

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0508781
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
N

Site Address: 4130 ASTORIA ST SAC
Parcel No: ASTORIA PLACE LOT 28 Housing (Y/N):

CONTRACTOR
JOHN DETERDING CO
PO BOX 1608
CARMICHAEL CA 95609

OWNER

ARCHITECT

Nature of Work: MP 1748 2 STORY 7 ROOM 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 _____ License Number 569196 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);

_____, 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 _____

PAID
CITY OF SACRAMENTO
SEP 12 2005

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 a ny 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 _____ Applicant/Agent 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 STATE FUND Policy Number 260-01 UNIT 0005056 Exp Date 12/01/2005

_____, (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 _____ Applicant 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.

Installation Certificate CF-6R

Site Address **Lot 3, 4,16,27,28,29 - Astoria place**

0508781

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).

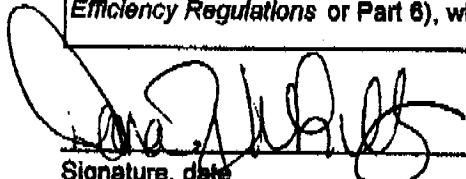
Heating Equipment

<u>Equip Type</u>	<u>CEC Certified Mfr. Name & Model #</u>	<u># of identical Systems</u>	<u>Efficiency AFUE</u>	<u>Duct Location</u>	<u>Duct Piping R-Val</u>	<u>Heating Load</u>	<u>Heating Capacity</u>
Furnace	Goodman GF9S060B12	1	92%	Attic	R.4	75,000	70,000

Cooling Equipment

<u>Equip Type</u>	<u>CEC Certified Comp. Unit Mfr. Name & #</u>	<u># of identical Systems</u>	<u>Efficiency Seer</u>	<u>Duct Location</u>	<u>Duct Piping R-Val</u>	<u>Cooling Load</u>	<u>Cooling Capacity</u>
Condenser	Goodman AC036X12	1	12	Attic	R.4	36,000	25,000

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 building, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.


1/23/00
 Signature, date **Astro Air Design, Inc.**
Installing Subcontractor (Co. Name)
or General Contractor (Co. Name) or Owner

INSTALLATION CERTIFICATE

0508781

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

Table with 8 columns: Equip. Type (pkg. heat output), 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

Table with 8 columns: Equip. Type (pkg. heat output), 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:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated² Input (kW or Btu/hr), Tank Volume (gallons), EFFiciency² (EF, UEF), Standby² Loss (%), External Insulation R-value³

- 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 0.52.

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, Date

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

(Page 2 of 7)

CF-6R

Site Address Astoria Place Plan 4

Permit Number 0508781

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIST PRODUCTS)	Product U-Value (cf CF-1R values)	Product SHGC (cf CF-1R values)	# of Panels	Total Quantity of Lites Product (Options)	Square Foot	Interior or Exterior Spacing Device or Overhang	Comments/Location/ Special Features
1. <u>XO</u>	<u>35</u>	<u>32</u>	<u>2</u>	<u>2</u>			
2. <u>SH</u>	<u>35</u>	<u>32</u>	<u>2</u>	<u>107.5</u>			
3. <u>FL</u>	<u>34</u>	<u>35</u>	<u>2</u>	<u>20</u>			
4. <u>SGU</u>	<u>34</u>	<u>32</u>	<u>2</u>	<u>20</u>			
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-value may be less than or equal to values from CF-1R. Installed SHGC must be 1.33 than or equal to values from CF-1R, or a shading device (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-Value 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.

David J. ... 11/2/99

Item #:
(if applicable) Signature, Date Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #:
(if applicable) Signature, Date Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #:
(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

July 1, 1999

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

0508781

4070 Austeria St
Sacto Ca

Date of Job Completion 12-20-05

PLASTERING CONTRACTOR:

