

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0405405

Insp Area: 3

Thos Bros: 318-B5

Site Address: 29 HAZEN CT SAC

Parcel No: 038-0360-019

BELLEVUE ESTATES LOT #19 Housing (Y/N): N

Sub-Type: NSFR

**CONTRACTOR**  
SKYLINE DEVELOPMENT  
5127 PHOENIX EAST CT.  
FAIR OAKS CC. 95628

**OWNER**

**ARCHITECT**

Nature of Work: MP 2105 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 California Pacific Bank Lender's Address 300 Oak Rd. Walnut Crk, Ca.

**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 592818 Date 5/12/04 Contractor Signature [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 5/12/04 Applicant/Agent Signature [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:

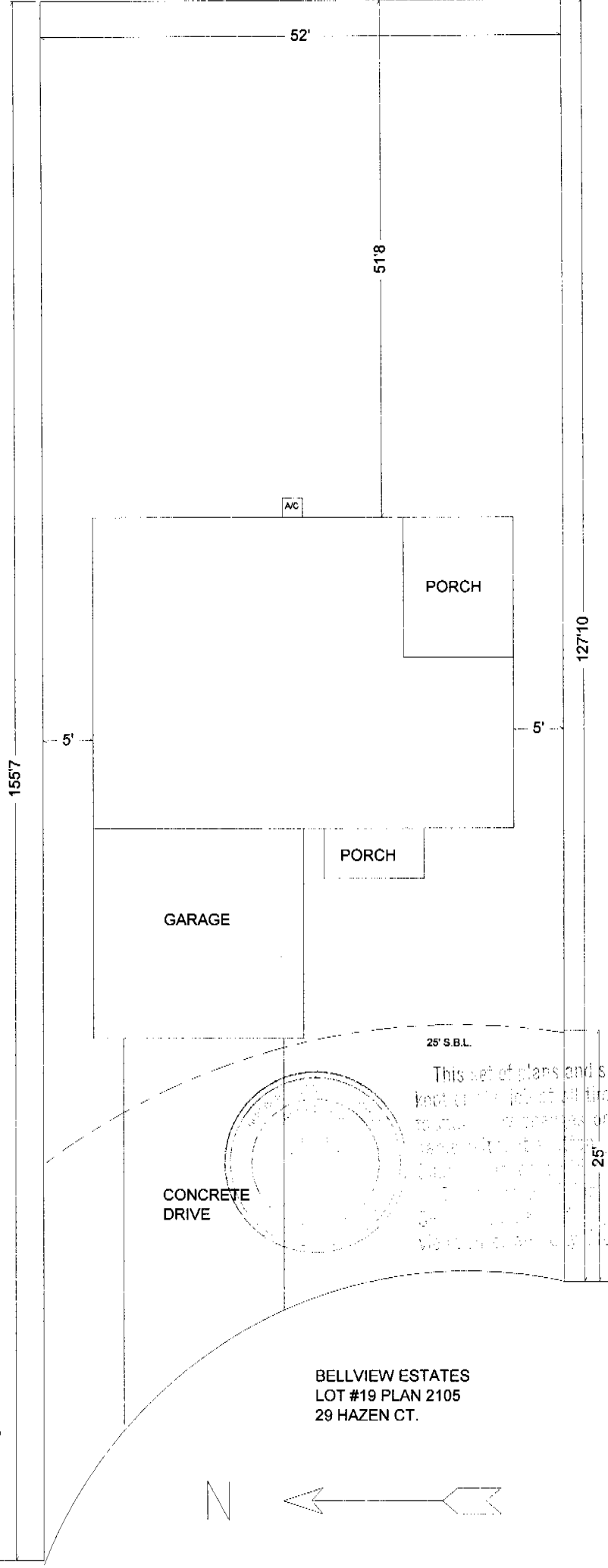
Carrier STATE FUND Policy Number 229-0023052 Exp Date 01/01/2004

(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 5/12/04 Applicant Signature [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.**



AC

PORCH

PORCH

GARAGE

CONCRETE DRIVE

25' S.B.L.

127'10

1557

5'

5'

25'

This set of plans and specifications must be kept on the lot at all times and it is unlawful to make any changes or alterations from the same without the approval of the City of Los Angeles. The City of Los Angeles and the State of California are not responsible for the accuracy or completeness of the information shown on these plans.

APN #  
038-0360-019

BELLVIEW ESTATES  
LOT #19 PLAN 2105  
29 HAZEN CT.





ABC INSULATION & SUPPLY CO.  
11386 AMALGAM WAY  
RANCHO CORDOVA, CA 95670  
Phone (916) 635-7171  
Fax (916) 635-7717  
State License No. 369263

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:

LOT# 19 TRACT Bellview Estate  
STREET 29 Hazen Ct CITY Sacramento

**EXTERIOR WALLS:**

Manufacturer Certainteed Thickness 6'14" R Value 19 (2x6)  
Certainteed 3'1/2" 13 (2x4)

**CEILINGS:**

Batts Manufacturer Knauf Thickness 12" R Value 38

Blown In Manufacturer Green fiber Thickness 10.3" R Value 38

Square footage covered 1262

Garage ceiling - living space above Manufacturer Certainteed Thickness 6'14" R Value 19

**FLOORS:**

Manufacturer N/A Thickness \_\_\_\_\_ R Value \_\_\_\_\_

**POLYSEAL/CAULK PER TITLE 24:** Yes

GENERAL CONTRACTOR \_\_\_\_\_

CALIFORNIA CONTRACTORS LICENSE# \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

TITLE

INSULATION CONTRACTOR ABC INSULATION & SUPPLY CO. DATE 3-1-05

Dee Pluard Office Manager  
SIGNATURE TITLE

**OMEGA PRODUCTS INTERNATIONAL, INC.**  
DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report # 4004

Builder: **SKYLINE**  
Project Name: **BELLEVIEW ESTATES**

Lot Numbers: 19 Date of Job Completion: February 24, 2005

**PLASTERING CONTRACTOR:**

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY - SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6667

Contractor Number of Diamond Wall System: 2175

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 inspections.

