

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0605027

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 2558 AIMONETTI AV SAC
Parcel No: RIVERDALE NORTH VILLAGE 3 LOT # 1

CONTRACTOR
BEAZER HOMES
3721 DOUGLAS BL. STE. 100
ROSEVILLE CA 95661

OWNER

PAID
CITY OF SACRAMENTO
ARCHITECT

MAY 05 2006

Nature of Work: MP1172 2 STORY 6 RM SFR

NEIGHBORHOODS PLANNING
AND DEVELOPMENT

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 724191 Date 5/5/06 Contractor Signature N. Collins

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 _____

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 5/5/06 Applicant/Agent Signature N. Collins

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

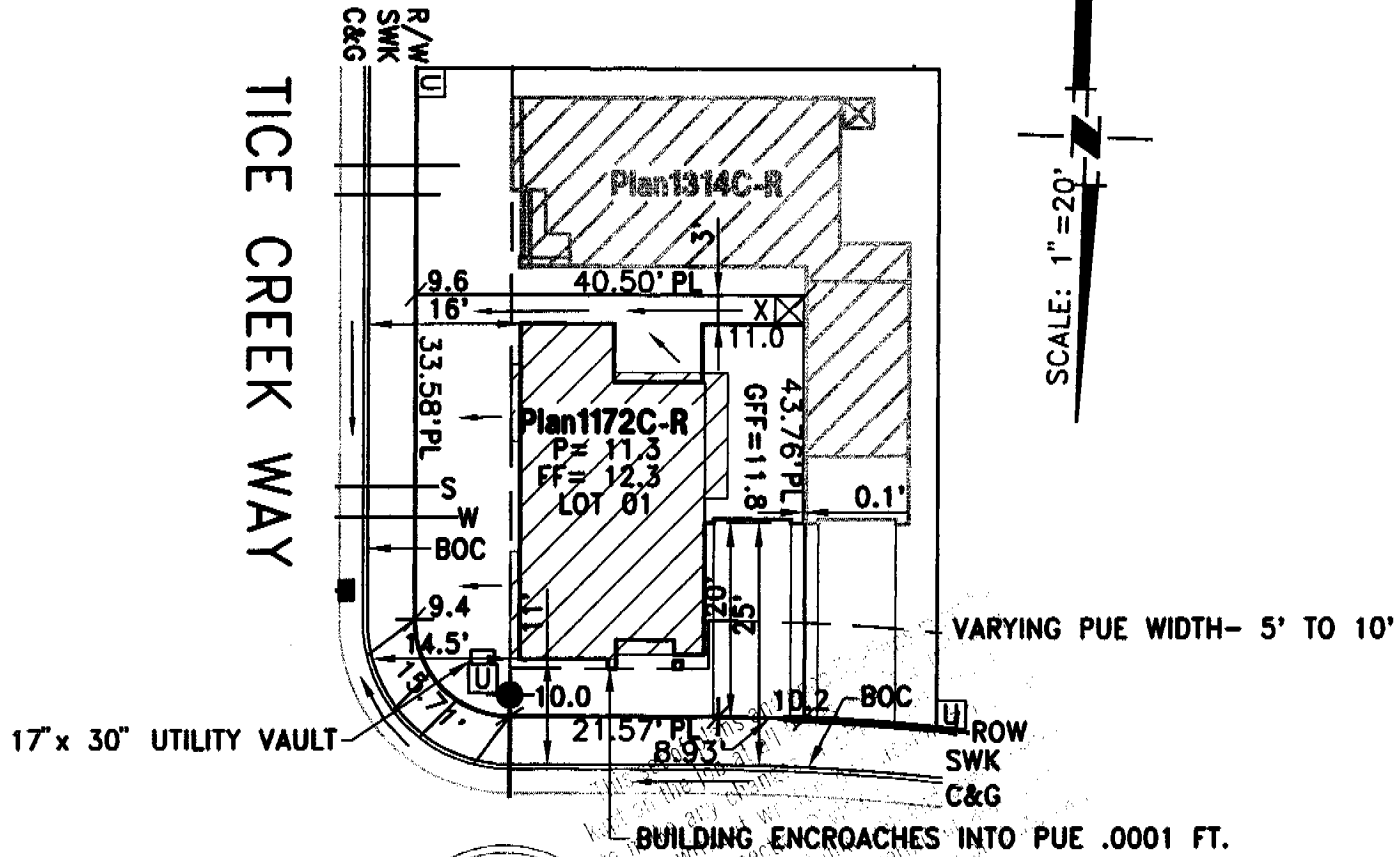
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 5/5/06 Applicant Signature N. Collins

