

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603338
Insp Area: 4
Thos Bros: 277-A2

Site Address: 2366 NUCLA WY SAC
Parcel No: MACHADO LOT# 60

Housing (Y/N): PAID

Sub-Type: NSFR
N

CONTRACTOR
BEAZER HOMES HOLDING CORP.
3721 DOUGLAS BLVD. STE 100
ROSEVILLE, CA. 95661

OWNER CITY OF SACRAMENTO

ARCHITECT

MAR 21 2006

Nature of Work: MP 1317 2 STORY 6 ROOM SFR

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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 818129 Date 3/21/06 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 3/21/06 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 WA265D004147083 Exp Date 04/01/2006

____ (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 3/21/06 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.



Computer Inc.

ATTN: JEFF



TRANS ID: 145636
#7-2-21(1)-2

LUMBER SPECIFICATIONS

| SIZE | SPECIES GRADE | PANEL(S) |
|------|---------------|----------|
| 2x 4 | DF ALBERT | 1-6 |
| 2x 4 | DF ALBERT | 1-6 |
| 2x 4 | DF ALBERT | 1-6 |
| 2x 4 | DF | 1-11 |

TC LATERAL SUPPORT <= 12'00" DIM.
OR LATERAL SUPPORT <= 12'00" DIM.

NOTE: 1x3 BRACING AT 24" OC DIM. FOR ALL FLAT TOP CHORD AREAS NOT SHOWN AS SHOWN WITH 3" X .101 DIA. GUN NAILS STAGGERED AT 2' OC. CUT 2x4 TIGHT AGAINST 2x12.

27-10-08 STORE HIT SETBACK 7'-06" FROM END WALL
LOAD DIRECTION DISCREPANCY = 1.25 +

| LOADING | TC CASE LL (| TC CASE LR (| TC CASE LL (| TC CASE LR (|
|-----------------|--------------|-----------------|--------------|--------------|
| 32.0) + HL (| 26.0) = | 52.0 P.L.F | 0' - 0.0' TD | 3' - 1.4' V |
| 76.0) + HL (| 66.5) = | 142.5 P.L.F | 3' - 1.4' TD | 4.5' V |
| 32.0) + HL (| 28.0) = | 56.0 P.L.F | 4.5' TD | 10.5' V |
| 0.0) + HL (| 47.5) = | 47.5 P.L.F | 0' - 0.0' TD | 10.5' V |
| 280.0) + HL (| 227.5) = | 487.5 LBS @ 20' | 3' - 1.4' | |
| 280.0) + HL (| 227.5) = | 487.5 LBS @ 20' | 4.5' | |
| 380.0 LBS @ 10' | 0.0' | | | |

LOADS AS GIVEN

BEARING AREA REQUIRED (SQ. IN)

| | | | |
|-------------------|-----------|-----------|----------|
| BIG @ 0' - 0.0' | 0.67 DF 1 | 1.83 HF 1 | 0.88 SPF |
| BIG @ 6' - 0.2' | 6.41 DF 1 | 9.90 HF 1 | 9.43 SPF |
| BIG @ 27' - 10.5' | 2.69 DF 1 | 4.13 HF 1 | 3.94 SPF |

