

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

**Permit No: 0508783**

**Insp Area: 4**

**Thos Bros:**

**Sub-Type: NSFR**

**N**

**Site Address: 4141 MOGAN VALLEY ST SAC**  
Parcel No: ASTORIA PLACE LOT 16 Housing (Y/N):

**CONTRACTOR**  
JOHN DETERDING CO  
PO BOX 1608  
CARMICHAEL CA 95609

**OWNER**

**ARCHITECT**

**Nature of Work: MP 1748 2 STORY 7 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 \_\_\_\_\_ License Number 569196 \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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  
SEP 12 2005  
NEIGHBORHOOD SERVICES  
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 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 \_\_\_\_\_ Applicant/Agent 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 STATE FUND Policy Number 260-01 UNIT 0005056 Exp Date 12/01/2005

\_\_\_\_\_ (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 \_\_\_\_\_ Applicant 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.**



## Installation Certificate CF-6R

Site Address **Lot 3, 4,16,27,28,29 - Astoria place**

0508783

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).

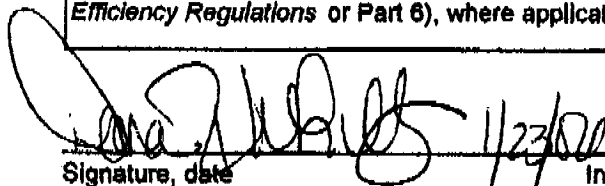
Heating Equipment

<u>Equip Type</u>	<u>CEC Certified Mfr. Name &amp; Model #</u>	<u># of identical System:</u>	<u>Efficiency AFUE</u>	<u>Duct Location</u>	<u>Duct Piping R-Val</u>	<u>Heating Load</u>	<u>Heating Capacity</u>
Furnace	Goodman GF9S060B12	1	92%	Attic	R.4	75,000	70,000

Cooling Equipment

<u>Equip Type</u>	<u>CEC Certified Comp. Unit Mfr. Name &amp; #</u>	<u># of identical System:</u>	<u>Efficiency Seer</u>	<u>Duct Location</u>	<u>Duct Piping R-Val</u>	<u>Cooling Load</u>	<u>Cooling Capacity</u>
Condenser	Goodman AC036X12	1	12	Attic	R.4	36,000	25,000

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 building, 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

**Astro Air Design, Inc.**  
Installing Subcontractor (Co. Name)  
or General Contractor (Co. Name) or Owner

**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 16 ASTORIA PLACE SACRAMENTO CA 0508283  
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38

GREEN FIBER 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: JOHN DETERDING COMPANY LICENSE # \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutherz TITLE AUTH. AGENT DATE 2/16/2006  
BECKY GUTHERZ

**INSTALLATION CERTIFICATE**

(Page 2 of 7)

**CF-6R**

Site Address: Astoria Place Plan 4

Permit Number: 0508783

**WENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value (if CF-IR value)	Product SHGC (if CF-IR value)	# of Panels	Total Quantity of Line Product (Quantity)	Square Feet	Interior or Exterior Shading Device or Overhang	Comments/Location Special Features
1. <u>YO</u>	<u>0.35</u>	<u>0.32</u>	<u>2</u>	<u>2</u>			
2. <u>SH</u>	<u>0.35</u>	<u>0.32</u>	<u>2</u>	<u>102.5</u>			
3. <u>FL</u>	<u>0.34</u>	<u>0.35</u>	<u>2</u>	<u>20</u>			
4. <u>SGD</u>	<u>0.34</u>	<u>0.32</u>	<u>2</u>	<u>20</u>			
5.							
6.							
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 1.16 of the Energy Efficiency Standards.

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

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-Value 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.

*David P. [Signature]* 11/20/05

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 Provider (if applicable)  
Building Owner at Occupancy

July 1, 1999

**INSTALLATION CERTIFICATE**

0508783

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

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (>CF-1R value)	Duct Location (attic, etc.)	Duct Details	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  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:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	EFFiciency <sup>2</sup> (EF, UEF)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
NATURAL	STATE US640YDCTG	STORAGE		1	40000	40	57	3.50	R-7

- 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 R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.55.

**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 Appliance Efficiency Regulations or Part 6), where applicable.

Chris Berger  
Signature, Date

NORTHSTAR PLUMBING  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

# OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

0508783

JOB ADDRESS:

ICBO Report #4004

4141 Hogan Valley St  
Sacto Ca

Date of Job Completion 12-20-05

PLASTERING CONTRACTOR:

Name: Woody Poynter bath and Plastering

Address: P.O. Box 1220 Sloughhouse Ca 95683

Telephone No: 916-354-9684

Contractor Number of Diamond Wall System 2106

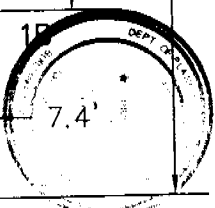
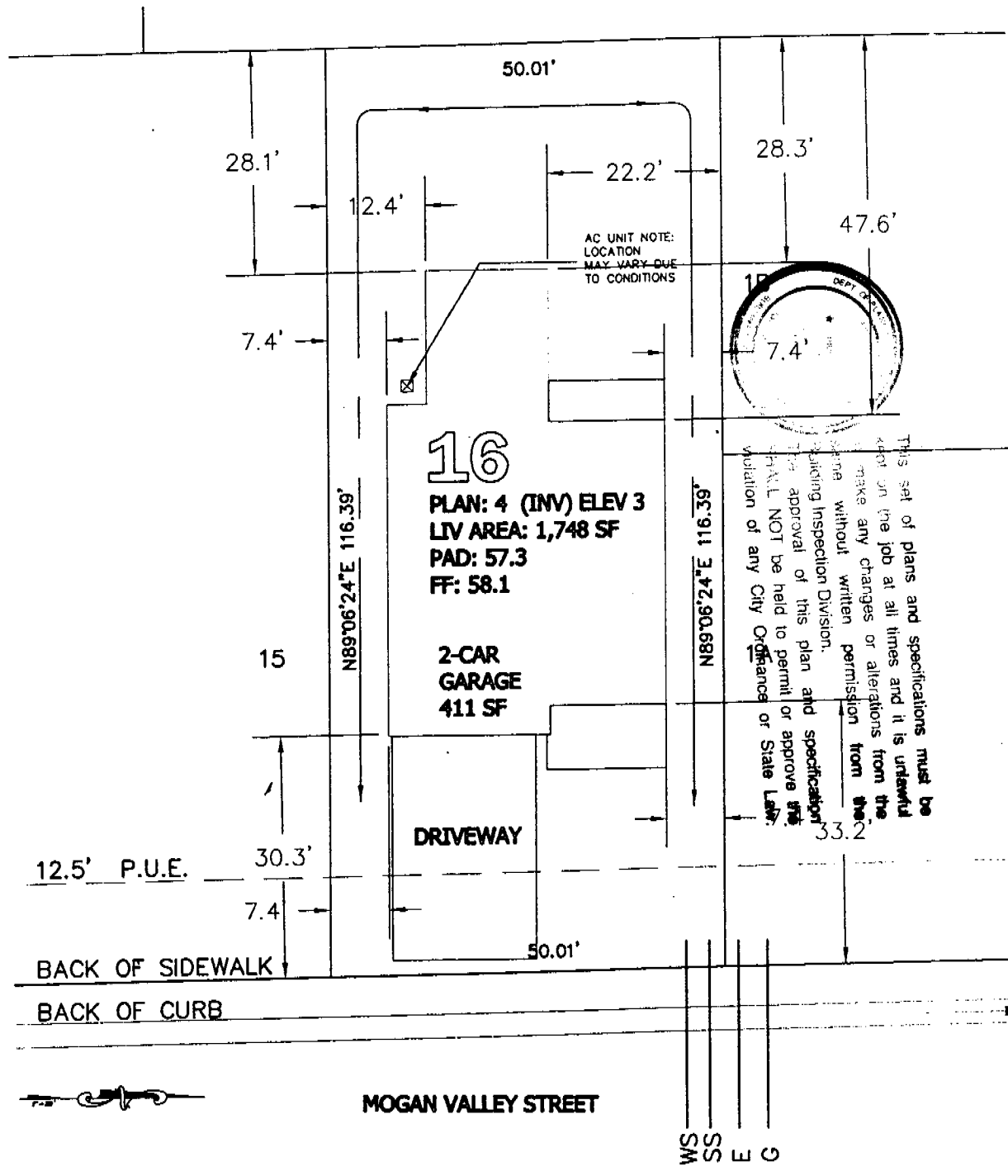
This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

12-21-05  
Date

Woody Poynter  
Signature of authorized representative of  
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

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.



AC UNIT NOTE:  
LOCATION  
MAY VARY DUE  
TO CONDITIONS

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the original without written permission from the Planning Inspection Division. The approval of this plan and specifications shall NOT be held to permit or approve any violation of any City Ordinance or State Law.

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 setbacks dimensions and elevations as shown may be adjusted to fit field conditions.

REVISION:	DATE:	LOT AREA: 5,832 SF	DATE: 02/18/05
		ACTUAL LOT COVERAGE: 1,801 SF = 27%	DRAWN BY: CD/RG
		NO. OF BEDROOMS/BATHS: 3 / 2-1/2	SCALE: 1"=20'-0"
<b>JOHN DETERDING Company</b> 5916 Palm Drive PO Box 1608 Carmichael, California 95609-1608 tel 916.483.7386 fax 916.483.7389		PLOT PLAN FOR ASTORIA PLACE <b>ASTORIA PLACE PARTNERS, LLC</b> P.O. Box 2823 Carmichael, CA 95609-2823 Phone 916.944-4274 Fax: 916.944-4278	
		<b>DORMAN ASSOCIATES INC.</b> CHRIS DORMAN, AIA 822 D STREET SUITE 5 SAN RAFAEL, CA 94901 415.457.2095 415.457.2091 FAX CHRISDORMANARCHITECT.COM	<b>LOT:</b> <b>16</b> APN 230-0201-042