

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0505584
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 710 GREG THATCH CR SAC
Parcel No: THE HAMPTONS VIL. 1 LOT # 10

CONTRACTOR
KB HOME NORTH BAY INC.
611 ORANGE DR
VACAVILLE CA. 95687

OWNER

ARCHITECT

Nature of Work: MP2132 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 761970 Date 4-28-05 Contractor Signature D Stahl

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
APR 28 2005
NORTH PERMIT

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 4-28-05 Applicant/Agent Signature D Stahl

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 A. I. G. Policy Number WC 7085103 Exp Date 05/01/2005

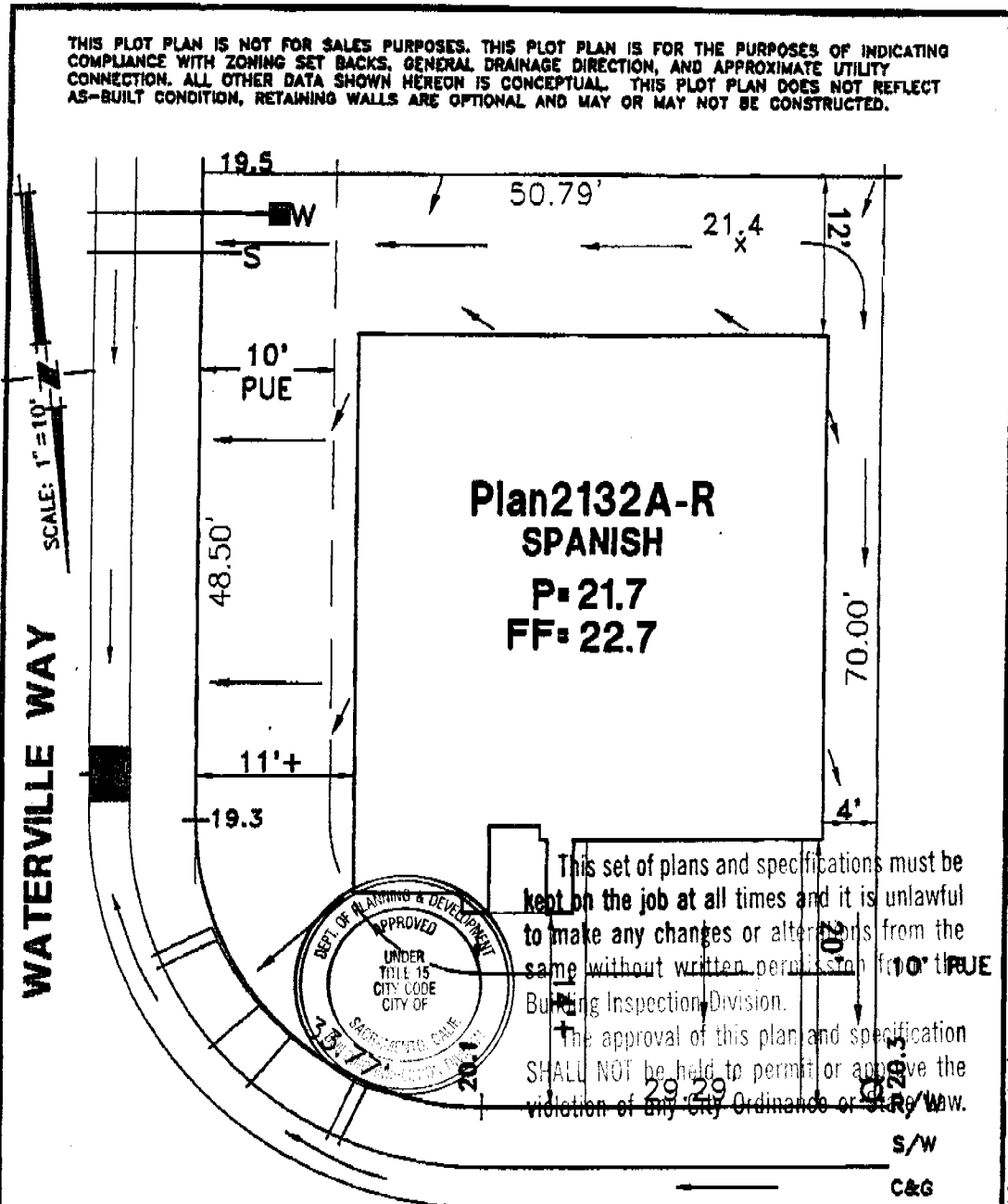
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 4-28-05 Applicant Signature D Stahl

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.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION. RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



