

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0416513

Insp Area: 4

Thos Bros: 276H4

Site Address: 3305 SORA WY SAC

Sub-Type: NSFR

Parcel No: 225-1940-001

PARKVIEW VILLAGE 1 LOT #1 Housing (Y/N): N

CONTRACTOR

BECK HOMES
3114 WEST HAMMER LANE
STOCKTON CA. 95209

OWNER

BECK PROPERTIES INC
3114 W HAMMER LN
STOCKTON, CA 95209

ARCHITECT

Nature of Work: MP3882 2 STORY 12 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 478421 Date 10-13-04 Contractor Signature *J. Hally*

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.)

PAID
CITY OF SACRAMENTO
OCT 12 2004
BUILDING PERMIT
CENTER

____ 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 10-13-04 Applicant/Agent Signature *J. Hally*

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 1646487-2004 Exp Date 07/29/2005

____ (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.

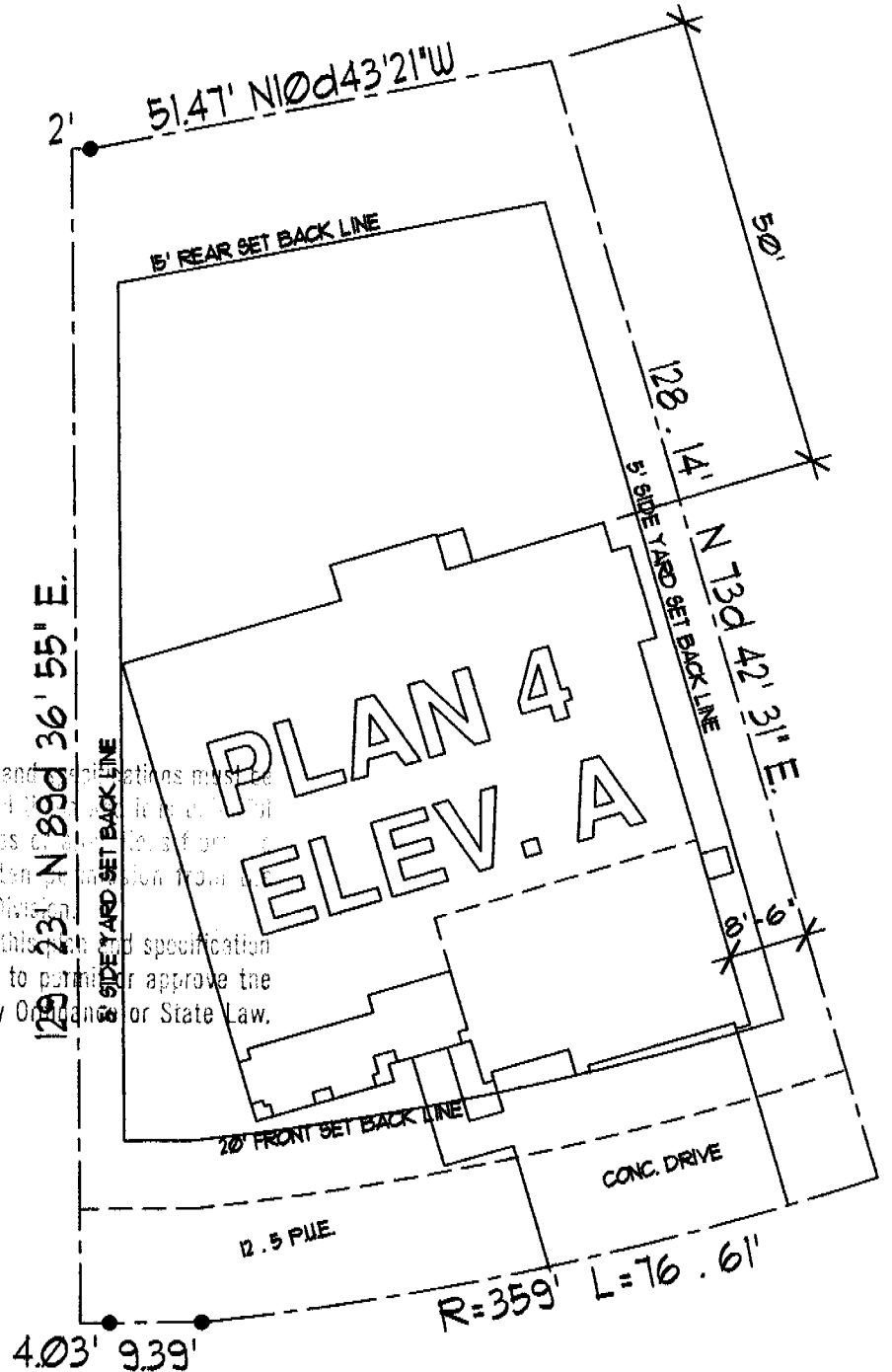
Date 10-13-04 Applicant Signature *J. Hally*

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.

