

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0519924

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 330 SOARING HAWK WY SAC

Parcel No: TREASURE HOMES@ WILLOW CREEK LOT 24

CONTRACTOR
TREASURE HOMES
1386 LEAD HILL BLVD. #300
ROSEVILLE, CA. 95661

OWNER

ARCHITECT

Nature of Work: MP 2153 2 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 _____ License Number 770778 Date 1/9/06 Contractor Signature James Housley

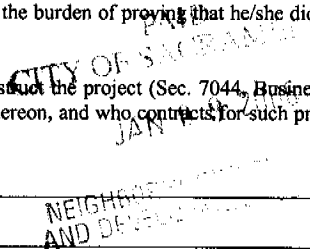
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 a 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 1/9/06 Applicant/Agent Signature James Housley

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 1579166-2005 Exp Date 02/01/2006

____ (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 1/9/06 Applicant Signature James Housley

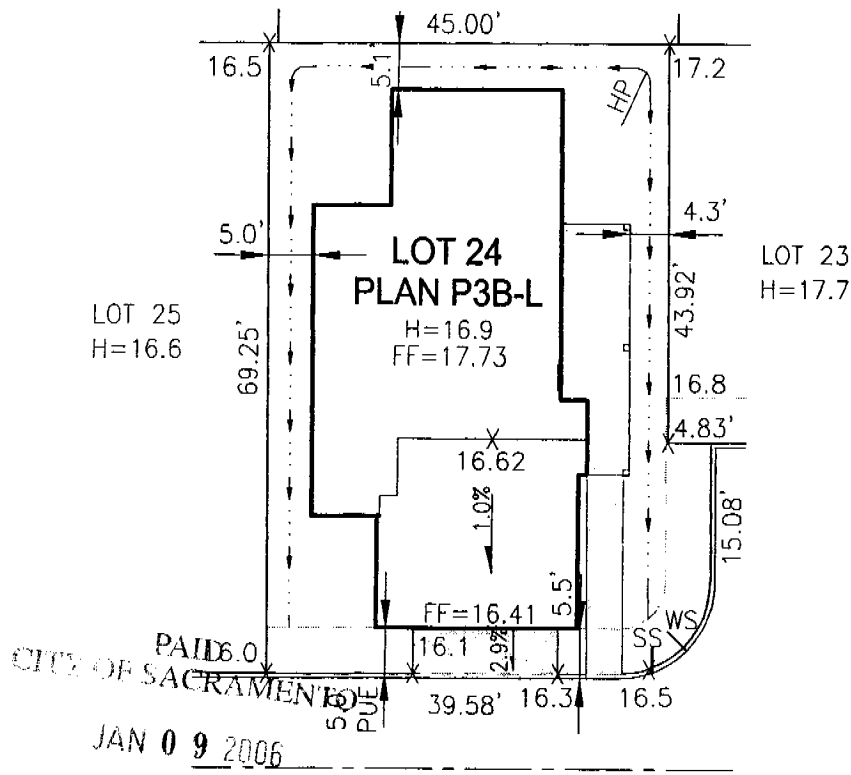
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

LOT 27
H=16.8

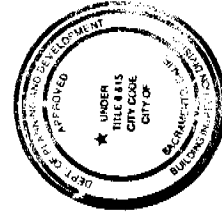


SCALE: 1"=20'



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any alterations or additions from the same without written permission from the Building Inspector. The approval of the Building Inspector shall NOT be held as approval of the specification or approval of the City of Sacramento or State Law violation of any City Ordinance or State Law.

CITY OF SACRAMENTO
JAN 09 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES * DRIVE AISLE G



A.P.N.:
ADDRESS: 330 SOARING HAWK LANE
REDUCED HOUSE AREA: 1514 SF
LOT AREA: 3,216 SF
LOT COVERAGE: 47.08%

* REFER TO CIVIL IMPROVEMENT PLANS—NOT AN ACTUAL STREET NAME.
NOTE:
YARD SWALES SHALL BE AT 1.0% MINIMUM.

