

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0407138  
Insp Area: 4  
Thos Bros: 276H1

Site Address: 3269 BERETANIA WY SAC  
Parcel No: 225-1860-040 CAMBAY WEST VIL. 2 LOT 64

Sub-Type: NSFR  
Housing (Y/N): N

**CONTRACTOR**  
GRIFFIN INDUSTRIES  
24005 VENTURA BL.  
CALABASAS CA. 91302

**OWNER**

**ARCHITECT**

Nature of Work: MP 2962 2 STORY 10 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 684448 Date 5/19/04 Contractor Signature Jerry Peterson

**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 5/19/04 Owner Signature Jerry Peterson

PAID  
CITY OF SACRAMENTO  
MAY 9 2004

**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 STATE COMP. INS. FUND Policy Number WC 1673452-2003 Exp Date 01/01/2005

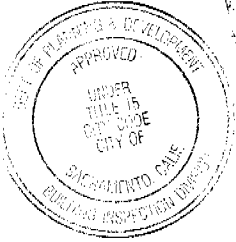
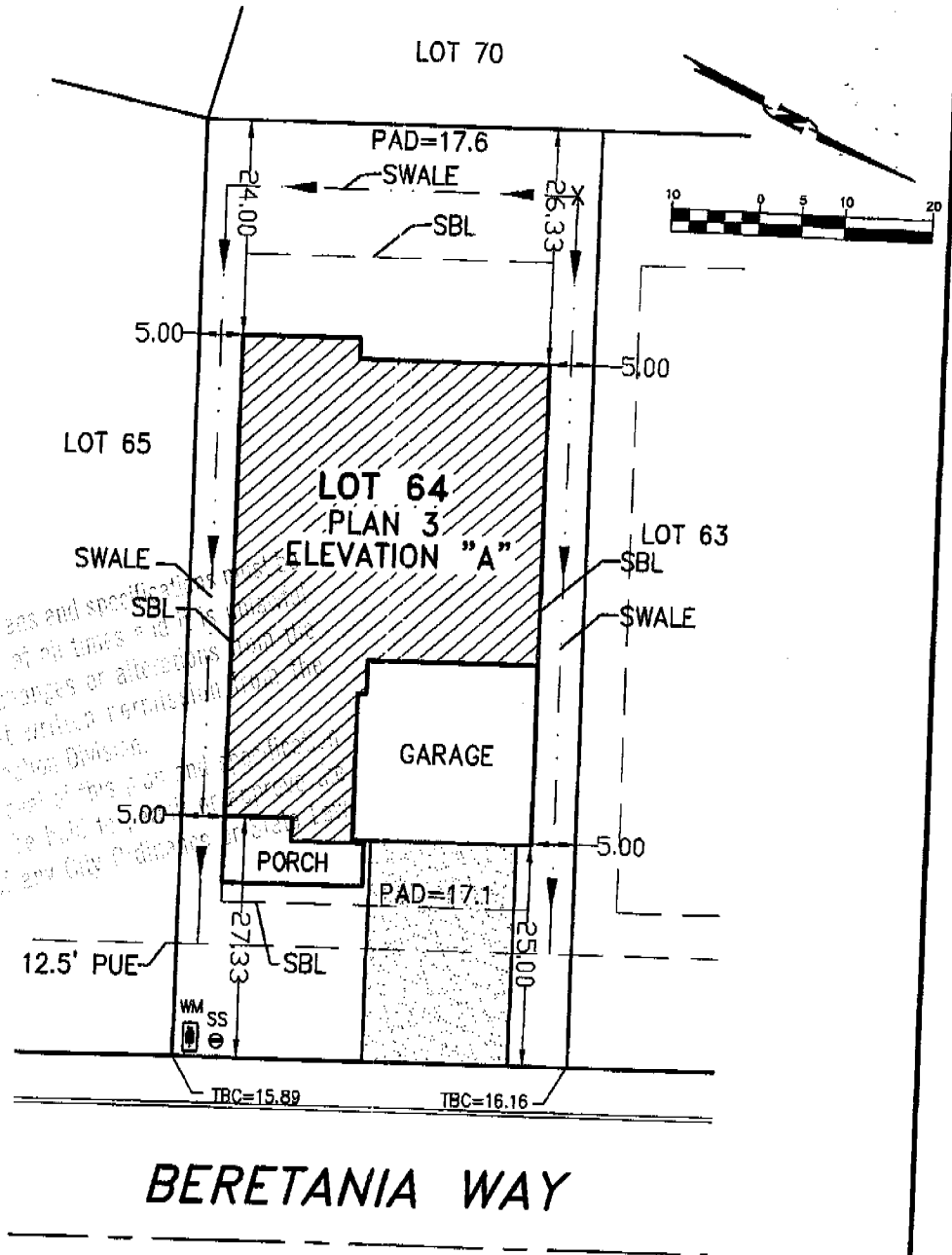
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5/19/04 Applicant Signature Jerry Peterson

