

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0501862

Insp Area: 4

Thos Bros: 256H6

Site Address: 3301 NORTH PARK DR SAC St: #23

Parcel No: 225-1780-015

BLDG#23

Sub-Type: NAPT

Housing (Y/N): N

CONTRACTOR
KB HOME NORTH BAY INC.
2429 DEL PASO RD
SACRAMENTO CA. 95834

OWNER
KB HOMES
2420 DEL PASO RD STE 200
SACRAMENTO CA 95834

ARCHITECT
ERIC KOUGH
KB HOMES

Nature of Work: BLDG # 23 6-PLEX CONDO

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 255425 Date 12/22/05 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 (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 _____

PAID
CITY OF SACRAMENTO
DEC 22 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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 ny 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 12/22/05 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: AMERICAN HOME INS. CO. Policy Number WC6436470 Exp Date 08/31/2006

(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 12/22/05 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 3301 NORTH PARK DR #23 Permit No.: 0501862
Building Use: CONDOMINIUMS Occupancy: R-1
Building Owner: KB HOMES Construction Type: V-1HR
Owner Address: SACRAMENTO, CA 95834 Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 11,586 Sq. Ft.
10-20-06 Date By: (Print) Carolyn Cooper Sign ROBERT LEE CHASE, AIA
CHIEF BUILDING OFFICIAL

[Finaled By: CED, JETM, WZG, GRS, MARTY]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE



CONSTRUCTION MATERIALS TESTING, INC.

August 9, 2006

CMT File No. 98494

CITY OF SACRAMENTO
915 I Street
Sacramento, CA 95814

Attn: Building Department Permit No. 0501862
Project: Hampton Village Building 23
3301 North Park Drive
Sacramento, CA

SPECIAL INSPECTION FINAL REPORT

THIS IS TO CERTIFY that in accordance with Section 1701 of UBC-1997 Code, Construction Materials Testing, Inc. has provided special inspection on items listed below:

- 1) Reinforcing Steel
- 2) Post Tension Cables
- 3) Epoxy Bolts
- 4) Concrete Placement

Qualified personnel under the direct supervision of the undersigned Professional Engineer performed the completed inspection and tests noted above. Based upon inspection and/or tests performed and substantiating reports, it is our professional judgment that the work requiring special inspection was, to the best of our knowledge, in conformance with the approved plans, engineers specifications and the applicable workmanship provisions of this Code.

Respectfully submitted,
CONSTRUCTION MATERIALS TESTING, INC.

Joseph M. Provenzano, R.E.
Registered Civil Engineer, No. 13562



cc Client-TRC Lowney

2278-F Pike Court • Concord, CA 94520-1252
(925) 825-2840 • FAX (925) 682-7953

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 231 HAMPTON VILLAGE CONDOS SACRAMENTO CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREENFIBER THICKNESS 10.3" RVALUE 38
 MANUFACTURER GREENFIBER THICKNESS _____ RVALUE _____

BATTS: MANUFACTURER KNAUF THICKNESS 13" RVALUE 38
 KNAUF _____

EXTERIOR WALLS:

 MANUFACTURER KNAUF THICKNESS 3.5" RVALUE 13
 KNAUF _____

FLOOR INSULATION:

 MANUFACTURER KNAUF THICKNESS 6" RVALUE 19
 KNAUF _____

AIR INFILTRATION:

(TITLE 24)

YES XXX NO _____

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 10/3/2006
 BECKY GUTHERZ

INSULATION CERTIFICATE

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

SITE ADDRESS LOT 232 HAMPTON VILLAGE CONDOS SACRAMENTO CA
NUMBER CITY STATE

CEILING:

BLOW: MANUFACTURER GREENFIBER THICKNESS 10.3" RVALUE 38
MANUFACTURER GREENFIBER THICKNESS RVALUE

BATTS: MANUFACTURER KNAUF THICKNESS 13" RVALUE 38
KNAUF RVALUE

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" RVALUE 13
KNAUF RVALUE

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" RVALUE 19
KNAUF RVALUE

AIR INFILTRATION: (TITLE 24)
YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 10/9/2006
BECKY GUTHERTZ

INSULATION CERTIFICATE

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SITE ADDRESS LOT 233 HAMPTON VILLAGE CONDOS SACRAMENTO CA
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREENFIBER THICKNESS 10.3" R/VALUE 38
MANUFACTURER GREENFIBER THICKNESS R/VALUE

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER:

