

CITY OF SACRAMENTO  
New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: 0616477  
Insp Area: 2  
Thos Bros: 358-C2

Site Address: 8351 WEST WING DR SAC  
Parcel No: PARUNKN000 CAMERON 5 LOT 5

Sub-Type: NSFR  
Housing (Y/N): N

CONTRACTOR  
CENTEX HOMES  
2527 CAMINO RAMON STE. #250  
SAN RAMON, CA 94583

OWNER  
CENTEX HOMES  
2527 CAMINO RAMON STE. #250  
SAN RAMON, CA 94583

ARCHITECT

Nature of Work: MP 2806 2 STORY 11 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 NIA 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 825943 Date 11/9/06 Contractor Signature Debbi Stowers

**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 11/9/06 Applicant/Agent Signature Debbi Stowers

**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 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 AMERICAN INSUR Policy Number WC8322097-09

(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.

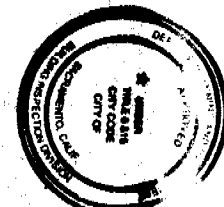
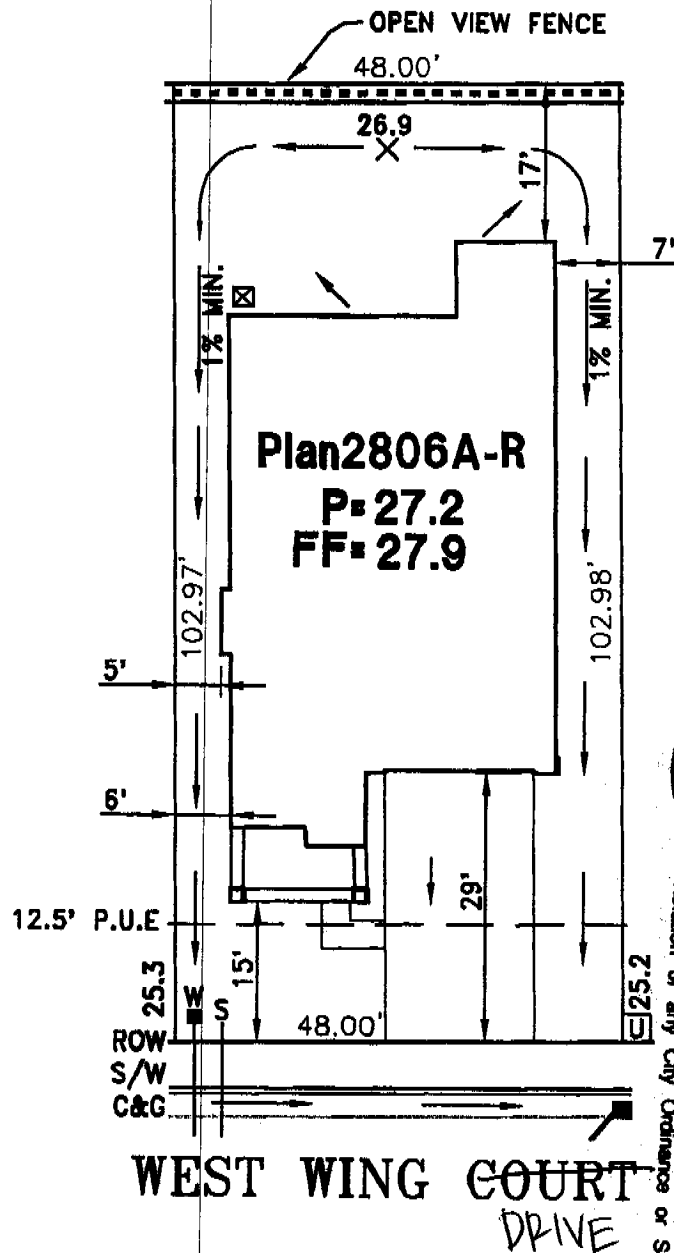
Date 11/9/06 Applicant Signature Debbi Stowers

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.

PAYED  
CITY OF SACRAMENTO  
NOV 07 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

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 WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



This set of plans and specifications must be made 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 held to permit or approve the violation of any City Ordinance or State Law.

