

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0501418
Insp Area: 4
Thos Bros: 257-A3

Site Address: 2638 INGLETON LN SAC
Parcel No: HERITAGE @ NATOMAS PARK VIL 9 LOT # 14

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

CONTRACTOR
LENNAR RENAISSANCE INC
1075 CREEKSIDE RIDGE DR
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1164 1 STORY 9 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 732348 Date 5/13/05 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.)

PAID
MAY 13 2005
NORTH PERMIT CENTER

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 5/13/05 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 OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2004

(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.

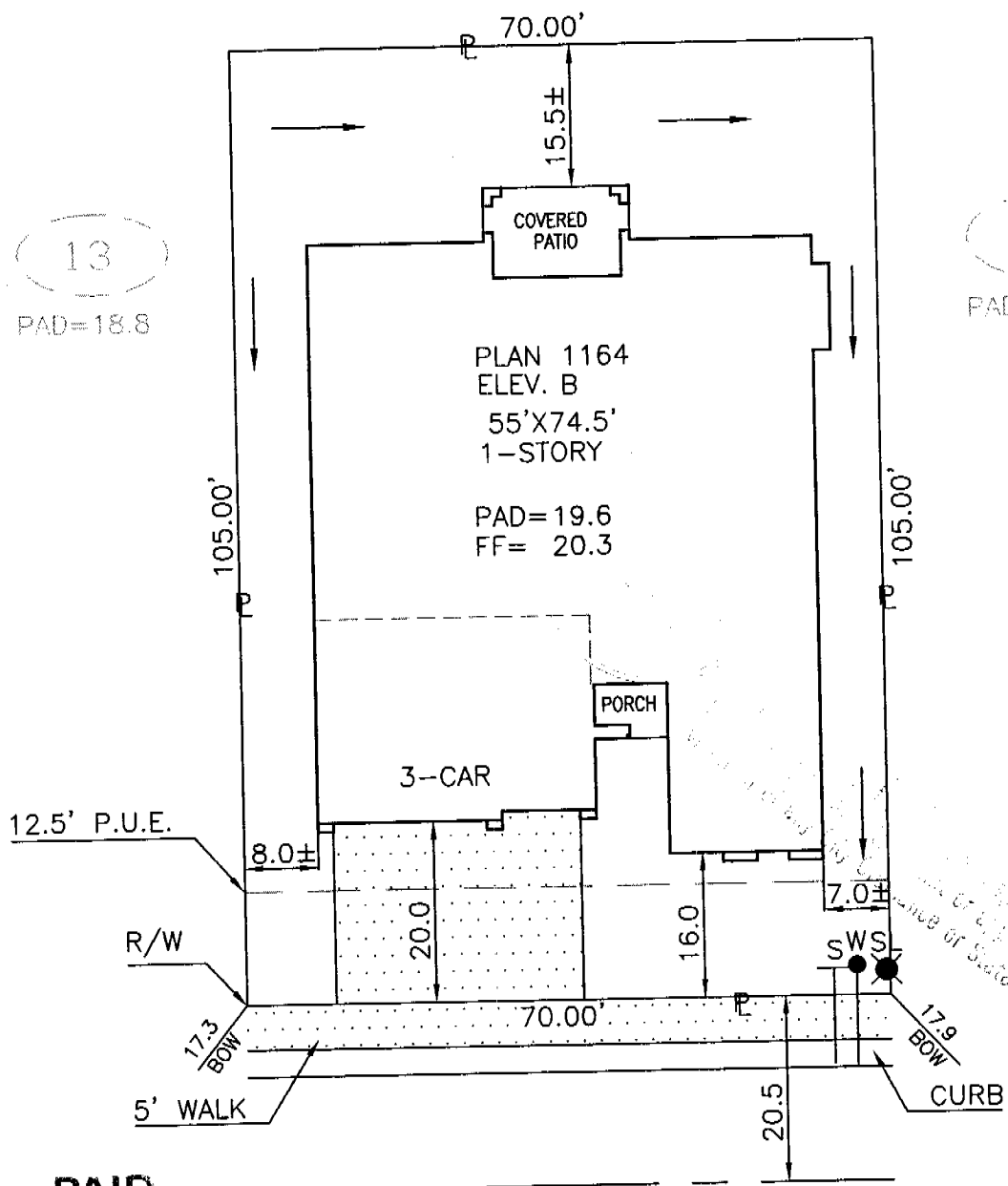
Date 5/13/05 Applicant Signature [Signature]

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.

13
PAD=18.8

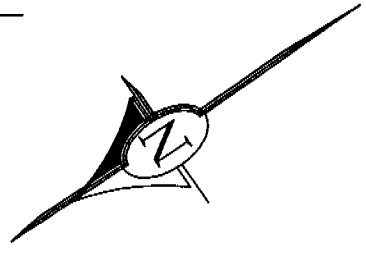
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PAD=19.7



NOT TO BE USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN PERMISSION OF THE ENGINEER OR STATE LAW.

