

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0418100**

**Insp Area: 4**

**Thos Bros: 276J6**

**Site Address: 5 PETREL CT SAC**

**Parcel No: 225-1980-038**

**PARKVIEW VIL. 6 LOT #38**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**CONTRACTOR**

KIMBALL HILL HOMES  
10535 EAST STOCKTON BL. STE. K  
ELK GROVE CA. 95624

**OWNER**

**ARCHITECT**

**Nature of Work: MP 2212 2 STORY 9 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.

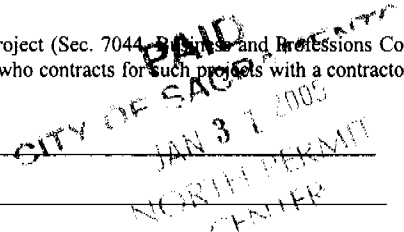
License Class B License Number 701803 Date 1/31/05 Contractor Signature [Signature]

**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 1/31/05 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.

[Signature] 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 **TRAVELERS** Policy Number **WC59663000527** Exp Date **10/01/2004**

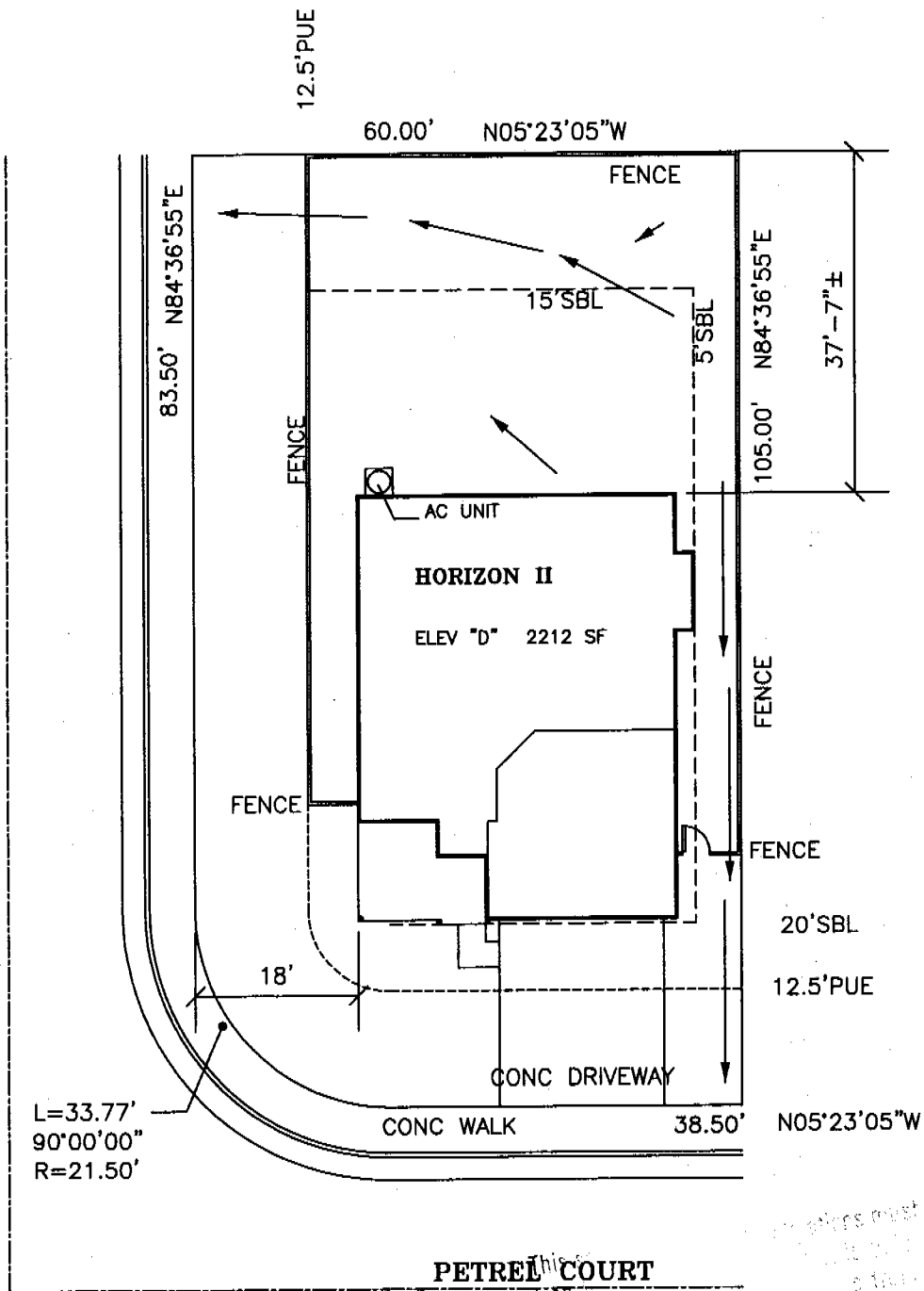
\_\_\_\_\_, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should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

