

0310036

CITY OF SACRAMENTO
RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 18 PUFFIN COURT

Assessor Parcel #: 225-1920-010

Lot Number: 10

Subdivision: PARKVIEW, VILLAGE 1
(AKA SANDPIPER/PLAN 1)

OWNER INFORMATION:

Legal Property Owner: BECK PROPERTIES, INC. Phone Number: 209-957-0331
Owner Address: 3114 West Hammer Lane, City: Stockton, State: CA Zip: 95209

CONTRACTOR INFORMATION:

Contractor: BECK PROPERTIES, INC. License: 474821 Phone: 209-957-0331 Fax: 209-957-0363

PROJECT INFORMATION:

Land Use Zone: R1A Occupancy Group: R3 Construction Type: R3 Fed Code: 1A
No. of Stories: 1 No. of Rooms: 9 Street Width:
1st Floor Area: 1832 2nd Floor Area: -0- Basement: Roof Material:

AREA IN SQUARE FOOT OF:

DWELLING/LIVING: 1832 SF
GARAGE/STORAGE: 395 SF
DECKS/BALCONIES: 50 SF
CARPORTS:



SCOPE OF WORK: MP: 1832 (1 STORY/9 ROOM/SFR
MP W/ OPT:

(FOR OFFICE USE ONLY)

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:
-

>THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT<

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
 - a) Assessor's Parcel Number
 - b) New Floor Plan
 - c) Owner's Name
 - d) Project Address

Date: _____ Received by: (staff) _____ Permit #: _____ 6/26/2003

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS								
	Beck Properties SAND Piper LOT # 10		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675								
		DATE INSULATION COMPLETED 12-10-03									
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			MANUFACTURER			MANUFACTURER				
	CT	OC	JM	CT	OC	JM	CT	OC	JM		
	BAGS										
	R-VALUE INSTALLED 13	APPLIED THICKNESS 3 1/2"	R-VALUE INSTALLED 38	APPLIED THICKNESS 12" 14 3/4"	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS				
SEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT									MANUFACTURER		
MATERIAL Foam						HILTI			HANDY FOAM		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.											
SIGNATURE — INSULATION CONTRACTOR Jc						TITLE MANAGER			DATE 10-1-03		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											

SIC-303

0310034

18 Puffin Ct

BUILDER COPY

INSTALLATION CERTIFICATE

Site Address Sandpiper #1

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor' (≤ CF-1R value) ¹	Product SHGC' (≤ CF-1R value) ¹	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. HS w/ Grid	.36	.30	2	1	20		
2. HS No Grid	.36	.33	2	9	129		
3. Fix w/ Grid	.33	.34	2	1	8		
4. Fix No Grid	.33	.37	2	5	64		
5. VS No Grid	.36	.33	2	1	6		
6. PD NO GRID	.35	.29	2	2	92		
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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

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

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

1-6	B. T. Madell 1-24-05	Gilwin Company
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

BECK PROPERTIES: SANDPIPER COVES

Permit Number

Site Address

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	York #P4HUA12L0480	1	0.80	Attic	R-4.2	32,817	70,000	Plan 1
Furnace	York #P4HUB16L6401	1	0.80	Attic	R-4.2	38,876	80,000	Plan 2
Furnace	York #P4HUB16L6401	1	0.80	Attic	R-4.2	40,901	80,000	Plan 3
Furnace	York #P4HUB16L6401	1	0.80	Attic	R-4.2	41,314	80,000	Plan 4

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)	
Condenser	York #H*RC036	1	12.0	Attic	R-4.2	29,104	34,400	Plan 1
Condenser	York #H*RC042	1	12.0	Attic	R-4.2	31,706	39,000	Plan 2
Condenser	York #H*RC042	1	12.0	Attic	R-4.2	33,772	39,000	Plan 3
Condenser	York #H*RC042	1	12.0	Attic	R-4.2	34,895	39,000	Plan 4

*TXV - Indicates Thermal Expansion Valve On Coil

(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.

Mark K... 7-1-03
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

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

1/20 © Developer (if applicable)

PLAN
INSTALLATION CERTIFICATE

Every Time
(Page 1 of 7)

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; 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:

Heating Equipment

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

Cooling Equipment

Equip. Type (pkg. heat num)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (≥CF-1R value)	Duct Location (title, 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 Appliances 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 Re-circulation Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ³ (EF, RE)	Standby ³ Loss (%)	External Insulation R-value ³
STORAGE	GE 56-52 R DCT-R	Home			49,000	502	.62	2.7%	R-17
	56-52								

- 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.
- 3 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.

