

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0505589  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 5532 WATERVILLE WY SAC  
Parcel No: THE HAMPTONS VIL. 1 LOT 32

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

OWNER

ARCHITECT

Nature of Work: MP2561 2 STORY 9RM 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 [Signature]

**OWNER-BUILDER DECLARATION**: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

**PAID**  
CITY OF SACRAMENTO  
APR 28 2005  
NORTH PERMIT CENTER

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 a 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 4-28-05 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION**: I hereby affirm under penalty of perjury one of the following declarations:  
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier 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 [Signature]

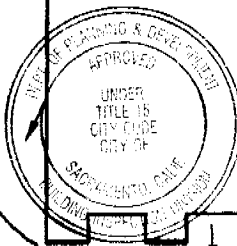
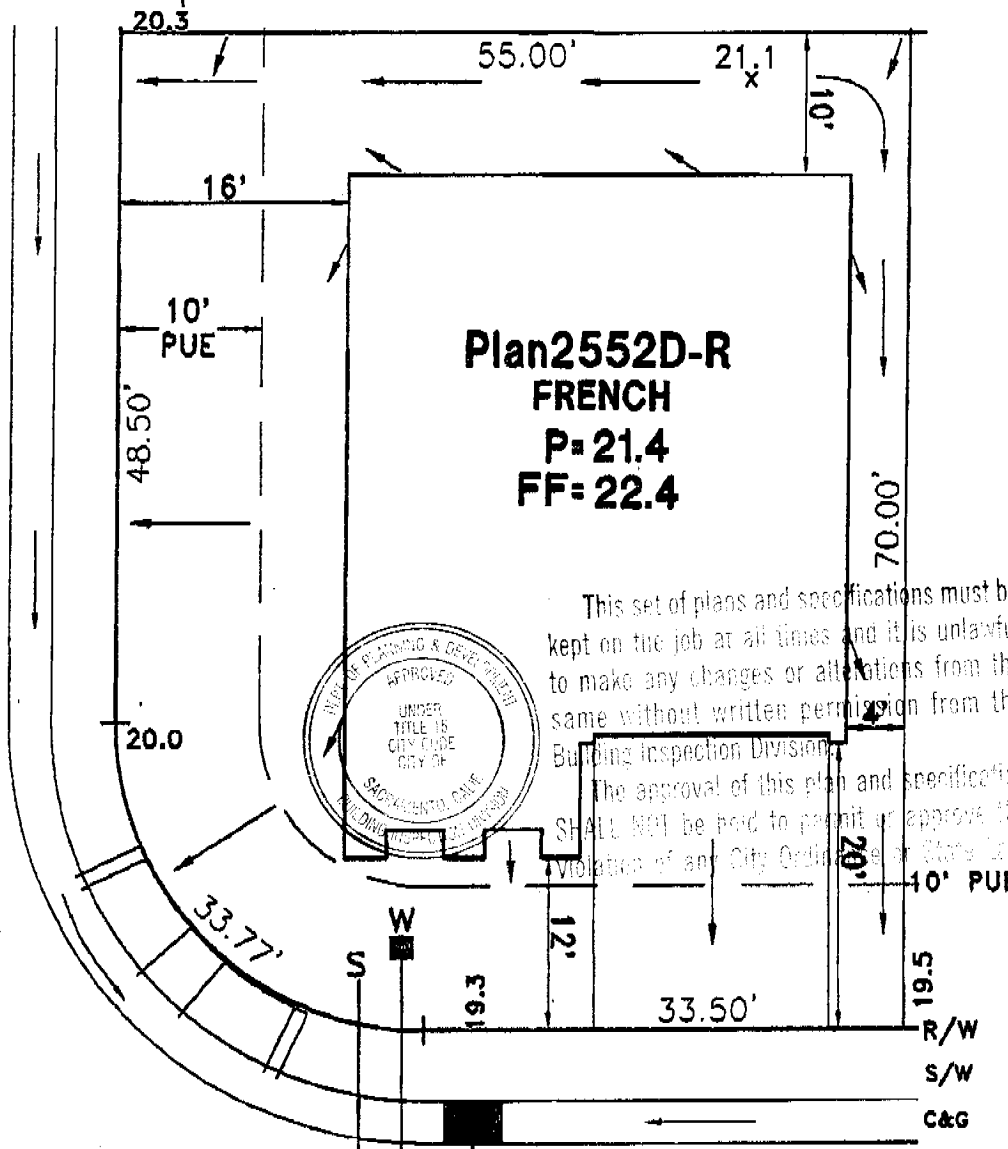
**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S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

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

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.