LEGEND:	
SEWER SERVICE	SS
WATER SERVICE	WS
FIRE HYDRANT	●
HOUSE PAD ELEV.	H=13.4
FINISH FLOOR ELEV.	FF=14.2
YARD SWALE	---
SOUND WALL	▬
FENCE	⊗
DRAIN INLET	DI
LIPOF GUTTER	LIP
DRIVEWAY/WALKWAY	▬
SLOPE	▬
PATIO AREA	▬
TOP BACK CURB	TBC
TOP BACK WALK	TBW
RIGHT OF WAY	R/W
HIGH POINT	HP
FINISHED ELEV.	15.5 X



Stantec

NOTE:
The information on this plot plan is for reference with respect to the general location of the proposed building on the lot. This plot plan is not to be used for staking the house location. The accuracy of the plot plan is not guaranteed. Dimensions are approximate and may change without notice. Stantec accepts no liability for staking errors caused due to using this plot plan for staking purposes.

Client/Project
TREASURE HOMES
AT WILLOWCREEK
CITY OF SACRAMENTO, CA

Title
**LOT 24
PLAN P3B-L**
DEC 2005
1844 38302

V:\32846\active\184612500\Civil\Drawings\Plot_Plan\lot_24.dwg 12/03/05 11:31am dwh

0510024

330 Lowring Hawk Wy

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004

Date of Job Completion

6/20

Job Address

Production Homes @ Fallerleaf
330 Scarseng Herwick Lane
Lot # 24

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as
issued by coating manufacturer:

Applicator # 318

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



Date
6/12/06

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

FIGURE 3

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING (Page 1 of 7)

CF-4R

Project Title: FALLEN LEAF Date: 8/7/06
 Project Address: 330 SOARING HAWK LANE Builder Name: TREASURE HOMES
 Builder Contact: MIKE MATTHEW LY 916 257011 Plan Number: 3B
 HERS Rater: MIKE NYGREN Telephone: 916 840 8330 Sample Group Number: 3
 Certifying Signature: [Signature] Telephone: 817/100 Sample House Number: 24
 Firm: ConSol Date: _____ HERS Provider: ConSol
 Street Address: 7407 Tam O'Shanter Dr., Suite 200 City/State/Zip: Stockton, CA 95210
 Copies to: Builder, HERS Provider

HERS RATER COMPLIANCE STATEMENT

The house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

- The installer has provided a copy of CF-6R (Installation Certificate).
- Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)

Duct Pressurization Test Results (CFM @ 25 Pa)

Test Leakage Flow in CFM _____
 If fan flow is calculated as 400cfm/ton x number of tons enter calculated value here _____

If fan flow is measured enter measured value here _____

Leakage Percentage (100 x Test Leakage/Fan Flow) = _____
 Check Box for Pass or Fail (Pass=6% or less)

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve is installed and Access is provided for inspection

Yes is a pass Pass Fail

MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT

1. Yes No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass Pass Fail

RESIDENTIAL KITCHEN LIGHTING WORKSHEET

WS-5R

Project title:

Fallen Leaf

PLAN 3

lot 24

DATE:

7/14/2005

At least 50% of the total rated wattage of permanently installed luminaires in the kitchen must be in luminaires that are high efficacy luminaires as defined in Table 150-C. Luminaires that are not high efficacy must be switched separately.

Kitchen Lighting Schedule. Provide the following information for all luminaires to be installed in kitchens.

Luminaire Type	High Efficacy?	Watts	x	Quantity	=	High efficacy watts	or	Other Watts	
F32T8	Yes <input type="checkbox"/>	32	x	7	=	224	or		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		x		=		or		
Totals of A & B:						A: 224	B:	0	
COMPLIES IF A ≥ B									Yes <input checked="" type="checkbox"/>

Rules for Determining Residential Kitchen Luminaire Wattage

Screw Base Sockets §130(c) 1

(Not containing permanently installed ballasts) The maximum retamping rated wattage of the luminaire, as listed on a permanent factory installed label (luminaire wattage is not based on type or wattage of lamp that is used).

Permanently or Remotely Installed Ballasts §130(c) 2

The operating input wattage of the rated lamp/ballast combination based on values published in manufacturer's catalogs based on independent testing lab reports.

Line Voltage Track Lighting (90 through 480 volts) §130(c) 3

1. Volt-ampere (VA) rating of the branch circuit(s) feeding the tracks; or
2. The higher of
 - The wattage (or VA) rating of an approved integral current limiter controlling the track system or
 - 15 watts per linear foot of the track; or
3. The higher of
 - 45 W per linear foot of the track or
 - The total wattage of all of the luminaires included in the system.

