

0412956

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME <u>Sun Meadow 136, LLC</u>	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>Sun Meadow Drive 7521</u>	Company NAIC Number
CITY <u>Sacramento</u>	STATE <u>CA</u>
	ZIP CODE <u>95832</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN 119-0220-062 Sun Meadow Lot No. 112</u>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
<u>38° 28.717' N 121° 27.25' W</u>	SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Sacramento</u>	B2. COUNTY NAME <u>Sacramento</u>	B3. STATE <u>CA</u>
B4. MAP AND PANEL NUMBER <u>0602 66 0030</u>	B5. SUFFIX	B6. FIRM INDEX DATE <u>July 6, 1998</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <u>AH</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>17.1</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date:

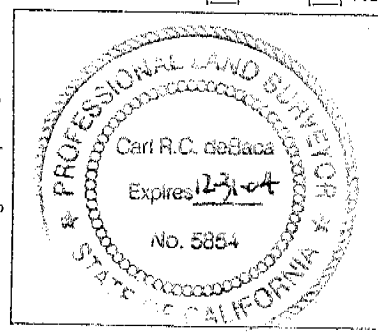
**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number A (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3 a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum NGVD 29 Conversion/Comments  
 Elevation reference mark used C.O.S. 337-G3D Does the elevation reference mark used appear on the FIRM?  Yes  No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>18.29</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	_____ ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	_____ sq. in. (sq. cm)



**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Carl R. C. de Baca LICENSE NUMBER LS. 5854

TITLE Survey Manager-Sacramento COMPANY NAME Nolte Associates, Inc.

ADDRESS 1750 Creekside Oaks Drive CITY Sacramento STATE CA ZIP CODE 95833

SIGNATURE [Signature] DATE 12-01-04 TELEPHONE 916-641-1500

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use
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BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>Sun Meadow Drive</u>		Company/NAIC Number	
CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95832</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN 119-0220-062 Sun Meadow Lot No. 112</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
<u>38°28.717'N 121°27.25'W</u>		<input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Sacramento</u>		B2. COUNTY NAME <u>Sacramento</u>		B3. STATE <u>CA</u>	
B4. MAP AND PANEL NUMBER <u>0602 66 0030</u>	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>July 6, 1998</u>	B8. FLOOD ZONE(S) <u>AH</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>17.1</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date:					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>A</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum <u>NGVD 29</u> Conversion/Comments Elevation reference mark used <u>C.O.S. 337-G3D</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) _____ ft.(m) <input type="checkbox"/> b) Top of next higher floor _____ ft.(m) <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m) <input type="checkbox"/> d) Attached garage (top of slab) _____ ft.(m) <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m) <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ ft.(m) <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) _____ ft.(m) <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)	License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
CERTIFIER'S NAME <u>Carl R. C. de Baca</u>	LICENSE NUMBER <u>I.S. 5854</u>		
TITLE <u>Survey Manager-Sacramento</u>	COMPANY NAME <u>Nolte Associates, Inc.</u>		
ADDRESS <u>1750 Creekside Oaks Drive</u>	CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95833</u>
SIGNATURE	DATE	TELEPHONE <u>916-641-1500</u>	



**INSULATION CONTRACTORS  
ASSOCIATION  
OF AMERICA**

**41544**

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

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

New Jaze LOT # 112 TRACT # 4000011

STREET 7501 Sunbelt Blvd Ln CITY ALEXANDRIA

**EXTERIOR WALLS:**

MANUFACTURER LG THICKNESS/TYPE 3/4" R- VALUE 13

**CEILING:**

BATTS: MANUFACTURER W THICKNESS/TYPE 1" R- VALUE 38

BLOWN IN: MANUFACTURER Insulation MINIMUM THICKNESS 1 1/4" R- VALUE 38

SQUARE FOOTAGE COVERED 1227 NUMBER OF BAGS USED 28

FLOORS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

SLAB ON GRADE: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

WIDTH OF INSULATION \_\_\_\_\_ INCHES

FOUNDATION WALLS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE 1/1/11

INSULATION CONTRACTOR **ARCADE INSULATION** \_\_\_\_\_ DATE 3/15/11

CALIFORNIA CONTRACTORS LICENSE #815286 \_\_\_\_\_

NEVADA CONTRACTORS LICENSE #55201 \_\_\_\_\_

SIGNATURE [Signature] TITLE \_\_\_\_\_

# INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Site Address New Faze Sun Meadows Permit Number All Plans

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> (2CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Attn: Christian

**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> (2CF-1R value)	Duct Location (attic, 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 Central Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (SF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
Gas	Rheem 42VR40-40F STD	N/A	N/A	1	40,000	40	.62		R-20

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.

**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 CF-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 \_\_\_\_\_

J.R. Pierce Plumbing Co.

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

CF-6R

Lot 112

**New Faze Development: Sun Meadows**

Site Address **7521 Sun Willow Lane**

Permit Number **0412956**

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 #P4HUA12L03201	1	0.80	Attic	R-4.2	22,357	40,000	Plan 1
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	25,101	40,000	Plan 2
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	26,742	40,000	Plan 3
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	28,719	40,000	Plan 4
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	27,445	40,000	Plan 5

**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	YORK #H*RC024	1	12.0	Attic	R-4.2	16,285	21,100	Plan 1
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	18,184	21,100	Plan 2
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	18,676	21,100	Plan 3
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	19,195	21,100	Plan 4
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	20,158	21,100	Plan 5

(1) ≥ reads greater than or equal to. \* = Thermal Expansion Valve  
 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]* 11-13-04  
 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)	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]* 11/23/04  
 Signature, Date

**New Faze Dev.**  
 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 NEW FAZE DEVELOPMENT INC. Permit Number \_\_\_\_\_

FENESTRATION/GLAZING: SUN MEADOWS RETIREMENT PLAN 4C  
ALSIDE-ALPINE SACRAMENTO, CA LOT 112  
7000 SERIES WINDOWS

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 Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. _____							<u>LOW-E GLASS</u>
2. <u>SLIDERS</u>	<u>.35</u>	<u>.72</u>	<u>2</u>		<u>88</u>		
3. _____							
4. <u>SINGLE HUNGS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>37</u>		
5. _____							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>0</u>		
7. _____							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.34</u>	<u>2</u>		<u>78</u>		
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.

2, 4, 6, 8 Item #s (if applicable) \_\_\_\_\_ Signature, Date \_\_\_\_\_ 9/14 Y.T. GLASS & WINDOWS INC.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor  
3200 DWIGHT RD STE 400  
ELK GROVE, CA 95758-6461

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

LOT 112

INSTALLATION CARD  
WESTERN I-KOTE  
Sacramento Stucco Company, Inc.

Job Address

7531 SUN WILLOW

ICBO Evaluation Service, Inc.  
Evaluation Report ER-3899

Date of Job Completion 4/14

Plastering Contractor

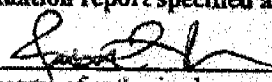
Name: Rick H. Hitch Plastering, Inc.

Address: PO Box 1391, North Highlands, CA 95660

Telephone Number: (916) 334-3591

Approved contractor number as issued by coating manufacturer: 243

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

4/14  
Date

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