

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 3301 NORTH PARK DR BLD 39 Permit No.: 0501884
Building Use: CONDOS Occupancy: R1
Building Owner: KB HOMES Construction Type: V-1HR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 11586 Sq. Ft.
8/22/06 Candyn Cooper **ROBERT LEE CHASE, AIA**
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: DSP,JET,GDG,GRS,MH]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

**CONSTRUCTION MATERIALS TESTING, INC.**

August 9, 2006

CMT File No. 98494

CITY OF SACRAMENTO
915 I Street
Sacramento, CA 95814

Attn: Building Department Permit No. 0501884
Project: Hampton Village Building 39
3301 North Park Drive
Sacramento, CA

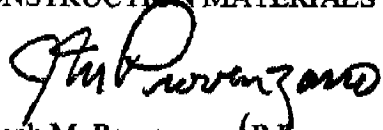
SPECIAL INSPECTION FINAL REPORT

THIS IS TO CERTIFY that in accordance with Section 1701 of UBC-1997 Code, Construction Materials Testing, Inc. has provided special inspection on items listed below:

- 1) Reinforcing Steel
- 2) Post Tension Cables
- 3) Epoxy Bolts
- 4) Concrete Placement

Qualified personnel under the direct supervision of the undersigned Professional Engineer performed the completed inspection and tests noted above. Based upon inspection and/or tests performed and substantiating reports, it is our professional judgment that the work requiring special inspection was, to the best of our knowledge, in conformance with the approved plans, engineers specifications and the applicable workmanship provisions of this Code.

Respectfully submitted,
CONSTRUCTION MATERIALS TESTING, INC.


Joseph M. Provenzano, P.E.
Registered Civil Engineer, No. 13562



cc Client-TRC Lowney

2278-F Pike Court • Concord, CA 94520-1252
(925) 825-2840 • FAX (925) 682-7953

INSULATION CERTIFICATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATION CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

SITE ADDRESS LOT 391 HAMPTON VILLAGE CONDOS SACRAMENTO CA
NUMBER **CITY** **STATE**

CEILINGS:

BLOW: **MANUFACTURER** GREEN FIBER **THICKNESS** 10.3" **R/VALUE** 38

GREEN FIBER **THICKNESS** _____ **R/VALUE** _____

BATTS: **MANUFACTURER** KNAUF **THICKNESS** 13" **R/VALUE** 38

KNAUF _____

EXTERIOR WALLS:

MANUFACTURER KNAUF **THICKNESS** 3.5" **R/VALUE** 13

KNAUF _____

FLOOR INSULATION:

MANUFACTURER KNAUF **THICKNESS** 6" **R/VALUE** 19

KNAUF _____

AIR INFILTRATION: (TITLE 24)

YES XXX **NO** _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES **LICENSE #** _____

BY: _____ **TITLE** _____ **DATE** _____

INSULATION CONTRACTOR: WESTERN INSULATION LP **LICENSE #** 794484

BY: Becky Gutherz **TITLE** AUTH. AGENT **DATE** 5/10/2006

BECKY GUTHERZ

INSULATION CERTIFICATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATION CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

SITE ADDRESS 393 HAMPTON VILLAGE CONDO NATOMAS CA
NUMBER CITY STATE

CEILINGS:

BLOW:	MANUFACTURER	<u>GREEN FIBER</u>	THICKNESS	<u>10.3"</u>	R/VALUE	<u>38</u>
		<u>GREEN FIBER</u>	THICKNESS		R/VALUE	
BATTS:	MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>13"</u>	R/VALUE	<u>38</u>
		<u>KNAUF</u>				

EXTERIOR WALLS:

	MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>3.5"</u>	R/VALUE	<u>13</u>
		<u>KNAUF</u>				

FLOOR INSULATION:

	MANUFACTURER	<u>KNAUF</u>	THICKNESS	<u>6"</u>	R/VALUE	<u>19</u>
		<u>KNAUF</u>				

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 5/17/2006
BECKY GUTHERZ

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NUMBER CITY STATE

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GREEN FIBER THICKNESS _____ R/VALUE _____

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38

KNAUF _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13

KNAUF _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19

KNAUF _____

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 5/17/2006

BECKY GUTHERZ

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SITE ADDRESS 395 HAMPTON VILLAGE CONDO NATOMAS CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38
GREEN FIBER THICKNESS _____ R/VALUE _____
 BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF _____

