

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0517872  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 3048 BUCHMAN CR SAC  
Parcel No: RIVERDALE NORTH VIL 2 LOT 9

CONTRACTOR  
BEAZER HOMES  
3721 DOUGLAS BL. STE. 100  
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 1007 1 STORY 5 RM 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 724191 Date 12/22/05 Contractor Signature N. Collins

**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 12/22/05 Applicant/Agent Signature N. Collins

**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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2005

\_\_\_\_ (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 12/22/05 Applicant Signature N. Collins DEC 22 2005

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND WHICH SUBJECTS 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.**



0517872

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:

Beazer Home LOT # 9 TRACT # San Rose  
STREET 3048 Buchanan St CITY NATOMAS

EXTERIOR WALLS:

MANUFACTURER FR THICKNESS/TYPE 3A R-VALUE 13/19

CEILINGS:

BATTS:  
MANUFACTURER FR THICKNESS/TYPE 10 1/4 R-VALUE 30

BLOWN IN:  
MANUFACTURER CT MINIMUM THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 928 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 ALCAL ARCADE CONTRACTING  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #0055201

A. Gordon DATE 3-20-06  
SIGNATURE TITLE Installer

Beazer Homes - Sunrise Collection at Riverdale North  
Site Address 0517872 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

Table with 8 columns: 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). Rows include Furnace models like York #LY8S040A12, YORK #LY8S060A12 with associated heating loads and capacities.

Cooling Equipment

Table with 8 columns: 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). Rows include A/C models like YORK #H1RD024, YORK #H1RD030 with associated cooling loads and capacities.

(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

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

WATER HEATING SYSTEMS:

Table with 10 columns: 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.

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

3048 Buchman St

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 2 of 12) CF-6R</b>
Site Address <b>THE SURPRISE Collection AT RIVERPALE NORTH - GAZEN</b>	Permit Number <b>0517872</b>	

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) 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(a).

**FENESTRATION/GLAZING:**

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.	XO NO GLAZ	.35	.32	2				
2.	XO GLAZ	.35	.29	2				
3.	SH NO GLAZ	.35	.32	2				
4.	SH GLAZ	.35	.29	2				
5.	PLO NO GLAZ	.34	.35	2				
6.	PLO GLAZ	.34	.31	2				
7.	PATIO DOOR	.35	.34	2				
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

<sup>1</sup> Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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. If using default table SHGC values from §116 identify whether tinted or not.

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.

Item #s (if applicable) <b>1-7</b>	Signature <b>Dennis Mad</b>	Date <b>3/30/06</b>	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

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

Beazer Homes 3048 Buchanan Str Sunrise Collection
Site Address 0517872 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).

Plans 1007, 1559

HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.)1, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.)1, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr)

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.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), (Recovery, etc.) Equal Type, # of Identical Systems, Rated1 Input (kW or Btu/hr), Tank Volume (gallons), Efficiency1 (EF, RE), Standby1 Loss (%), External Insulation R-value

1 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, Date 3/27/06

JR. Pierce Plumbing Co. Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department Building Owner at Occupancy

Lot # 9 Plan # 1007 3048 Buchman Street Sacramento, Ca 95834

Site Address

Permit Number

0517872

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) 38

Fan Flow

If Fan Flow is Calculated at 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here 800 A/c

If fan flow is measured, enter measured value here

Leakage Fraction = Test Leakage / (Measured or Calculated Fan Flow) = 4.7%

Pass if leakage fraction <= 0.06

Pass Fail

For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed: Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

Yes No Pressure pan test or House pressurization test

Yes No Visual Inspection of Duct Connections

Pass Fail

THERMOSTATIC EXPANSION VALVE (TXV)

Yes No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection Yes is a pass

Pass Fail

DUCT DESIGN

1. Yes No ACCA Manual D Design calculations have been completed. Duct Design is on the plans and duct installation matches plans.

2. Yes No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow =

Yes for both 1 and 2 is a Pass

Pass Fail

I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

TD, TXV Tests Performed

Signature, Date

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

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

Project Title: Summer Coll of Riverdale N Date: 03-06-06  
 Project Address: 3054 BUCHANAN ST SMC 95834 Builder Name: BEAZOR  
8034 45110025 Lot 9 Plan Number: #1007  
 Builder Contact: ALLEN AMARO Telephone: 916-801-6574  
 HERS Rater: Allen Amaro Telephone: 03/06/06 Sample Group Number: \_\_\_\_\_  
 Certifying Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sample House Number: \_\_\_\_\_  
 Firm: ACS HERS Provider: \_\_\_\_\_  
 Street Address: 3054 MUSQUIN RD City/State/Zip: Placerville CA 95669  
 Copies to: Builder, HERS Provider

**HERS RATER COMPLIANCE STATEMENT**

This house was:  Tested  Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the houses identified on this form comply with the diagnostic tested compliance requirements as checked on this form.

Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)

Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks as duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

**Duct Diagnostic Leakage Testing Results (Maximum 6% Duct Leakage)**

Duct Pressurization Test Results (CFM @ 25 Pa)

Measured values

Test Leakage in CFM) 38

If Fan Flow is Calculated at 400 cfm/ton x number of tons enter calculated value here 800 ac

If fan flow is measured enter measured value here \_\_\_\_\_

Leakage Percentage (100 x Test Leakage/Fan Flow) = 4.7

Check Box for Pass or Fail (Pass = 6% or less)

Pass  Fail

**THERMOSTATIC EXPANSION VALVE (TXV)** or Commission approved equivalent

Yes  No Thermostatic Expansion Valve (or Commission approved equivalent) is installed and Access is provided for inspection  
Yes is a pass

Pass  Fail

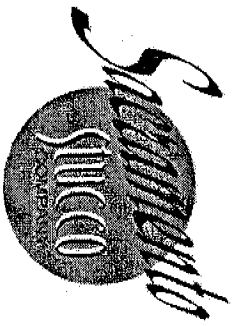
**MINIMUM REQUIREMENTS FOR DUCT DESIGN COMPLIANCE CREDIT**

1.  Yes  No ACCA Manual D Design requirements have been met (rater has verified that actual installation matches values in CF-1R and design on plan.)

2.  Yes  No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.  
Measured Fan Flow = \_\_\_\_\_

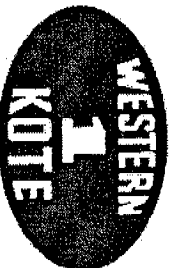
Pass  Fail

Yes for both 1 and 2 is a Pass



# INSTALLATION CARD

Western 1 Kote Exterior Stucco System  
Sacramento Stucco Company



Job Address  
BEAZER HOMES

SUNRISE COLLECTION

LOT: 9

Plastering Contractor

Name:

STUCCO WORKS, INC.

Address:

5900 WAREHOUSE WAY, SACRAMENTO CA 95826

Telephone No.:

PHONE: (916) 383-6699 FAX: (916) 383-6668

Approved contractor number as issued by coating manufacturer:

511

This is to certify that the exterior coating 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 of authorized representative or plastering contractor

March 24, 2006

Date

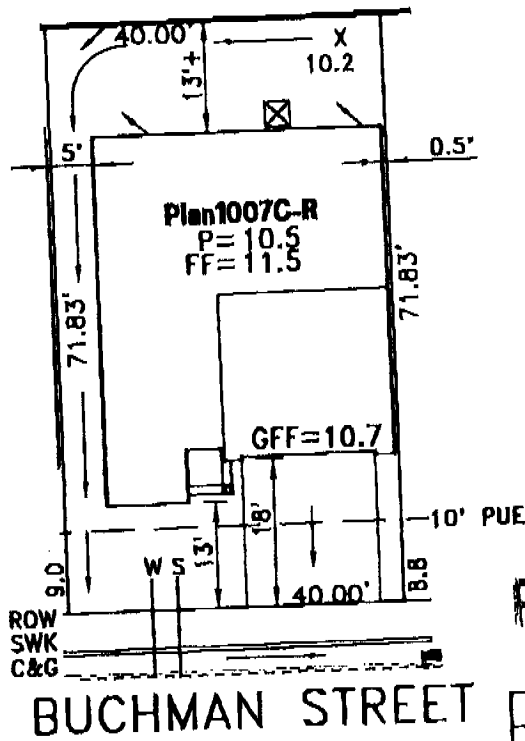
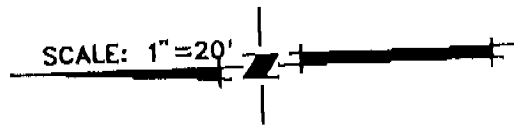
This installation card must be presented to the building inspector after completion of work and before final inspection

ICC Evaluation Services, Inc.  
Evaluation Report ESR-1607

Date of Job Completion: March 9, 2006

*3478 Beckman St  
05/7872*

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION. RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



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 without the written consent of the Engineer. No part of this plan or specification shall be held to constitute or be taken as a violation of any City Ordinance or State Law.

**REVISED**

ROUTING/APPROVAL		INITIALS	DATE
President			
Project Development			
Construction			
Marketing			
Admin.			
Accounting			

- UTILITY SERVICE BOX
- DRAIN INLET
- STREET LIGHT
- TRANSFORMER
- SERVICE POINT
- FIRE HYDRANT
- GFF = GARAGE FINISHED FLOOR

**RIVERDALE VILLAGE 2**  
**"THE SUNRISE COLLECTION" FOR BEAZER HOMES**  
**PLOT PLAN FOR LOT 09**

A.P.N.:  
 LOT AREA: 2873 S.F.  
 ADDRESS:  
 CITY OF SACRAMENTO, CALIFORNIA

**WOOD RODGERS**  
 engineering • planning • mapping • surveying  
 3301 C STREET, BLDG. 1009, SACRAMENTO, CA 95818  
 phone: (916) 341-7780 fax: (916) 341-7787

09-22-05 DRAWN: GDM 1055.031