LEGEND

- AC UNIT LOCATION
- DRAIN INLET
- SEWER SERVICE
- WATER SERVICE
- STREET LIGHT
- TRANSFORMER
- UTILITY BOX
- STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

**PLOT PLAN FOR
LOT 10
HAMPTONS VILLAGE 1 - TRADITIONAL
KB HOME NORTH BAY
CITY OF SACRAMENTO CALIFORNIA**

WOOD RODGERS
ENGINEERING • PLANNING • MAPPING • SURVEYING
3321 J STREET, BLDG. 10000, SACRAMENTO, CA 95818
PHONE (916) 241-7700 FAX (916) 241-7267

LOT NO. FT.	DATE	DRAWN	CHECKED	PROJECT NO.
3456	04-07-05	FJ	CJC	1217.013

J:\Jobs\1217-Natomas Meadows\The Hamptons-V1\Civil\Plotplan\10.dwg 4/08/05 3:20pm jpwanyok



Planning and Building Department

CITY OF SACRAMENTO
CALIFORNIA

Building Division

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998

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

ADDRESS 710 Greg Thatch CR PERMIT NO. 0505584

INSPECTION COMMENTS	PERMIT DOCUMENTS
4/29/05 Bro 90 setback AP P-11	
5-4-05 P-11-12 AP MDP	
04/28/05 B17 B26 AP Vic Gember	
6-23-05 881, 18, 4 AP Egan	
7-12-05 881, 18, 4 P-47 AP MDP	
7-19-05 E67 AP Vic GEMBER	
7-22-05 P-42, 43 AP CENTIM	

FINAL APPROVALS	
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	



WALLACE • KUHL & ASSOCIATES INC.
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.
 PO Box 1137
 West Sacramento
 California 95691
 916-372-1434

DATE <i>5-4-05</i>	JOB NO. <i>5486.17</i>	WEATHER	TEMP. ° at	AM			
PROJECT <i>The Hampton</i>		Technician I <input type="checkbox"/>	Staff E/G <input type="checkbox"/>				
LOCATION <i>Natomas</i>		Technician II <input type="checkbox"/>	Project E/G <input type="checkbox"/>				
TYPE OF WORK <i>PIT Placement</i>		Technician III <input checked="" type="checkbox"/>	Senior E/G <input type="checkbox"/>				
Inside 50 mi. radius <input checked="" type="checkbox"/>	Outside 50 mi. radius <input type="checkbox"/>	Nuclear Densities <input type="checkbox"/>	Principal E/G <input type="checkbox"/>				
PERSONNEL	REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE	MILES
<i>Mike G</i>						<i>48</i>	

OBSERVATIONS:

*Arrived at site as requested for observation of
 PIT Tendon Rehab + Rd Hardware for lots 1-10
 32+33. All work appearing to be as per approved
 plans & specs with the following exceptions*

- 1) Not all anchor bolts were installed as per note 12 page 61*
- 2) 6" clearance around all openings*
- 3) Lot # 6 Due to location of Tub Box tendons are not
 6" away.*

*Discrepancy 1-02 will be noted prior to placement
 #3 will need Engineers Approval. Contractor was
 notified*

FIELD REPORT

Signed

[Signature]



3050 Industrial Boulevard, West Sacramento, California 95691
 Telephone (916) 372-1434 Fax (916) 372-2565
 www.wallace-kuhl.com

Job No.
 5906 17

FIELD REPORT

PROJECT NAME <i>THE HAMPTONS TRADITIONS VILL</i>	CLIENT OR OWNER <i>K.P. HARRIS</i>	DATE <i>5-4-05</i>
GENERAL LOCATION WORK <i>NATOMAS</i>	OWNER OR CLIENT'S REPRESENTATIVE <i>JOHN</i>	DAY OF WEEK <i>WEDNESDAY</i>
TYPE OF WORK <i>12" SATURATION CURING</i>	PHONE <i>240-6938</i>	SUPERVISOR <i>JOHN DEAN</i>
	WEATHER <i>CLOUDY / RAIN</i>	TECHNICIAN <i>STEVE BERNHARD</i>