**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.**

THIS PLOT PLAN IS PROVIDED AS A GENERAL LAYOUT OF THE PROPERTY. ALL INFORMATION ON THIS PLAN INCLUDING: SETBACK DIMENSIONS, DRIVEWAY GRADES, SLOPE AND WALL HEIGHTS AND LOCATIONS, ARE APPROXIMATE AND MAY VARY OR CHANGE WITHOUT PRIOR NOTICE.



**LEGEND**

- SBL - SET BACK LINE
- PUE - PUBLIC UTILITY ESMT.
- TBC - TOP BACK OF CURB
- WM - WATER METER
- SS - SANITARY SEWER

**BERETANIA WAY**

<p><b>GRIFFIN INDUSTRIES</b>                  4200 DUCKHORN DR.                  SACRAMENTO, CA 95834                  (916) 515-0171</p>	<p>LOT SIZE = 4725 SF                  BLDG. FOOTPRINT = 1895 SF                  FRONT SETBACK = 17.5'                  LEFT SETBACK = 5'                  RIGHT SETBACK = 5'                  REAR SETBACK = 15'</p>	<p><b>CAMBAY WEST VILLAGE 2</b>                  LOT #64</p>	
		<p>SACRAMENTO CALIFORNIA</p> <p><b>Carter-Burgess</b>                  Carter &amp; Burgess Inc.</p>	
<p>DRAWN BY: AJL</p>	<p>CHECKED BY: RJT</p>	<p>W.O. NO.: 333202</p>	<p>DWG.: 44--64</p>
<p>SCALE: 1"=20'</p>			<p>DATE: 04-26-04</p>

# 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: Lot 64 3269 Beretania Way Sacramento CA  
Number Street City State

### Ceilings:

Blow: Manufacturer Johns Manville Thickness 12" R / Value 30  
Square Feet 1654 # Bags / Lba. Per Bag 29

Batts: Manufacturer Johns Manville Thickness 10.25" R / Value 30  
Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

### Exterior Walls:

Manufacturer Johns Manville Thickness 6.5" R / Value 19  
Manufacturer Johns Manville Thickness 3.5" R / Value 13

### Floor Insulation:

Manufacturer Johns Manville Thickness 3.5" R / Value 13

Air Infiltration: (Title 24)

Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Contractor: Griffin Industries Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

By: Jamie Housley Title: Office Manager Date: 2/12/05

**INSTALLATION CERTIFICATE**

(page 2 of 4)

CF-6R

**PLAN 3**

Site Address

Permit Number

**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured	Site Built Products		Quantity (Optional)	Total Square Feet	Comments/ Special Features
		Products Labeled U-value (≤ CF-1R value) <sup>2</sup>	# of Panes	Default U-Value <sup>2</sup>			
1. 1110	SL	.62				271	
2. 1510	SH	.60				225	
3. 910 PIC	PW	.44				91.25	
4. 415	SGD	.59				64	
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 5), where applicable.

