

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0405063  
Insp Area: 4  
Thos Bros: 257-C5

Site Address: 1456 DREAMY WY SAC  
Parcel No: 201-0800-101  
N

NORTHPOINTE PARK VIL. 22 LOT 60

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

CONTRACTOR  
LENNAR RENAISSANCE INC  
2240 DOUGLAS BL  
ROSEVILLE, CA 95661

OWNER

ARCHITECT

Nature of Work: MP321 1 STORY 7 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 B License Number 732348 Date \_\_\_\_\_ 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: CITY OF SACRAMENTO

Date \_\_\_\_\_ Owner Signature [Signature] APR 16 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 4-16-04 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 OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2004

\_\_\_\_ (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 4-16-04 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.**

# plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



EXISTING  
AGRICULTURAL

45.00' SUBD. BDY. LINE

HOMESITE  
60

4725± SQ. FT.

PAD=15.8  
FF=16.47

PLAN 321-2R  
35'-0" X 61'-6"  
1- STORY  
ELEV. - B

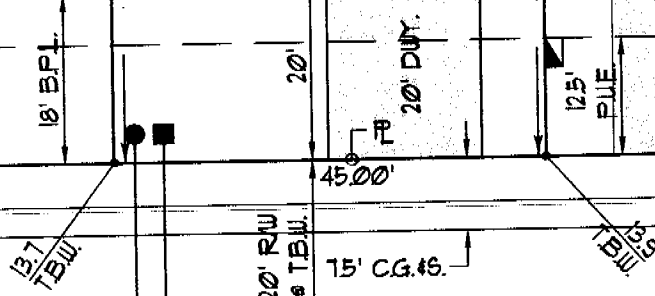
1763\* LOT COVERAGE

PORCH COVERED

GARAGE

HOMESITE  
61  
PAD=15.5

HOMESITE  
59  
PAD=15.8



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.  
The approval of this plan and specification shall not be held as a grant or approval of any City Ordinance or State Law.

DREAMY WAY

<b>lot coverage</b>
LOT AREA: 4725± #
BUILDING: 1763 #
BLDG./ LOT AREA: 37 %

<b>retaining wall</b>
HEIGHT: _____
LENGTH: _____
DISTANCE FROM P.L.: _____

<b>symbols legend</b>
DROP INLET:
ELECTRIC SERVICE BOX:
FIRE HYDRANT:
FLOW LINE HIGH POINT:
GAS SERVICE:
PAD-MOUNT TRANSFORMER:
SEWER SVC.:
STREET LIGHT:
TOP-BACK OF SIDEWALK ELEV.:
SWALE (FLOW DIRECTION):
WATER SVC.:
EXTENTS OF 2ND STORY LEVEL:



**AMBER LANE**  
A REGENCY PARK COMMUNITY

**home site #60**  
1456 Dreamy Way  
NORTHPOINTE PARK VILLAGE 22  
CITY OF SACRAMENTO, CALIFORNIA  
a.p.n.: 201-0800-101

**General notes**

- 1) DIMENSIONS ALONG CURVED LINES ARE CHORD LENGTHS, U.O.N.
- 2) SETBACK DIMENSIONS ARE ROUNDED DOWN TO NEAREST HALF UNIT, U.O.N.
- 3) FOOTPRINT AREA CALCULATIONS (#) ARE BASED ON PLAN DIMENSIONS ONLY AND DO NOT INCLUDE COVERED ENTRIES, PORCHES OR ARCHITECTURAL PROJECTIONS.

5.2	BCB	3/1/04	20:1
phase	drawn by	issue	scale



**INSULATION CONTRACTORS  
ASSOCIATION  
OF AMERICA**

**41283**

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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:

Winncrest LOT # 60 TRACT # Ambur Lane

STREET 1450 Dreamy CITY Salt Lake

**EXTERIOR WALLS:**

MANUFACTURER F6 THICKNESS/TYPE 3 5/8 R-VALUE 13

**CEILING:**

BATTS: MANUFACTURER F6 THICKNESS/TYPE 1 1/2 R-VALUE 3.8

BLOWN IN: MANUFACTURER CT THICKNESS/TYPE 1 1/2 R-VALUE 3.8

SQUARE FOOTAGE COVERED 1040 NUMBER OF BAGS USED 24

FLOORS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

SLAB ON GRADE: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

WIDTH OF INSULATION \_\_\_\_\_ INCHES

FOUNDATION WALLS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

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

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

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSULATION CONTRACTOR ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 9-24-04

NEVADA CONTRACTORS LICENSE #55201 SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

# KwikKote

No. 200-920989

## Stucco System Installation Card

Job Name: AMBER LANE @ REGENCY PARK  
Address: 1456 DREAMY WAY  
SACRAMENTO,  
Lot #: 0060-22

Stucco System Trade Name: KWIK KOTE  
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion:

Home Builder: LENNAR RENAISSANCE/WINNCREST  
Address: 1075 Creekside Ridge Dr. #100  
ROSEVILLE, CA

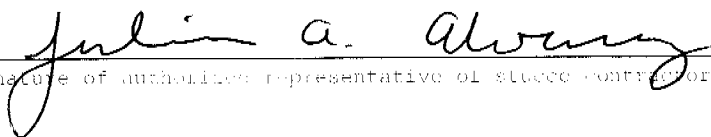
Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 09/30/2004

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

  
Signature of authorized representative of stucco contractor

9-30-04  
Date

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**

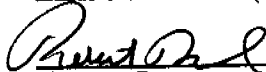
Equip. Type (pkg. heat num)	CBC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (>CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Furnace	Bryant 310JAV024045	1	80	Attic	4.2	20047	34000

**Cooling Equipment**

Equip. Type (pkg. heat num)	CBC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (>CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split A/C	Bryant 537ANX024	1	14.0	Attic	4.2	18823	24000

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, Date

Deal Sheet Metal, Inc.  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CBC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated <sup>1</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:**

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

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

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

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)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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Signature, Date \_\_\_\_\_

Installing Subcontractor (Co. Name) \_\_\_\_\_

OR General Contractor (Co. Name) OR Owner \_\_\_\_\_

**WATER HEATING SYSTEMS:**

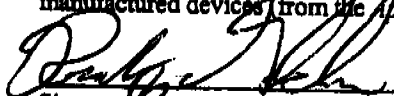
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>3</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
Nat Gas	41VR50F	STD	N/A	1	40,000	50	.62	N/A	R-20
Nat Gas	41VR40F	STD	N/A	1	40,000	40	.62	N/A	R-20

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 12-16-03  
Signature, Date

D&J Plumbing  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

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