

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0415946
Insp Area: 2
Thos Bros: 337-C4

Site Address: 1980 ESTEREL WY SAC
Parcel No: 052-0270-006 MEADOWVIEW ESTATES UNIT 5 LOT 359
N Housing (Y/N): NSFR

CONTRACTOR
JTS COMMUNITIES
401 WATT AV.
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: JTS MP152 1 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 767107 Date 9/28/04 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 28 2004
BIRTH PERMIT

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 9/28/04 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:

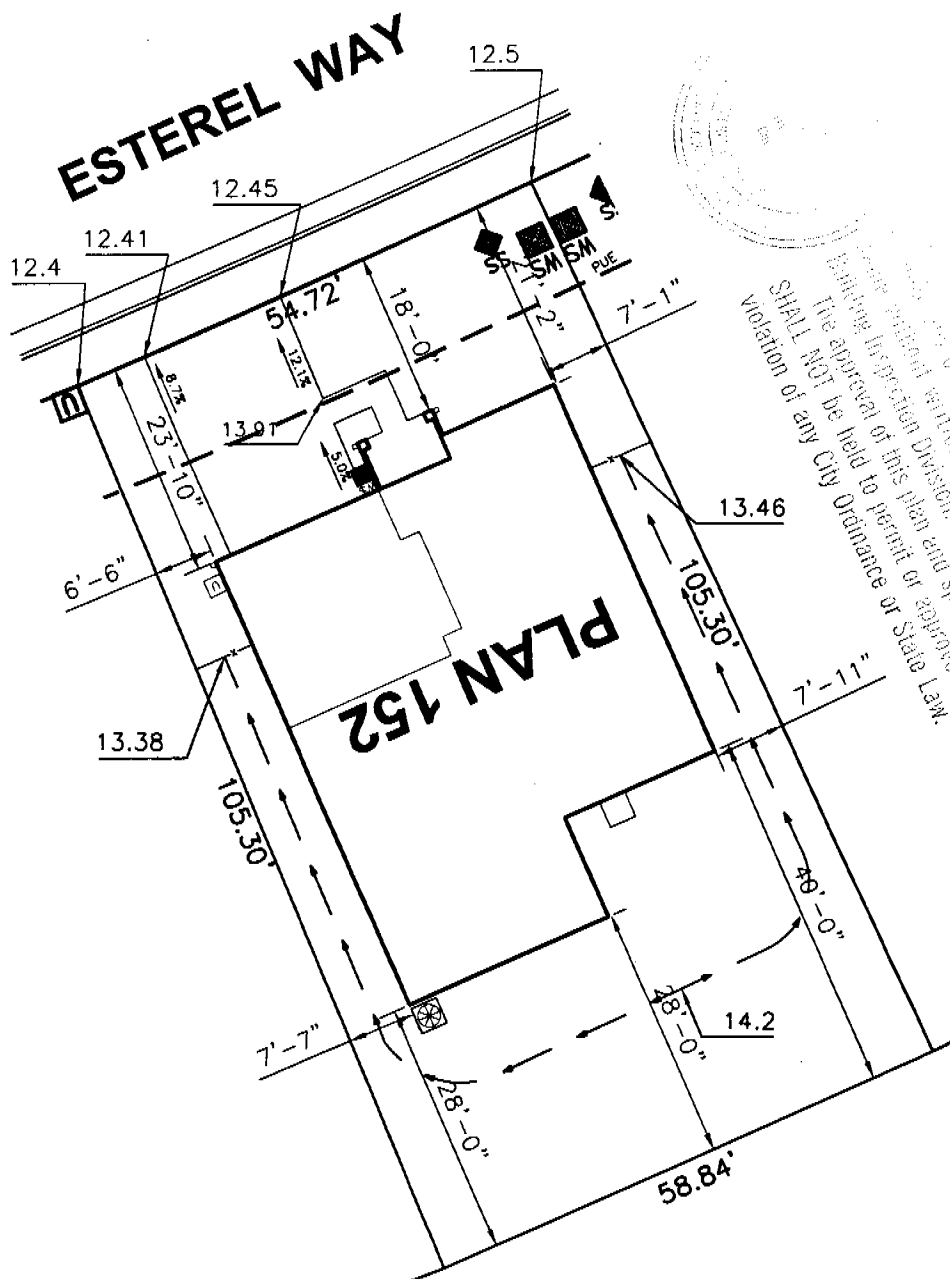
Carrier ZURICH INSURANCE CO Policy Number WC367556101 Exp Date 03/01/2004

____ (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 9/28/04 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.

