

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0421005
Insp Area: 4
Thos Bros: 277J2

Site Address: 999 NORTH AV SAC St: BLD 10
Parcel No: 237-0200-032 BUILDING 10

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

CONTRACTOR
SHS CONTRACTORS LP
320 GOLDEN SHORE SUITE 200
LONG BEACH CA 90802

OWNER
NORTH AVE APTS LP
110 PINE ST
LONG BEACH CA 90802

ARCHITECT
KEITH MINNIE
MAPLE DELL MCCLELLAND
380 STEVENS AVE, STE 380 92075

Nature of Work: BUILDING 10 - TYPE D - 16,203 SF (12 UNITS AND 36 BEDROOMS)

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 B License Number 797982 Date 6-1-05 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 6-1-05 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 EMPLOYERS INS. CO. OF WAUSAU Policy Number WACZ91545339044 Exp Date 07/01/2005

(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 6-1-05 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.

INSTALLATION CERTIFICATE

CF-6R

Site Address: 999 North Avenue, Sacramento CA Permit #
 Site Name: North Ave. Unit type 3 **923, 933, 943, 953, AND 4035, 4045 MAY**

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 complete

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump, etc.)	CEC Certified Mfr. Make & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (BTU/Hr)
Heat Pump	First Company 24HX6-C-R22 TXV	51	N/A	DROP	R4.2	24,000	20,500

Cooling Equipment

Equip. Type (pkg. heat pump, etc.)	CEC Certified Compressor Unit Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (BTU/Hr)
Heat Pump	YORK E1RDO124806	51	13	N/A	N/A	24,000	24,000

¹ ≥ reads greater than or equal to.

I, the undersigned, verify that the 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

JDI Mechanical
 HVAC Subcontractor (Co. Name)
 OR General Contractor OR Owner

WATER HEATING SYSTEMS:

Water Heater Type/#	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value

FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commissions Directory of Certified Faucets and Showerheads, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

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 th

Signature, Date

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

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

INSTALLATION CERTIFICATE

CF-6R

Site Address: 999 North Avenue, Sacramento CA
 Site Name: North Ave, Unit type 2

Permit #

933 943 AND (4045 MAY)

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, etc.)	CEC Certified Mfr, Make & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) [≥CF-IR value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (BTU/Hr)
Heat Pump	First Company 19HX3-C-R22 TXV	15	N/A	DROP	R4.2	19,000	17,000

Cooling Equipment

Equip. Type (pkg. heat pump, etc.)	CEC Certified Compressor Unit Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) [≥CF-IR value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (BTU/Hr)
Heat Pump	YORK EIRD018S06	15	13	N/A	N/A	18,000	18,000

1 ≥ reads greater than or equal to.

I, the undersigned, verify that the 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 buildings, and (3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

LDI Mechanical
 HVAC Subcontractor (Co. Name)
 OR General Contractor OR Owner

WATER HEATING SYSTEMS:

Water Heater Type/#	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R-value

FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commissions Directory of Certified Faucets and Showerheads, pursuant to Title-24, Part 6, Subchapter 2, Section 111.

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.

Signature, Date

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

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

INSTALLATION CERTIFICATE

CF-6R

Site Address: 999 North Avenue, Sacramento CA
 Site Name: North Ave, Unit type 2-TH

Permit #

919, 939, 949, 959 NORTH

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 complete

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump, etc.)	CEC Certified Mfr, Make & Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (BTU/Hr)
Heat Pump	First Company 191HX6-C-R22 TXV	14	N/A	DROP	R4.2	19,000	20,500

Cooling Equipment

Equip. Type (pkg. heat pump, etc.)	CEC Certified Compressor Unit Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (BTU/Hr)
Heat Pump	YORK E1RDO18S06	14	13	N/A	N/A	18,000	18,000

¹ ≥ reads greater than or equal to.

I, the undersigned, verify that the 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

LDI Mechanical
 HVAC Subcontractor (Co. Name)
 OR General Contractor OR Owner

WATER HEATING SYSTEMS:

Water Heater Type/#	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use)	If Recir- culation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, RE)	Standby Loss (%)	External Insulation R- value

FAUCETS & SHOWER HEADS:

All faucets and showerheads installed are listed in the Commission's Directory of Certified Faucets and Showerheads, pursuant to Title-24, Part 6, Subchapter 2, Section 111.

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 th

Signature, Date

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

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

INSTALLATION CERTIFICATE

CF-6R

999 North Ave Sacramento, CA

Site Address

Permit Number

FENESTRATION/GLAZING:

All Building


Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Value ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Pans	Total Quantity of Like Product (Options)	Square Feet	Interior or Exterior Shading Device or Overhang	Comments/Location/Special Features
1. IWC	.35	.26	448	224	4,480		
2. IWC	.32	.26	4	4	24		
3. IWC	.35	.26	30	15	90		
4. IWC	.35	.26	304	152	2,280		
5. IWC	.35	.26	120	60	540		
6. IWC	.35	.26	48	24	192		
7. IWC	.35	.26	204	102	918		
8. IWC	.34	.26	152	76	3,192		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ 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.

² Installed U-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values 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-Value 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.

1-8
Item #s (if applicable)


Signature, Date

3-6-07

Garland's Building Specialties
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #s (if applicable)

Signature, Date

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

Item #s (if applicable)

Signature, Date

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

July 1, 1999