

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0601860

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3000 SPOONWOOD WY SAC

Parcel No: RIVERDALE NORTH VILLAGE 1 LOT #159

CONTRACTOR
BEAZER HOMES
3721 DOUGLAS BL. STE. 100
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 1522 1 STORY 7 RM 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 724191 Date 2/23/06 Contractor Signature N. Collins

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 _____

CITY OF SACRAMENTO
FEB 27 2006

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 2/23/06 Applicant/Agent Signature N. Collins

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:

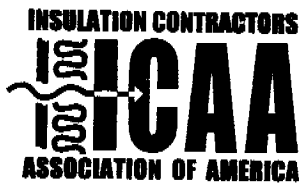
Carrier LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

____ (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 2/23/06 Applicant Signature N. Collins

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.



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



0601860

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:

BEAZER Home LOT # 159 TRACT # ~~3000~~ THE LANDINGS
STREET 3000 Spawwood W. CITY NADAVAS

EXTERIOR WALLS:

MANUFACTURER FG THICKNESS/TYPE 3 1/2 R-VALUE 13/15

CEILINGS:

BATTS: MANUFACTURER FG THICKNESS/TYPE 10 R-VALUE 30

BLOWN IN: MANUFACTURER CR MINIMUM THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1402 NUMBER OF BAGS USED 25

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____

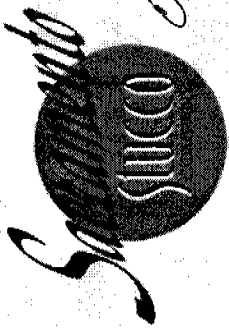
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

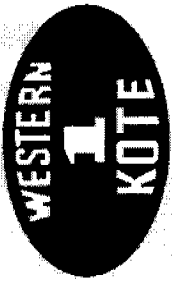
INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING
CALIFORNIA CONTRACTORS LICENSE #815286
NEVADA CONTRACTORS LICENSE #0055201

DATE 5-12-06

A. Gordon SIGNATURE INSULATION TITLE



INSTALLATION CARD



Western 1 Kote Exterior Stucco System
Sacramento Stucco Company

0 601 860
3000 Spoonwood

Job Address

BEAZER HOMES

THE LANDING AT RIVERDALE

LOT: 159

ICC Evaluation Services, Inc.
Evaluation Report ESR-1607

Date of Job Completion: April 23, 2006

Plastering Contractor

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO CA 95826

Telephone No.: PHONE: (916) 383-6699 FAX: (916) 383-6668

Approved contractor number as issued by coating manufacturer: 511

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 or plastering contractor

April 27, 2006

Date

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

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

0601860 lot 1159

Project Title: <u>Landing @ Riverdale North</u>	Date: <u>5-17-06</u>
Project Address: <u>3000 Spoonwood way Sacramento</u>	Builder Name: <u>Beazer</u>
Job #: _____	Plan Number: <u>Plan-1522</u>
Builder Contact: <u>Chris Perez</u>	Sample Group Number: _____
HERS Rater: <u>Chris Perez</u>	Sample House Number: _____
Certifying Signature: _____	Date: _____
Firm: <u>ACS</u>	HERS Provider: _____
Street Address: <u>9524 mosquito rd</u>	City/State/Zip: <u>Placerville CA 95667</u>
Copies to: <u>Builder, HERS Provider</u>	

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 59

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.9%

Check Box for Pass or Fail (Pass = 6% or less

Pass Fail

*NO work
Order*

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.
Measured Fan Flow = _____

Pass Fail

Yes for both 1 and 2 is a Pass

Job

0601860

Beazer/Landing

INSTALLATION CERTIFICATE

(Page 3 of 8)

CF-6R

Lot # 159 Plan # 1522 3000 Spoonwood Sacramento, Ca.

Site Address

Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 59

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 998 fan

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 5.9%

Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed: Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

JD
Tests Performed

[Signature] 5/17/06
Signature, Date

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

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

3000 Spoon
 Lot 1159 0601860
INSTALLATION CERTIFICATE

1522 plan A, B, C ELE

Site Address

Permit Number


WENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. XO	.35	.32	2				
2. PW	.33	.31	2				
3. SH	.35	.32	2				
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

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.

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)	1-17-06	 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

INSTALLATION CERTIFICATE LANDING @ RIVERDALE NORTH CF-6R
 LOT - ALL Beazer Homes - LINCOLN VILLAGE

Site Address LANDING @ RIVERDALE NORTH 40X90 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	YORK #LY8S040A12	1	80%	ATTIC	R-4.2	22,690	40,000	PLAN 964
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	23,954	60,000	PLAN 1120
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	26,943	60,000	PLAN 1283
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	28,611	60,000	PLAN 1448
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	28,620	60,000	PLAN 1522
FURNACE	YORK #LY8S060A12	1	80%	ATTIC	R-4.2	33,016	60,000	PLAN 1871

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)	
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	15,211	20,800	PLAN 964
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	15,026	20,800	PLAN 1120
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	17,140	20,800	PLAN 1283
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	17,734	20,800	PLAN 1448
A/C	YORK #H1RD024	1	13.0	ATTIC	R-4.2	18,587	20,800	PLAN 1522
A/C	YORK #H1RD030	1	13.0	ATTIC	R-4.2	22,363	26,900	PLAN 1871

* = TXV valve installed with coil

PLAN 1871

(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 _____
 BEUTLER CORPORATION
 Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	(1) 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

Lot 1159

0601860

INSTALLATION CERTIFICATE

(Page 1 of 12)

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). 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).