AIR INFILTRATION:

(TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE _____ AUTH. AGENT _____ DATE 5/17/2006

BECKY GUTHERZ

INSULATION CERTIFICATE

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SITE ADDRESS 396 HAMPTON VILLAGE CONDO NATOMAS CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38

GREEN FIBER THICKNESS _____ R/VALUE _____

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38

KNAUF _____

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13

KNAUF _____

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19

KNAUF _____

AIR INFILTRATION: (TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 5/17/2006

BECKY GUTHERZ

4008 KB

607-2717

Bob Nick to me to give to you

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

Site Address 3301 North Park Wy. Bld. 42

Permit Number 0501958

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 Number, # of Identical Systems, Efficiency (AFUE, etc.) (CE-IR 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 pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (CE-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) 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, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, RE), Standby Loss (%), 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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 11).

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

7.27.2006

D.C.R. Companies

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name) OR Owner

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

January 4, 2001

4008 KB

607-2717

Bob Nick to me to give to you

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

Range

Site Address 3301 North Park Wy. Bld. 4A

Permit Number 0501958

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 7 columns: Equip. Type (pkg. heat pump), CBC 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

Table with 7 columns: Equip. Type (pkg. heat pump), CBC 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. ≥ 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, CBC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, RE), Standby Loss (%), 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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 1F.

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

7.27.2006

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

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

January 4, 2001

INSTALLATION CERTIFICATE

CF-6R

LOT _____ PLAN# _____ KB HOME - HAMPTONS VILLAGE
 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 #	# 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 58STX045-12	1	80%	ATTIC	R-4.2	17,483	45,000	UNIT A1
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	17,482	45,000	UNIT A2
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	19,813	45,000	UNIT B
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	22,387	45,000	UNIT C
FURNACE	Carrier 58STX045-12	1	80%	ATTIC	R-4.2	19,500	45,000	UNIT D
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	R-4.2	25,430	70,000	UNIT E

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 24ABA324	1	13.0	ATTIC	R-4.2	12,026	21,100	UNIT A1
A/C	Carrier 24ABA324	1	13.0	ATTIC	R-4.2	12,009	21,100	UNIT A2
A/C	Carrier 38HDR024	1	13.0	ATTIC	R-4.2	13,387	21,100	UNIT B
A/C	Carrier 24ABA330	1	13.0	ATTIC	R-4.2	13,509	25,900	UNIT C
A/C	Carrier 24ABA330	1	13.0	ATTIC	R-4.2	14,590	25,900	UNIT D
A/C	Carrier 24ABA330	1	13.0	ATTIC	R-4.2	16,747	25,900	UNIT E

* = 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.

Jack Ojil 7/27/06
 Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

KB- Hampton Village Condos- Unit A1 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

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:

#	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-IR value) ²	Product SHGC ¹ (≤ CF-IR value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	6110-HV	.35	.30	2		20		
2.	6210-8H	.34	.30	2		45		
3.	6340-PW	.34	.33	2		15		
4.	6421-S6D	.35	.31	2		84		
5.								
6.								
7.								
8.								
9.								
10.								
11.								
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-IR. Installed SHGC must be less than or equal to values from CF-IR, or a shading device (exterior or overhang) is installed as specified on the CF-IR. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-IR. 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-IR) 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 G), where applicable.

4		7-26-06	
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
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 Rater (if applicable)
Building Owner at Occupancy

KB-Hampton Village Condos- Unit A2 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

Site Address

Permit Number

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FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	6110-NV	.25	.20	2		20		
2.	6210-SH	.24	.26	2		45		
3.	6340-PW	.34	.23	2		6		
4.	6621-SGD	.25	.31	2		24		
5.								
6.								
7.								
8.								
9.								
10.								
11.								
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.

4 *[Signature]* 7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

KB Hampton Village Condos - Unit B Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12) **CF-6R**

Site Address

Permit Number

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FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (± CF-1R value) ⁷	Product SHGC ¹ (± CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	2210-SH	.34	.20	2		90		
2.	2240-PW	.34	.33	2		15		
3.	5621-SGD	.35	.31	2		84		
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
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.

