CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0417284
Insp Area: 2
Thos Bros:
Sub-Type: NSFR

Site Address: 7479 SUN CASTLE LN SAC
Parcel No: SUN MEADOWS LOT #45 Housing (Y/N): N

CONTRACTOR
NEW FAZE DEVELOPMENT
3187 DEL PASO BLVD.
SACRAMENTO CA. 95815

OWNER

ARCHITECT

Nature of Work: MP 1128 1 STORY 5 ROOM SFD

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'sAddress_____

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 714601 Date 5/25 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:_____

PAID
CITY OF SACRAMENTO
MAY 26 2005

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 5/25/05 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:

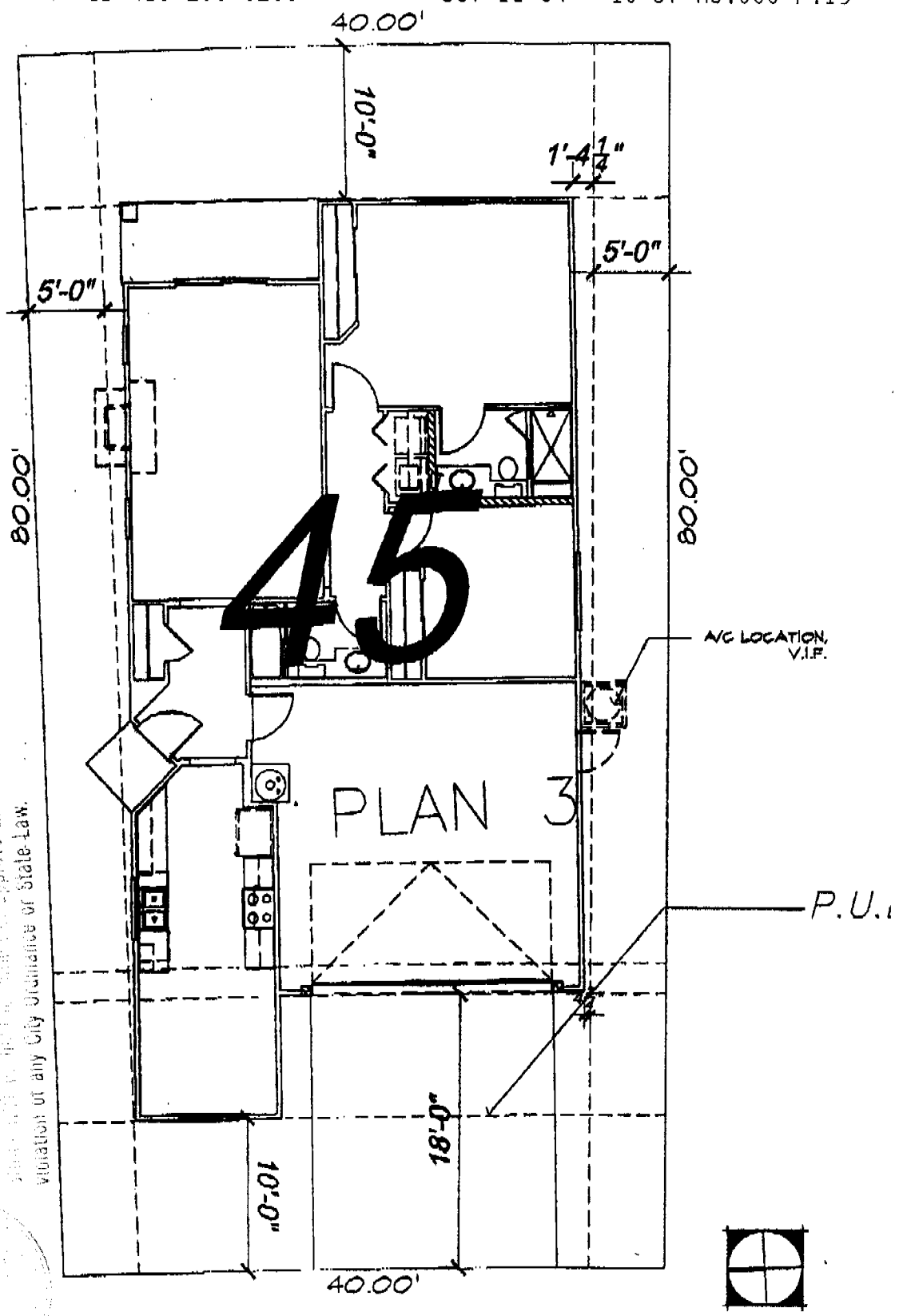
Carrier STATE FUND Policy Number 1536963-03 Exp Date 11/01/2004

_____ (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 5/25/05 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.