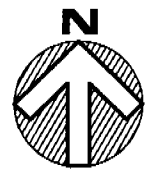


The approval of this plan and specification shall NOT be held to permit or approve the violation of any City Ordinance or State Law.

| | |
|----------|------------------------------|
| APN: | |
| ADDRESS: | ESTEREL WAY SACRAMENTO CA |
| STORIES: | 1 |
| GARAGES: | 2 |
| PAD: | 14.5 |
| F.F.: | 15.17 |

ELEVATION B

- DI DRAIN INLET
- WS WATER SERVICE
- SS SEWER SERVICE
- E ELECTRICAL SERVICE
- U UTILITY ACCESS
- L LIGHT POLE
- T TRANSFORMER



DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

| | |
|------------------|----------------|
| SCALE: | 1" = 20'-0" |
| DATE: | SEPT. 20, 2004 |
| DRAWN BY: | CD |
| BACK CHECKED BY: | SARAH |
| BUYER APPROVAL | DATE |

09/21/2004, 622-0359-152-02.dwg

**MEADOWVIEW
ESTATES
PLOT PLAN**

LOT 359

Working Together to
Achieve Excellence

JTS

COMMUNITIES INC.



401 Watt Ave.
 Sacramento, CA 95864 (916) 487-3434

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

Project Address

ICBO Evaluation Service, Inc.
Report ER-4004

Meadowview Estates
VNT lot 359

Date Completed 3-3-05

Plastering Contractor

Name: J. T. S. Stucco Dio.
Address: 11285 White Rock Road
Telephone No. (916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc. P.N. # 2227

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 and the manufacturer's instructions.

Don Ricketts
Signature of authorized representative of
plastering contractor

Date

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

CERTIFICATION OF INSULATION

PART I GENERAL

JTS
 1980 Esterel Wy, Ste
 Peoria, IL 61614
 LOT # 359

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART II AREAS INSULATED

| WALLS | | | CEILINGS | | | FLOORS | | | | | |
|-----------------------------|----|----|------------------------------|----|----|-----------------------------|----|----|-------------------|--|--|
| (SQUARE FEET) | | | (SQUARE FEET) | | | (SQUARE FEET) | | | | | |
| TYPE OF INSULATION | | | TYPE OF INSULATION | | | TYPE OF INSULATION | | | | | |
| MATERIAL FIBERGLASS | | | MATERIAL FIBERGLASS | | | MATERIAL FIBERGLASS | | | | | |
| FORM BATTS | | | FORM BATTS & BLOW | | | FORM BATTS | | | | | |
| MANUFACTURER'S PRODUCT I.D. | | | MANUFACTURER'S PRODUCT I.D. | | | MANUFACTURER'S PRODUCT I.D. | | | | | |
| MANUFACTURER | | | MANUFACTURER | | | MANUFACTURER | | | | | |
| CT | OC | JM | CT | OC | JM | CT | OC | JM | | | |
| R-VALUE INSTALLED | | | APPLIED THICKNESS | | | R-VALUE INSTALLED | | | APPLIED THICKNESS | | |
| 13 | | | 3-5 | | | 30 | | | 9"-12" | | |

OTHER WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

| | | | | | |
|----------------------------|-------------------|---------|--------------|----|----|
| MATERIAL FIBERGLASS | FORM BATTS | R VALUE | MANUFACTURER | | |
| | | | CT | OC | JM |

AIR INFILTRATION SEALANT

| | | |
|----------------------|--------------|-------------------|
| MATERIAL Foam | MANUFACTURER | |
| | HILTI | HANDY FOAM |

PART III CERTIFICATION

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

| | | | | | |
|-----------------------------------|------|-------|---------|------|---------|
| SIGNATURE — INSULATION CONTRACTOR | J.C. | TITLE | MANAGER | DATE | 2/21/05 |
| SIGNATURE — GENERAL CONTRACTOR | | TITLE | | DATE | |

REMARKS

From:

JAN-20-2005 THU 01:40 PM

MEADOWS_PREMIERE FIELD

FAX No. 9168651570

P.002/003

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address 1980 Estover Wy Permit Number 0415946

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(h).

HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type (pkgs. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) (DCE-IR value), Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkgs. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (DCE-IR 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) 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 of Part 6), where applicable:

Signature, Date

Beutler Heating & Air
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 9 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Stl. Point-of-Use), IF Recirculation Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, RE), Standby Loss (%), External Insulation R-value. Includes handwritten entry: NATURAL GAS 40 GORT STORAGE 40,000 40 .62 3.05 R-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.

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 of Part 6), where applicable.

[Signature]

North Star Plumbing
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

1-20-05

INSTALLATION CERTIFICATE

JTS Communities - The Meadows

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-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) | PLAN |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|------|
| FURNACE | York #P4HUA12L048 | 1 | 80% | ATTIC | 4.2 | 26,065 | 60,000 | 103 |
| FURNACE | York #P4HUA12L048 | 1 | 80% | ATTIC | 4.2 | 29,452 | 60,000 | 104 |
| FURNACE | York #P4HUB16L064 | 1 | 80% | ATTIC | 4.2 | 36,474 | 80,000 | 108 |
| FURNACE | York #P4HUB16L064 | 1 | 80% | ATTIC | 4.2 | 37,762 | 80,000 | 114 |
| FURNACE | York #P4HUC20L080 | 1 | 80% | ATTIC | 4.2 | 43,093 | 100,000 | 115 |

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*RA030 | 1 | 10.0 | ATTIC | 4.2 | 23,615 | 28,400 | 103 |
| A/C | York #H*RA030 | 1 | 10.0 | ATTIC | 4.2 | 26,104 | 28,400 | 104 |
| A/C | York #H*RA048 | 1 | 10.0 | ATTIC | 4.2 | 33,975 | 44,000 | 108 |
| A/C | York #H*RA036 | 1 | 10.0 | ATTIC | 4.2 | 30,577 | 33,400 | 114 |
| A/C | York #H*RA048 | 1 | 10.0 | ATTIC | 4.2 | 35,417 | 44,000 | 115 |

(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.

John Cole 11/12/03
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

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

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

INSTALLATION CERTIFICATE

JTS Communities - The Meadows

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-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) | PLAN |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|------|
| FURNACE | York #P4HUC20L080 | 1 | 80% | ATTIC | 4.2 | 40,199 | 100,000 | 116 |
| FURNACE | York #P4HUB16L064 | 1 | 80% | ATTIC | 4.2 | 42,336 | 80,000 | 119 |
| FURNACE | York #P4HUC20L080 | 1 | 80% | ATTIC | 4.2 | 35,914 | 100,000 | 134 |

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*RA048 | 1 | 10.0 | ATTIC | 4.2 | 40,080 | 44,000 | 116 |
| A/C | York #H*RA036 | 1 | 10.0 | ATTIC | 4.2 | 31,747 | 33,400 | 119 |
| A/C | York #H*RA048 | 1 | 10.0 | ATTIC | 4.2 | 39,518 | 44,000 | 134 |

(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.

Karen Cole 11/13/03
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.

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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

INSTALLATION CERTIFICATE

CF-6R

JTS Communities - The Meadows

Permit Number

Site Address

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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) | PLAN |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|--------|
| FURNACE | York #P4HUA12L032 | 1 | 80% | ATTIC | 4.2 | 44,950 | 40,000 | 151 |
| FURNACE | York #P4HUA12L048 | 1 | 80% | ATTIC | 4.2 | 24,199 | 60,000 | 152 |
| FURNACE | York #P4HUA12L048 | 1 | 80% | ATTIC | 4.2 | 30,299 | 60,000 | 153 |
| FURNACE | York #P4HUA12L032 | 1 | 80% | ATTIC | 4.2 | 20,477 | 40,000 | 155 U1 |
| FURNACE | York #P4HUA12L032 | 1 | 80% | ATTIC | 4.2 | 20,477 | 40,000 | 155 U2 |

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 | 4.2 | 21,687 | 23,200 | 151 |
| A/C | York #H*RA030 | 1 | 10.0 | ATTIC | 4.2 | 25,605 | 28,400 | 152 |
| A/C | York #H*RA030 | 1 | 10.0 | ATTIC | 4.2 | 27,282 | 28,400 | 153 |
| A/C | York #H*RA024 | 1 | 10.0 | ATTIC | 4.2 | 19,817 | 23,200 | 155 U1 |
| A/C | York #H*RA024 | 1 | 10.0 | ATTIC | 4.2 | 19,817 | 23,200 | 155 U2 |

(1) > reads greater than or equal to.

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Karen Cole 11/13/03
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.

