

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0604279

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 18 NEW GRAFTON CT SAC

Parcel No: JMA NORTH NATOMAS VILLAGE 2 LOT 113

OWNER CITY OF SACRAMENTO

APR 05 2006

CONTRACTOR

REYNEN AND BARDIS COMMUNITIES
9856 BUSINESS PARK DRIVE
SUITE A 95827

ARCHITECT

Nature of Work: MP2724 2 STORY 10 ROOMS SFR NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 790351 Date 4-5-06 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 _____

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 4-5-06 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 _____ Policy Number _____ Exp Date _____

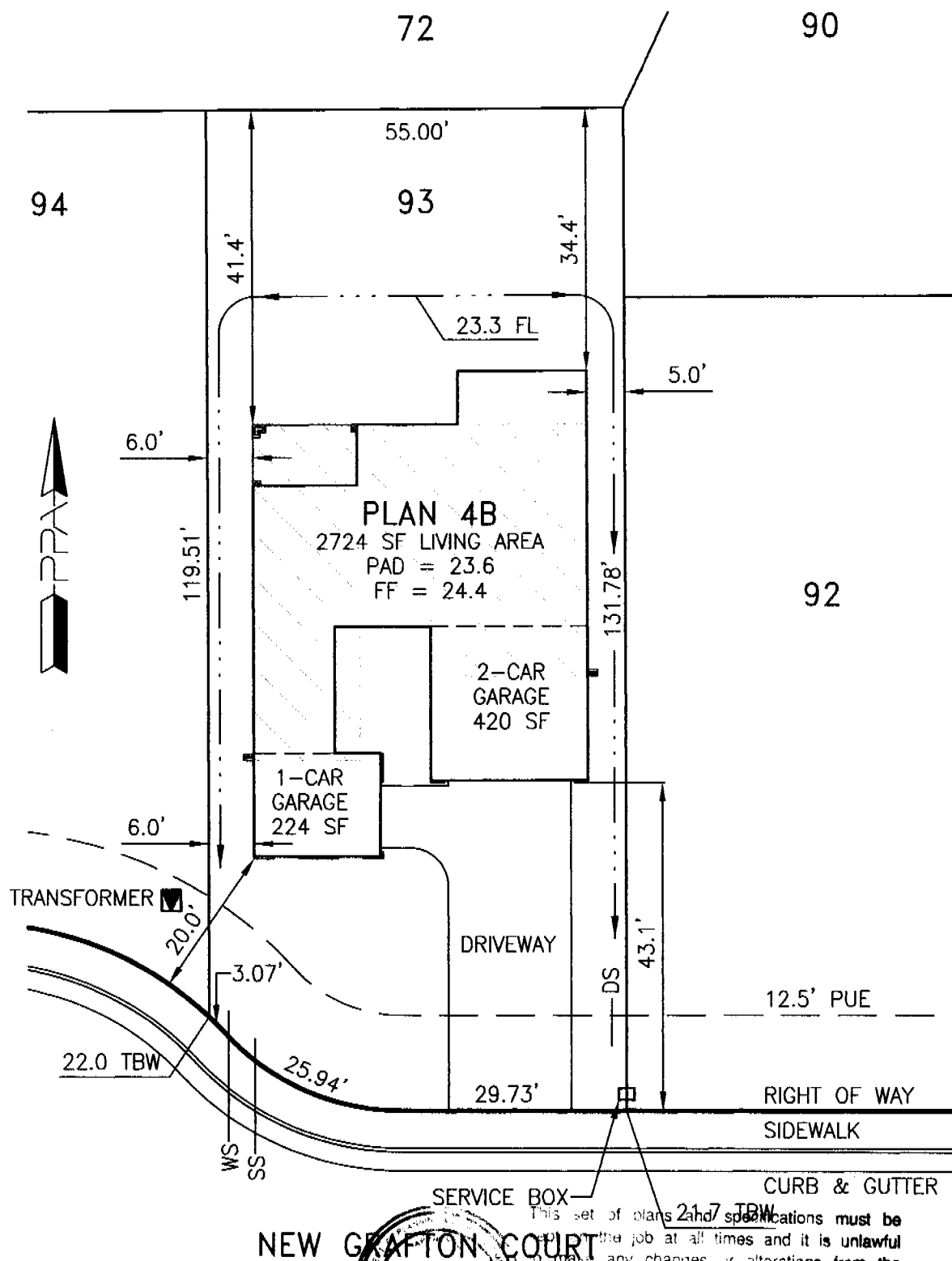
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 4-5-06 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.

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.



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

Approved By:	Reynen & Bardis Rep.	Date
Revision	Approved By	Date
▲		
▲		

LOT AREA: 7152 SF
 ALLOWED LOT COVERAGE: N/A
 ACTUAL LOT COVERAGE: 2174 SF = 30.4%
 REAR YARD AREA: 2120 SF
 NUMBER OF BEDROOMS:

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

Plot Plan for **JMA Village 2** PPA Job #013008
 18 New Grafton Court, Sacramento, California 95835 **Lot 93**
 APN

Reynen & Bardis Communities
 10630 Mather Boulevard, Sacramento, California 95655 Phone (916) 366-3665 Fax (916) 369-0971

Plot Plan Associates www.plotplans.org Date Drawn: 03/14/06 Scale: 1"=20'
 PO Box 435, Citrus Heights, CA 95611-0435 (916) 769-9063 Date Revised: - Drawn By: SRM

D:\013008\Plotplans\JMA2_093.dwg

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO REPORT #4004

Builder: Reynen & Bardis
Location: Romanesque, Natomas, CA
Date of Job Completion: December 2006
Lot Number: 93

18 - New GRAFTON CT. 0604279

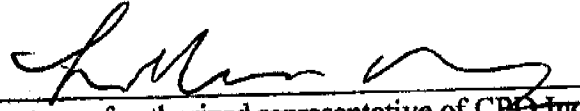
PLASTERING CONTRACTOR:

Cornerstone Plaster Development, Inc. (CPD Inc.)
7309 Roseville Rd. Unit #1
Sacramento, CA 95842
Phone (916) 332-2626 Fax: (916) 332-4844

Contractor Number of Diamond Wall System: 5135

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.