Name: Woody Poynter Bath and Plastering

Address: P.O. Box 1220 Sloughhouse Ca 95683

Telephone No: 916-354-9684

Contractor Number of Diamond Wall System 2106

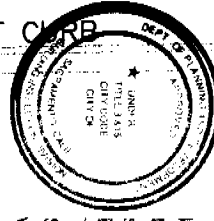
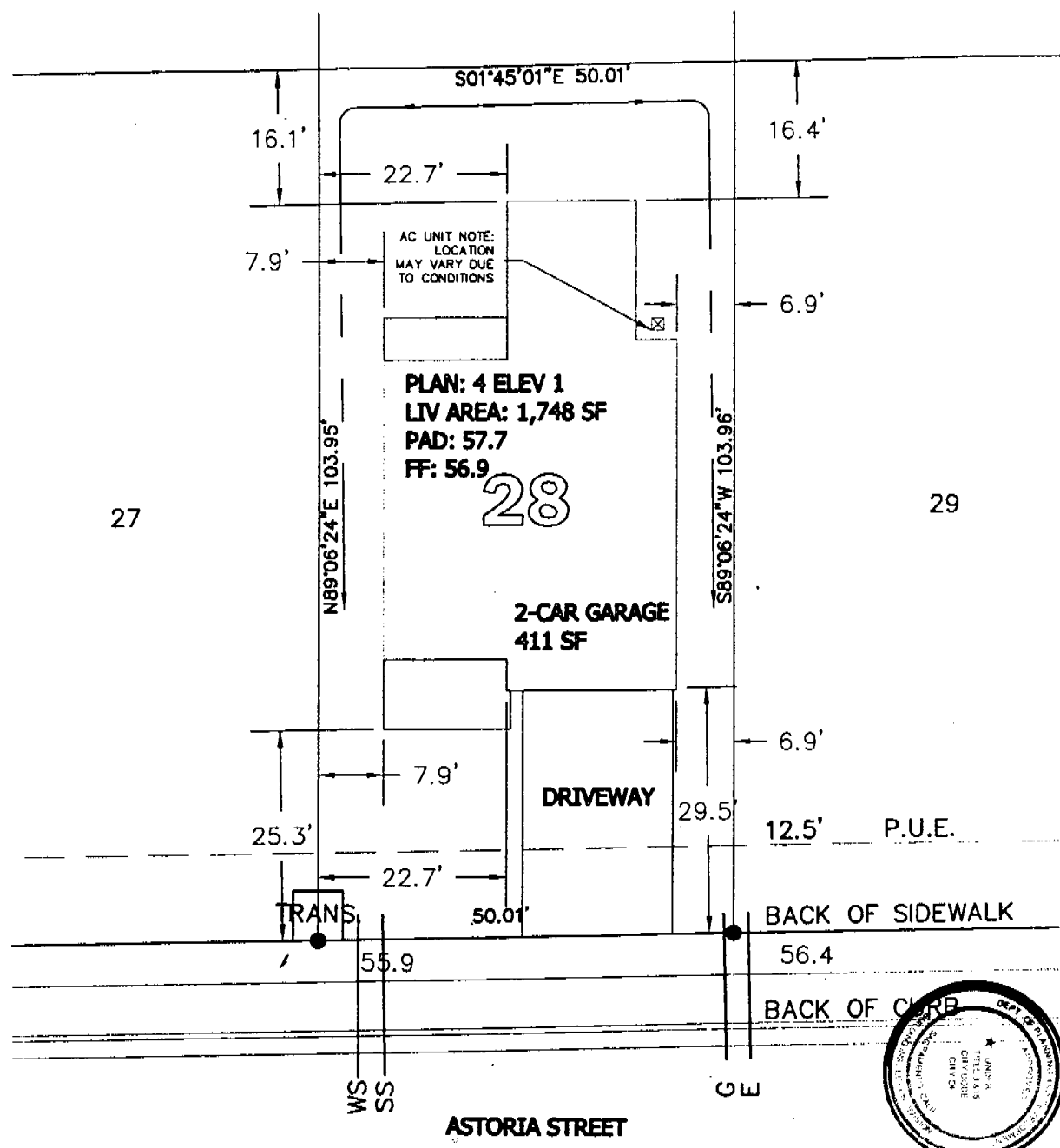
This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

12-21-05
Date

Woody Poynter
Signature of authorized representative of
Plastering Contractor

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

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



This set of plans and specifications kept on the job at all times and 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 setbacks dimensions and elevations as shown may be adjusted to fit field conditions.

REVISION:	DATE:	LOT AREA: 5,299 SF	DATE: 02/15/08
		ACTUAL LOT COVERAGE: 1,601 SF = 30%	DRAWN BY: CD/DG
		NO. OF BEDROOMS/BATHS: 4 / 3	SCALE: 1/8" = 1'-0"
JOHN DETERDING Company 5916 Palm Drive PO Box 1608 Carmichael, California 95609-1608 tel 916.483.7386 fax 916.483.7389	PLAT PLAN FOR ASTORIA PLACE ASTORIA PLACE PARTNERS, LLC P.O. Box 2823 Carmichael, CA 95609-2823 Phone 916.944-4274 Fax 916.944-4278	DORMAN ASSOCIATES INC. CHRIS DORMAN, AIA 822 D STREET SUITE 5 SAN RAFAEL, CA 94901 415.457.2085 415.457.2081 FAX CD@DORMANARCHITECT.COM	APN 225-0201-042