SCALE: 1" = 10'

GREG THATCH CIRCLE



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

LEGEND

- ☒ AC UNIT LOCATION
- DRAIN INLET
- S SEWER SERVICE
- W WATER SERVICE
- ⊙ STREET LIGHT
- △ TRANSFORMER
- UTILITY BOX
- ⊞ STREET LIGHT SERVICE POINT
- ⊕ FIRE HYDRANT
- STOP SIGN

WATERVILLE WAY

PLOT PLAN FOR  
**LOT 32**  
 HAMPTONS VILLAGE 1 - TRADITIONAL  
 KB HOME NORTH BAY  
 CITY OF SACRAMENTO CALIFORNIA

**WOOD ROGERS**  
 ENGINEERING • PLANNING • MAPPING • SURVEYING  
 3321 O STREET, BLDG. 100-9, SACRAMENTO, CA 95814  
 PHONE: (916) 341-7750 FAX: (916) 341-7757

|             |          |       |         |             |
|-------------|----------|-------|---------|-------------|
| LOT SQ. FT. | DATE     | DRAWN | CHECKED | PROJECT NO. |
| 3750        | 04-07-05 | FJ    | CJC     | 1217.013    |

J:\Jobs\217-Natomes Meadows\The Hamptons - VI\Civil\Plotplan\LOT 32.dwg 4/08/05 3:50pm jowansyah

# CERTIFICATION OF INSULATION

|   |  |
|---|--|
| <p><b>ADDRESS ON TRACT</b></p> <p><i>KEB</i><br/><i>Hampton</i><br/><i>Traditions</i><br/><i>5537 Watzville Wy</i><br/><i>0505589</i></p> <p style="text-align: right;">LOT # <i>32</i></p> | <p style="text-align: center;"><b>SACRAMENTO BUILDING PRODUCTS</b></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>8-29-05</i></p> |
|---|--|

| WALLS  |                   |                   | CEILINGS                     |                                |                   | FLOORS                      |                   |                   |                   |  |  |
|--|-------------------|-------------------|------------------------------|--------------------------------|-------------------|-----------------------------|-------------------|-------------------|-------------------|--|--|
| ( SQUARE FEET)   |                   |                   | ( SQUARE FEET)               |                                |                   | ( SQUARE FEET)              |                   |                   |                   |  |  |
| TYPE OF INSULATION                                     |                   |                   | TYPE OF INSULATION           |                                |                   | TYPE OF INSULATION          |                   |                   |                   |  |  |
| MATERIAL <b>FIBERGLASS</b>                             |                   |                   | MATERIAL <b>FIBERGLASS</b>   |                                |                   | MATERIAL <b>FIBERGLASS</b>  |                   |                   |                   |  |  |
| FORM <b>BATTS</b>                                      |                   |                   | FORM <b>BATTS &amp; BLOW</b> |                                |                   | FORM <b>BATTS</b>           |                   |                   |                   |  |  |
| MANUFACTURER'S PRODUCT I.D.                            |                   |                   | MANUFACTURER'S PRODUCT I.D.  |                                |                   | MANUFACTURER'S PRODUCT I.D. |                   |                   |                   |  |  |
| MANUFACTURER   |                   |                   | MANUFACTURER                 |                                |                   | MANUFACTURER                |                   |                   |                   |  |  |
| CT   | OC                | JM                | CT                           | OC                             | JM                | CT                          | OC                | JM                |                   |  |  |
| BAGS   |                   |                   |                              |                                |                   |                             |                   |                   |                   |  |  |
| R-VALUE INSTALLED                                      | APPLIED THICKNESS | R-VALUE INSTALLED | APPLIED THICKNESS            | R-VALUE INSTALLED              | APPLIED THICKNESS | R-VALUE INSTALLED           | APPLIED THICKNESS | R-VALUE INSTALLED |                   |  |  |
| <i>13</i>  | <i>19</i>         | <i>38</i>         | <i>12"</i><br><i>14 3/4"</i> | <i>3 1/2"</i><br><i>5 1/2"</i> |                   |                             |                   |                   |                   |  |  |
| <b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b> |                   |                   |                              |                                |                   |                             |                   |                   |                   |  |  |
| MATERIAL <b>FIBERGLASS</b>                             |                   |                   | FORM <b>BATTS</b>            |                                |                   | R VALUE                     |                   |                   | MANUFACTURER      |  |  |
|  |                   |                   |                              |                                |                   |                             |                   |                   | CT OC JM          |  |  |
| AIR INFILTRATION SEALANT                               |                   |                   |                              |                                |                   |                             |                   |                   |                   |  |  |
| MATERIAL <i>Foam</i>                                   |                   |                   |                              |                                |                   | MANUFACTURER                |                   |                   |                   |  |  |
|  |                   |                   |                              |                                |                   | <b>HILTI</b>                |                   |                   | <b>HANDY FOAM</b> |  |  |