GENERAL CONTRACTOR: KB HOMES LICENSE #

BY: TITLE DATE

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Guthertz TITLE AUTH. AGENT DATE 10/3/2006
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MANUFACTURER GREENFIBER THICKNESS R/VALUE

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 10/3/2006
BECKY GUTHERZ

INSULATION CERTIFICATE

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SITE ADDRESS LOT 235 HAMPTON VILLAGE CONDOS SACRAMENTO CA
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREENFIBER THICKNESS 10.3" R/VALUE 38
MANUFACTURER GREENFIBER THICKNESS R/VALUE

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38
KNAUF

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13
KNAUF

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 10/3/2006
BECKY GUTHERZ

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SITE ADDRESS LOT 236 HAMPTON VILLAGE CONDOS SACRAMENTO CA
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MANUFACTURER GREENFIBER THICKNESS R/VALUE

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KNAUF

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS 6" R/VALUE 19
KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: KB HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutierrez TITLE AUTH. AGENT DATE 10/3/2006
BECKY GUTHERZ

4058 KB

607-2717

Bob Nick to me to give to you

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

Site Address 3301 North Park Wy. Bld. 23

Permit Number 0501862

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 Number, # of Identical Systems, Efficiency (AFUE, etc.) [≥CF-1R value], Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) [≥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) 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:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, RE), 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.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 17).

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

7.27.2005

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name) OR Owner

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

January 4, 2001

KB- Hampton Village Condos - Unit A1 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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).

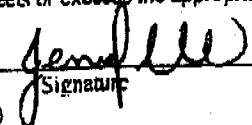
FENESTRATION/GLAZING:

| # | 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 Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|-----|--|---|---|------------|--|------------------|-------------------------------------|------------------------------------|
| 1. | 6110-HV | .35 | .30 | 2 | | 20 | | |
| 2. | 6210-SH | .34 | .30 | 2 | | 45 | | |
| 3. | 6340-DW | .34 | .33 | 2 | | 15 | | |
| 4. | EW2-SGD | .35 | .31 | 2 | | 84 | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
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| 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.

4  7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

KB-Hampton Village Condos- Unit A2 Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12) 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) 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:

| | Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panels | Total Quantity of Like Product (Optional) | Area Square Feet | Exterior Shading Device or Overhang | Comments/Location/ Special Features |
|-----|--|---|---|----------------|--|------------------------|---|--|
| 1. | 6110-NV | .25 | .20 | 2 | | 20 | | |
| 2. | 6210-SH | .34 | .26 | 2 | | 45 | | |
| 3. | 6340-PW | .34 | .23 | 2 | | 6 | | |
| 4. | 6021-SED | .25 | .31 | 2 | | 84 | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
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| 9. | | | | | | | | |
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| 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.

4 *[Signature]* 7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

KB Hampton Village Condos - Unit B Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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:

| | 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 Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|-----|--|---|---|------------|--|------------------|-------------------------------------|------------------------------------|
| 1. | 6210-SH | .34 | .20 | 2 | | 90 | | |
| 2. | 6240-RW | .34 | .33 | 2 | | 15 | | |
| 3. | 5621-SGD | .35 | .31 | 2 | | 84 | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
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| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |

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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.

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3 Jennifer Lee 7-26-06
 Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

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

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

KB Hampton Village Condos - Unit C Bungalow
INSTALLATION CERTIFICATE (Page 2 of 12) **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) 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).

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| | Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-factor ¹ (≤ CF-1R value) ² | Product SHGC ¹ (≤ CF-1R value) ² | # of Panels | Total Quantity of Like Product (Optional) | Area Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|-----|--|---|---|-------------|---|------------------|-------------------------------------|------------------------------------|
| 1. | 6210-SH | .34 | .30 | 2 | | 147 | | |
| 2. | 6240-FW | .34 | .30 | 2 | | 6 | | |
| 3. | 5621-SGD | .35 | .31 | 2 | | 42 | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
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| 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 nnt.

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.

3 *[Signature]* 7-26-06
 Item #s _____ Signature _____ Date _____ Installing Subcontractor (Co. Name) OR
 (if applicable) _____ General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

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

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

K.B. Hampton Village Condos - Unit D Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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:

| | 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 Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|-----|---|--|--|------------|---|------------------|-------------------------------------|------------------------------------|
| 1. | 6110-NV | .25 | .20 | 2 | | 14 | | |
| 2. | 6210-SH | .24 | .30 | 2 | | 180 | | |
| 3. | 6340-PW | .24 | .23 | 2 | | 15 | | |
| 4. | 5621-SAD | .25 | .31 | 2 | | 42 | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
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| 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.

