

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0506017

Insp Area: 4

Thos Bros: 256-J6

Site Address: 170 WAPELLO CR SAC

Parcel No: CREEKSIDE 14 VIL. 1 LOT # 37

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

JOHN LAING HOMES  
1536 EUREKA RD STE 100  
ROSEVILLE CA. 95661

OWNER

ARCHITECT

Nature of Work: MP 1697 2 STORY 6 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 687596 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: \_\_\_\_\_

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.

**PAID**

**CITY OF SACRAMENTO**

**MAY 04 2005**

**NORTH PERMIT**

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 5-04-05 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 LUMBERMANS MUTUAL Policy Number 3BA16432400 Exp Date 04/15/2005

(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 5-04-05 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.**





**INSULATION CONTRACTORS ASSOCIATION OF AMERICA**

INSULATION CERTIFICATE  
**45611**

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



John Craig Hunt LOT # 37 TRACT SECRET 1  
STREET 170 Wapoco Cir. CITY N. NARRANS

EXTERIOR WALLS:  
MANUFACTURER EG THICKNESS/TYPE \_\_\_\_\_ R- VALUE 13/15

CEILINGS:  
BATT'S:  
MANUFACTURER EG THICKNESS/TYPE \_\_\_\_\_ R- VALUE 30

BLOWN IN:  
MANUFACTURER CT4 THICKNESS/TYPE \_\_\_\_\_ R- VALUE 30  
MINIMUM THICKNESS 12

SQUARE FOOTAGE COVERED 882 NUMBER OF BAGS USED 16  
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 \_\_\_\_\_  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

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

INSULATION CONTRACTOR **ARCADE INSULATION**  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #55201

A. Gordon SIGNATURE  
Inspector TITLE  
DATE 9-9-05

# KwikKote

No. 200-924223

## Stucco System Installation Card

Job Name: Serenity @ Creekside  
Address: 170 WAPELO CIR

Lot #: 37

Permit # 0506017

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: JOHN LAING HOMES  
Address: 1544 EUREKA RD SUITE 250  
ROSEVILLE, CA

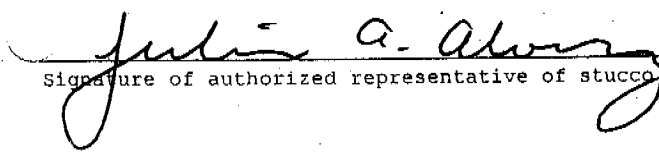
Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 11/30/2004

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

5-17-05  
Date

170 WAREHO C/R

John Laing Homes - Creekside

0506017

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 #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	18,398	60,000	Plan 1
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	27,032	80,000	Plan 2
Furnace	York P4HUB16L6401	1	0.80	Attic	R-6	30,441	80,000	Plan 3
Furnace	York P4HUA12L04801	1	0.80	Attic	R-6	25,183	100,000	Plan 4

**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)	
Condenser	York H*RC024 *	1	13.0	Attic	R-6	16,989	23,400	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6	19,658	29,400	Plan 2
Condenser	York H*RC030 *	1	13.0	Attic	R-6	21,746	29,400	Plan 3
Condenser	York H*RE024 *	1	14.0	Attic	R-6	17,996	24,000	Plan 4

**\*TXV - Indicates Thermal Expansion Valve On Coil**

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

Beutler Corporation

Signature, Date

OR General Contractor ( Co. 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)	(2) Standby Loss (%)	External Insulation R-value

(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

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**

(Page 1 of 8)

CF-6R

170 WAPLETT CIR  
Site Address

0506017  
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>
NAT	STATE G 56 50 YOC TG	STD	N/A	1	40000	50	0.62	1	16

- 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

D. MARTEL Plumbing Inc.  
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

(Page 2 of 8)

CF-6R

170 WAPPELO CIR

0306017

Site Address: Man 4, 4.1

Permit Number

FENESTRATION/GLAZING:

A/SIDE 70

Manufacturer/Brand Name (GROUP LIKE PRODUCT)	Product U-Factor (s) (CF-1R value)	Product SHOC (s) (CF-1R value)	# of Panels	Total Quantity of Like Product (Original)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>XO</u>	<u>.35</u>	<u>.36</u>	<u>2</u>	<u>0</u>	<u>1697</u>	<u>16"</u>	
3. <u>SH</u>	<u>.35</u>	<u>.36</u>	<u>2</u>	<u>26</u>			
6. <u>PW</u>	<u>.37</u>	<u>.35</u>	<u>1</u>	<u>4</u>			
8. <u>360</u>	<u>.35</u>	<u>.34</u>	<u>2</u>	<u>1</u>			
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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.

Installed U-Factor must be less than or equal to values from CF-1R. Installed SHOC 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 actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHOC 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	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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WINDOWS  
2, 4, 8  
Item #s  
(if applicable)

BZ 8.1.05  
Signature, Date

A/SIDE  
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

January 4, 2001