PELICAN POINT

FOUNDATION ELEVATION & DRAINAGE
TO COMPLY WITH UBC SECTION
1804.7



This set of plans and specifications must be kept on the job at all times. It is the responsibility of the contractor to make any changes. No changes shall be made without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



3305 SORA WAY

PLOT PLAN

SCALE : 1"=20'-0"

BECK
PROPERTIES

LOT NO. 1-1
PARKVIEW VILLAGE #1
CITY OF SACRAMENTO, CA.

3114 W. HAMMER LANE , STOCKTON , CA. 95210 PH: 957-0331

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS (TRACT) Beck	LOT # 1-1	SACRAMENTO BUILDING PRODUCTS			
				<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675		
			DATE INSULATION COMPLETED			
PART II AREAS INSULATED	WALLS		CEILING		FLOORS	
	SQUARE FEET)		SQUARE FEET)		SQUARE FEET)	
	TYPE OF INSULATION		TYPE OF INSULATION		TYPE OF INSULATION	
	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
	FORM BATTS		FORM BATTS & BLOW		FORM BATTS	
	MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.	
	MANUFACTURER		MANUFACTURER		MANUFACTURER	
	CT	OC	JM	CT	OC	JM
	BAGS					
	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS
13.19	3.55	38	1.47	19	5.5	
NOTE: WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		
				CT	OC	JM
AIR INFILTRATION SEALANT						
MATERIAL		HILTI		HANDY FOAM		
		FOAM				
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS						
SIGNATURE — INSULATION CONTRACTOR		TITLE MANAGER		DATE 5.16.05		
SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE		
REMARKS						

INSTALLATION CERTIFICATE

CF-6R

3305 SORA WAY
Site Address

Beck Properties - Pelican Pointe

0416513
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 #P4HUC20L8001	1	0.80	Attic	R-4.2	42,926	100,000	Plan 1
Furnace	York #P4HUC20L8001	1	0.80	Attic	R-4.2	47,748	100,000	Plan 2
Furnace	York #P4HUC20L8001	1	0.80	Attic	R-4.2	52,101	100,000	Plan 3
Furnace	York #P4HUC20L8001	1	0.80	Attic	R-4.2	55,213	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*RC042	1	12.0	Attic	R-4.2	34,006	39,000	Plan 1
Condenser	York #H*RC048	1	12.0	Attic	R-4.2	37,718	47,000	Plan 2
Condenser	York #H*RC048	1	12.0	Attic	R-4.2	42,783	47,000	Plan 3
Condenser	York #H*RC048	1	12.0	Attic	R-4.2	44,810	47,000	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) 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.

Mark Padgett 9-8-03
Signature, Date

Beutler Corporation

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 4)

CP-OR

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Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspectors. (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 10-109 (b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (kg, heat source)	CEE Certified Mfr Name & Model Number	# of Installed Systems	Efficiency (AFUE, etc.) (See 18 values)	Duct Location (at/dn, etc.)	Duct or Piping Details	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (kg, heat source)	CEE Certified Compressor Unit Mfr Name and Model Number	# of Installed Systems	Efficiency (SEER, etc.) (See 18 values)	Duct Location (at/dn, etc.)	Duct Details	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment installed; (2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CP-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and (3) the equipment 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	CEE Certified Mfr Name & Model Number	Description Type (Std, Polyal-Use)	If Recirculation, Control Type	# of Installed Systems	Rated* Input (KW or Btu/hr)	Tank Volume (gallons)	Efficiency (EF, UEF)	Standby Loss (%)	External Insulation Available
STANDARD	GE 50 VOCTG	STORAGE	NA		40000	50	62	3.5	NA

*For small gas storage (rated input ≤ 75,000 Btu/hr), electric resistance and heat pump water heaters, Net Energy Factor.
 For large gas storage water heaters (rated input > 75,000 Btu/hr), Net Recovery Efficiency, Standby Loss and Rated Input.
 For instantaneous gas water heaters, Net Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature (1) is the actual equipment installed; (2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CP-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and (3) the equipment 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

WILLS PLUMBING
 1811 W. EUCLID
 STOCKTON, CA 95204

Site Address Pelican Point #4

Permit Number _____

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (s CF-1R value) ²	Product SHGC ¹ (s CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. Fixed w/ Grid	.33	.34	2	7	55		
2. Fixed no Grid	.33	.37	2	6	92		
3. HS w/ Grid	.36	.30	2	1	22		
4. HS no Grid	.36	.33	2	13	375		
5. VS no Grid	.36	.33	2	6	88		
6.							
7.							
8.							
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-Factor 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 (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 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.

1-5
Item #s
(if applicable)

Bo. T. Meall
Signature, Date

Gilwin Company
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