MEMBER FORCES

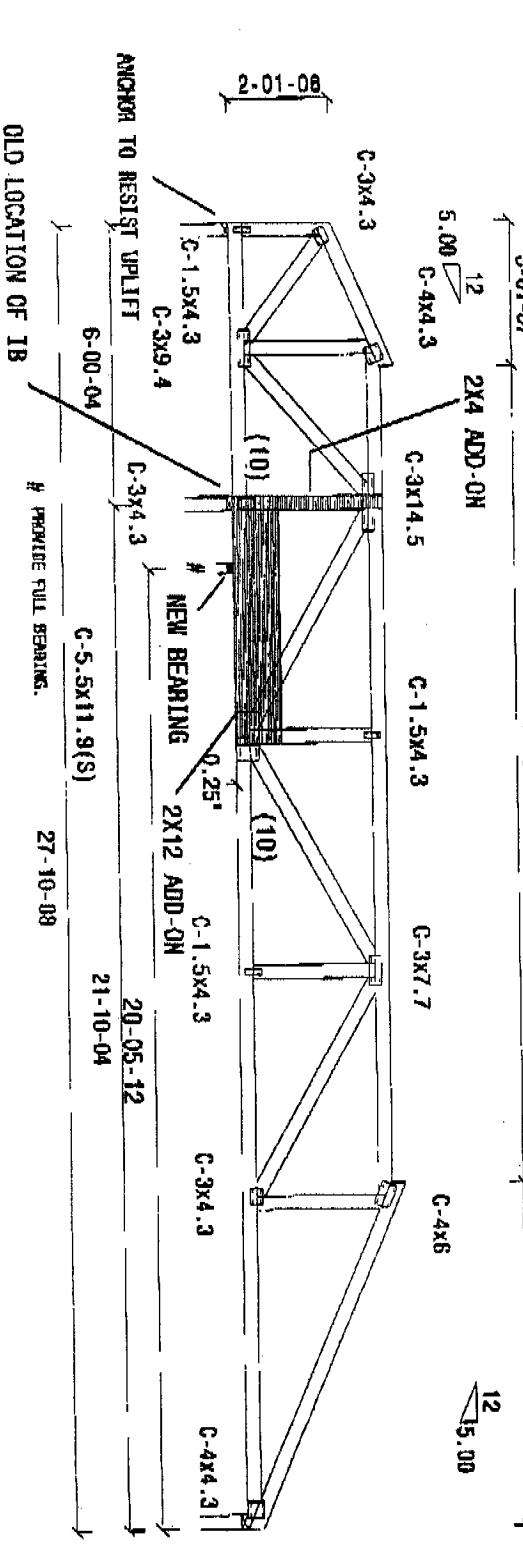
| MEMBER | AXIAL | MO | W 7' | W 9' | W 12' |
|--------|-------|----|-------|------|-------|
| 1-1 | 594 | 0 | -682 | | |
| 1-2 | 482 | 0 | -1872 | | |
| 1-3 | -1608 | 0 | 862 | 172 | |
| 1-4 | -1608 | 0 | 2004 | 172 | |
| 1-5 | -3119 | 0 | -4090 | 172 | |
| 1-6 | -3458 | 0 | 4178 | 400 | |

BEARING AREA REQUIRED (SQ. IN)

| | | | |
|-------------------|-----------|-----------|----------|
| BIG @ 0' - 0.0' | 0.67 DF 1 | 1.83 HF 1 | 0.88 SPF |
| BIG @ 6' - 0.2' | 6.41 DF 1 | 9.90 HF 1 | 9.43 SPF |
| BIG @ 27' - 10.5' | 2.69 DF 1 | 4.13 HF 1 | 3.94 SPF |

MAX LL BEFL = -0.005" (L/3999) @ 3' - 2.5" L/360 = 0.186"
 MAX TL BEFL = -0.010" (L/6700) @ 3' - 2.5" L/360 = 0.279"
 MAX LL BEFL = -0.056" (L/4589) @ 20' - 4.5" L/360 = 0.714"
 MAX TL BEFL = -0.136" (L/1889) @ 20' - 4.5" L/360 = 1.071"
 MAX LL BEFL = 0.009" @ 27' - 7.0"
 MAX TL BEFL = 0.023" @ 27' - 7.0"

REPAIR FOR I.B. JOINED TO 20'-5.12" FROM THE RIGHT.
 ATTACH 2X12 DF #2 TO EACH FACE WITH 3" X .131
 DIA. GUN NAILS STAGGERED AT 4' OC + JOINTS IN ().
 ALSO ATTACH 2X4 VERTICAL ADD-ON TO EACH FACE
 AS SHOWN WITH 3" X .101 DIA. GUN NAILS STAGGERED
 AT 2' OC. CUT 2x4 TIGHT AGAINST 2x12.