**LEGEND**

- ☒ AC UNIT LOCATION
- DRAIN INLET
- S  
|  
W  
■ SEWER SERVICE
- WATER SERVICE
- STREET LIGHT
- ▲ TRANSFORMER
- UTILITY BOX
- STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

**WEST WING COURT DRIVE**

PAID  
CITY OF SACRAMENTO  
NOV 07 2006  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

DRIVEWAY SLOPE: 8.3 %

**CAMERON 5  
CENTEX HOMES  
PLOT PLAN FOR LOT 5**

A.P.N.:  
LOT AREA: 4.942 S.F.  
ADDRESS: 837 WEST WING COURT DRIVE  
SACRAMENTO, CALIFORNIA

**WOOD RODGERS**  
DEVELOPING • INNOVATIVE • DESIGN • SOLUTIONS  
3301 G STREET, BLDG. 100-B, SACRAMENTO, CA 95816  
PHONE: (916) 341-7768 FAX: (916) 341-7767

SEPT 2006	DRAWN: GDM	1213.012
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INSTALLATION CERTIFICATE

CF-GR

8351 West Way Dr.

Complex - Serranada

0616477

Site Address

Permit Number

All installation certificates are 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

Table with columns: Equip. Type (Heat pump), CRC 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), and Plan Reference.

Cooling Equipment

Table with columns: Equip. Type (Heat pump), CRC Certified 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), and Plan Reference.

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-IR) 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.

Handwritten signature and date: Greg Davis 3-29-05

Beutler Corporation

OR General Contractor ( Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with columns: Heater Type, CRC 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 (%), and 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 & Showers 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-IR) 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

8351 West Amy Dr. 0616477  
 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 in the building department (upon request) and the building owner at occupancy, per Section 10-183(b).

**HYAC SYSTEMS:**  
**Heating Equipment**

Equip. Type (pkg. description)	CEC Certified Mfr Name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-IR value	Duct Location (atdc, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkg. description)	CEC Certified Manufacturer Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR value	Duct Location (atdc, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

(1) > equals 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-IR) 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 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 #	Disturbance Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(1) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(1) Efficiency (EF, RE)	(1) Standby Loss (%)	External Insulation R-value
GAS	BRADCOAST 50 M-1-SDSLFRN		N/A	N/A	40,000	50	0.67	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.  
 (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 (by signature) is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-IR) 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 Part 6), where applicable.

Signature, Date \_\_\_\_\_  
 BZ Plumbing Co., Inc.  
 Installing Subcontractor (Co. Name)  
 OR General Contractor (Co. Name) OR Owner \_\_\_\_\_

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

Center Homes - Serenade

Site Address  
8351 West Wing Dr.  
FENESTRATION/GLAZING:

Plan 2806

Permit Number  
0616477

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, sliding)	Manufactured Products Labeled U-value (≤ CF-1R value)*	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
			# of Panels	Default U-Value*			
1. <u>6830</u>	<u>SH</u>	<u>.21</u>				<u>22.5</u>	
2. <u>6830</u>	<u>HV</u>	<u>.25</u>				<u>213</u>	
3. <u>5631</u>	<u>SD</u>	<u>.24</u>				<u>40</u>	
4. <u>6830</u>	<u>PW</u>	<u>.22</u>				<u>24</u>	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

\* Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 5), where applicable.

4  
Item #s  
(if applicable)

Samuel Lopez 7/1/05  
Signature, Date

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

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Item #s  
(if applicable)

Signature, Date

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

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Item #s  
(if applicable)

Signature, Date

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

COPY TO: Building Department  
Building Owner at Occupancy

Compliance Forms

July 1, 2005

# CERTIFICATION OF INSULATION

Centex Homes Serenade  LOT # 2405  Elk Grove CA		<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			
WALLS		CEILING		FLOORS	
( SQUARE FEET)		( SQUARE FEET)		( SQUARE FEET)	
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
R-VALUE		APPLIED THICKNESS		APPLIED THICKNESS	
R-13/R-15		3 1/2 / 5 1/2		3 3/8	
APPLIED THICKNESS		R-VALUE		APPLIED THICKNESS	
12"		1 1/4		1 3/4	
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		MANUFACTURER	
R VALUE		CT		OC	
MATERIAL <b>Foam</b>		MANUFACTURER <b>HILTI</b>		MANUFACTURER <b>HANDY FOAM</b>	
SIGNATURE — INSULATION CONTRACTOR <i>Jc</i>		TITLE <b>MANAGER</b>		DATE <b>2-8-7</b>	
SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE	
REMARKS					