

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

**Permit No: 0416377**  
**Insp Area: 2**  
**Thos Bros: 336H4**

**Site Address: 7719 GEORGE RIVER LN SAC** **Sub-Type: NSFR**  
**Parcel No: 031-1470-065** **PARK RIVER OAKS ESTATES LOT 65** **Housing (Y/N):**  
**N**

**CONTRACTOR**  
RIVER CITY CONSTRUCTION CO. INC.  
240 S. HICKORY ST. #200  
ESCONDIDO, CA. 92025

**OWNER**  
PARK RIVER INC  
6049 DOUGLAS BLVD #12  
GRANITE BAY CA 95746

**ARCHITECT**

**Nature of Work: MP 1346 3 STORY 8 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 9 License Number 830863 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 \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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.**



Planning and Building Department  
Building Division

CITY OF SACRAMENTO  
CALIFORNIA

Downtown Permits Center  
1231 I Street, #200  
Sacramento, CA 95814-2998  
North Permits Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

BZZ ADDRESS 7719 George River Ln PERMIT NO. 0416377

|                                     | INSPECTION COMMENTS  | PERMIT DOCUMENTS |
|-------------------------------------|--|------------------|
| 1st. Fl. P/L<br>Nail OK<br>B3-15-05 | 12-22-04 CN Found. JB<br>12-22-04 AP B10, P40, E67 LMS<br>1-21-05 B23 1st. JB  |                  |
| 2nd. Fl. P/L<br>B4-7-05             | 2-1-05 B12 AP JB<br>2-11-05 2nd lift EMU AP SLG  |                  |
| 3rd. Fl. P/L<br>B5-3-05             | 6-3-05 B17 AP JB<br>6-13-05 B26 CN JB<br>6-16-05 B26 AP JB<br>7-19-05 B81 CN JB<br>7-22-05 B81/B14 AP JB<br>7-26-05 B22 AP JB<br>8-15-05 P47 AP JB<br>8-18-05 AP E67 LMS<br>11-14-05 CN Final JB |                  |
|                                     |  | Insulation Cert. |
|                                     |  | CFE/R Cert.      |

| FINAL APPROVALS |  |
|-----------------|--|
| BUILDING        |  |
| ELECTRICAL      |  |
| PLUMBING        |  |
| MECHANICAL      |  |
| FIRE            |  |
| SITE            |  |



# Walldesign Incorporated

DRYWALL \* INSULATION \* PAINT \* PLASTER \* CONTRACTOR

|                                    |                    |                        |            |
|------------------------------------|--------------------|------------------------|------------|
| <u>Building 9 Lot 65</u>           |                    | <u>Sacramento</u>      |            |
| <u>Street Address</u>              |                    | <u>City</u>            |            |
| <u>Sacramento</u>                  | <u>Seastar Inc</u> | <u>Park River Oaks</u> | <u>65</u>  |
| <u>County</u>                      | <u>Builder</u>     | <u>Project</u>         | <u>Lot</u> |
| <b>Description of Insulation :</b> | <b>Thickness</b>   | <b>R-Value</b>         |            |
| <b>Exterior Walls</b>              |                    |                        |            |
| Insulation Type: <u>Batts</u>      | <u>3 1/2</u>       |                        | <u>13</u>  |
| <b>Flat Ceilings</b>               |                    |                        |            |
| Insulation Type: <u>Batts</u>      | <u>12</u>          |                        | <u>38</u>  |
| <b>Cathedral Ceilings</b>          |                    |                        |            |
| Insulation Type: <u>Batts</u>      |                    |                        | <u>0</u>   |
| <b>Garage Ceilings</b>             |                    |                        |            |
| Insulation Type: <u>Batts</u>      | <u>6 1/4</u>       |                        | <u>19</u>  |
| <b>Interior Walls</b>              |                    |                        |            |
| Insulation Type: <u>Batts</u>      |                    |                        | <u>0</u>   |
| <b>Interm Ceilings</b>             |                    |                        |            |
| Insulation Type: <u>Batts</u>      |                    |                        | <u>0</u>   |
| <b>Party Walls</b>                 |                    |                        |            |
| Insulation Type: <u>Batts</u>      |                    |                        | <u>0</u>   |
| <b>Slab on Grade</b>               |                    |                        |            |
| Insulation Type: <u>Batts</u>      |                    |                        | <u>0</u>   |
| <b>Blown Ceilings</b>              |                    |                        |            |
| Insulation Type: <u>Cellulose</u>  |                    |                        | <u>0</u>   |
| <b>Blown Ceilings</b>              |                    |                        |            |
| Insulation Type: <u>Insulsafe</u>  | <u>14 3/4</u>      |                        | <u>38</u>  |

### Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficient Standards for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

449739

License Number

 10/5/05  
Signature Date

Walldesign, Inc.

Insulation  
Subcontractor

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> ( $\geq$ CF-1R value) | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |
|------------------------------|---|------------------------|--|-----------------------------|------------------------|-----------------------|---------------------------|
| FAU                          | YORK PHUA12L048                         | 1                      | 12.0   | ATTIC                       | R-4.2                  |                       | 60M                       |

**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> ( $\geq$ CF-1R value) | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |
|------------------------------|---|------------------------|--|-----------------------------|--------------|-----------------------|---------------------------|
| FAU                          | YORK H2RC030SDEG  | 1                      | 12   | ATTIC                       | R-4.2        |                       | 30M                       |

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:**

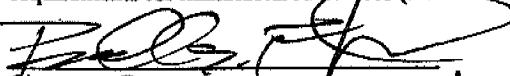
| Heater Type | CEC Certified Mfr Name & Model Number | Distribution Type (Std. Point-of-Use) | If Recirculation Control Type | # of Identical Systems | Rated <sup>2</sup> Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency <sup>2</sup> (EF, RE) | Standby <sup>2</sup> Loss (%) | External Insulation R-value <sup>3</sup> |
|-------------|---------------------------------------|---------------------------------------|-------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| GAS         | STATE G5650Y0CTG                      | STD                                   | N/A                           | 1                      | 40K                                     | 50G                   | .62                              | -                             | -  |

- 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 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

RIVER CITY CONSTRUCTION CO., INC  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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

11/16/05

Site Address

Permit Number

FENESTRATION/GLAZING:

| Manufacturer/Brand Name<br>(GROUP LIKE PRODUCTS) | Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup> | Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup> | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|--|--|--|------------|---|-------------|-------------------------------------|------------------------------------|
| 1. ALPINE 70                                     | .35  | .34  | 2          | 9   | 6.66        | OH                                  |                                    |
| 2. SERIES  |  |  |            |   | 2.25        | "                                   |                                    |
| 3. VINYL   |  |  |            |   | 34.15       | "                                   |                                    |
| 4.   |  |  |            |   | 36.60       | "                                   |                                    |
| 5.   |  |  |            |   | 14.0        | "                                   |                                    |
| 6.   |  |  |            |   | 9.0         | "                                   |                                    |
| 7.   |  |  |            |   | 25.0        | "                                   |                                    |
| 8.   |  |  |            |   | 15.0        | "                                   |                                    |
| 9.   |  |  |            |   | 15.0        | "                                   |                                    |
| 10.  |  |  |            |   |             |                                     |                                    |
| 11.  |  |  |            |   |             |                                     |                                    |
| 12.  |  |  |            |   |             |                                     |                                    |
| 13.  |  |  |            |   |             |                                     |                                    |
| 14.  |  |  |            |   |             |                                     |                                    |
| 15.  |  |  |            |   |             |                                     |                                    |

<sup>1</sup> 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.

<sup>2</sup> 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 6), where applicable.

\_\_\_\_\_  
 Signature, Date 11/16/05 Rivers City Const. Co. Inc.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

\_\_\_\_\_  
 Signature, Date \_\_\_\_\_ Rivers City Const. Co. Inc.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

\_\_\_\_\_  
 Signature, Date 11/16/05 Rivers City Const. Co. Inc.  
 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