PAID
CITY OF SACRAMENTO
MAY 13 2005
NORTH PERMIT
CENTER

INGLETON LANE



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

<p>1075 CREEKSIDE RIDGE DR. SUITE 100. ROSEVILLE, CA. 95678 PHONE (916) 773-4083 FAX (916) 773-4086</p>	<p>MONTEREY</p>		<p>PLOT PLAN</p>
	<p>HERITAGE PARK VILLAGE 9</p>		
<p>SACTO. COUNTY, CALIFORNIA</p>		<p>NOTES:</p>	
<p>ADDRESS: 2638 INGLETON LANE</p>	<p>LOT COV: 43.7%</p>		
<p>PLAN NO.: 1164-B</p>	<p>LOT SQ. FT.: 7,350</p>	<p>ROOF PITCH: A & B ELEVS.= 4/12 PITCH C ELEV.= 7/12 PITCH</p>	<p>LOT 14</p>
<p>DRAWN BY: R.P.</p>	<p>APPROVED BY: vmb</p>	<p>DATE: 1/19/05</p>	

Installation Card

Job Address

Stucco System Tradename: KWIK KOTE

MONTEREY COLLECTION

Name of Stucco Manufacturer: KWIK KOTE CORP.

2638 INGLETON LANE

lot 14-9

ICC Evaluation Service, Inc.

Evaluation Report ESR-1711

SACRAMENTO

Date of Job Completion _____

OS 01356

Stucco Contractor

Name: KENYON PLASTERING, INC.

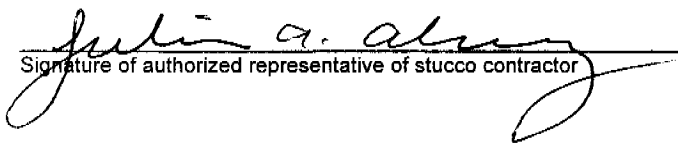
Address: PO BOX 2077

North Highlands CA, 95660

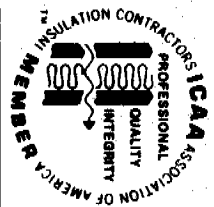
Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.


Signature of authorized representative of stucco contractor

10-20-05
Date



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

INSULATION CONTRACTORS
CERTIFICATE #
45191

OSD 1356

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

THIS IS TO CERTIFY THAT THE INSULATION CONTRACTOR HAS BEEN INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF THE NATIONAL INSULATION BOARD (NIB) AND THE INSULATION CONTRACTORS ASSOCIATION OF AMERICA (ICAA).

RENOISSANCE LOT # 14 TRACT # Monbury
STREET 26387 Indefinite LN CITY SAC

EXTERIOR WALLS:
MANUFACTURER 46 THICKNESS/TYPE _____ R-VALUE 13/9

CEILING:
BATT: 46 THICKNESS/TYPE _____ R-VALUE 30
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____
BLOWN-IN: CT MINIMUM 1 1/2 R-VALUE 38
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SQUARE FOOTAGE COVERED 1058 NUMBER OF BAGS USED 35
FLOORS: _____ R-VALUE _____
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____
SLAB ON GRADE: _____ THICKNESS/TYPE _____ R-VALUE _____
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES
FOUNDATION WALLS: _____ 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 11/105
SIGNATURE [Signature] TITLE Inspector

INSTALLATION CERTIFICATE

CF-6R

2638 + replen
Site Address

RENAISSANCE- Heritage Park Monterey

050 1418

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 58MVP080-20	1	0.94	Attic	R-6	42,168	80,000	Plan 1161
Furnace	Carrier 58MVP080-20	1	0.94	Attic	R-6	43,983	80,000	Plan 1162
Furnace	Carrier 58MVP100-20	1	0.94	Attic	R-6	45,120	100,000	Plan 1163
Furnace	Carrier 58MVP100-20	1	0.94	Attic	R-6	46,809	100,000	Plan 1164

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	Carrier 38TDB048-3 *	1	18.0	Attic	R-6	38,978	47,600	Plan 1161
Condenser	Carrier 38TDB048-3 *	1	18.0	Attic	R-6	37,888	47,600	Plan 1162
Condenser	Carrier 38TDB060-3 *	1	18.0	Attic	R-6	40,038	60,000	Plan 1163
Condenser	Carrier 38TDB060-3 *	1	18.0	Attic	R-6	39,370	60,000	Plan 1164

*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 Hadley
Signature, Date 8-20-03

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 (%)	Exhaust Insulation R-value
GAS	BRANDEN-WHITE	STD	N/A	1	40,000	50			

(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.

Lin Ventis
Signature, Date 12-1-05

Renaissance/Leonor
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

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

LOT :
Plan : 1164C

Work Order : 160607
Builder : RENAISSANCE MONTEREY COLLECTION

Site Address : 2638 Ingleton

Permit # 0501418

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured	Site Built Products		Quantity (optional)	Total Square Feet	Comments/ Special Features
		Products Labelled U-value (< CF-1R value) ²	# of Panels	Default U-Value ²			
1. WINDFORD WINDOW	Fixed	0.320				109.5	
2. WINDFORD WINDOW	S/Hung	0.350				63.0	
3. WINDFORD WINDOW	H/Slider	0.350				165.0	
4. WINDFORD WINDOW	P/Door	0.330				64.0	
5. * Weighted Average	----->	0.339	----	----	----	401.5	-----
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²Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is the 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	<u>Tim Heentje</u> 11-31-05 Signature, Date	<u>Renaissance / Lennox</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

* Product mix and u-values reflect plan changes as of 12/03/04