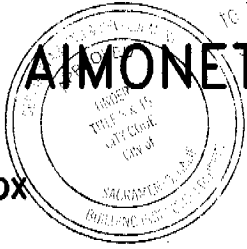
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S 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.



BUILDING ENCRACHES INTO PUE .0001 FT.



- U - UTILITY SERVICE BOX
- - DRAIN INLET
- - STREET LIGHT
- ▲ - TRANSFORMER
- SL - SERVICE POINT
- ⊙ - FIRE HYDRANT

| ROUTING/APPROVAL | | INITIALS |
|---------------------|---|--------------------|
| | ✓ | |
| President | | |
| Project Development | | |
| Construction | ✓ | <i>[Signature]</i> |
| Marketing | ✓ | <i>[Signature]</i> |
| Admin. | | |
| Accounting | | |

RIVERDALE VILLAGE 3
 "THE DISCOVERY COLLECTION" FOR BEAZER HOMES
 PLOT PLAN FOR LOT 01

A.P.N.:
 LOT AREA: 1744 SQ. FT
 ADDRESS: AIMONETTI AVENUE
 CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
 ENGINEERING • PLANNING • MAPPING • SURVEYING
 3301 D STREET, BLDG. 100-B, SACRAMENTO, CA 95816
 PHONE: (916) 341-7760 FAX: (916) 341-7767

DATE: 03-28-06 | DRAWN: GDM | 1055.032

2558 Almonetti Ave
Pm. # 0605027

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

BEAZER HOMES - DISCOVERY COLLECTION - LOT #

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) 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(a).

FENESTRATION/GLAZING:

| Item # | Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panels | Total Quantity of Like Product (Optional) | Area Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--------|--|---|---|-------------|--|------------------|-------------------------------------|------------------------------------|
| 1. | | | | | | | | |
| 2. | ALPINE | | | | | | | |
| 3. | | | | | | | | |
| 4. | SL | .35 | .32 | | | | | |
| 5. | | | | | | | | |
| 6. | SH | .35 | .32 | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | PW | .34 | .35 | | | | | |
| 10. | | | | | | | | |
| 11. | P.D. | .34 | .34 | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |

¹) Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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. If using default table SHGC values from §116 identify whether tinted or not.

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.

Michelle Rado _____ Select Build Windows
 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 Rater (if applicable)
 Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

BEAZER HOMES
 Site Address

THE DISCOVERY COLLECT
 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).

HYAC SYSTEMS:

All PLANS

Heating Equipment

| Equip. Type (pkg. heat pump) | CEC Certified Mfr Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ (≥CF-IR 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-IR 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-IR) 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 ¹ Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency ¹ (EF, RE) | Standby ¹ Loss (%) | External Insulation R-value |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|-----------------------------|
| <u>GAS</u> | <u>A.O. SMITH GVR-40</u> | <u>STD</u> | <u>N/A</u> | <u>1</u> | <u>40,000</u> | <u>40</u> | <u>.62</u> | <u>N/A</u> | <u>R-20</u> |

1 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-IR) 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.

Iron Clavel 8/25/06
 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



2558 Almonetti
Ret 3001 Pm. #0605027
1001787

CF-6R

Installation Certificate

4700 Lang Avenue • McClellan, CA 95652
916.646.2222 • Contractor Lic. #162634

2558 Almonetti Ave

Sac, Ca 95834

Site Address

Permit Number

Beaver Homes Ca / Discovery Collection
INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

