

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No:** 0413577  
**Insp Area:** 3  
**Thos Bros:**  
**Sub-Type:** NSFR  
**Housing (Y/N):**

**Site Address:** 7280 RADHA DR SAC

**Parcel No:** 040-0270-032  
N

ELDER CREEK PARK UNIT 2 LOT 19

CONTRACTOR  
MARANATHA CORP.  
1860 PRAIRIE CITY RD  
FOLSOM CA. 95630

OWNER

ARCHITECT

**Nature of Work:** MP 2160/OPT 2 STORY 10 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 841756 Date 9/10/04 Contractor Signature [Signature] - VP

**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 \_\_\_\_\_

**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 9/10/04 Applicant/Agent Signature [Signature] - VP

**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 \_\_\_\_\_

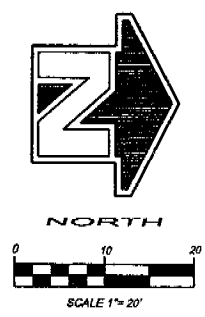
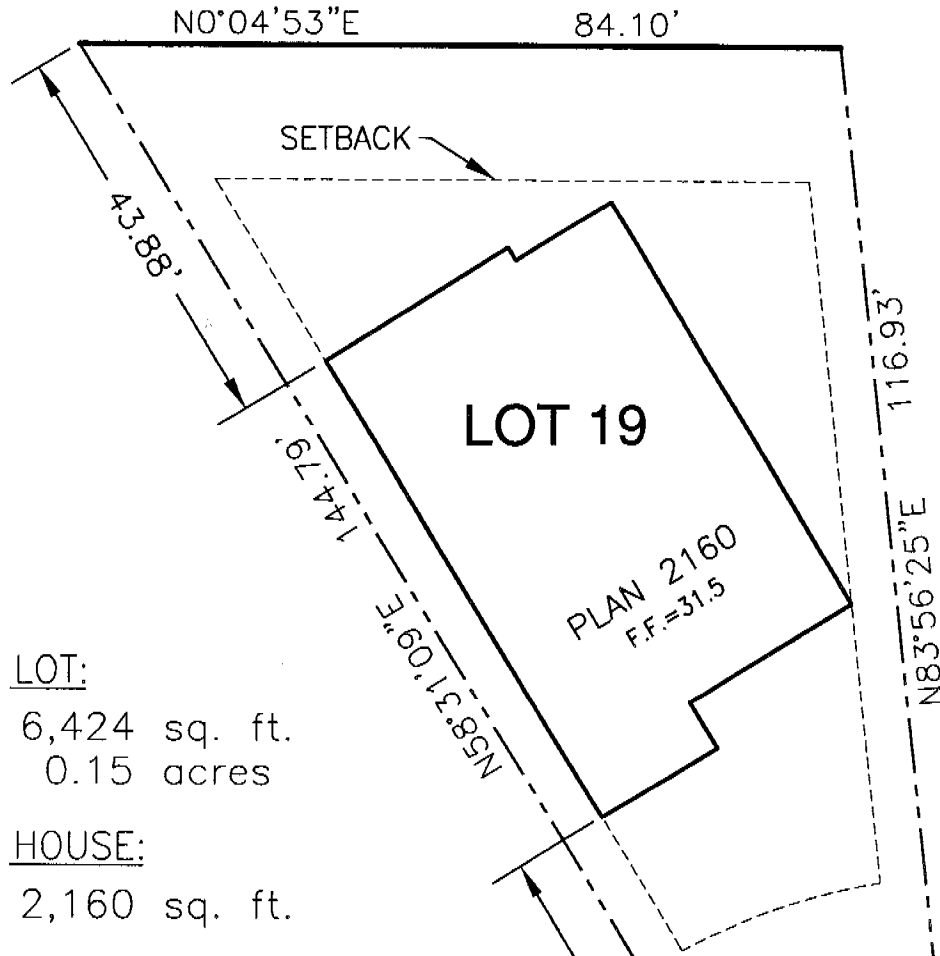
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 9/10/04 Applicant Signature [Signature] - VP