3 *Jennifer* 7-26-06
 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

KB Hampton Village Condos - Unit C Bungalow

INSTALLATION CERTIFICATE (Page 2 of 12) CF-6R

Site Address _____ Permit Number _____

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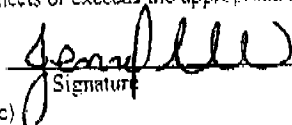
FENESTRATION/GLAZING:

#	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor ¹ (as CF-1R value) ²	Product SHGC ¹ (as 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.	6210-SH	.34	.30	2		147		
2.	6240-RW	.34	.30	2		6		
3.	5021-SGD	.35	.31	2		42		
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
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.

3  7-26-06
 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

KB Hampton Village Condos - Unit C Bungalow

INSTALLATION CERTIFICATE (Page 2 of 12) CF-6R

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).

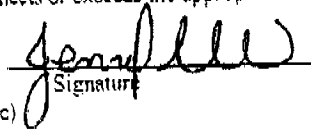
FENESTRATION/GLAZING:

#	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.	6210-SH	.34	.30	2		147		
2.	6240-RD	.34	.30	2		6		
3.	5021-SGD	.35	.31	2		42		
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

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3  7-26-06
 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

KB Hampton Village Condos - Unit 8 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

CF-6R

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:

	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.	6210-SH	.34	.35	2		193		
2.	6340-RD	.34	.33	2		20		
3.	5621-SGD	.35	.31	2		42		
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
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3 *Jennifer W* 7-26-06
 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
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 OR Window Distributor

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

Certification of Compliance
School District Development

Part I—To be completed by the APPLICANT

Owner's Name/Address KB Home - 2410 Delwood Dr #200 Sacramento CA 95834
Project Address 3301 North Park Dr #39
Parcel Number 225-1750-015 Lot No. 39
Subdivision Name _____ No. of Units 6
Applicant's Signature [Signature] Title permit holder
Phone No. 773-7548 Date 12/22/05

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II—To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0501884 2006 39
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 8659 P
Signature/Title [Signature] Date 12/22/05

Part III—To be completed by the SCHOOL DISTRICT

School District 175 Certificate No. 40117
 Exempt Comments _____
Residential/Apartment/etc. 1771 Square ft. x \$ _____ = \$ 28,834.47
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ _____

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 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.

Signature Heidi Brogan ACCOUNT TECH U Date 12/22/05

White & Canary—School District • Pink—Building Department • Goldenrod—Applicant

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE
PERMIT AND CALCULATION

APPLICATION NO:		BLDG PERMIT NO. <i>SD105-00936</i>	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
<i>City of Sacramento</i>		PAID DEC 15 2005 Per.....	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	
SRCSD <i>405105 (1002)</i>			
CONSTRUCTION		<i>24 units</i>	
IN-LIEU		<i>apartments</i>	
TOTAL FEE	\$ 263,250		
APN: <i>225-1790-015</i>			
DESCRIPTION/ SUBDIVISION		LOT:	
PROPERTY ADDRESS <i>3301 N PARK DR</i>			
OWNER <i>RE HOME NORTH PARK</i>			
MAILING ADDRESS <i>2420 1st St</i>			
CITY-STATE-ZIP <i>SACRAMENTO, CA 95833</i> PHONE			
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE <i>[Signature]</i>			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	

multiple units

RECEIPT

Case Fee Summary

Case Number: SWD2005-00936
Location: CITY OF SACRAMENTO
Job Address: 0 N PARK DR

Status: ACT

Issue Date: 12/15/2005

Date Printed: 12/15/2005

Fee Type	Fee Due	Fee Paid	Date Paid
SRCSD Sewer Fees	263250.00	0.00	
Fees Due:	263250.00	Fees Paid:	0.00
	Balance Due:	263250.00	

County of Sacramento
Accounting & Fiscal Services

*** Customer Receipt ***

Receipt #: 320050000000013886

Transaction Date / Time: 12/15/2005 12:03:09PM

Case #: SWD2005-00936

Fee Type	Fee Amount
SRCSD Sewer Fees	263,250.00

Total: DF DEPOSIT \$263,250.00

Bank #:

Check #/Acct#: 62

Received: In Person

Confirm No:

Amount Tendered: \$263,250.00