

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0513580
Insp Area: 3
Thos Bros: 318A5

Site Address: 5525 37TH AV SAC
Parcel No: 027-0173-018

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
OWNER BUILDER

OWNER
MARCO A CHAVEZ/ ELDEMIRA CHAVEZ
5525 37TH AV
SACRAMENTO, CA 95824

ARCHITECT

Nature of Work: T/O/ RESHEATH/ REROOF 1 STRY DETACHED SFD AND U-1 W/ 30 YR DIM LAM COMP/ 14 SQS

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 C000005935 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 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);

AA 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 09/06/05 Owner Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 09/06/05 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:

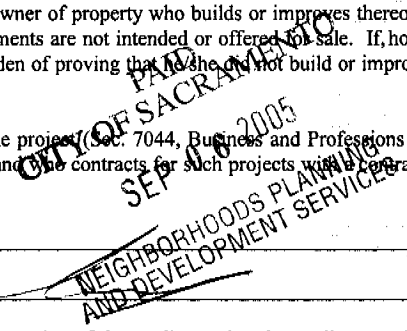
Carrier _____ Policy Number _____ Exp Date _____

AA (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 09/06/05 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.





CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

05/3580

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

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

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A [x] all the work authorized by this permit.
B - [] a portion of the work.
C - [] none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- [] all of the authorized work. [] a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. [] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Marco A Chavez (Printed name)

[Signature] (Signature)

Date 09/06/05

Case No.

Permit No.

0513580

Job Address

5525

37th

AV

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

CERTIFICATION OF INSULATION

P A R T I G E N E R A L	ADDRESS OR TRACT <div style="font-size: 1.2em; margin-top: 10px;"> DR Horton 151 Gregthatch 0503580 Monaca </div>	SACRAMENTO BUILDING PRODUCTS <input 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					
	LOT # 1062	DATE INSULATION COMPLETED <div style="font-size: 1.2em; margin-top: 5px;">8-12-08</div>					
P A R T II A R E A S I N S U L A T E D	WALLS	CEILING	FLOORS				
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)				
	TYPE OF INSULATION	TYPE OF INSULATION	TYPE OF INSULATION				
	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS				
	FORM BATTS	FORM BATTS & BLOW	FORM BATTS				
	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.				
	MANUFACTURER	MANUFACTURER	MANUFACTURER				
	CT OC JM	CT OC JM	CT OC JM				
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
	13/19	3 1/2 1 1/2	30	12"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE							
MATERIAL FIBERGLASS	FORM BATTS	R VALUE			MANUFACTURER		
					CT	OC	JM
AIR INFILTRATION SEALANT							
MATERIAL FOAM				MANUFACTURER			
				HILTI	HANDY FOAM		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.							
SIGNATURE — INSULATION CONTRACTOR		J.C.	TITLE MANAGER		DATE		
SIGNATURE — GENERAL CONTRACTOR			TITLE		DATE		
REMARKS							

1163 151 Grey Thatch 05 035-80

INSTALLATION CERTIFICATE

* All Plans

CF-6R

D.R. Horton - Monoco @ Natomas Creek
 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; 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 SYSTEMS:

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)	EM- elency ³ (EF, RE)	Standby ³ Loss (%)	External Insulation R-value ³
Gas	Bradford White M-4-5056FBN	STD	N/A	1	40,000	50	0.62		R-11.0

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.
 3. R-12 external 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.

J.R. Pierce (supervisor)
 Signature, Date 11/5/04

J.R. Pierce Plumbing Co.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

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

INSTALLATION CERTIFICATE

1163 6503580 157 Hatched P. 1
(page 2 of 4) CF-6R

DR HORTON MONACO - PLAN 1
Site Address

FENESTRATION/GLAZING:

Permit Number

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., Fixed, Sliding)	Manufactured Products Labelled U-value (≤ CF-1R value)?	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
			# of Panels	Default U-Value*			
1. 6110	HV	.35					
2. 6710	SH	.35				117	
3. 5101	SGD	.34				135	
4. 6340	FW	.33				42	
5.						102	
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

* Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

4
Item #s
(if applicable)

Joe Bryant 11/2/04
Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

Item #s
(if applicable)

Signature, Date

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

COPY TO: Building Department
Building Owner at Occupancy

Compliance Forms

July 1, 1995

1163

151 Greg + Hatch
0503580**Generation****Heating & Air Conditioning**1660 Shadydale Ln.
Placerville, CA 95667
530-622-2228**Installation Certificate**Site Address: Schumacher, Natomas Creek, Monaco
Plan 1**HVAC SYSTEM:****Heating Equipment**

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - GMS90703BXA	Goodman	1	92%	Attic	R-6	70,000	70,000

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - CKL 42-1	Goodman	1	12 SEER	Attic	R-6		3.5 Ton

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.

Sherry Blake 9-1-09
Signature, Date

3rd Generation Heating & Air Conditioning
Installing Subcontractor

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM

ICBO Evaluation Services, Inc.

Report No. 3899

Date of Job Completion: 7-13-05

0503580

7-13-05

Job Address:

D.R. Horton - Monaco

Lot 1083 151 Greg Thatch Circle

Plaster Contractor

TOLIVER PLASTERING, INC.

3346 Luyung Dr., Rancho Cordova, CA 95742

Name:

3346 Luyung Dr. (916) 631-9844

Address:

Telephone Number:

Approved Applicator's License Number as

507

Issued by Western Stucco Products

This is to certify that the plastering 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.

8-15-05

Date

This is to certify that the plastering 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 of plastering contractor

Installation card must be presented to the building inspector

After completion of work and before final inspection.

No. DRH-1063