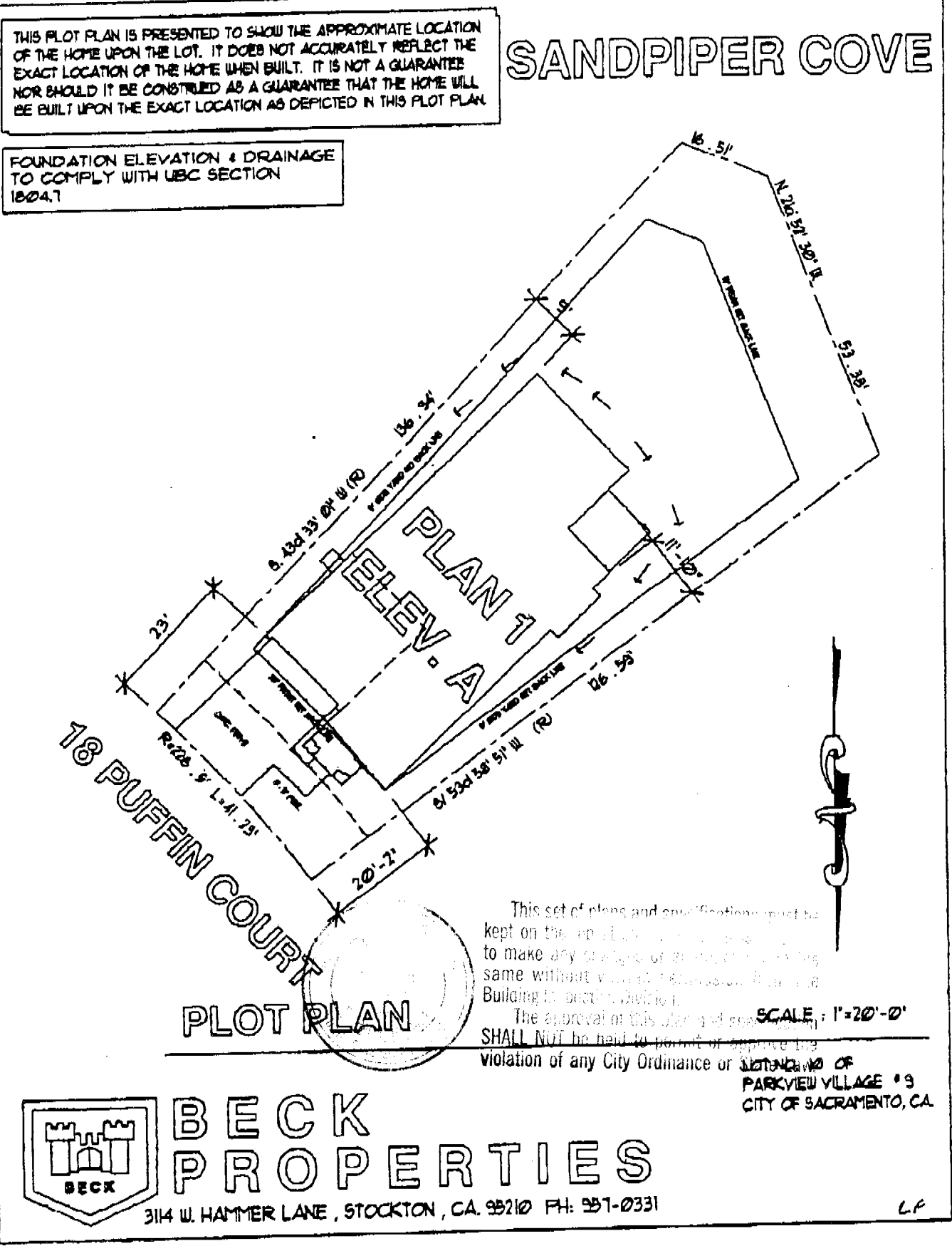
I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliances Efficiency Regulations or Part 6), where applicable.

[Signature]
Signature, Date _____

Wills Phonibiv
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner _____

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

July 1, 1999



APN NUMBER: _____