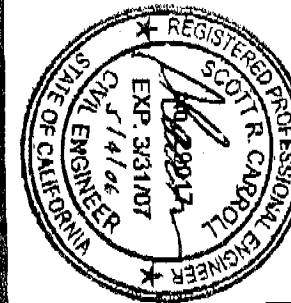


3366 Nucla way
 #0603338
 Plez
 Microfilm

Scale: 1/4"
 JOB NAME: WASHWOOD
 FILE NO.: 2728387
 DATE: 5/5/2006
 DES. BY: AM
 SEQ.: 2838617

- WARNINGS:**
1. Read all General Notes and Fabrication Instructions.
 2. Read all General Notes and Fabrication Instructions.
 3. Read all General Notes and Fabrication Instructions.
 4. All fasteners must be installed in accordance with the design.
 5. The load should be applied to any component only after all bracing and fasteners are complete, and all fasteners are properly installed.
 6. Components are to be installed in accordance with the design.
 7. This design is intended to be used as a guide only. It is not intended to be used as a substitute for a professional engineer's design.
 8. This design is intended to be used as a guide only. It is not intended to be used as a substitute for a professional engineer's design.

- General Notes:**
1. Design to support loads as shown.
 2. Design assumes the top and bottom chords to be laterally braced at 2'-0" o.c. and at 12'-0" o.c. respectively.
 3. All fasteners are to be installed in accordance with the design.
 4. Design assumes trusses are to be used in a non-erosive environment, and are for dry conditions of use.
 5. Design assumes full bearing at all supports shown. Shim or wedge if necessary.
 6. Design assumes adequate drainage is provided.
 7. Design assumes all fasteners are to be installed in accordance with the design.
 8. Design assumes all fasteners are to be installed in accordance with the design.
 9. Design assumes all fasteners are to be installed in accordance with the design.
 10. Design assumes all fasteners are to be installed in accordance with the design.
 11. Design assumes all fasteners are to be installed in accordance with the design.



**@lpha Inspections
& Material Testing**

70 Rancho Del Sol • Camino, CA 95709
(530) 644-6726 • (916) 384-7815

2566 Nucla way

#0603338

PLEZ MICROFILM

DATE: 4-28-06
PROJECT NO. 2007
PROJECT: C.V. BEAZER HOME
LOCATION: NOTINGHAM LOT-60

DSA FILE/APPL. NO.
OSHPD NO.
PERMIT NO.
WEATHER: TEMP:

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AS-955 GAGE: AS-1005 TORQUE WRENCH: _____
RAM: _____ GAGE: _____ TORQUE WRENCH: _____

| LOCATION OF TEST | TYPE/SIZE | # TESTED | % of TOTAL | LOAD lb of Ft Lbs | GAGE (PSI) | # ACC. | # REJ. | # RETEST |
|-----------------------------------|-----------|----------|------------|-------------------|------------|--------|--------|----------|
| HOLD-DOWN EPOXIED ANCHOR BOLTS | 7/8 | 2 | | 7660 | 2970 | 2 | 0 | 0 |
| | | | | | | | | |
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| | | | | | | | | |

Type of epoxy / grout used: _____ Method of application / cleaning: _____
 Visual inspection was performed on _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

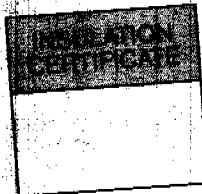
Except As Noted

Superintendent/Representative: _____

Inspector/Technician: _____



INSULATION CONTRACTORS ASSOCIATION OF AMERICA



Permit: 0003338

1321 OLIVE STREET, SUITE 203 • ALEXANDRIA, VA 22314 • (703) 739-0366

THIS IS TO CERTIFY THAT THE WORK HAS BEEN COMPLETED IN ACCORDANCE WITH THE PERMIT AND ALL NECESSARY INSULATION HAS BEEN INSTALLED IN ACCORDANCE WITH THE CURRENT CALIFORNIA ENERGY CODE TITLE 24, STATE OF CALIFORNIA.