| NEW CONSTRUCTION: | | | |
|--|---|-----------------|---|
| | Duct Pressurization Test Results (CFM @ 25 Pa) | Measured Values | |
| 1 | Enter Tested Leakage Flow in CFM: | 1059 | |
| 2 | Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here: | 998 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 3 | Pass if Leakage Percentage \leq 6% for Final or \leq 4% at Rough-in: [100 x [59 (Line # 1) / 998 (Line # 2)]] | 5.9% | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| ALTERATIONS: Duct System and/or HVAC Equipment Change-Out | | | |
| 4 | Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out. | | |
| 5 | Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out. | | |
| 6 | Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable) | | |
| 7 | Enter Tested Leakage Flow in CFM to Outside (Only if Applicable) | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 8 | Entire New Duct System - Pass if Leakage Percentage \leq 6% for Final or \leq 4% at Rough-in [100 x [(Line # 5) / Line # 2]] | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out | | | |
| Use one of the following four Test or Verification Standards for compliance: | | | |
| 9 | Pass if Leakage Percentage \leq 15% [100 x [(Line # 5) / (Line #)]] | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 10 | Pass if Leakage to Outside Percentage \leq 10% [100 x [(Line # 7) / (Line # 2)]] | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 11 | Pass if Leakage Reduction Percentage \geq 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 12 | Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Pass if One of Lines # 9 through # 12 pass | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards

Signature: *[Handwritten Signature]*

Date: 8/18/06

Beutler

Installing Subcontractor (Co. Name) or
General Contractor (Co. Name)

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Part 1)

CF-4R

Project Title: Discovery Collection PH 1195844 Date: 8/18/06
 Project Address: 2558 Almonetti Ave Sacramento, CA Builder Name: Beazer Homes
1001787 Lot 3001 Plan Number: 1172
 Builder Contact: Andrea Douglas Telephone: 916 844 0514
 HERS Rater: [Signature] Telephone: _____ Sample Group Number: _____
 Date: 8/18/06 Sample House Number: _____
 Certifying Signature: _____ Date: _____
 Firm: AC HERS Provider: Chert
 Street Address: 9524 Mosquito Rd City/State/Zip: Placerville, CA 95667
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

This house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 59

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 998

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5.9%
Check Box for Pass or Fail (Pass = 6% or less)

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection
Yes is a pass

Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.
Measured Fan Flow = _____

Pass Fail

Yes for both 1 and 2 is a Pass

2558 Almonetti' Avs.
Pm. #0605027

OMEGA PRODUCTS INTERNATIONAL, INC.
DIAMOND WALL INSULATING STUCCO SYSTEM
ICBO Report # 4004

Builder: **BEAZER HOMES**
Project Name: **DISCOVERY COLLECTIONS @ RIVERDALE NORTH**

Lot Numbers: 3001 Date of Job Completion: July 28, 2006

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 Inspections.

August 1, 2006
Date


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.

CERTIFICATION OF INSULATION

| | | | |
|--|--|---|-----------------------------|
| PART I GENERAL | SACRAMENTO BUILDING PRODUCTS | | |
| | <p><i>Beare</i></p> <p style="text-align: right;">LOT # <i>3001</i></p> <p><i>Discovery</i> <i>2558</i> <i>Aimonetti</i></p> <p style="text-align: right;"><i>Pm. #0605027</i></p> | <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED <i>7-27-06</i></p> | |
| PART II AREAS INSULATED | 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 | | |
| | CT | OC | JM |
| | R - VALUE INSTALLED | APPLIED THICKNESS | R - VALUE INSTALLED |
| | <i>13</i> | <i>3 1/2"</i> | <i>19</i> |
| <i>19</i> | <i>5 1/2"</i> | <i>30</i> | |
| <i>30</i> | <i>8"</i> | <i>12"</i> | |
| R-VALUE LOWER THAN WALLS ABOVE | | | |
| MATERIAL FIBERGLASS | FORM BATTS | R VALUE | |
| MANUFACTURER | | | |
| CT | OC | JM | |
| AIR INFILTRATION SEALANT | | | |
| MATERIAL <i>Foam</i> | MANUFACTURER | | |
| HILTI | | HANDY FOAM | |
| THIS IS TO CERTIFY THAT SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND METHODS. | | | |
| SIGNATURE — INSULATION CONTRACTOR <i>JC</i> | TITLE MANAGER | DATE <i>7-24-06</i> | |
| SIGNATURE — GENERAL CONTRACTOR | TITLE | DATE | |
| REMARKS <i>Permit 0605027</i> <i>2558 Aimonetti</i> | | | |