4  
Item #s  
(if applicable)

[Signature] 8/17/04  
Signature, Date

MILGARD WFS  
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

# INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

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)

#### 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)

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	A.O. SMITH GVR-50	STD.	N/A		60	50			R-10

- 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.
- 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 8-18-2004  
 Raymond Wainwright

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

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

# INSTALLATION CERTIFICATE

(Part 1 of 13)

CF-6R

SITE ADDRESS Lot # IG64 3269 Beretania Way Sacramento, Ca 95834

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> [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Bru/hr)	Heating Capacity (Btu/hr)
SPLIT	G-40UH-36A-70X (UP)		80% Lennox	ATTIC	R-6	23,653	54,100
SPLIT	G-40UH-36A-70X (DN)		80% Lennox	ATTIC	R-6	31,541	54,100

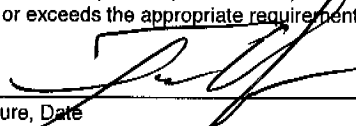
### Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [1≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Bru/hr)	Cooling Capacity (Btu/hr)
SPLIT	13ACC036		12 SEER	ATTIC	R-6	23,952	35,600
SPLIT	13ACC036		12 SEER	ATTIC	R-6	16,274	35,600

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 building, 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



Sac Valley Sheet Metal, Inc.

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>

- 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:

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Signature, Date

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

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

# Northwest Inspection and Testing, Inc.

11440 Sunrise Gold Circle, Suite 23, Rancho Cordova, CA 95742

(916) 631-9181 • Fax (916) 631-9781

## REGISTERED INSPECTOR'S DAILY REPORT

Job No. \_\_\_\_\_ Date 10/14/04

<b>TYPE OF INSPECTION REQUIRED</b>	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post Tensioned Concrete <input type="checkbox"/> Reinforced Masonry	<input type="checkbox"/> Structural Steel Assembly <input type="checkbox"/> Fire Proofing <input type="checkbox"/> Asphalt	<input type="checkbox"/> Quality Control <input type="checkbox"/> Other
Job Address	<u>Lot 59, 60, 61, 62, 63, 64</u>		City <u>Sacramento</u>
Job Name	<u>Ivy Glen</u>	Permit No.	Issued By
Type of Structure	<u>SFD</u>	Architect	
Material Description (type, grade, source)		Engineer	
Inspector(s) Name	<u>William Maynard</u>	Contractor	<u>Griffin Industries</u>
		Subcontractor	<u>Rob Mann Const.</u>

### TESTS PERFORMED

TYPE OF SAMPLE	SLUMP	QUANTITY IN SET	ADDITIONAL REMARKS ON SAMPLES

**INSPECTION SUMMARY** — LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT - AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT. NO'S OF TEST SAMPLES TAKEN: STRUCT. CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

1. Arrived at project site as requested to perform pull/tension testing for epoxy embeds for HD's on the following lots.

- Lot # 59 - 1 ea 5/8"
- 60 - 5 ea 5/8"
- 61 - 1 ea 5/8"
- 62 - 4 ea 5/8"
- 63 - 0 ea 5/8"
- 64 - 6 ea 5/8"

Epoxy embeds test at - 5/8" - 3650# tension

All in compliance

CERTIFICATION OF COMPLIANCE

I HEREBY CERTIFY THAT I HAVE OBSERVED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

William R. Maynard  
SIGNATURE OF REGISTERED INSPECTOR

SPECIALTY \_\_\_\_\_ NO. \_\_\_\_\_ AGENCY \_\_\_\_\_

CONTINUED ON NEXT PAGE  PAGE \_\_\_\_\_ OF \_\_\_\_\_

TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	CYLINDERS

All inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum. In addition, any inspection extending past noon hour will be an 8 hour minimum.

Approved by \_\_\_\_\_  
Project Superintendent