

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0505012  
Insp Area: 2  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 7621 VALLEY WIND WY SAC  
Parcel No: BROOKFIELD MEADOWS UNIT 2 LOT #4

CONTRACTOR  
TIM LEWIS COMMUNITIES  
5750 SUNRISE BLVD  
CITRUS HEIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP2506 2 STORY 10RM 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 492827 Date 4-22-05 Contractor Signature [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 4-22-05 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 hereby 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 0401912004 Exp Date 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 these provisions.

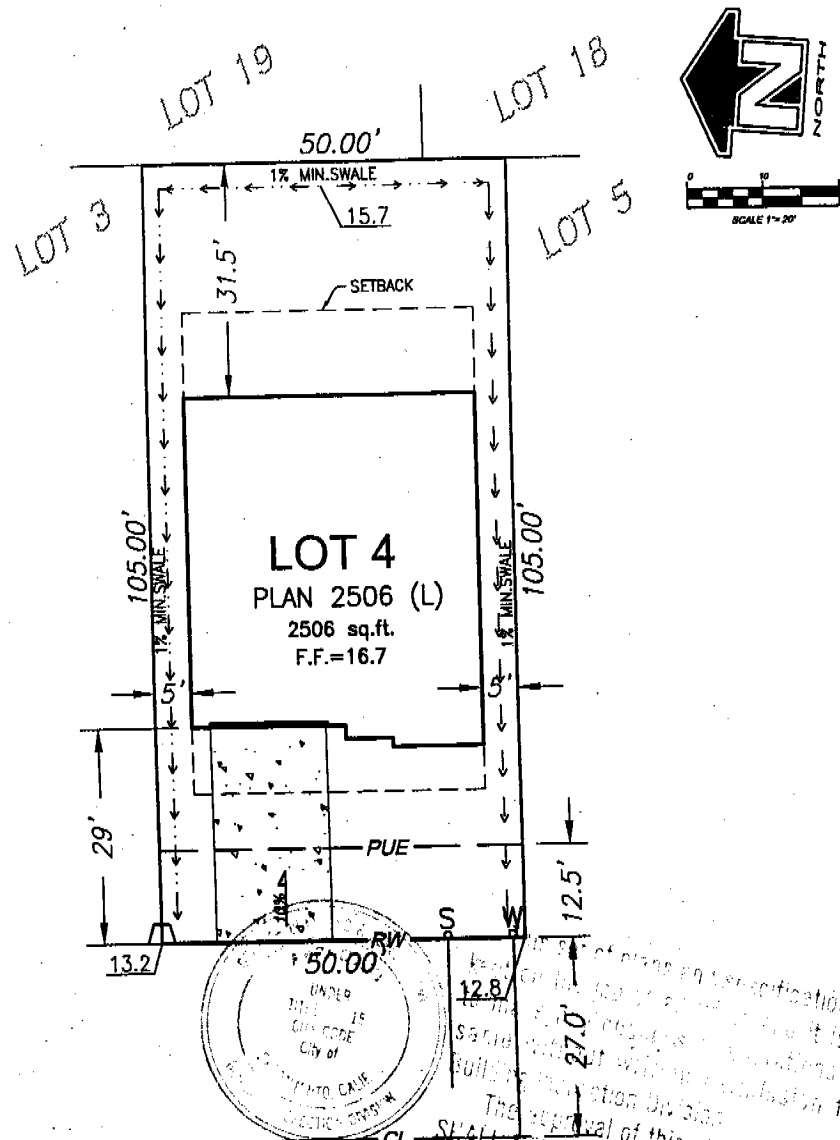
Date 4-22-05 Applicant Signature [Signature]

**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.**

SACRAMENTO  
 2005

CITY PERMIT  
 CENTER



VALLEY WIND WAY

**PLOT PLAN**

BROOKFIELD MEADOWS UNIT NO.2

APN: \_\_\_\_\_ ADDRESS: 7621 VALLEY WIND WAY  
 HOME SITE #: 4 RESIDENCE: 2506 ELEV.: C  
 ORIENTATION: L COLOR: 5 STYLE: CR  
 HOME SITE: 5250 S.F. (.12ac.) COVERAGE: 34.8%