"NOTE: THIS DRAWING IS INTENDED TO PROVIDE BUILDING LOCATION ONLY. ALL PROPERTY LINE MEETS AND BOUNDS ARE AS PROVIDED BY NOLTE BEYOND ENGINEERING

HUNT HALE JONES
ARCHITECTS
625 FOURTH STREET
SAN FRANCISCO, CA 94107
PHONE: 415-512-1288
FAX: 415-288-0288
WWW.HUNTHALEJONES.COM

DRAWING DESCRIPTION: LOT 45- PLAN 3(R)

PROJECT DESCRIPTION: NEW FAZE DEVELOPMENT
SUN MEADOWS RETIREMENT COM.
SACRAMENTO, CA

SCALE:	DATE:	SHEET	OF	JOB NO.:
N.T.S.	10-6-04	18	21	407006

...inspector after completion of work and before final inspection.

INSTALLATION CARD

WESTERN 1-KOTE
Sacramento Stucco Company, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-3899

Job Address

7479 Sun Castle Ln
Sacramento, CA

Date of Job Completion 9/19/05

Plastering Contractor

Name: Rick H. Hitch Plastering, Inc.

Address: PO Box 1391, North Highlands, CA 95660

Telephone Number: (916) 334-3591

Approved contractor number as issued by coating manufacturer: 243

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.

Signature of authorized representative or plastering contractor

11/15/05
Date

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

INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

45681

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:

NEW FAZE DEVEL. LOT # 45 TRACT # SUN MEADOW

STREET 7195 SUN CASTLE LN CITY SACAR

EXTERIOR WALLS:

MANUFACTURER FG THICKNESS/TYPE _____ R-VALUE 13

CEILINGS:

BATTS:

MANUFACTURER FG THICKNESS/TYPE _____ R-VALUE 38

BLOWN IN:

MANUFACTURER G MINIMUM THICKNESS 14¾ R-VALUE 38

SQUARE FOOTAGE COVERED 874 NUMBER OF BAGS USED 20

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS:

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 9-23-05

A GORDON SIGNATURE

INSTALLER TITLE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
Sun Meadow 136, LLC

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
SUN CASTLE LANE

CITY: Sacramento | STATE: CA | ZIP CODE: 95832

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
APN 119-0220-045 Sun Meadow Lot No. 45

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) | HORIZONTAL DATUM: |_| NAD 1927 |X| NAD 1983 | SOURCE: |_| GPS (Type): _____ |X| USGS Quad Map |_| Other _____

38°28.717'N 121°27.25'W

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
Sacramento	Sacramento	CA

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0602 66 0030			July 6, 1998	AH	17.1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
|_| FIS Profile |_| FIRM |X| Community Determined |_| Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: |X| NGVD 1929 |_| NAVD 1988 |_| Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |_| Yes |X| No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |_| Construction Drawings* |_| Building Under Construction* |X| Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number A (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 29 Conversion/Comments _____

Elevation reference mark used C.O.S. 337-G3D Does the elevation reference mark used appear on the FIRM? |_| Yes |X| No

☑ a) Top of bottom floor (including basement or enclosure)	18.40	ft.(m)
☐ b) Top of next higher floor		ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)		ft.(m)
☐ d) Attached garage (top of slab)		ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)		ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)		ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)		ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		
☐ i) Total area of all permanent openings (flood vents) in C3.h		sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME JOHN P. MATTIMOE | LICENSE NUMBER LS. 4600

TITLE OWNER | COMPANY NAME JOHN P. MATTIMOE CO.