4  7-26-06
 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

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 Rater (if applicable)
 Building Owner at Occupancy

KB Hampton Village Condos - Unit E Bungalow

INSTALLATION CERTIFICATE

(Page 2 of 12)

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) 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:

| | Manufacturer/Brand Name (GROUP LIKE PRODUCTS) | Product U-factor ¹ (s CF-1R value) ² | Product SHGC ¹ (s CF-1R value) ² | # of Panes | Total Quantity of Like Product (Optional) | Area Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|-----|--|---|---|------------|--|------------------|-------------------------------------|------------------------------------|
| 1. | 6210-SH | .34 | .36 | 2 | | 193 | | |
| 2. | 6340-RD | .34 | .33 | 2 | | 20 | | |
| 3. | 5621-SGD | .35 | .31 | 2 | | 42 | | |
| 4. | | | | | | | | |
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| 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.

3 *Jennifer W* 7-26-06
 Item #s Signature Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

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

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

INSTALLATION CERTIFICATE

CF-6R

LOT _____ PLAN# _____ KB HOME - HAMPTONS VILLAGE

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).

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 58STX045-12 | 1 | 80% | ATTIC | R-4.2 | 17,483 | 45,000 | UNIT A1 |
| FURNACE | Carrier 58STX045-12 | 1 | 80% | ATTIC | R-4.2 | 17,482 | 45,000 | UNIT A2 |
| FURNACE | Carrier 58STX045-12 | 1 | 80% | ATTIC | R-4.2 | 19,813 | 45,000 | UNIT B |
| FURNACE | Carrier 58STX045-12 | 1 | 80% | ATTIC | R-4.2 | 22,387 | 45,000 | UNIT C |
| FURNACE | Carrier 58STX045-12 | 1 | 80% | ATTIC | R-4.2 | 19,500 | 45,000 | UNIT D |
| FURNACE | Carrier 58STX070-12 | 1 | 80% | ATTIC | R-4.2 | 25,430 | 70,000 | UNIT E |

| 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 24ABA324 | 1 | 13.0 | ATTIC | R-4.2 | 12,026 | 21,100 | UNIT A1 |
| A/C | Carrier 24ABA324 | 1 | 13.0 | ATTIC | R-4.2 | 12,009 | 21,100 | UNIT A2 |
| A/C | Carrier 38HDR024 | 1 | 13.0 | ATTIC | R-4.2 | 13,387 | 21,100 | UNIT B |
| A/C | Carrier 24ABA330 | 1 | 13.0 | ATTIC | R-4.2 | 13,509 | 25,900 | UNIT C |
| A/C | Carrier 24ABA330 | 1 | 13.0 | ATTIC | R-4.2 | 14,590 | 25,900 | UNIT D |
| A/C | Carrier 24ABA330 | 1 | 13.0 | ATTIC | R-4.2 | 16,747 | 25,900 | UNIT E |

* = 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.

Jack Ojil 7/27/06
Signature, Date

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

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT
2101 ARENA BLVD., STE 200
SACRAMENTO, CA 95834

Bldg
23

INSPECTION SERVICES
24 HOUR INSPECTIONS REQUEST LINE CALL (916) 808-1643
MINIMUM OF 48 HOURS NOTICE REQUIRED FOR INSPECTIONS / APPOINTMENTS

PERMIT# 0501867 CHECKED BY LDD DATE 12/21/05
SCOPE OF WORK NEW COVE
ADDRESS 3301 NORTH PARK
JOB NAME HAMILTON D. HOOPER
CONTRACTOR CB Adams PHONE 576-5800

NOTE:

- 1) Do not cover walls or ceiling or bury piping until the following items are signed off.
- 2) An all weather (paved) emergency access roadway and operating fire hydrants shall be provided prior to any combustible storage or construction on site.