**MINIMUM SETBACKS**  
 FRONT - 20'  
 SIDE - 5'  
 REAR - 20'

- LEGEND**
- PROPERTY LINE
  - PUE PUBLIC UTILITY EASEMENT
  - RW RIGHT OF WAY
  - SLOPE LINES
  - SETBACK
  - L.P. LOT PAD
  - FF FINISHED FLOOR
  - W WATER SERVICE
  - S SEWER SERVICE
  - SWALE (1% MIN.)
  - ☐ STREET LIGHT
  - ⦿ FIRE HYDRANT
  - ⦿ TRANSFORMER
  - △ DRY UTIL. SERV. NOTCH
  - DRY UTIL. PULLBOX

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

TIM LEWIS COMMUNITIES  
 5750 SUNRISE BLVD., STE. 130  
 CITRUS HEIGHTS, CALIFORNIA 95610  
 (916) 966-8047  
 LAST EDITED: 3/28/05

APPROVED: \_\_\_\_\_

REV.1 \_\_\_\_\_  
 REV.2 \_\_\_\_\_  
 REV.3 \_\_\_\_\_

SIGNED (BUYER) \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNED (BUYER) \_\_\_\_\_ DATE: \_\_\_\_\_

**COUNTY SANITATION DISTRICT 1**  
**SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT**  
**CITY OF SEWER IMPACT FEE**      *LDL*  
**PACA metro**      **PERMIT AND CALCULATION / 5 APRIL 05**

APPLICATION NO:	GENERAL INFORMATION	BLDG PERMIT NO.	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
	500 2005-00 325		PAID 15 APR 05

<i>619.0220-061 6063.</i> <b>FEE CALCULATION</b>	THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE  <b>BUILDING USE</b>
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INSPECTION	RESIDENTIAL	SF <input checked="" type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	COMMERCIAL USE		
SRCSD			<b>PAID</b>
CONSTRUCTION			<b>CITY OF SACRAMENTO</b>
IN-LIEU			<b>APR 22 2005</b>
			<b>NORTH PERMIT CENTER</b>
<b>TOTAL FEE</b>	<b>2500</b>		

APN: *119.0220-061 Mathur*  
 DESCRIPTION/ SUBDIVISION *Brookfield Meadows LOT 4*  
 PROPERTY ADDRESS *76021 Valley Blvd way*  
 OWNER *Tim Lewis Communities*  
 MAILING ADDRESS *5750 Sunrise Blvd # 225*  
 CITY-STATE-ZIP *Christ Heights CA 95610* PHONE *916-8047*  
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT  
 APPLICANT SIGNATURE *Tim Lewis*      *4-15-05*  
 CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_

# Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

**PART I To be completed by APPLICANT (MUST BE FILLED OUT COMPLETELY)**

OWNER'S NAME Tim Lewis Cummings  
 OWNER'S ADDRESS 5106 SW 12th St, Ft. Lauderdale, FL 33309  
 PROJECT ADDRESS 7081 Valley Road, Ft. Lauderdale, FL 33309  
 PARCEL NUMBER C19 00001 001 003 LOT NO. 4  
 SUBDIVISION NAME CROCKFORD MEADOWS  
 NUMBER OF UNITS 1  
 Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.  
 APPLICANT'S SIGNATURE [Signature]  
 TITLE OF APPLICANT Construction Administrator  
 DATE 4/16/05 PHONE NUMBER 754-966-2017

**PART II To be completed by APPLICANT**

PLAN IDENTIFICATION NUMBER 2506  
 BUILDING TYPE: NEW RESIDENTIAL  RESIDENTIAL ADDITION ( )  
 APARTMENT/CONDOMINIUM ( ) COMMERCIAL/INDUSTRIAL ( )  
 SQUARE FEET OF CHARGEABLE BUILDING AREA 2506  
 NAME (PRINTED) WEN HAI SIGNATURE [Signature]  
 TITLE BI III PHONE NUMBER 209-9905 DATE 4-16-05