Beater Homes LOT # 60 TRACT # 1317
STREET 2346 NUCIA WY CITY NATOMAS

EXTERIOR WALLS: EC THICKNESS/TYPE 3 1/2 R-VALUE 11/19
MANUFACTURER

CEILINGS: EC THICKNESS/TYPE 10 R-VALUE 30
BATT'S: EC MANUFACTURER

BLOWN IN: CH THICKNESS 12 R-VALUE 30
MANUFACTURER

SQUARE FOOTAGE COVERED 736 NUMBER OF BAGS USED 13

FLOORS: THICKNESS/TYPE R-VALUE

SLAB ON GRADE: THICKNESS/TYPE R-VALUE
MANUFACTURER

WIDTH OF INSULATION INCHES R-VALUE

FOUNDATION WALLS: THICKNESS/TYPE R-VALUE
MANUFACTURER

GENERAL CONTRACTOR: CALIFORNIA CONTRACTOR LICENSE # DATE

SIGNATURE TITLE
ALCAL ARCADE CONTRACTING

INSULATION CONTRACTOR: CALIFORNIA CONTRACTOR LICENSE #815228 DATE 6-5-06
NEVADA CONTRACTOR LICENSE #00552013

SIGNATURE TITLE
INSTALLER

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

BEAZER HOMES Lot 60 B17

NOTTINGHAM

Site Address
2366 NULLA WAY

Permit Number
0603338

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:

Plans - 4 and 5

Heating Equipment

| Equip. Type (pkg. heat pump) | CEC Certified Mfr Name and Model Number | # of Identical Systems | Efficiency (AFUE, etc.) ¹ (≥CF-1R value) | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Cooling Equipment

| Equip. Type (pkg. heat pump) | CEC Certified Compressor Unit Mfr Name and Model Number | # of Identical Systems | Efficiency (SEER, etc.) ¹ (≥CF-1R value) | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) 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 ¹ Input (kW or Btu/hr) | Tank Volume (gallons) | Eff. ciency ¹ (EF, RE) | Standby ¹ Loss (%) | External Insulation R-value |
|-------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|-----------------------------------|-------------------------------|-----------------------------|
| GAS | A.O. Smith GDYS-40 | Direct Vent | N/A | 1 | 36,000 | 40 | .59 | N/A | R-16 |

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.

Tuan Clavel 6/20/06
Signature, Date

J.P. Pierce Plumbing Co.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

Lot 60 1317B

MONA

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

Site Address **2366 Nyla Way** Nottingham Village Sacramento CA 95828
 Permit Number **0603338**

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 Panes | Total Quantity of Like Product (Optional) | Area Square Foot | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|------|---|--|--|------------|---|------------------|-------------------------------------|------------------------------------|
| 1. | XO w/GNDS | .35 | .29 | | | | | |
| 2. | XO NO GNDS | .35 | .32 | | | | | |
| 3. | SH w/GNDS | .35 | .29 | | | | | |
| 4. | SH NO GNDS | .35 | .32 | | | | | |
| 5. | PL w/GNDS | .34 | .31 | | | | | |
| 6. | PL NO GNDS | .34 | .35 | | | | | |
| 7. | PANEDOORS | .35 | .34 | | | | | |
| 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.

| | | | |
|--------------------------------|----------------------------------|-----------------|---|
| Item #s (if applicable) 1-7 | Signature <i>Danni Mal...</i> | Date 6/16/06 | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor ALSIDE |
| 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 |

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

Lot 60 1317B

CF-6R

Beazer Homes - Nottingham

Site Address 2366 Nova Way

Permit Number 0603338

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-IR value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Rows include FURNACE YORK #LY8S040A12 through #LY8S060A12 with associated plans like PLAN 816, PLAN 1194, etc.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-IR value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Rows include A/C YORK # H* RD024* through # RD030* with associated plans like PLAN 816, PLAN 1194, etc.

* = TXV valve installed as part of the 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.

Signature, Date [Handwritten signature and date 9-6-05]

BEUTLER CORPORATION

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

WATER HEATING SYSTEMS:

Table with 8 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 (%), 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

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

Builder: **BEAZER HOMES**
Project Name: **NOTTINGHAM**
Lot Numbers: 60

Permit 0603338
Date of Job Completion: May 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.

June 20, 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.