Low Voltage Track Lighting (less than 90 volts) §130(c) 4

Rated wattage of the transformer feeding the system, as shown on a permanent factory-installed label

Other Lighting §130(c) 5

(Lighting systems that are not addressed in §130 (c) 1-4) The maximum rated wattage, or operating input wattage of the system, listed on a permanent factory installed label, or published in manufacturer's catalogs, based on independent testing lab reports.

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

Site Address: **350 Soaring Hawk Ln**

Permit Number: **0519924**

FENESTRATION / GLAZING (LOWE):

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (CF-1R value) ²	Site Built Products		Quantity (Options)	Total Square Feet	Comments/ Special Features
			# of Panes	Default U-Value ²			
1. VINYL / WINDOWS	FIXED	.33					EXCEEDS CF-1R REQUIREMENTS
2. VINYL / WINDOWS	SH	.37					EXCEEDS CF-1R REQUIREMENTS
3. VINYL / WINDOWS	XO	.37					EXCEEDS CF-1R REQUIREMENTS
4. VINYL / PATIO DOORS	XO	.35					EXCEEDS CF-1R REQUIREMENTS
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value 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 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Signature, Date: 

ATI WINDOWS

Item #'s (if applicable)

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

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

COPY TO: Building Department
Building Owner at Occupancy

Revised March 1, 1996

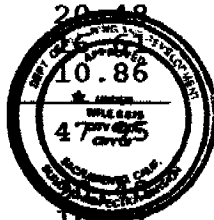
Project Title..... WILLOWCREEK
 Project Address..... PLAN 3 ***** Date..06/29/05 16:03:17
 Documentation Author... LESLIE HOYT *v7.00*
 ConSol *****
 7407 Tam O'Shanter Dr Ste 200
 Stockton, CA 95210
 209-473-5000
 Climate Zone..... 12
 Compliance Method..... MICROPAS7 v7.00 for 2005 Standards by Enercomp, Inc.

Building Permit #
Plan Check / Date
Field Check/ Date

MICROPAS7 v7.00 File-THWC3 Wth-CTZ12S05 Program-FORM CF-1R
 User#-MP0105 User-ConSol Run-TREASURE HOMES - PLAN 3

MICROPAS7 ENERGY USE SUMMARY			
Energy Use (TDV/sf-yr)	Standard Design	Proposed Design	Compliance Margin
Space Heating.....	20.48	20.90	-0.42
Space Cooling.....	16.61	14.05	2.56
Water Heating.....	10.86	7.49	3.37
North Total	47.95	42.34	5.61
Space Heating.....	20.48	20.26	0.22
Space Cooling.....	16.61	13.69	2.92
Water Heating.....	10.86	7.39	3.47
East Total	47.95	43.70	4.25
Space Heating.....	20.48	20.26	0.22
Space Cooling.....	16.61	13.69	2.92
Water Heating.....	10.86	7.39	3.47
South Total	47.95	41.34	6.61
Space Heating.....	20.48	20.23	0.25
Space Cooling.....	16.61	17.57	-0.96
Water Heating.....	10.86	7.39	3.47
West Total	47.95	45.19	2.76

*** Building complies with Computer Performance ***



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 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

GENERAL INFORMATION

HERS Verification..... Not Required
 Conditioned Floor Area..... 2153 sf
 Building Type..... Single Family Detached
 Construction Type New
 Fuel Type Natural Gas
 Building Front Orientation. Cardinal - N,E,S,W
 Number of Dwelling Units... 1
 Number of Building Stories. 2
 Weather Data Type..... Full Year

((

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: 330 (Lot 24) Soaring Hawk Lane Sacramento CA
Number Street City State

Ceilings:

Blow: Manufacturer Johns Manville Thickness 15.75" R / Value R-38
Square Feet 1284 # Bags / Lbs. Per Bag 29

Batts: Manufacturer Johns Manville Thickness 13" R / Value R-38

Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

Exterior Walls:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Manufacturer Johns Manville Thickness 3.5" R / Value R-13

Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value R-19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Treasure Homes Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Patrice May Title: Admin Assistant Date: 6/30/06