**IT IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE MATERIAL STANDARDS AND REGULATIONS.**

|   |                      |                     |
|---|----------------------|---------------------|
| SIGNATURE — INSULATION CONTRACTOR <i>JC</i> | TITLE <b>MANAGER</b> | DATE <i>8-29-05</i> |
| SIGNATURE — GENERAL CONTRACTOR              | TITLE                | DATE                |

REMARKS

PART I GENERAL PART II AREAS INSULATED PART III CERTIFICATION

5532 WATERWELL WY  
Site Address

0505589  
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.) <sup>1</sup> [ $\geq$ 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.) <sup>1</sup> [ $\geq$ 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) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

\_\_\_\_\_  
Signature, Date

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

**WATER HEATING SYSTEMS:**

| Heater Type  | CEC Certified Mfr Name & Model Number | Distribution Type (Std, Point-of-Use) | If Recirculation, Control Type | # of Identical Systems | Rated <sup>2</sup> Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency <sup>2</sup> (EF, RE) | Standby <sup>2</sup> Loss (%) | External Insulation R-value <sup>3</sup> |
|--------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| <u>Water</u> | <u>A.O. SMITH</u>                     | <u>STD</u>                            | <u>N/A</u>                     |                        | <u>60,000</u>                           | <u>50</u>             | <u>.62</u>                       |                               |  |
| <u>Gas</u>   | <u>GEIS</u>                           |                                       |                                |                        |   |                       |                                  |                               |  |

- 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]  
Signature, Date 8.23.05

R.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

INSTALLATION CERTIFICATE

5537 W. Ashville

CF-6R

LOT 32

PLAN# 25520

KB HOME - SCHUMACHER ALLEY

Site Address

Permit Number 0505589

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                      | 25,501                | 53,000                    | PLAN 1699 |
| FURNACE                      | Carrier 58STX070-12                | 1                      | 80%                                       | ATTIC                       | 6                      | 25,363                | 53,000                    | PLAN 1717 |
| FURNACE                      | Carrier 58STX070-12                | 1                      | 80%                                       | ATTIC                       | 6                      | 26,387                | 53,000                    | PLAN 1846 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 29,738                | 70,000                    | PLAN 2013 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 31,616                | 70,000                    | PLAN 2251 |

**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            | 19,664                | 27,600                    | PLAN 1699 |
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 21,175                | 33,100                    | PLAN 1717 |
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 20,815                | 33,100                    | PLAN 1846 |
| A/C                          | Carrier 38BRC042*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 25,809                | 38,600                    | PLAN 2013 |
| A/C                          | Carrier 38BRC042*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 27,401                | 38,600                    | PLAN 2251 |

\* = 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.

Signature, Date  
*Jamara Lewis* 8/1/2005

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

**INSTALLATION CERTIFICATE**

5532 WATERVILLE WY.  
Site Address

0505587  
Permit Number

**FENESTRATION/GLAZING:**

| Manufacturer/Brand Name<br>(GROUP LIKE PRODUCTS) | Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup> | Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup> | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|--|--|------------|---|-------------|-------------------------------------|------------------------------------|
| 1. Pacific                                       | .35  | SH   | 2          |   |             |                                     | lowe <sup>2</sup>                  |
| 2. ↓   | .35  | XJ   | 2          |   |             |                                     |                                    |
| 3. ↓   | .34  | PW   | 2          |   |             |                                     |                                    |
| 4. ↓   | .35  | PD   | 2          |   |             |                                     |                                    |
| 5. ↓   |  |  |            |   |             |                                     |                                    |
| 6.   |  |  |            |   |             |                                     |                                    |
| 7.   |  |  |            |   |             |                                     |                                    |
| 8.   |  |  |            |   |             |                                     |                                    |
| 9.   |  |  |            |   |             |                                     |                                    |
| 10.  |  |  |            |   |             |                                     |                                    |
| 11.  |  |  |            |   |             |                                     |                                    |
| 12.  |  |  |            |   |             |                                     |                                    |
| 13.  |  |  |            |   |             |                                     |                                    |
| 14.  |  |  |            |   |             |                                     |                                    |
| 15.  |  |  |            |   |             |                                     |                                    |

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

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

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

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

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

E<sub>2</sub>