ADDRESS 6310 DAIRY CT. | CITY Sacramento | STATE CA | ZIP CODE 95831

SIGNATURE | DATE 5-16-05 | TELEPHONE 916 429-8679

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Sun Meadow Drive			Policy Number:
CITY Sacramento	STATE CA	ZIP CODE 95832	Company NAIC Number:

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

|__| Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is |__|__| ft. (m) |__|__| in. (cm) |__| above or |__| below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is |__|__| ft. (m) |__|__|in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is |__|__| ft. (m) |__|__| in. (cm) |__| above or |__| below (check one) the highest adjacent grade. (Use natural grade, if available.)

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? |__| Yes |__| No |__| Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.* Sun Meadow 136, LLC

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

3187 Del Paso Blvd.	Sacramento	CA	95815
ADDRESS	CITY	STATE	ZIP CODE

		916-929-6402
SIGNATURE	DATE	TELEPHONE

COMMENTS

|__| Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. |__| The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. |__| A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. |__| The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: |__| New Construction |__| Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ . ___ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ . ___ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME — TITLE

COMMUNITY NAME — TELEPHONE

SIGNATURE — DATE

COMMENTS

|__| Check here if attachments

INSTALLATION CERTIFICATE

CF-6R

New Faze Development: Sun Meadows

Site Address
7479 Sun Castle Ln

Permit Number
0417284

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	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	22,357	40,000	Plan 1
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	25,101	40,000	Plan 2
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	26,742	40,000	Plan 3
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	28,719	40,000	Plan 4
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	27,445	40,000	Plan 5

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	YORK #H*RC024	1	12.0	Attic	R-4.2	16,285	21,100	Plan 1
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	16,184	21,100	Plan 2
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	18,676	21,100	Plan 3
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	19,195	21,100	Plan 4
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	20,158	21,100	Plan 5

(1) > reads greater than or equal to *= Thermal Expansion Valve

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.

Mark Radcliff 1-13-04
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 that 0.58.

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.

Signature, Date

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

COPY TO: Building Department

INSTALLATION CERTIFICATE

(page 1 of 4) **CF-6R**

New Faze Sun Meadows All Plans

Site Address
7479 Sun Castle In

Permit Number
0417284

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).

Attn: Christian

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.)[1] [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	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.)[1] [≥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) 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

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, Central Type	# of Identical Systems	Rated[2] Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency[2] (EF, RE)	Standby[2] Loss (%)	External Insulation R-value
Gas	Rheem 42VR40-40F STD		N/A	1	40,000	40	.62		R-20

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

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

CF-6R

Site Address: 7479 SUN CASTLE — NEW FAZE DEVELOPMENT INC. — SUN MEADOWS RETIREMENT — SACRAMENTO, CA

Permit Number: 0417284

PLAN 3M

FENESTRATION/GLAZING:

ALSIDE - ALPINE 7000 SERIES WINDOWS

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)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.							
2. SLIDERS	.35	.32	2		78		LOW-E GLASS
3.							
4. SINGLE HUNGS	.35	.32	2		54		
5.							
6. PICTURE WINDOWS	.34	.35	2		19		
7.							
8. PATIO DOORS	.35	.34	2		46		
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 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.

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 ... where applicable.

2, 4, 6, 8
Item #s (if applicable)

Signature, Date 10-20-05

Y.T. GLASS & WINDOWS INC.
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)

