



Planning and Building Department  
Building Division

CITY OF SACRAMENTO  
CALIFORNIA

Downtown Permits Center  
1231 I Street, #200  
Sacramento, CA 95814-2998  
North Permits Center  
210L Arena Blvd., Suite 200  
Sacramento, CA 95834

ADDRESS 7548 Muirfield PERMIT NO. 0509308

INSPECTION COMMENTS	PERMIT DOCUMENTS
7-29-05 B10, 11, 40 AP HW 14 -	
8-2-05 B12, 62 AP HW 14	
9-19-05 B17 AP HW 14	
9-21-05 B24 CN HW 14 OK TO WRAP	
<del>10-10-05 B18, 81 CN HW 14 CK DBLA SHROO AFTER</del>	
10-12-05 B18, 81 CN HW 14 INSO or REARNA	
10-13-05 B18, 81 AP HW 14	
10-14-05 B14, 26 AP HW 14 CK DBLA SHROO	
10-27-05 B47 AP HW 14 AFTER INSO	
11-15-05 P-42-43 A.P. T.R.	
11-17-05 E67-10 TM	
<del>12-13-05 B18, 81 CN HW 14</del>	
<del>12-14-05 B18, 81 CN HW 14</del>	

FINAL APPROVALS	
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

12-16-05

# CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS								
	<p style="font-size: 1.5em; margin: 0;">Tim Lewis</p> <p style="margin: 0;">LOT # 36</p> <p style="font-size: 1.5em; margin: 0;">LEGACY</p>		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 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 <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>				
	FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>				
	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		
	BAGS										
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS				
	13	3.5	38	12" - 14.75"	—	—	—				
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE										
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT											
MATERIAL						MANUFACTURER					
Foam						HILTI			HANDY FOAM		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.											
PART III CERTIFICATION	SIGNATURE — INSULATION CONTRACTOR				B.G.	TITLE <b>MANAGER</b>			DATE <b>9/12/05</b>		
	SIGNATURE — GENERAL CONTRACTOR					TITLE			DATE		
REMARKS											



Installation Card

Job Address

LEGACY AT BUENA PARK

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evaluation Service, Inc.  
Evaluation Report ESR-1711  
Date of Job Completion \_\_\_\_\_

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

[Signature]  
Signature of authorized representative of stucco contractor

11-29-05  
Date

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

CF-6R

Site Address TIM LEWIS -

Permit Number

**FENESTRATION/GLAZING:**

ALSIDE - ALPINE

7000 SERIES WINDOWS

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.							
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>708</u>		<u>LOW-E GLASS</u>
3.							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>106</u>		
5.							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>22</u>		
7.							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.35</u>	<u>1</u>		<u>33</u>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> 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

[Signature] 9-30-05

Y.T. GLASS & WINDOWS INC.

3200 DWIGHT BLVD STE 400  
 HILK GROVE CA 95768-6461  
 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  
 NERS Provider (if applicable)  
 Building Owner at Occupancy

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

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).

**HYAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-0.0	29,167	60,000	Plan 1
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,809	60,000	Plan 2
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,744	60,000	Plan 3
Furnace	York LY6S080B16UH11	1	0.80	Attic	R-6.0	37,986	60,000	Plan 4
Furnace	York LY6S080B16UH11	1	0.80	Attic	R-6.0	37,061	60,000	Plan 5
Furnace	York LY6S080B16UH11	1	0.80	Attic	R-6.0	36,099	60,000	Plan 6
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	27,428	60,000	Plan 7

**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)	
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	23,872	27,800	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	24,063	27,800	Plan 2
Condenser	York H*RE038 *	1	14.0	Attic	R-6.0	26,661	31,800	Plan 3
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	33,346	38,600	Plan 4
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	32,249	38,600	Plan 5
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	31,708	38,600	Plan 6
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	20,264	23,900	Plan 7

**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.

*Gregory 3-28-05*  
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

(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

(page 1 of 4)

CF-6R

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

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 Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [≥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.) <sup>1</sup> [≥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) 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 (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value
GAS	A.O. SMITH GVR-50-700	STD	N/A	1	40,000	50	.62	N/A	N/A

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.

#### Faucets & Shower Heads:

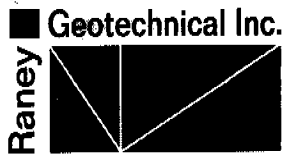
All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

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 \_\_\_\_\_

BIANCHI PLUMBING CO., INC  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy



# DAILY FIELD REPORT

Project #: 2400-006.00	Date: 9-22-05	Day: THURS	Weather: WARM	PAGE 1/1
Project Name: LEGACY @ BUENA PARK	Project Location: SD. SAC		Permit #:	
Client:			Client's Representative:	
General Contractor: TIM LEWIS			Superintendent: GREG	
Sub-Contractor:			Other Persons Contacted:	
Type of Work: PROOF LOAD TESTS	Location/Element: HOLD DOWNS	Equipment used: HYDRAULIC	Time:	
Type of Work:	Location/Element:	Equipment used:	Time:	
Plans/Specifications: SIMPSON MANUAL FOR ALLOWABLE DESIGN LOADS				
USED CALIBRATED BAM + GAUGE SET TO APPLY TENSION PROOF LOAD TO RETROFIT EPOXIED THREADED RODS TO SERVE AS ANCHOR BOLTS FOR SIMPSON HOLD-DOWN HARDWARE:				
LOT 48, 7537 MUIRFIELD WAY -				
1 HTT 22, LAUNDRY ROOM, 5250 LBS (2000 PSI) <u>PASSED</u>				
LOT 38, 7540 MUIRFIELD WAY				
1 HTT 22, LEFT SIDE FRONT DOOR 5250 LBS - <u>PASSED</u>				
1 HTT 22, FRONT WALL LIVING RM 5250 LBS - <u>PASSED</u>				
LOT 36, 7548 MUIRFIELD WAY				
3 PHD 5'S, BACK WALL FAMILY RM, 4685 LBS - 3 <u>PASSED</u> (1900 PSI)				
2-7/8 BOLTS FOR HARNY WALL, LEFT SIDE GARAGE DOOR 11,500 LBS EA. (4400 PSI) - 2 <u>PASSED</u>				
TESTED INSTALLATIONS PAINTED PURPLE				
ATTACHMENTS: <input type="checkbox"/> FIELD DENSITY DATA <input type="checkbox"/> CONCRETE PLACEMENT DATA <input type="checkbox"/> SKETCH <input type="checkbox"/> OTHER:				
Copy received by/given to: GREG	Arrived: 12	Departed:	Report by: JIM CARLSON	

Short notice charge applies when scheduling less than 24-hour in advance.