

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0402284
Insp Area: 4
Thos Bros: 257A4

Site Address: 2752 MACON DR SAC
Parcel No: 201-0620-012
N

NORTHBOROUGH II VIL. 8-4 LOT 12

Sub-Type: NSFR
Housing (Y/N):

CONTRACTOR
US HOME
2366 GOLD MEADOW DR STE 100
GOLD RIVER, CA 95670 77041

OWNER

ARCHITECT

Nature of Work: MP3377 2 STORY 12 ROOM 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 451839 Date 3/9/04 Contractor Signature Don McCloskey

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 above mentioned property for inspection purposes.

Date 3/9/04 Applicant/Agent Signature Don McCloskey

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 OLD REPUBLIC INS. CO. Policy Number MWC10815000

____ (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 3/9/04 Applicant Signature Don McCloskey

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.

PAID
CITY OF SACRAMENTO
MAR 10 2004
NORTH BOROUGHS PERMIT CENTER
Exp Date 11/01/2004



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

INSULATION
CERTIFICATE

47698

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

LOT # _____ TRACT # _____

STREET _____ CITY _____

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE 13

CEILING:

BATTS: MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE 38

BLOWN IN: MANUFACTURER _____ THICKNESS/TYPE _____ R-
MINIMUM VALUE 38

MANUFACTURER _____ THICKNESS _____ R-
VALUE _____

SQUARE FOOTAGE COVERED _____ NUMBER OF BAGS USED _____ R-
VALUE _____

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE _____

SLAB ON GRADE: MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-
VALUE _____

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____

TITLE _____

INSULATION CONTRACTOR **ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #55201

DATE 7/2

SIGNATURE _____

TITLE _____

Natomas 8-4 10-21-04

Project Title: 2752 MACOM DR NATOMAS Date: U.S. HOMES

Project Address: LOT 12 95835 Builder Name: 3377

Builder Contact: ALIEN AMARDO Telephone: 916-847-6574 Plan Number: _____

HERS Rater: Colby Amaro Telephone: 10-21-04 Sample Group Number: _____

Certifying Signature: _____ Date: _____ Sample House Number: _____

Firm: ALIEN AMARDO HERS Provider: _____

Street Address: 9524 MOSQUITO RD City/State/Zip: PLACERVILLE CA 95667

Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

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

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

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

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

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

Duct Pressurization Test Results (CFM @ 25 Pa) _____ Measured values _____

Test Leakage in CFM) 85

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 104

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = 5%

Check Box for Pass or Fail (Pass = 6% or less) Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV) or Commission approved equivalent

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

Yes is a pass

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)
 2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R. Measured Fan Flow = _____ Pass Fail
- Yes for both 1 and 2 is a Pass

2757 Macon Drive Lot 12 U.S. / Natamas 8-4
Site Address Permit Number

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 85

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 1736 fan

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage/(Measured or Calculated Fan Flow) = 5%

Pass if leakage fraction ≤ 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:

Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

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

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

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

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

D-Blast Signature, Date 10/21/04

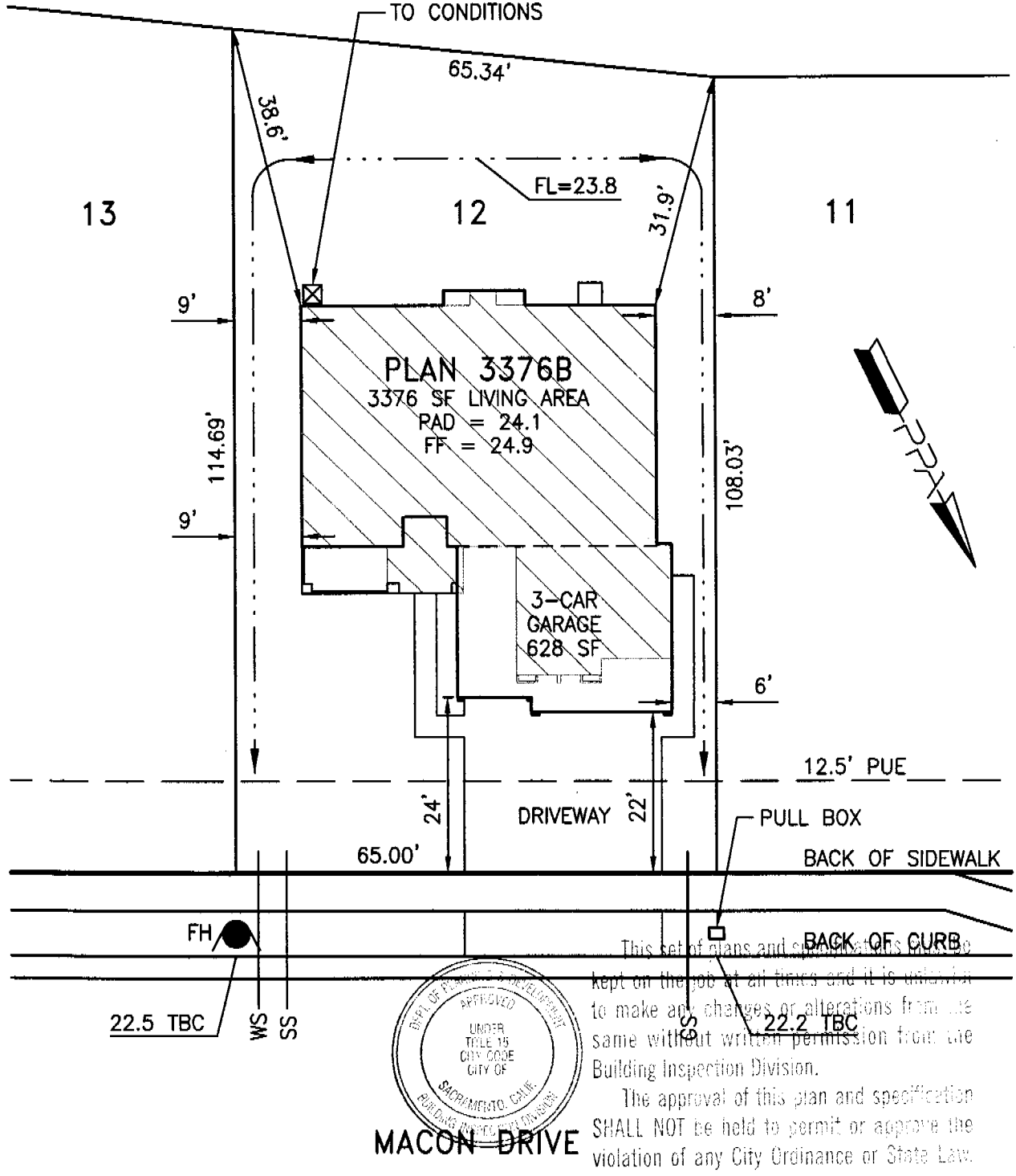
Beutler Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)

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

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINES, DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW. THIS IS DONE TO CONFORM TO LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN ON THIS PLAN IS APPROXIMATE EXCEPT FOR MINIMUM SETBACKS WHICH ARE REQUIRED BY LOCAL ORDINANCE. THIS PLAN DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.

MP 3377

AC UNIT
NOTE: LOCATION
MAY VARY DUE
TO CONDITIONS



This set of plans and specifications shall 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.

Approved By:	US Home Corp. Rep.	Date
Revision	Approved By	Date
▲		
▲		

LOT AREA: 7238 SF
 ALLOWED LOT COVERAGE: 2895 SF = 40.0%
 ACTUAL LOT COVERAGE: 2202 SF = 30.4%
 REAR YARD AREA: 2201 SF
 NUMBER OF BEDROOMS:

It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS. All setback dimensions and elevations as shown may be adjusted to fit field conditions.

Plot Plan for Heritage at Natomas Park Village 8-4

PPA Job #005007

Natomas Laureate

Lot 12

2752 Macon Drive, Sacramento, CA 95835

APN 201-0620-012

US Home Corporation - Sacramento Division

2366 Gold Meadow Way, Suite 200, Gold River, CA 95670 Phone (916) 858-3900 Fax (916) 858-3925

Plot Plan Associates www.plotplans.org

Date Drawn: 02/09/04 Scale: 1"=20'

PO Box 435 Citrus Heights CA 95611-0435 (916) 769-9063

Date Revised: Drawn By: MRM

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