SITE

| INSPECTIONS | INITIALS | DATE |
|---|----------|----------------|
| Underground Fire Mains/Visual (Class 200) | 201 | DR/mcm 12/9/05 |
| Hydrostatic test of Fire Main (Class 200) | 201 | DR/mcm 12/9/05 |
| Flushing of Fire Main (Class 200) | 201 | DR 6-1-06 |
| Access/Fire Lane/Striping | 701 | |
| Gates/Fences/Knox | 701 | MMA 10-11-06 |
| Above ground tank | 600 | |

FIRE & LIFE SAFETY

| INSPECTIONS | INITIALS | DATE |
|--------------------------------|----------|------|
| Fire Doors | | |
| Smoke Venting | | |
| High Piled Stock | | |
| Flammable Liquids | | |
| Hazardous Materials | | |
| Special Hazards | | |
| Posted signs for occupant load | | |

EQUIPMENT

| INSPECTIONS | INITIALS | DATE |
|-------------------------------------|----------|--------------|
| Fire Sprinkler System Piping/Visual | 200 | MMA 6-28-06 |
| Fire Sprinkler Hydrostatic Test | 200 | MMA 6-28-06 |
| Standpipes | 200 | |
| Fire Alarms | 100 | |
| Fire Sprinkler Monitoring System | 101 | |
| Fire Alarm Monitoring System | 102 | |
| Kitchen Hood & Duct System | 311 | |
| Special Extinguishing System | 308 | |
| Fire Extinguishers | 194 | MMA 10-11-06 |
| Fire Pumps | 202 | |

SPECIAL REQUIREMENTS

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

FINAL APPROVAL

Fire Department Approval MMA 10-11-06

NOTICE: Failure to comply with an order of the Fire Department may result in the issuance of a stop-work order and/or discontinued use of the building or premises.

ORIGINAL CARD TO BE POSTED AT THE WORK SITE

KEEP THIS CARD FOR REFERENCE-THIS IS YOUR RECORD OF FIELD INSPECTIONS

There is a \$25.00 fee for replacement/lost cards

Certification of Compliance
School District Development

Part I—To be completed by the APPLICANT

Owner's Name/Address EBH... 21120... 21120...
Project Address 3301 North Park Dr #23
Parcel Number 215-1780-017 Lot No. 3301
Subdivision Name _____ No. of Units 6
Applicant's Signature [Signature] Title Account Tech
Phone No. 773-9990 Date 12/22/05

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II—To be completed by the BUILDING DEPARTMENT

Plan Identification Number 050 1862
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 8539 #
Signature/Title [Signature] Date 12/22/05

Part III—To be completed by the SCHOOL DISTRICT

School District ... Certificate No. ...
 Exempt Comments _____
Residential/Apartment/etc. 7651 Square ft. x \$ _____ = \$ 28834.47
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ _____

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature Heide Brogan ACCOUNT TECH Date 12/22/5

White & Canary—School District • Pink—Building Department • Goldenrod—Applicant

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO: _____ BLDG PERMIT NO. 2005-10936

GENERAL INFORMATION

City of Sacramento

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

PAID
DEC 15 2005
 For.....

 THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

multiple units

FEE CALCULATION

| | |
|-------------------|------------------|
| INSPECTION | |
| CSD-1 | |
| SRCSD <i>1000</i> | |
| CONSTRUCTION | |
| IN-LIEU | |
| TOTAL FEE | 1,263,250 |

BUILDING USE

| | | |
|----------------|-----------------------------|-----------------------------|
| RESIDENTIAL | SF <input type="checkbox"/> | MF <input type="checkbox"/> |
| COMMERCIAL USE | | |
| | <i>24 units</i> | |
| | <i>apartments</i> | |

APN: 225-170-015

DESCRIPTION/
 SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS 3301 N PARK DRIVE

OWNER K. L. ADAMS NORTH PARK INC.

MAILING ADDRESS 2420 1st 1000 rd

CITY-STATE-ZIP SACRAMENTO, CA 95834 PHONE _____

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY
 ACCT _____ INPUT _____ START _____

RECEIPT

Case Fee Summary

Case Number: SWD2005-00936
Location: CITY OF SACRAMENTO
Job Address: 0 N PARK DR

Status: ACT

Issue Date: 12/15/2005

Date Printed: 12/15/2005

| Fee Type | Fee Due | Fee Paid | Date Paid |
|------------------|-------------------------------|------------------------|-----------|
| SRCSD Sewer Fees | 263250.00 | 0.00 | |
| | Fees Due: 263250.00 | Fees Paid: 0.00 | |
| | Balance Due: 263250.00 | | |

County of Sacramento
Accounting & Fiscal Services

*** Customer Receipt ***

Receipt #: 320050000000013886

Transaction: 12/15/2005 12:03:09PM
Date / Time:

Case #: SWD2005-00936

Fee Type Fee Amount

SRCSD Sewer Fees 263,250.00

Total: DF DEPOSIT \$263,250.00

Bank #:

Check #/Acct#: 62

Received: In Person

Confirm No:

Amount Tendered: \$263,250.00