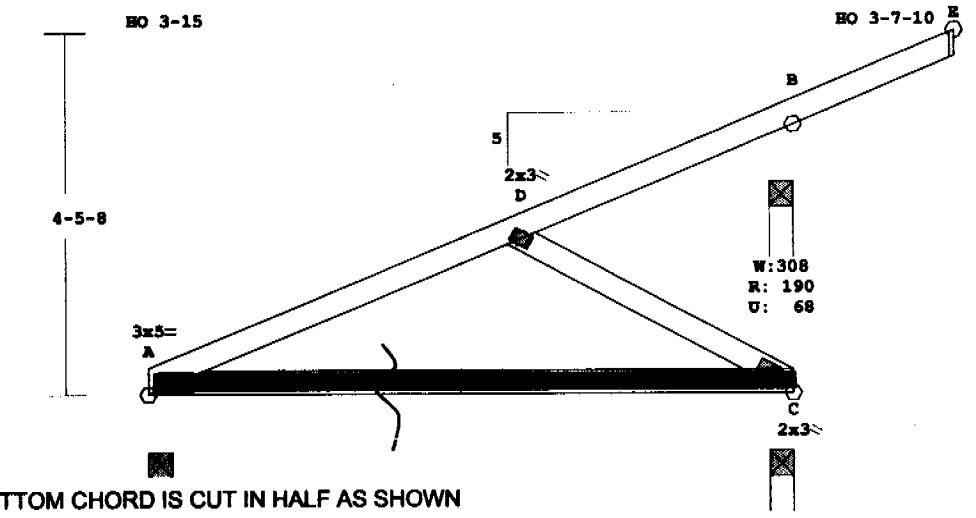
Signature, Date

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

Job	Mark	Quan	Type	Span	P1-H1	Left OH	Right OH	*Engineering*
JS050	*J5A*	1	JC2W	71104	5	0	0	

SUN MEADOWS PLAN 3 ELEV. M



Scale: 0.445" = 1'

July 20, 2005

REGISTERED PROFESSIONAL ENGINEER
RICHARD M. ROBBINS
No. C 58190
Exp. June 30, 2006
CIVIL
STATE OF CALIFORNIA

Online Plus -- Version 14.0.005
RUN DATE: 7-15-03

	CSI	SIZE LUMBER	1.15FB
TOP	0.33	2X 4 DFL-#2	1552
BTM	0.39	2X 4 DFL-#2	1552
WBS	0.12	2X 4 STA-STUD	661

REPETITIVE MEMBER INCREASES:
FB 15.0% FT 0.0% FC 0.0%

LATERAL BRACING:
TOP CHORD - CONTINUOUS
BTM CHORD - CONTINUOUS
TRUSS SPACING - 24.0 IN.

TRUSS SELF-WEIGHT (PLF)
TC = 0.000 BC = 0.000

STANDARD LOADING
LUMBER STRESS INCREASE: 25.0%
PLATE STRESS INCREASE: 25.0%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

SUPPORT CRITERIA

JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
A	299	3- 8	C	224	3- 8
B	190	3- 8			

LOAD CASE #1 UBC LL CHECK
LUMBER STRESS INCREASE: 25.0%

Robbins Engineering, Inc./Online Plus™ APPROX. TRUSS WEIGHT: 37.7 LBS

PLATE STRESS INCREASE: 25.0%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	0.0	14.0	
BTM CHD	10.0	7.0	
TOTAL	10.0	21.0	31.0

SUPPORT CRITERIA

JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
A	250	3- 8	C	225	3- 8
B	79	3- 8			

LOAD CASE #2 WIND FROM LEFT
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-11.8N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	95	100	3- 8
C	HORZ RLR	0	59	3- 8
B	HORZ RLR	0	-27	3- 8

LOAD CASE #3 WIND FROM RIGHT
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-10.9N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	88	105	3- 8
C	HORZ RLR	0	65	3- 8
B	HORZ RLR	0	-19	3- 8

LOAD CASE #4 WIND // RIDGE L
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-16.5N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	133	72	3- 8
C	HORZ RLR	0	27	3- 8
B	HORZ RLR	0	-68	3- 8

LOAD CASE #5 WIND // RIDGE R
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-9.3N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	75	115	3- 8
C	HORZ RLR	0	75	3- 8
B	HORZ RLR	0	-32	3- 8