Date 1/31/05 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.**

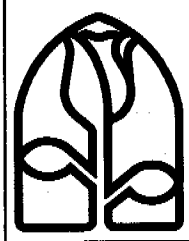
**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

SCREECH OWL WAY



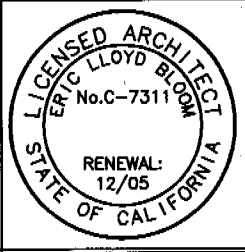
PETREL COURT

Lot 38 6201



**BLOOM**  
**Architectural**  
**Developments**  
**Incorporated**  
 4437 Kenneth Avenue  
 Fair Oaks, CA 95628  
 (916)961-1553  
 (916)967-3011 Fax

www.BloomArchitect.com



This plan must be kept on file in the same building. The architect shall be responsible for the accuracy of the information and shall not be liable for any violation of the Building Code or State Law.

**Plot Plan Disclosure** This plot plan approximates a general representation of lot dimensions, easements, fence and home placement, etc. This illustration is not a condition of Kimball Hill Homes sales agreement. The actual placement and measurements demonstrated on this diagram are subject to change without notice.

Signature \_\_\_\_\_  
**KHH California, Inc.** (916)714-1153  
 10535 E. Stockton Blvd. Ste. K, Elk Grove, CA 95624

**Job#** 3076 38 **Plan#** 2212  
**Date** Oct 07 04 **Draft** 1  
**Plan** HORIZON2 **Elev** D  
**Project** Parkview **Unit** 6  
**Lot** 38  
**Address** 5 Petrel Court  
**City** Sacramento County CA  
**APN** 225-1980-038

**PLOT PLAN**  
 Scale 1"=20'



**F. RODGERS INSULATION, INC.**

Thermal Insulation Contractors  
Residential

INSULATION  
CERTIFICATE

09897

775 LAS POSITAS ROAD • LIVERMORE, CA 94550  
(925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691  
(916) 386-9400 • FAX (916) 386-9446

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATION, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

VFH LOT # 38 TRACT # 111707 SAC

STREET \_\_\_\_\_ CITY \_\_\_\_\_

**EXTERIOR WALLS:**

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE 13

**CELLINGS:**

BATTIS: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE 30

BLOWN IN: MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE 40

SQUARE FOOTAGE COVERED 1740 NUMBER OF BAGS USED 19

**FLOORS & OVERHANGS:**

MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R- VALUE 19

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

GENERAL CONTRACTOR \_\_\_\_\_  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_

DATE \_\_\_\_\_

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

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL  
CALIFORNIA CONTRACTORS LICENSE #771285

DATE 6-27-05

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

# INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Site Address: 5 Petrol Ct.

Permit Number: 0418100

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 (gas, heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUR, etc.) <sup>1</sup> ECF-IR value	Duct Location ( attic, etc.)	Duct or Piping Details	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

#### Cooling Equipment

Equip. Type (gas, heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> ECF-IR value	Duct Location ( attic, etc.)	Duct Details	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) 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.

