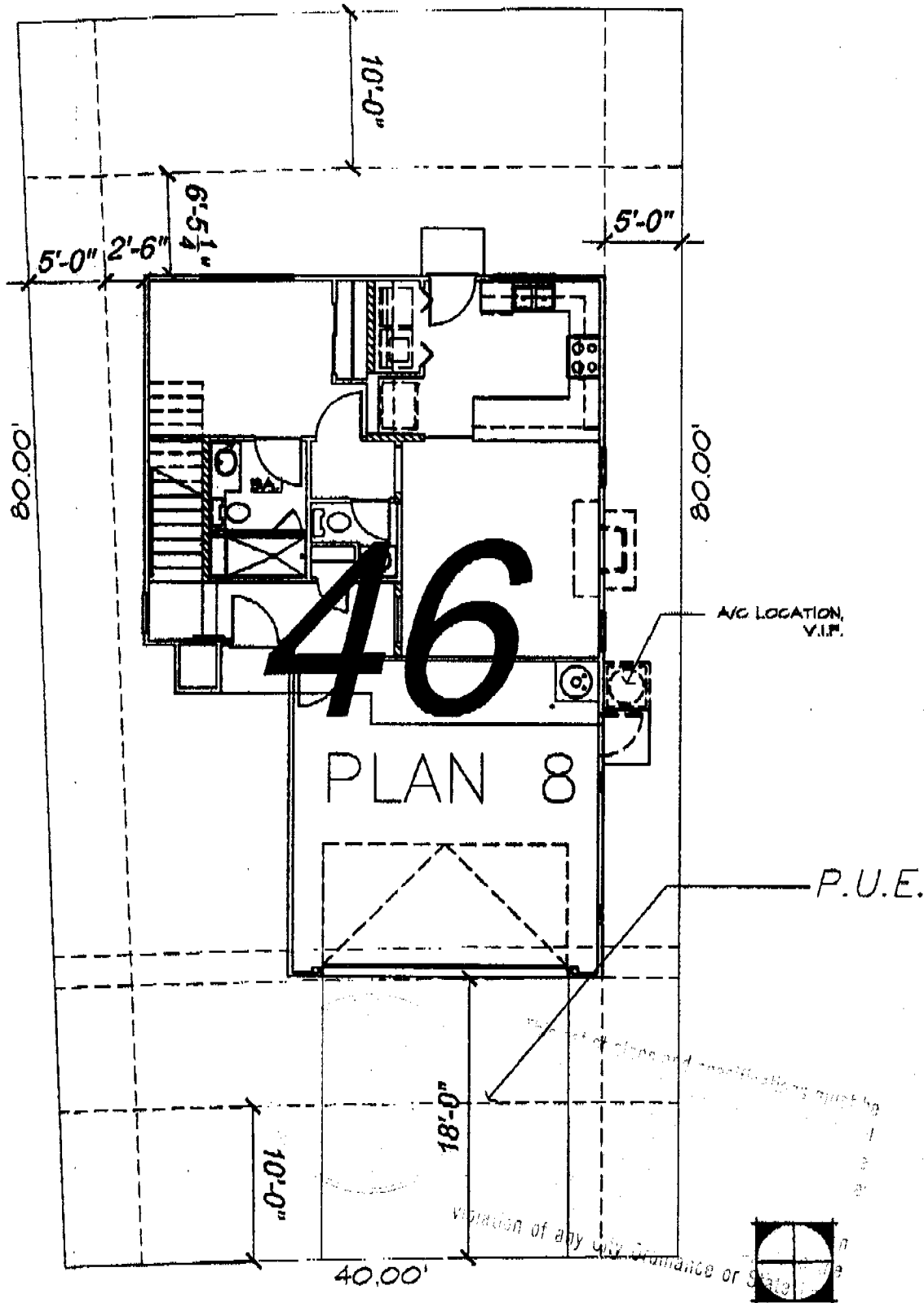
Signature, Date

J.R. Pierce Plumbing Co.

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy



*NOTE: THIS DRAWING IS INTENDED TO PROVIDE BUILDING LOCATION ONLY. ALL PROPERTY LINE MEETS AND BOUNDS ARE AS PROVIDED BY NOLTE BEYOND ENGINEERING

HUNT HALE JONES ARCHITECTS 404 FOURTH STREET SAN FRANCISCO, CA 94107 PHONE: 415-263-1900 FAX: 415-263-9300 WWW.HUNTHALEJONES.COM	DRAWING DESCRIPTION:				PROJECT DESCRIPTION:
	LOT 46- PLAN 8(R)				
SCALE:	DATE:	SHEET	OF	JOB NO.:	
N.T.S.	10-6-04	19	21	407006	

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2:\407006_Sun_Meadows\Drawings\Project_Drawings\Site_Plans\407006_SP_PLOT PLANS_22-27_34-48.dwg, 10/11/2004 12:33:07 PM, 9