	LEFT	RIGHT
HEEL	0IN - 2SX	

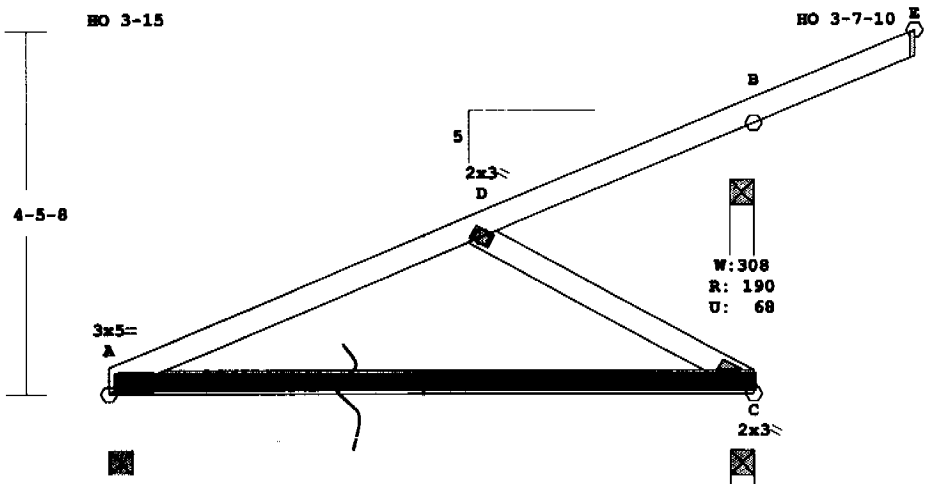
MEMBR	CSI	P(LBS)	M@1ST	M@2ND
TOP CHORDS				
A-D	0.33	312 C	-727	-1459
D-B	0.25	55 C	4	0
BOTTOM CHORDS				
A-C	0.39	304 T	242	0
WEBS				
D-C	=	351 C		

DL+LL DEFL = 0.19" IN A-C
LL DEFL = 0.11" < BRG-SPAN/360
SPAN/DEFL (DL+LL) = 496

NOTES:
1. TRUSSES MANUFACTURED BY - Walker Lumber
2. EMPIRICAL ANALOG IS USED.
3. DESIGN INCLUDES CHECK FOR 10 PSF NON-CONCURRENT LIVE LOAD ON BOTTOM CHORD.
4. WIND LOADS - ANSI/ASCE 7-98
   TRUSS IS DESIGNED AS A MAIN WIND-FORCE RES SYSTEM
   FOR EXTERIOR ZONE LOCATION
   WIND SPEED - 80 MPH
   MEAN ROOF HEIGHT - 25'
   EXPOSURE CATEGORY - C
   OCCUPANCY FACTOR - 1.00
   ENCLOSED BUILDING.
   TC DEAD LOAD = 14.0 PSF
   BC DEAD LOAD = 7.0 PSF
5. ANCHOR TRUSS FOR A TOTAL HORIZONTAL LOAD OF 133 LBS.
6. FASTEN TRUSS TO BRG B FOR 68 LBS OF UPLIFT, WHILE PERMITTING NO UPWARD MOVEMENT OF WALL OR BRG.

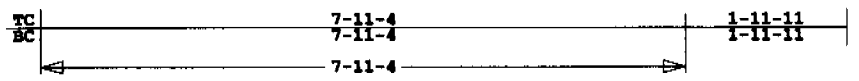
Job	Mark	Quan	Type	Span	P1-H1	Left OH	Right OH	*Engineering*
JS050	*J5A*	1	JC2W	71104	5	0	0	

SUN MEADOWS PLAN 3 ELEV. M



BOTTOM CHORD IS CUT IN HALF AS SHOWN

SCAB ONE FACE FULL LENGTH WITH #2DF 2X4 AND NAIL 4" O/C WITH 10D COMMON NAILS



ALL PLATES ARE LOCK20

Scale: 0.445" = 1'

July 20, 2005

Robbins Engineering, Inc./Online Plus™ APPROX. TRUSS WEIGHT: 37.7 LBS

Online Plus -- Version 14.0.005
RUN DATE: 7-15-03

	CSI	SIZE	LUMBER	1.15FB
TOP	0.33	2X 4	DFL-#2	1552
BTM	0.39	2X 4	DFL-#2	1552
WBS	0.12	2X 4	STA-STUD	661

REPETITIVE MEMBER INCREASES:
FB 15.0% FT 0.0% FC 0.0%

LATERAL BRACING:
TOP CHORD - CONTINUOUS
BTM CHORD - CONTINUOUS
TRUSS SPACING - 24.0 IN.