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
GAS	A.O. SMITH GUR-40-100	STD	N/A	1	40,000	40	.62	N/A	N/A

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.

#### 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 CF-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]  
Signature, Date

BIRNCHM PLUMBING CO., INC  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

(Page 13)

CF-6R

Plan 2212 Skretel Ct. 0418100  
 Site Address Parkview Signature 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).

**EVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ACE-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
FBI	585TX110-22	1	80%	Attic	4.2		105,000
Carrier							

**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> [ACE-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
A/C	38CR048	1	10.0	Attic	4.2		48,000
Carrier							

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 Betty Martinez  
 6-8-04

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner  
Air Design, Inc.

**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>2</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

INSTALLATION CARD

OMEGA DIAMOND WALL INSULATING ONE COAT SYSTEM  
OMEGA PRODUCTS INTERNATIONAL, INC.

Job Address:

5 Petrel Ct.  
0418100  
\_\_\_\_\_

ICBO Evaluation Service, Inc.  
Report 4004

5/20/85  
Date of Job Completion

Plastering Contractor:

Name: Mid Valley Plastering, Inc.  
Address: 4807 S. Airport Way, Unit # 3  
Stockton, CA 95206-4924  
Telephone: (209) 234-2671

Approved Contractor Number as  
Issued by the Coating Manufacturers Omega Diamond Wall No. 2315

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

[Signature]  
Signature of Plastering Contractor

5/20/85  
Date

This installation card must be presented to the building inspector after completion  
of work and before final inspection

Site Address 5 Petal Ct. 0418100

Site Address KIMBALL PARKVIEW Permit Number PLAN 2212 D  
ALSIDE - ALPINE SIGNATURE LOT 638  
7000 SERIES WINDOWS

Manufacturer/Brand Name	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
(GROUP LIKE PRODUCTS)							
1. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>166</u>		<u>LOW-E GLASS</u>
2. <u>SINGLE HUNGs</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>60</u>		
3. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>37</u>		
4. <u>PATIO DOORS</u>	<u>.35</u>	<u>.34</u>	<u>2</u>		<u>34</u>		
5. _____							
6. _____							
7. _____							
8. _____							
9. _____							
10. _____							
11. _____							
12. _____							
13. _____							
14. _____							
15. _____							

<sup>1</sup> 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.  
<sup>2</sup> 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.

<p><u>2, 4, 6, 8</u> Item #s (if applicable)</p>	<p><u>[Signature]</u> Signature, Date</p>	<p><u>5-27-05</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor</p>
<p>Item #s (if applicable)</p>	<p>Signature, Date</p>	<p>Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor</p>
<p>Item #s (if applicable)</p>	<p>Signature, Date</p>	<p>Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor</p>

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

DATE: 4.7.05  
 PROJECT NO. 2007  
 PROJECT: C.V. / KIMBORN  
 LOCATION: LOT# 638

DSA FILE/APPL. NO. \_\_\_\_\_  
 OSHPD NO. K.H.P.S. #13  
 PERMIT NO. \_\_\_\_\_  
 WEATHER: \_\_\_\_\_ TEMP: \_\_\_\_\_

**PROOF LOAD**     **TORQUE**     **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: A7-255    GAGE: A7-1004    TORQUE WRENCH: \_\_\_\_\_  
 RAM: \_\_\_\_\_    GAGE: \_\_\_\_\_    TORQUE WRENCH: \_\_\_\_\_

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>PHOS EPOXIED ANCHORS BOLT</u>	<u>5/8</u>	<u>1</u>		<u>6855</u>	<u>2670</u>	<u>1</u>	<u>0</u>	<u>0</u>

- Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_
- Visual inspection was performed on \_\_\_\_\_
- Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_
- All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: \_\_\_\_\_

Inspector: 