**PART III To be completed by SCHOOL DISTRICT**

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 47838  

EXEMPT	COMMENTS	SQ FT	X	\$	=	\$
RESIDENTIAL - LEVEL 1				2.24	=	5613.44
RESIDENTIAL <b>PAID 2</b>		2506		1.11	=	4282.26
TOTAL RESIDENTIAL				3.35	=	9895.70
SENIOR RESIDENTIAL PERMIT					=	
COMMERCIAL/INDUSTRIAL					=	

APR 22 2005

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL**  
 SIGNATURE [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

**CF-6R**

Site Address **TIM LEWIS - VISIONS**

Permit Number

**PLAN 6 C**  
**2506**

**FENESTRATION/GLAZING:**

**ALSIDE - ALPINE**  
**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>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>87</u>		<u>LOW-E GLASS</u>
2. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>226</u>		
3. _____							
4. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>88</u>		
5. _____							
6. <u>PATIO DOORS</u>	<u>.35</u>	<u>.35</u>	<u>2</u>		<u>48</u>		
7. _____							
8. _____							
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) of the Energy Efficiency Standards.

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

[Signature] 9-30-05  
Signature, Date

**GLASS & WINDOWS INC.**  
3200 DWIGHT RD STE 400  
ELK GROVE, CA 95758-6461  
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

Lot #4 7621 Valley Windway  
Permit #0505012

INSTALLATION CERTIFICATE

CF-6R

Tim Lewis - Visions @ Brookfield Meadows

Site Address

Permit Number

0505012-7621  
V. Lewis

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), and Plan number (Plan 1-7).

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified 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), and Plan number (Plan 1-7).

\*TXV - Indicates Thermal Expansion Valve On 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.

Signature, Date: [Handwritten Signature] 3-28-05

Beutler Corporation

OR General Contractor ( Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 9 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 (%), and 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

# INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

OSU 5012 721 Valley Parkway  
Permit Number

Site Address

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.) [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.) [CF-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 Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value
GHS	A.S. SMITH GVR-50100	STD	N/A	1	40,000	50	.62	N/A	N/A

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.

Paul J. Bianchi  
Signature/Date

BIANCHI PLUMBING CO., INC  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

INSTALLATION CARD  
Diamond Wall One Coat System  
Omega Products International, Inc.

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004  
Date of Job Completion

8/24/05

Job Address  
Tom Lewis Vision's  
2621 Valley View Way  
Berkeley

Plastering Contractor

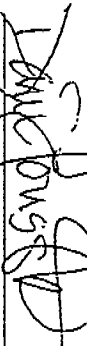
Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as issued by coating manufacturer: \_\_\_\_\_ Applicator # 318

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  


Date  
9/20/05

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

FIGURE 3



# CERTIFICATION OF INSULATION

PART I GENERAL

Tim Lewis

LOT # 4

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026  
 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026  
 P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026  
 P.O. BOX 1631, RENO, NV 89505 LIC. #10675  
 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

Visions

PART II AREAS INSULATED

WALLS			CEILING			FLOORS		
SQUARE FEET)			SQUARE FEET)			SQUARE FEET)		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL			MATERIAL			MATERIAL		
FORM			FORM			FORM		
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
BAGS			BAGS			BAGS		
R-VALUE INSTALLED	APPLIED	R-VALUE INSTALLED	APPLIED	R-VALUE INSTALLED	APPLIED	R-VALUE	APPLIED THICKNESS	
13	3.5	30	9 1/2"	—	—	—	—	
19	5.5							
MATERIAL			MATERIAL			MATERIAL		
FIBERGLASS			FIBERGLASS			FIBERGLASS		
FORM			FORM			FORM		
BATTS			BATTS & BLOW			BATTS		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
HILTI			HILTI			HANDY FOAM		

THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS AND MANUFACTURER'S INSTRUCTIONS.

SIGNATURE — INSULATION CONTRACTOR: B.G. TITLE: MANAGER DATE: 9/6/05

SIGNATURE — GENERAL CONTRACTOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS

PART III CERTIFICATION