April 22, 2005  
Date

  
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.

2  
Site Address

0405405  
Permit Number

FENESTRATION SURFACES

Manufacturer: Alside

Orientation	Area (sf)	U-factor	SHGC	Act Azm	Tilt	Exterior Shade Type/SHGC	Interior Shade Type/SHGC
HOUSE							
1 Window Front (S)	5.0	0.400	0.380	180	90	Standard/.76	Standard/0.68
2 Window Front (S)	5.0	0.400	0.380	180	90	Standard/.76	Standard/0.68
3 Window Front (S)	9.0	0.400	0.380	180	90	Standard/.76	Standard/0.68
4 Window Front (S)	36.0	0.400	0.380	180	90	Standard/.76	Standard/0.68
5 Window Front (S)	12.0	0.400	0.380	180	90	Standard/.76	Standard/0.68
6 Door Right (E)	17.7	0.400	0.380	90	90	Standard/.76	Standard/0.68
7 Window Right (E)	12.0	0.400	0.380	90	90	Standard/.76	Standard/0.68
8 Window Back (N)	14.0	0.400	0.380	0	90	Standard/.76	Standard/0.68
9 Window Back (N)	20.0	0.400	0.380	0	90	Standard/.76	Standard/0.68
10 Window Left (W)	6.0	0.400	0.380	270	90	Standard/.76	Standard/0.68
11 Window Left (W)	20.0	0.400	0.380	270	90	Standard/.76	Standard/0.68
12 Window Front (S)	17.5	0.400	0.380	180	90	Standard/.76	Standard/0.68
13 Window Right (E)	9.0	0.400	0.380	90	90	Standard/.76	Standard/0.68
14 Window Back (N)	17.5	0.400	0.380	0	90	Standard/.76	Standard/0.68
15 Window Back (N)	14.0	0.400	0.380	0	90	Standard/.76	Standard/0.68
16 Window Back (N)	14.0	0.400	0.380	0	90	Standard/.76	Standard/0.68

2 Installed U-Factor must be less than or equal to values from CF-1F. 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 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.

Item #s (if applicable) \_\_\_\_\_  
Signature, Date \_\_\_\_\_

Signature: Slyline Enterprises, Inc.  
Installing Subcontractor (C) Name) OR  
General Contractor (C) Name) OR Owner  
OR Window Distributor

Item #s (if applicable) \_\_\_\_\_  
Signature, Date \_\_\_\_\_

Installing Subcontractor (C) Name) OR  
General Contractor (C) Name) OR Owner  
OR Window Distributor

Item #s (if applicable) \_\_\_\_\_  
Signature, Date \_\_\_\_\_

Installing Subcontractor (C) Name) OR  
General Contractor (C) Name) OR Owner  
OR Window Distributor

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

Site Address: Skyline Development - Plan 2105

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 10-10 (b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (APUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
FAU	Carrier#58STX070-12	1	80	ATTIC	R4.2	41,210	70,000

**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)
A/C	Carrier#38BRC036	1	10	ATTIC	R4.2	29,469	31,800

(1) > 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]*  
1/24/05  
Signature, Date

BEUTLER HEATING & AIR  
Installing Subcontractor (C.N. name)  
OR General Contractor (C.N. 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)	(3) Standby Loss (%)	External Insulation R-value
GAS	STATE 656501006	✓		1	40,000	50			

(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.

**Facets & Shower Heads:**

All facets 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

*[Signature]*  
Installing Subcontractor (C.N. name)  
OR General Contractor (C.N. name) OR Owner

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

Project Address: 29 Hazza Ct.  
Lot Number: 19

Assessor Parcel # 038-0360-019  
Subdivision Bellview Estates

**OWNER INFORMATION:**

Legal Property Owner: SKYLINE ENTERPRISES, INC. Phone# 916-988-5308  
Owner Address: 9340 Oak Ave. State            Zip             
Orangevale, CA 95662

**CONTRACTOR INFORMATION:** 0405405

Contractor: JAME ↑ Lic. # 592818 Phone # 988-5308 Fax 988-5309

**PROJECT INFORMATION:**

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: 2 No. of Rooms: 8 Street Width:             
1<sup>st</sup> Floor Area 1148 2<sup>nd</sup> Floor Area 957 Basement            Roof Material Tile

AREA IN SQUARE FOOT OF:  
Dwelling/Living 2105  
Garage/Storage 441  
Decks/Balconies             
Carports           

SCOPE OF WORK: complete construction new residence

FOR OFFICE USE ONLY

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

**THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT**

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
  - a) Assessor's Parcel Number
  - b) New Floor Area
  - c) Owners Name
  - d) Project Address

Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_ Permit # \_\_\_\_\_