

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0604809  
Insp Area: 2  
Thos Bros: 317A3

Site Address: 5031 KARBET WY SAC  
Parcel No: KARBET HOMES LOT # 4 Housing (Y/N):

Sub-Type: N1/2PLEX  
N

CONTRACTOR

OWNER

ARCHITECT

0604809

Nature of Work: NEW HALF/PLEX PLAN 2/2 story 8 rooms

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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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 3 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 5/31/06 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 5/31/06 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.

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 \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 5/31/06 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

CITY OF SACRAMENTO  
CALIFORNIA

Building Division


Downtown Permits Center  
1231 I Street, #200  
Sacramento, CA 95814-2998

North Permits Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

ADDRESS 5037 KAY

PERMIT NO. 0604809

INSPECTION COMMENTS	PERMIT DOCUMENTS
6/7/06 5:00 PM AP SLS # Helmer Petzsch	
7" ABS Sewer OK Cover	
8-13-06 AP 8-13 OK	
6-23-06 AP 8-13 OK	
7-6-06 AP 8-13 OK	
7-17-06 AP 8-13 OK	
7-27-06 AP 8-13 OK	
7-31-06 AP 8-13 OK	
8-1-06 AP 8-13 OK	
8-9-06 AP 8-13 OK	
8-25-06 AP 8-13 OK	
8-25-06 AP 8-13 OK	
8-30-06 AP 8-13 OK	
9/5/06 AP 8-13 OK	
10-11-06 AP 8-13 OK	

FINAL APPROVALS	
BUILDING	 1/10/07
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

# CERTIFICATION OF INSULATION

PART I GENERAL	Karbet Homes      LOT # 4'		<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			
	5001 Karbet way		DATE INSULATION COMPLETED			
PART II AREAS INSULATED	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 INSTALLED		R - VALUE INSTALLED		R - VALUE INSTALLED	
	APPLIED THICKNESS		APPLIED THICKNESS		APPLIED THICKNESS	
	R-13/R-19	3 1/2" / 5 1/2"	R-38	14 3/4"		
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>	R VALUE	MANUFACTURER		
				CT	OC	JM
MATERIAL			MANUFACTURER			
			<b>HILTI</b>	<b>HANDY FOAM</b>		
THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND MANUFACTURER'S INSTRUCTIONS.						
SIGNATURE — INSULATION CONTRACTOR			TITLE	DATE		
			<b>MANAGER</b>	<b>9/13/06</b>		
SIGNATURE — GENERAL CONTRACTOR			TITLE	DATE		
REMARKS						

# INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

Site Address: 5031 KARBET WAY Permit Number: 604809

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).

## 1. HVAC SYSTEMS:

**Heating Equipment**

Equip. Type (Eq. list name)	CDC Certified Mfg Name and Model Number	# of Installed Systems	Efficiency (AFUE, etc.)	Duct Location (Indic. etc.)	Duct Sizing (Indic.)	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
SP11	FURNACE TRAYONAL	1	93.1	ATTIC	3-6	20,000	16,000

**Cooling Equipment**

Equip. Type (Eq. list name)	CDC Certified Manufacturer Unit Mfg Name and Model Number	# of Installed Systems	Efficiency (SEER, etc.)	Duct Location (Indic. etc.)	Duct Sizing (Indic.)	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SP11	FURNACE TRAYONAL	1	12	ATTIC	3-6	23,700	24,300

1, 2 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

## 2. WATER HEATING SYSTEMS:

Name/Type	CDC Certified Mfg Name & Model Number	Efficiency Type (Eq. list name)	# Recirculated, Control Type	# of Installed Systems	Rated Input (BTU/hr)	Tank Volume (gallons)	Efficiency (EF, EFC)	Monthly Loss (G)	External Insulation R-value

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and tank pump water heaters, list Energy Factor.  
 For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Monthly Loss and Rated Input.  
 For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.  
 3 B-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.55.

**Faucets & Shower Stands**  
 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 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

January 4, 2001

Paul Jim

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

CF-6R

Site Address

5031 KARBET WAY

Permit Number

0604809

**FENESTRATION/GLAZING:**

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 Pans	Total Quantity of Like Product (Options)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <i>AmSCO SH</i>	<i>.33</i>	<i>.29</i>	<i>2</i>				<i>low E<sup>2</sup></i>
2. <i>XO</i>	<i>.33</i>	<i>.29</i>	<i>2</i>				
3. <i>PW</i>	<i>.31</i>	<i>.29</i>	<i>2</i>				
4. <i>PA</i>	<i>.32</i>	<i>.29</i>	<i>2</i>				
5.							
6.							
7.							
8.							
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.

Item #s (if applicable)	Signature, Date <i>[Signature]</i> <i>12/22/06</i>	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

*E<sub>2</sub>*

**INSTALLATION CERTIFICATE**

(page 1 of 4)

CF-6R

Site Address 5031 KARBET WAY Permit Number 0604809

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 name)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (CF-1R value)	Duct Location (atls, 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 (atls, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  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 (Std. Point-of-Use)	IF Recirculation Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Task Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value
<u>GPS</u>	<u>RHEEM 41VRS0N</u>	<u>STD</u>	<u>N/A</u>	<u>1</u>	<u>40000</u>	<u>50</u>	<u>.62</u>	<u>N/A</u>	<u>N/A</u>

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, Hot Energy Factor.  
 For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), Hot Recovery Efficiency, Standby Loss and Rated Input.  
 For instantaneous gas water heaters, Hot 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 CP-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