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Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department

HERS Provider (if applicable)

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

JTS MEADOWS Premier
Site Address

Plan # 156
Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor' (S CF-1R value) | Product SHGC' (S CF-1R value) | # of Panels | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|--|--------------------------------------|----------------------------------|----------------|---|----------------|---|--|
| 1. 6110 | .35 | HV | | | 88 | | |
| 2. 0210 | .35 | SH | | | N/A | | |
| 3. 5012 | .34 | SGD | | | 35 | | |
| 4. 6340 | .35 | PW | | | N/A | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
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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.

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 1), where applicable.

| | | |
|--|---------------------------------------|---|
| <u>2</u> Item #s (if applicable) | <u>[Signature]</u> Signature, Date | <u>1/24/05</u> <u>Milgard Windows</u> 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 |
| 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

(Page 2 of 8)

CF-6R

Site Address: SJS MEADOWS Premier

Permit Number: Plan # 155

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor (≤ CF-1R value) ¹ | Product SHGC (≤ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|---|---|------------|---|-------------|-------------------------------------|------------------------------------|
| 1. <u>6110</u> | <u>.35</u> | <u>HV</u> | | | <u>92</u> | | |
| 2. <u>6210</u> | <u>.35</u> | <u>SH</u> | | | <u>45</u> | | |
| 3. <u>5012</u> | <u>.34</u> | <u>SFD</u> | | | <u>35</u> | | |
| 4. <u>6340</u> | <u>.35</u> | <u>PW</u> | | | <u>N/A</u> | | |
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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.

| | | |
|----------------------------|----------------------------|---|
| <u>3</u> | <u>[Signature]</u> 1/24/05 | <u>Milgard Windows</u> 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 |
| 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

(Page 2 of 8)

CF-6R

JTS MEADOWS Premier

PLGN 154

Site Address

Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|--|--|--|------------|---|-------------|-------------------------------------|-------------------------------------|
| 1. 6110 | .35 | HV | | | 193 | | |
| 2. 6210 | .35 | SH | | | 42 | | |
| 3. 5017 | .34 | SEA | | | 30 | | |
| 4. 6240 | .35 | PW | | | 40 | | |
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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.

4

Signature, Date: *[Signature]* 1/24/05

Milgard Windows

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

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

(Page 2 of 8)

CF-6R

Site Address: 375 MEADOWS PREMIERE Permit Number: PLAN # 153


FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor (S CF-1R value) ¹ | Product SHGC (S CF-1R value) ² | # of Panels | Total Quantity of Like Product (Quantity) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|--|--|--|----------------|---|----------------|---|--|
| 1. <u>6110</u> | <u>.35</u> | <u>HV</u> | | | <u>190</u> | | |
| 2. <u>6710</u> | <u>.35</u> | <u>SH</u> | | | <u>32</u> | | |
| 3. <u>5017</u> | <u>.34</u> | <u>SGD</u> | | | <u>35</u> | | |
| 4. <u>10340</u> | <u>.35</u> | <u>PW</u> | | | <u>30</u> | | |
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| | | | |
|----------------------------|---|----------------|---|
| <u>4</u> |  | <u>1/24/05</u> | <u>Milgard Windows</u> |
| 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 |
| 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

(Page 2 of 8)

CF-6R

HERS MEADOWS PREMIERE PLAN # 157
 Site Address

Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor (≤ CF-1R value) ^{1,2} | Product SHGC (≤ CF-1R value) ^{1,2} | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|---|---|------------|---|-------------|-------------------------------------|------------------------------------|
| 1. 6110 | .35 | HV | | | 120 | | |
| 2. 0210 | .35 | SH | | | 68 | | |
| 3. 5017 | .34 | SFD | | | 35 | | |
| 4. 0340 | .35 | PW | | | 8 | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
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4
 Signature, Date: *[Signature]* 1/24/05
 Milgard Windows
 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

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

(Page 2 of 8)

CF-6R

ITS MEADOWS PREMIERE
Site Address

Plan #151
Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-Factor (≤ CF-1R value) ² | Product SHGC (≤ CF-1R value) ¹ | # of Panels | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|---|---|-------------|---|-------------|-------------------------------------|------------------------------------|
| 1. 6110 | .25 | HV | | | 80 | | |
| 2. 0210 | .25 | SH | | | 48 | | |
| 3. 5021 | .34 | SGA | | | 25 | | |
| 4. | | | | | | | |
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3

Signature, Date: *[Signature]* 1/24/05

Milgard Windows

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

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

Item #s (if applicable) _____ 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