**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.**

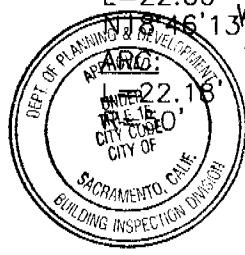
PAID  
CITY OF SACRAMENTO  
SEP 10 2004  
NORTH PERMIT CENTER



LOT:  
 6,424 sq. ft.  
 0.15 acres

HOUSE:  
 2,160 sq. ft.

CHORD:  
 L=22.00'



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 Building Inspection Division.

The approval of this plan and specification SHALL NOT be used to permit or approve the violation of any City Ordinance.

**RADHA DR**

**RADHA DR**

**ROSE'S ENGINEERING**  
 ENGINEERING PLANNING SERVICES  
 9152 ELK GROVE BLVD. ELK GROVE, CA 95624  
 BUS. (916) 686-6446 FAX (916) 685-8900



**ELDER CREEK PARK UNIT 2**  
 PLOT PLAN  
 LOT 19  
 CITY OF SACRAMENTO, CALIFORNIA

DATE:  
 7/13/04  
 SCALE:  
 1"=20'

SHEET  
 1  
 OF  
 1

### CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS						
	MARATHA		LOT # 19		<input checked="" type="checkbox"/> P.O. BOX 85-1, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY FORD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, RENO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEFOS WAY, LAS VEGAS, NV 89118 LIC. #10675				
		SILVER CREEK		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			R-VALUE INSTALLED			R-VALUE INSTALLED		
	APPLIED THICKNESS			APPLIED THICKNESS			APPLIED THICKNESS		
	13			3.5			30		
	19			9"-12"			5.5		
MATERIAL FIBERGLASS			FORM BATTS			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.									
SIGNATURE - INSULATION CONTRACTOR						TITLE		DATE	
Bib.						MANAGER		9/19/05	
SIGNATURE - GENERAL CONTRACTOR						TITLE		DATE	
REMARKS									
PART III CERTIFICATION									

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

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004

Date of Job Completion 4/19/05

Job Address  
MARANTHA - Siders Creek  
2340 Radha Drive  
Corvallis, OR

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

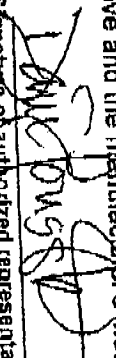
Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as issued by coating manufacturer: \_\_\_\_\_ Applicator # 318

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 of authorized representative  
of plastering contractor



Date 4/16/05

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

FIGURE 3

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> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Lennox	AF80VPA05B40	40	80%	ATTIC	4.2	75,000	69,000

**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> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Lennox	LCPC-036-04		10.6 EER	ATTIC	4.2	36,000	34,000

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

AIR-DYNAMIC, INC  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

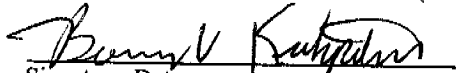
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
State	STATE GS650Y0CTG		N/A		40,000	50	62%	6%	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* or Part 6), where applicable.

  
Signature, Date

Benny's Plumbing  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

**Maranatha Corp.**

Site Address **Elder Creek Park- LOT .....**

Permit Number

**FENESTRATION/GLAZING: PLAN 2160**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> or CF-1R value <sup>2</sup>	Product SHGC <sup>1</sup> or CF-1R value <sup>2</sup>	# of Panels	Total Quantity of Like Product ( <i>Omega</i> )	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. PHILIPS WHITE							
2. VINYL WINDOWS							
3. W/ LOWE2 GLASS							
4.							
5. XO	.35			14	219		
6. SH	.35			7	91		
7. PW	.32			3	30		
8. SGD	.33			1	42		
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.

**9/15/2005**

**Sacramento Building Products**

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