TEST NUMBER	LOT #	LOCATION	MEETS PROJECT REQUIREMENTS		COMMENTS
			YES	NO	
1	1	<i>ATASCANNA 12" SATURATION CURING</i>	<input checked="" type="checkbox"/>		<i>610 (REG THATCH CUR.)</i>
2	2		<input checked="" type="checkbox"/>		<i>620</i>
3	3		<input checked="" type="checkbox"/>		<i>640</i>
4	4		<input checked="" type="checkbox"/>		<i>650</i>
5	5		<input checked="" type="checkbox"/>		<i>660</i>
6	6		<input checked="" type="checkbox"/>		<i>670</i>
7	7		<input checked="" type="checkbox"/>		<i>680</i>
8	8		<input checked="" type="checkbox"/>		<i>690</i>
9	9		<input checked="" type="checkbox"/>		<i>700</i>
10	10		<input checked="" type="checkbox"/>		<i>710</i>
11	32		<input checked="" type="checkbox"/>		<i>6532</i>
12	33		<input checked="" type="checkbox"/>		<i>6535</i>

NOTES
THE ABOVE CURS HAVE BEEN OBSERVED TO BE IN A NEAR SATURATED CONDITION.

WHITE COPY - FIELD FOLDER CANARY COPY - PROJECT ENGINEER PINK COPY - CLIENT	COPY GIVEN TO: <i>JOHN</i>	REPORT BY: <i>STEVE BERNHARD</i>
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This report presents opinions formed as a result of our observation of activities relating to geotechnical engineering. It is the contractors responsibility to comply with the plans and specifications throughout the duration of the project irrespective of the presence of our representative. Our work does not include supervision or direction of the actual work of the contractor, his employees or agents. Horizontal and vertical lines and grades were determine by others. Our firm will not be responsible for job or site safety on this project.

Site Address: 710 Greg Thatch Cr., SAC

Permit Number 0505584

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
(GROUP LIKE PRODUCTS)							
1. Pacific	.35	SH	2				lowE ²
2. ↓	.35	XO	2				
3. ↓	.34	PW	2				
4. ↓	.35	PD	2				
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-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.

_____ 12/13/04 _____
 Item #s Signature, Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

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

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

E₂

INSTALLATION CERTIFICATE

CF-6R

LOT # 10 PLAN# 2132 KB HOME - SCHUMACHER NATOMAS TRADITIONAL

Site Address 710 Greg Thatch Cr., SAC Permit Number 0505584

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	Carrier 58STX070-12	1	80%	ATTIC	6	31,832	53,000	PLAN 1364
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	35,686	53,000	PLAN 1975
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	39,196	53,000	PLAN 1979
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,283	70,000	PLAN 2093
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,630	70,000	PLAN 2132
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,206	70,000	PLAN 2199
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	39,638	70,000	PLAN 2286
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,240	70,000	PLAN 2552

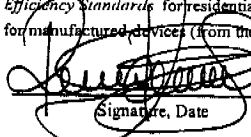
Cooling Equipment

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)	
A/C	Carrier 38BRC030*	1	13.0	ATTIC	6	20,368	27,600	PLAN 1364
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,153	33,100	PLAN 1975
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,004	33,100	PLAN 1979
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	26,512	33,100	PLAN 2093
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,559	33,100	PLAN 2132
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,919	33,100	PLAN 2199
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	28,790	38,600	PLAN 2286
A/C	Carrier 38BRC048*	1	13.0	ATTIC	6	33,212	44,100	PLAN 2552

* = TXV valve installed as part of coil

(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.

 11.02.04
Signature, Date

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

INSTALLATION CERTIFICATE

710 Grey Thatch Cr.
Site Address

0505584
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 [\geq 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 [\geq 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) 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)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Water Gas	A.O. Smith GVR50	STD	N/A		46,000	50	62		

- 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.

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

8.23.05

R.C.P. Companies
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

CERTIFICATION OF INSULATION

PART I
GENERAL

KB Homes

LOT # 10

- 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

HAMPTONS TRAD

DATE INSULATION COMPLETED

FLOORS

	WALLS	CEILING	FLOORS
(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
TYPE OF INSULATION		TYPE OF INSULATION	
MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS
FORM BATTS	FORM BATTS & BLOW	FORM BATTS	FORM BATTS
MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.	
MANUFACTURER		MANUFACTURER	
CT	OC	JM	CT OC JM
BAGS		BAGS	
R-VALUE	R-VALUE	R-VALUE	R-VALUE
13	35	38	19
APPLIED THICKNESS		APPLIED THICKNESS	
12-11/15		5.5	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
FORM BATTS		FORM BATTS	
R-VALUE		R-VALUE	
		CT OC JM	
MATERIAL		MATERIAL	
FOAM		HILTI	
		HANDY FOAM	

PART II
AREAS INSULATED

THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIALS AND METHODS.

SIGNATURE — INSULATION CONTRACTOR

B.G.

TITLE MANAGER

DATE 6/27/05

SIGNATURE — GENERAL CONTRACTOR

TITLE

DATE

REMARKS

PART III
CERTIFICATION