TRUSS SELF-WEIGHT (PLF)
TC = 0.000 BC = 0.000

STANDARD LOADING
LUMBER STRESS INCREASE: 25.0%
PLATE STRESS INCREASE: 25.0%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

SUPPORT CRITERIA

JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
A	299	3- 8	C	224	3- 8
B	190	3- 8			

LOAD CASE #1 UBC LL CHECK
LUMBER STRESS INCREASE: 25.0%
PLATE STRESS INCREASE: 25.0%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

SUPPORT CRITERIA

JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
A	250	3- 8	C	225	3- 8
B	79	3- 8			

LOAD CASE #2 WIND FROM LEFT
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-11.8N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	95	100	3- 8
C	HORZ RLR	0	59	3- 8
B	HORZ RLR	0	-27	3- 8

LOAD CASE #3 WIND FROM RIGHT
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-10.9N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	88	105	3- 8
C	HORZ RLR	0	65	3- 8
B	HORZ RLR	0	-19	3- 8

LOAD CASE #4 WIND // RIDGE L
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-16.5N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	133	72	3- 8
C	HORZ RLR	0	27	3- 8
B	HORZ RLR	0	-68	3- 8

LOAD CASE #5 WIND // RIDGE R
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-9.3N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	75	115	3- 8
C	HORZ RLR	0	75	3- 8
B	HORZ RLR	0	-32	3- 8

	LEFT	RIGHT
HEEL	0IN - 2SX	

MEMBR	CSI	P(LBS)	M@1ST	M@2ND
TOP CHORDS				
A-D	0.33	312 C	-727	-1459
D-B	0.25	55 C	4	0
BOTTOM CHORDS				
A-C	0.39	304 T	242	0
WEBS				
D-C	=	351 C		

DL+LL DEFL = 0.19" IN A-C
LL DEFL = 0.11" < BRG-SPAN/360
SPAN/DEFL (DL+LL) = 496

NOTES:
1. TRUSSES MANUFACTURED BY - Walker Lumber
2. EMPIRICAL ANALOG IS USED.
3. DESIGN INCLUDES CHECK FOR 10 PSF NON-CONCURRENT LIVE LOAD ON BOTTOM CHORD.
4. WIND LOADS - ANSI/ASCE 7-98
   TRUSS IS DESIGNED AS A MAIN WIND-FORCE RES SYSTEM
   FOR EXTERIOR ZONE LOCATION
   WIND SPEED - 80 MPH
   MEAN ROOF HEIGHT - 25'
   EXPOSURE CATEGORY - C
   OCCUPANCY FACTOR - 1.00
   ENCLOSED BUILDING.
   TC DEAD LOAD = 14.0 PSF
   BC DEAD LOAD = 7.0 PSF
5. ANCHOR TRUSS FOR A TOTAL HORIZONTAL LOAD OF 133 LBS.
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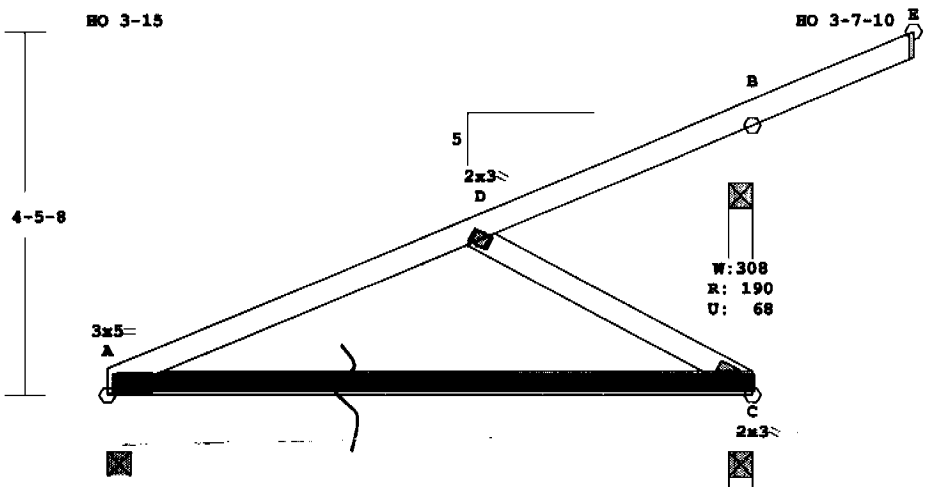
Job	Mark	Quan	Type	Span	P1-H1	Left OH	Right OH	*Engineering*
JS050	*J5A*	1	JC2W	71104	5	0	0	

