

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0403807**  
**Insp Area: 4**  
**Thos Bros: 257C4**

**Site Address: 1815 WILLIAM BIRD AV SAC**

Parcel No: 201-0580-092

NORTHPOINT PARK VILLAGE 31 LOT 92

Sub-Type: NSFR

Housing (Y/N):

N

**CONTRACTOR**

CAMBRIDGE HOMES  
9852 BUSINESS PARK DR STE. B  
SACRAMENTO CA. 95827

**OWNER**

**ARCHITECT**

**Nature of Work: NSFR MP 3094 2 STORY 11 ROOMS**

**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 766741 Date \_\_\_\_\_ Contractor Signature [Signature]

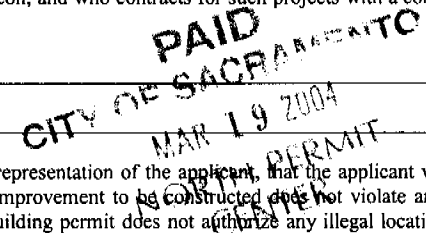
**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 \_\_\_\_\_



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

Date 3-19-04 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.

4 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (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 3-19-04 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.**

Project Address: 1815 WILLIAM BIRD AVE Assessor Parcel # 201-0580-092  
Lot Number: 92 Subdivision NORTAPOINTE PARK VILLAGE 31

**OWNER INFORMATION:**

Legal Property Owner: CAMBRIDGE HOMES Phone# 643-1444  
Owner Address: 1816 TRIBUTE RD City SACTO State CA Zip 95815

**CONTRACTOR INFORMATION:**

Contractor: CAMBRIDGE Lic. # 766741 Phone # 643-1444 Fax \_\_\_\_\_

**PROJECT INFORMATION:**

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: TWO No. of Rooms: 11 Street Width: 40'  
1<sup>st</sup> Floor Area 1749 2<sup>nd</sup> Floor Area 1345 Basement N/A Roof Material TILE

**AREA IN SQUARE FOOT OF:**

Dwelling/Living 3094  
Garage/Storage 697  
Decks/Balconies \_\_\_\_\_  
Carports \_\_\_\_\_

SCOPE OF WORK: NEW S.F.D.  
M.P. # 3

- 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 Area
  - c) Owners Name
  - d) Project Address

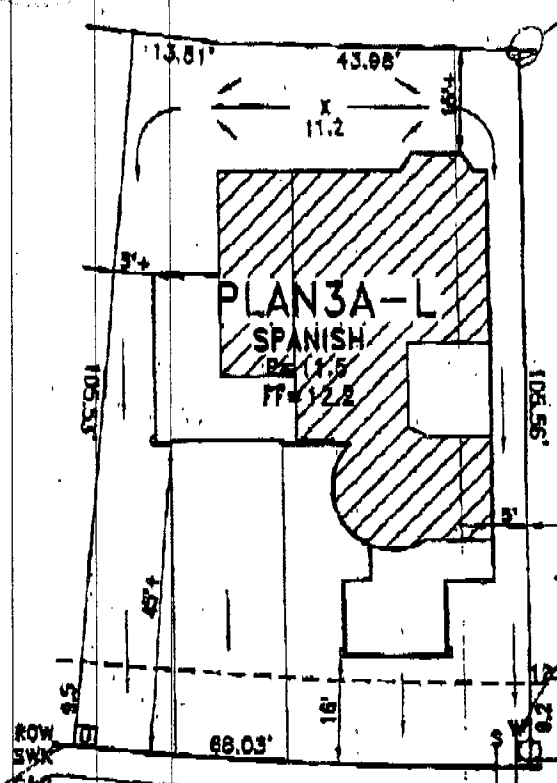
Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_ Permit # \_\_\_\_\_

Mar. 3. 2004 10:10AM

No. 3376 P. 7

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 WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

PRELIMINARY



OK  
KW  
3-3-04

GAS  
SPLICE  
BOX






STREET  
LIGHT

TU-PHONE  
GAS-SPLICE  
BOX

RECEIVED  
MAR 03 2004  
BY:

OK  
KW  
3-3-04

31 Village 31 (City of Sacramento) 2/27/04 8:40am 1044194826

LOT SQ. FT. = 6620		LOT COVERAGE = 31.7 %		PLOT PLAN LOT 92 Northpointe Village 31 FOR CAMBRIDGE HOMES	
<ul style="list-style-type: none"> <li> = TRANSFORMER</li> <li> = UTILITY BOX</li> <li> = STREET LIGHT</li> </ul>		<ul style="list-style-type: none"> <li> = FIRE HYDRANT</li> <li> = STREET LIGHT SERVICE POINT</li> </ul>		CITY OF SACRAMENTO CALIFORNIA	
1815 WILLIAM BIRD AVENUE		WOOD RODGERS ENGINEERING - PLANNING - SURVEYING 2801 O STREET, SUITE 100-9, SACRAMENTO, CA 95816 PHONE (916) 945-1722 FAX (916) 945-1727		PROJECT NO. 1045.079	
DATE: FEB 2004		DRAWN: HMB		CHECKED:	

# CERTIFICATION OF INSULATION

CAMBRIDGE

LOT # 92

NO. 20110 @ NATALIS

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1209 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART GENERAL ATTIC INSULATION

WALLS ( SQUARE FEET)	CEILING ( SQUARE FEET)	FLOORS ( SQUARE FEET)
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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.

CT	OC	JM	CT	OC	JM	CT	OC	JM
BAGS								
APPLIED			R VALUE			APPLIED		
13			35			30		
19			55			4		

MATERIAL <b>FIBERGLASS</b>	FORM <b>BATTS</b>	R VALUE	MANUFACTURER		
			CT	OC	JM

MATERIAL	MANUFACTURER	
	<b>HILTI</b>	<b>HANDY FOAM</b>

SIGNATURE — INSULATION CONTRACTOR	TITLE <b>MANAGER</b>	DATE <b>8-10-09</b>
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS

8/10/09

**INSTALLATION CERTIFICATE**

*Plan 4*

CF-6R

**Cambridge Homes (Northpointe)**

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.) $\geq$ CF-IR value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	GMT090-4	1	80%	ATTIC	R-4.2	49,006	72,000	Plan 1
FURNACE	GMT115-5	1	80%	ATTIC	R-4.2	46,587	80,000	Plan 2
FURNACE	GMT115-5	1	80%	ATTIC	R-4.2	55,543	80,000	Plan 3
FURNACE	GMT115-5	1	80%	ATTIC	R-4.2	66,083	80,000	Plan 4
* TXV VALVE INSTALLED AS PART OF THE COIL								

**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) $>$ CF-IR value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	CLJO48	1	80%	ATTIC	R-4.2	41,908	41,700	Plan 1
A/C	CLJO48	1	80%	ATTIC	R-4.2	38,761	39,500	Plan 2
A/C	CLJO48	1	80%	ATTIC	R-4.2	37,470	49,000	Plan 3
A/C	CLJO60	1	80%	ATTIC	R-4.2	48,454	49,000	Plan 4

(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

**BEUTLER CORPORATION**

Installing Subcontractor (Co. Name)

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.

Installing Subcontractor (Co. Name)

Cambridge Homes - Parkside - All Plans
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

Table with 8 columns: Equip. Type (pkg./heat pump), CEC Certified Mfr Name & 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)

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment installed; (2) is 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 equipment 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 9 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recl. Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, RE), Standby Loss (%), External Insulation R-value

1. For small gas storage (rated input <= 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input > 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

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

Signature, Date

J.R. Pierce Plumbing Co.
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

Compliance Forms

# KwikKote

No. 200-912602

## Stucco System Installation Card

Job Name: PARKSIDE @ NORTHPOINTE

Address:

, CA

Lot #: 0000092

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion:

Home Builder: CAMBRIDGE HOMES

Address: 1816 TRIBUTE ROAD STE. 100  
SACRAMENTO, CA

Stucco Contractor: KENYON PLASTERING, INC.

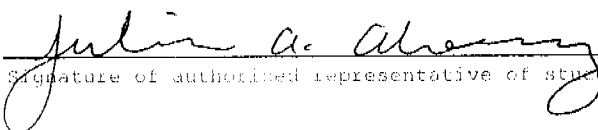
Address: PO BOX 2077  
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 09/15/2004

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

  
\_\_\_\_\_  
Signature of authorized representative of stucco contractor

9-15-04  
\_\_\_\_\_  
Date