

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0518860

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Site Address: 350 SOARING HAWK WY SAC

Parcel No: 274-0440-011

TREASURE HOMES @ WILLOW CREEK LOT 26

Housing (Y/N):

N

**CONTRACTOR**

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

**OWNER**

TREASURE HOMES COMMUNITIES IN  
1386 LEAD HILL BL  
ROSEVILLE, CA 95661

**ARCHITECT**

Nature of Work: MP 1026 1 STORY 4 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 5 License Number 770778 Date 12/2/05 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).

PAID  
CITY OF SACRAMENTO  
DEC 7 2 005

\_\_\_\_\_, I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature 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 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 12/2/05 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.

OK 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 12/2/05 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.**

0518860

350 SCARING-HAWK LN

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

Job Address  
Production Korns & Miller LEAF  
350 SCARING HAWK LN  
LOT 26

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004  
Date of Job Completion

5/19/06

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue, North Highlands, CA 95860

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

[Signature]

Date  
6/12/06

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

FIGURE 3

Project Title: Fallen Leaf Date: 6/13/06  
 Project Address: 350 SOARING HAWK Lane Builder Name: TREASURE HOME  
 Builder Contact: MIKE MATTINGLY 916 257 0114 Telephone: \_\_\_\_\_ Plan Number: 1  
 HERS Rater: MIKE NYGREN 916 870 8330 Telephone: \_\_\_\_\_ Sample Group Number: 26  
 Certifying Signature: [Signature] Date: 6/13/06 Sample House Number: \_\_\_\_\_  
 Firm: ConSol 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, mastio 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)	Measured values
Test Leakage Flow in CFM	<u>59</u>
If fan flow is calculated as 400cfm/ton x number of tons enter calculated value here	<u>1000</u>
If fan flow is measured enter measured value here	_____
Leakage Percentage (100 x Test Leakage/Fan Flow) =	<u>5.9%</u>
Check Box for Pass or Fail (Pass=6% or less)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

**THERMOSTATIC EXPANSION VALVE (TXV)**

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

# Installation Certificate: Residential

CF-6R

Use of this form to satisfy the requirements of the Administrative Code is optional, but the information must be prepared and posted.

350 SPARING Hawk Ln 0518860  
 Site Address Permit Number

An installation certificate is required to be posted at the building site prior to the issuance of the occupancy permit. This form may be used to meet these requirements. All appliance categories listed below are the actual equipment installed. Note that the efficiency and type of the appliance installed must be equivalent or better than the appliance specified on the Certificate of Compliance (CF-1R). This certificate (or its equivalent) shall be prepared and signed by the person(s) assuming overall responsibility for the appliance installation.

I, the undersigned, verify that the equipment listed in the category above my signature is the actual equipment installed and that the equipment meets or exceeds the requirements of the Appliance Efficiency Standards. In addition, I have verified that the equipment is equivalent to or more efficient than the equipment specified on the Certificate of Compliance submitted to demonstrate compliance with the Energy Efficiency Standards for residential buildings.

## HVAC SYSTEMS

Note: Hydronic boiler information is entered here. Other hydronic or combined hydronic equipment is listed under Water Heating Systems.

Heating Equip. Type (furnace, heat pump, etc.)	CEC Certified Model, Make & Model Number	Actual Efficiency (AFUE, etc.)	Distribution Type and Location	Duct or Piping R-Value	Heating Load Before Over-Sizing (Btu/h)	Heating Equipment Capacity (Btu/h)

Cooling Equip. Type (air cond., heat pump, etc.)	CEC Certified Compressor Unit Model, Make & Model Number	Actual Efficiency (SEER)	Distribution Type and Location	Duct or Piping R-Value

The building design heat loss and design heat gain rate have been determined using a method specified in Section 150(h) of the Energy Efficiency Standards, and are two of the criteria used for equipment sizing and selection.

Signature \_\_\_\_\_ Date \_\_\_\_\_ HVAC Subcontractor (Co. Name) or General Contractor or Owner

## WATER HEATING SYSTEMS

Water Heating System Type (storage gas, etc.)	CEC Certified Model, Make & Model Number	Rated <sup>1</sup> Input (kW or Btu/h)	Tank Capacity (gallons)	Energy Factor or Recovery Efficiency	Standby <sup>1</sup> Loss (%)	External Tank Insulation R-Value
NG	N-069M-BD	194,000	0.2 gal	P	0	0

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

## FAUCETS & SHOWERHEADS

All faucets and showerheads installed are listed in the Commissioner's Directory of Certified Faucets and Showerheads, pursuant to § 24, Part 24 Subchapter 2, Section 111.

Signature Brian Hernandez Date 5/23/06 Plumbing Subcontractor (Co. Name) or General Contractor or Owner Morales Abg.

**INSTALLATION CERTIFICATE**

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CF-6R

Site Address

Permit Number

**FENESTRATION / GLAZING (LOWE):**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Products Labeled U-value (CF-1R value) <sup>2</sup>	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
			# of Panos	Default U-Value <sup>2</sup>			
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.							

<sup>2</sup> 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.

*Alan H. [Signature]*

ATI WINDOWS

Item #'s  
(if applicable)

Signature, Date

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

Item #'s  
(if applicable)

Signature, Date

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

Item #'s  
(if applicable)

Signature, Date

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

COPY TO: Building Department  
Building Owner at Occupancy

Revised March 1, 1996

# RESIDENTIAL KITCHEN LIGHTING WORKSHEET

WS-5R

Project title: WILLOW CREEK  
PARKER LEAT

PLAN 1

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	5	=	160	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:	160	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 relamping 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.