

0412981

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:
BUILDING OWNER'S NAME <u>Sun Meadow 136, LLC</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>Sun Meadow Drive 7515</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. 113</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	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	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.
 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)

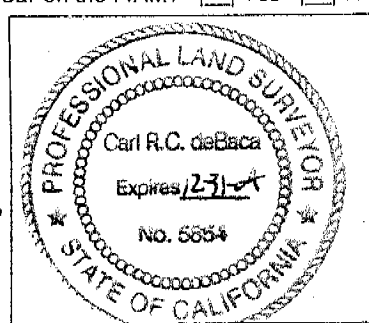
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

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

a) Top of bottom floor (including basement or enclosure) 18 ft. (m)
 b) Top of next higher floor _____ ft. (m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft. (m)
 d) Attached garage (top of slab) _____ ft. (m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft. (m)
 f) Lowest adjacent (finished) grade (LAG) _____ ft. (m)
 g) Highest adjacent (finished) grade (HAG) _____ ft. (m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 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 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 Carl R. C. de Baca 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

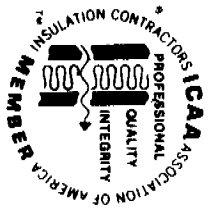
Important: Read the instructions on pages 1 - 7.

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. 113</u>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####") <u>38°28.717'N 121°27.25'W</u>		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
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	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>LS. 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**

INSULATION
CERTIFICATE
41384

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:

McLellan Drive LOT # *115* TRACT # *San Antonio*

STREET *2515 San Whittier* CITY *San Antonio*

EXTERIOR WALLS: MANUFACTURER _____ THICKNESS/TYPE *5/8* R- VALUE *15*

CEILING: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

BATTS: MANUFACTURER *FG* THICKNESS/TYPE *12* R- VALUE *34*

BLOWN IN: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

MANUFACTURER *FG* THICKNESS/TYPE *1 1/2* R- VALUE *38*

SQUARE FOOTAGE COVERED *772* NUMBER OF BAGS USED *18*

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 _____

INSULATION CONTRACTOR **ARCADE INSULATION** CALIFORNIA CONTRACTORS LICENSE #815286 NEVADA CONTRACTORS LICENSE #55201

A. Garcia SIGNATURE *Trimmer* TITLE DATE *3/18/05*

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Site Address New Faze Sun Meadows Permite 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:

Att: Christian

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) 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Eff. ciency ² (EF, RE)	Standby ¹ 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

Site Address **NEW FAZE DEVELOPMENT INC.** Permit Number _____
FENESTRATION/GLAZING: **SUN MEADOWS RETIREMENT PLAN 8 C**
ALSIDE-ALPINE SACRAMENTO, CA
7000 SERIES WINDOWS Total Quantity of Like Product (On/Off) **113**

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 (On/Off)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. _____							LOW-E GLASS
2. SLIDERS	.35	.32	2		103		
3. _____							
4. SINGLE HUNGs	.35	.32	2		56		
5. _____							
6. PICTURE WINDOWS	.34	.35	2		8		
7. _____							
8. PATIO DOORS	.35	.34	2		6		
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.

2, 4, 6, 8
 Item #s
 (if applicable)

Signature, Date

Y.T. GLASS & WINDOWS INC.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor
 SACRAMENTO, CA 95738-8481

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 113

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

Job Address

7515 SUN WILLOW

ICBO Evaluation Service, Inc.
Evaluation Report ER-3899

Date of Job Completion 4/19

Plastering Contractor

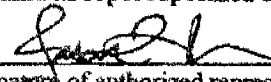
Name: Rick H. Hitch Plastering, Inc.

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

4/19
Date

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

New Faze: Sun Meadows

Site Address 7515 Sun Willow Lane

Permit Number

0412981

Lot 113

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

Table with 8 columns: 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). Rows include Furnace units for Plan 6, 7, and 8.

Cooling Equipment

Table with 8 columns: 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). Rows include Condenser units for Plan 6, 7, and 8.

* = TXV valve installed w/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.

Handwritten signature and date 0-24-04

Beutler Corporation

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

WATER HEATING SYSTEMS:

Table with 10 columns: 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.

Handwritten signature and date 11/23/04

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