WATER HEATING SYSTEMS:

Heater Type	CCC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) ¹	Tank Volume (gallons)	Efficiency (EF, RE) ²	Standby Loss (%) ³	Insulation R-value ²
GAS	A.O. Smith GVE-50TM	Std.	N/A	N/A	40,000	50	.62	N/A	N/A

- 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 (EF). For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Thermal Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Kitchen Piping:

If indicated on the CF-1R, all hot water piping $\geq 3/4$ inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

Faucets & Shower Heads:

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

Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)

- All hot water piping in main circulating loop is insulated to requirements of §150(j)
- Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

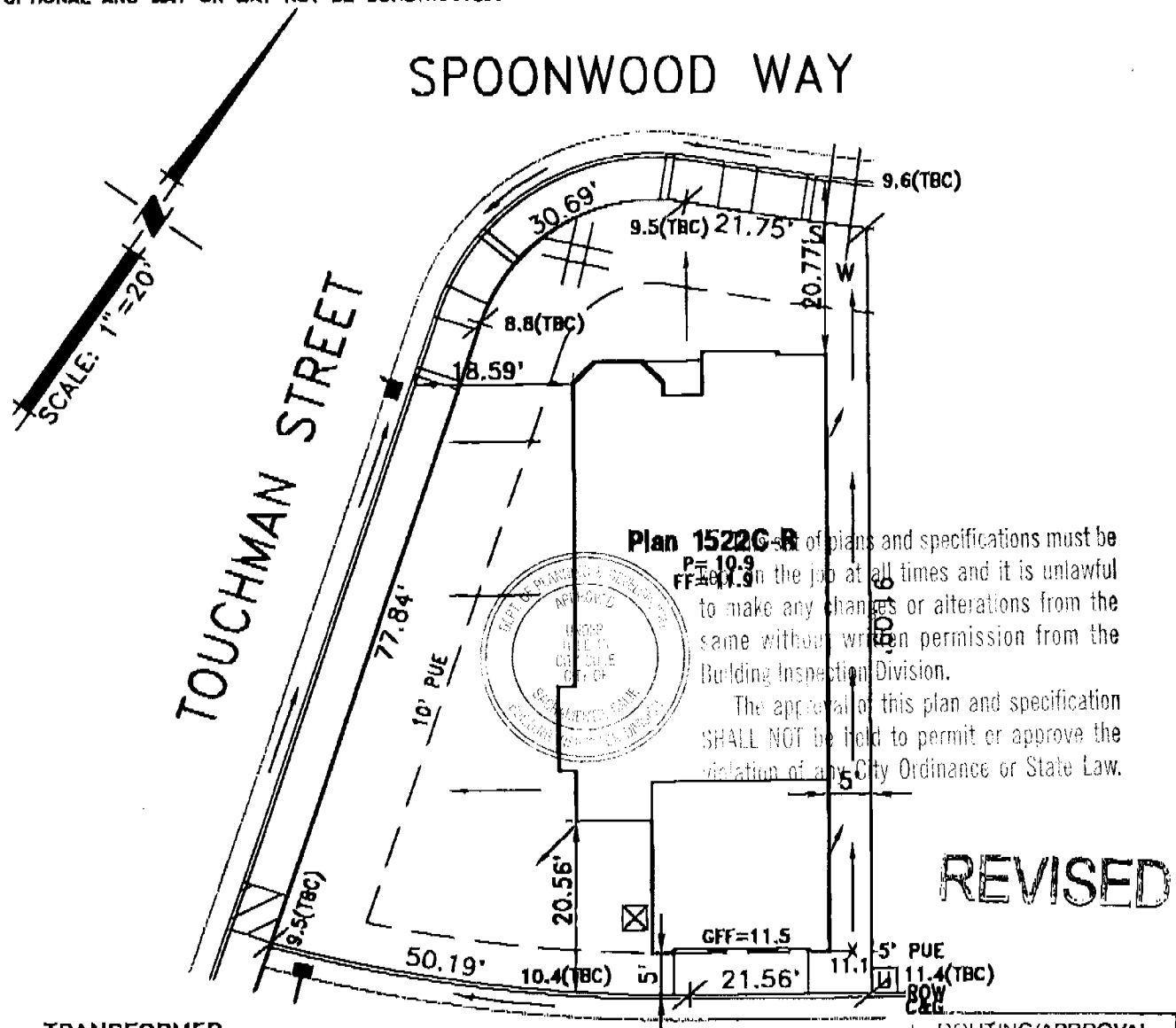
I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Tom Brown
Signature, Date

BZ Plumbing Co., Inc.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

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.



- ▲ - TRANSFORMER
- - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- SL - SERVICE POINT
- ⊙ - FIRE HYDRANT
- GFF= GARAGE FINISHED FLOOR

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

ROUTING/APPROVAL		INITIALS
Prepared	<input checked="" type="checkbox"/>	
Checked	<input type="checkbox"/>	
Reviewed	<input type="checkbox"/>	
Approved	<input checked="" type="checkbox"/>	RS
	<input type="checkbox"/>	
	<input type="checkbox"/>	

RIVERDALE VILLAGE 1
"THE LANDING" FOR BEAZER HOMES
PLOT PLAN FOR LOT 159

A.P.N.:	WOOD RODGERS ENGINEERING - PLANNING - MAPPING - SURVEYING 2301 D STREET, BLDG. 100-B, SACRAMENTO, CA 95816 PHONE: (916) 341-7767 FAX: (916) 341-7767	12-15-05	DRAWN: GDM	1055.030
LOT AREA: 5212 S.F.				
ADDRESS:				
CITY OF SACRAMENTO, CALIFORNIA				

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