1/18/07
Date


Signature of authorized representative of CPD Inc.

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

INSTALLATION CERTIFICATE

CF-6R

18 New Granton Ct Reynen & Bardis - Romanesque Collection
 Site Address

0604279
 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 #	# 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	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	34,638	90,000	Plan 1 (1906)
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	45,329	90,000	Plan 2 (2191)
Furnace	Lennox G40UH48B-090	1	0.80	Attic	R-4.2	47,410	90,000	Plan 3 (2614)
Furnace	Lennox G40UH60C-110	1	0.80	Attic	R-4.2	52,618	110,000	Plan 4 (2724)
Furnace	Lennox G40UH60C-110	1	0.80	Attic	R-4.2	60,253	110,000	Plan 5 (2951)

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	Lennox 13ACC036 *	1	13.0	Attic	R-4.2	22,908	32,200	Plan 1 (1906)
Condenser	Lennox 13ACC042 *	1	13.0	Attic	R-4.2	27,750	35,300	Plan 2 (2191)
Condenser	Lennox 13ACC042 *	1	13.0	Attic	R-4.2	30,136	35,300	Plan 3 (2614)
Condenser	Lennox 13ACC048 *	1	13.0	Attic	R-4.2	33,558	43,700	Plan 4 (2724)
Condenser	Lennox 13ACC048 *	1	13.0	Attic	R-4.2	38,422	54,000	Plan 5 (2951)

*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.

Greg Guss 1-10-06
 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)

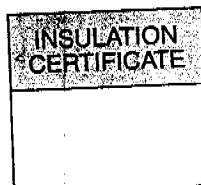
OR General Contractor (Co. Name) OR Owner

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

Permit # 0604279



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Reynen @ Bardis. LOT # 93 TRACT # Romanesque
STREET 18 New Grafton CT CITY Sac.

EXTERIOR WALLS:

MANUFACTURER F/G THICKNESS/TYPE 3 5/8 R- 13/14
VALUE 1615 105 PER 59 FT

CEILINGS:

BATTS: MANUFACTURER CT THICKNESS/TYPE 12 R- 38
BLOWN IN: MANUFACTURER INSUL JV THICKNESS 14 3/4 R- 38
VALUE 22

SQUARE FOOTAGE COVERED 1001 NUMBER OF BAGS USED

FLOORS: MANUFACTURER THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION INCHES R- VALUE

FOUNDATION WALLS: MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING
CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201 DATE 1/12/07

Otilio A. Installer
SIGNATURE TITLE

INSTALLATION CERTIFICATE

CF-6R

18 New Graded

0604279
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 Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥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.) ¹ [≥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

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ³ (EF, RE)	Standby ³ Loss (%)	Exterior Insulation R-value ³
GAS	M440T6FBN-3				40,000	40	62		16
GAS	M440T6FBN-3				40,000	50	62		16
GAS	M2XR7566N				16,000	15	80%		1.8

- 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.
- R-12 exterior 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] 9-1-06
Signature, Date

WILMOR & SONS PLUMBING
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS 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) 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(a).

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)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	6116-HV	.35	.30	2		210		
2.	6216-SH	.35	.30	2		129		
3.	6340-RW	.33	.33	2		125		
4.	5211-SGD	.34	.29	2		68		
5.	5521-Casmt	.33	.28	2		21		
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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. If using default table SHGC values from §116 identify whether tinted or not.

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.

5 Jeff W 1-24-07
 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 Rater (if applicable)
 Building Owner at Occupancy

CERTIFICATE OF FIELD VERIFICATION DIAGNOSTIC TESTING

CF-4R

Project Address 18 New Grafton Court, 93 @ Artisan 45		Builder Name Reynen & Bardis Development Company
Builder Contact Drew Thomas	Telephone (916) 285-0961	Plan Number 2/2191
HERS Rater Edson Watson	Telephone (209) 538-2879	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature <i>[Signature]</i>	Date 1.30.07	Sample House Number
Firm California Living and Energy	HERS Provider CalCERTS	
Street Address: 3015 Dale Ct.	City/State/Zip: Ceres, CA 95307	

Copies to BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was: Tested Approved as part of sample testing, but was not tested (H. & J. only)

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct taped is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e. does not use building cavities as plenums or platform returns in lieu of duct)
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT Passed
Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:		Measured Values	
1	Duct Pressurization Test Results (CFM @ 25 Pa) Enter Tested Leakage Flow in CFM	107 /	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling: <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured Enter Total Fan Flow in CFM:	1909 BTU /	
3	Pass if Leakage Percentage <= 5.9%	5.6 /	

Pass Fail

SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT

<input type="checkbox"/> Yes <input type="checkbox"/> No	Ducts are located within the conditioned volume of building.	Yes to this compliance credit is a pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
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Duct system design verification is required for a compliance credit for the following:

1. Supply duct surface area reduction
2. Buried supply ducts on the ceiling
3. Deeply buried supply ducts

DUCT SYSTEM DESIGN VERIFICATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate airflow verified
<input type="checkbox"/> Yes <input type="checkbox"/> No	The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2
<input type="checkbox"/> Yes <input type="checkbox"/> No	The duct system design plan exists on building plans
<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct sizes, duct system layout and locations of supply and return registers match the duct system design plan

Yes to all is a pass Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	Yes is a pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
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