SUN MEADOWS PLAN 3 ELEV. M



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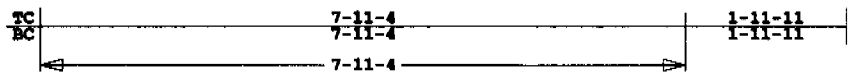

ALL PLATES ARE LOCK20

Scale: 0.445" = 1'

July 20, 2005

REGISTERED PROFESSIONAL ENGINEER
RICHARD W. ROBERTS
No. C 58190
Exp. June 30, 2006
CIVIL
STATE OF CALIFORNIA

Robbins Engineering, Inc./Online Plus™ APPROX. TRUSS WEIGHT: 37.7 LBS

Online Plus -- Version 14.0.005
RUN DATE: 7-15-03

	CSI	SIZE	LUMBER	1.15FB
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BTM	0.39	2X 4	DFL-#2	1552
WBS	0.12	2X 4	STA-STUD	661

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FB 15.0% FT 0.0% FC 0.0%

LATERAL BRACING:
TOP CHORD - CONTINUOUS
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TRUSS SPACING - 24.0 IN.

TRUSS SELF-WEIGHT (PLF)
TC = 0.000 BC = 0.000

STANDARD LOADING
LUMBER STRESS INCREASE: 25.0%
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LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
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TOTAL	16.0	21.0	37.0

SUPPORT CRITERIA

JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
A	299	3- 8	C	224	3- 8
B	190	3- 8			

LOAD CASE #1 UBC LL CHECK
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LOADING	LIVE	DEAD (PSF)	
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TOTAL	10.0	21.0	31.0

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JT	REACT LBS	WIDTH IN-SX	JT	REACT LBS	WIDTH IN-SX
A	250	3- 8	C	225	3- 8
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LOAD CASE #2 WIND FROM LEFT
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
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JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
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C	HORZ RLR	0	59	3- 8
B	HORZ RLR	0	-27	3- 8

LOAD CASE #3 WIND FROM RIGHT
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
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TOTAL	16.0	21.0	37.0

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A-B	-10.9N	14.0	

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JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
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C	HORZ RLR	0	65	3- 8
B	HORZ RLR	0	-19	3- 8

LOAD CASE #4 WIND // RIDGE L
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
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A-B	-16.5N	14.0	

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JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
A	PIN	133	72	3- 8
C	HORZ RLR	0	27	3- 8
B	HORZ RLR	0	-68	3- 8

LOAD CASE #5 WIND // RIDGE R
LUMBER STRESS INCREASE: 33.3%
PLATE STRESS INCREASE: 33.3%

LOADING	LIVE	DEAD (PSF)	
TOP CHD	16.0	14.0	
BTM CHD	0.0	7.0	
TOTAL	16.0	21.0	37.0

EXCEPTIONS:

A-B	-9.3N	14.0	

SUPPORT CRITERIA

JT	TYPE	HORZ LBS	VERT LBS	WIDTH IN-SX
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B	HORZ RLR	0	-32	3- 8

	LEFT	RIGHT
HEEL	0IN - 2SX	

MEMBR	CSI	P(LBS)	M@1ST	M@2ND
TOP CHORDS				
A-D	0.33	312 C	-727	-1459
D-B	0.25	55 C	4	0
BOTTOM CHORDS				
A-C	0.39	304 T	242	0
WEBS				
D-C	=	351 C		

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   TC DEAD LOAD = 14.0 PSF
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