

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0501192
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 5115 KANKAKEE DR SAC
Parcel No: CREEKSIDE PARCEL 2 LOT #3

CONTRACTOR
KB HOME NORTH BAY INC.
611 ORANGE DR
VACAVILLE CA. 95687

OWNER

ARCHITECT

Nature of Work: MP2280 2 STORY 10RM 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 761970 Date 2/2/05 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 2/2/05 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 A. I. G. Policy Number WC 7085103 Exp Date 05/01/2005

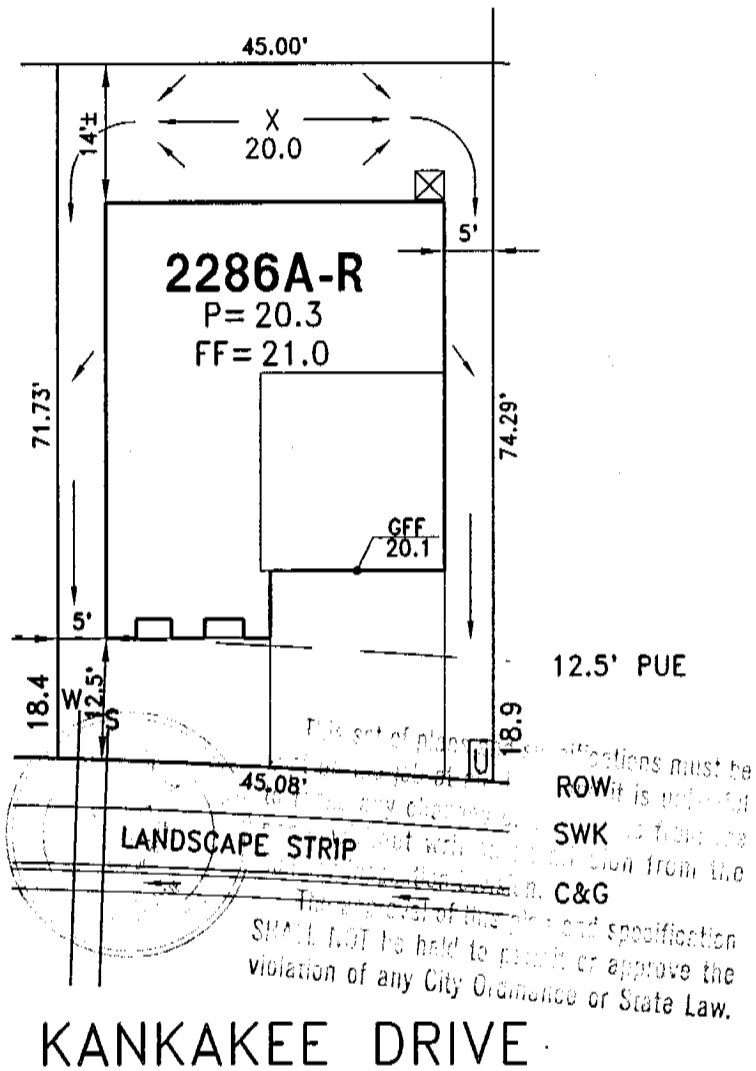
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 2/2/05 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.

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 AND WALKWAY STEPS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED. CHANGES IN THE FIELD WHICH ARE INCONSISTENT WITH THIS PLAN SHALL BE SUBJECT TO VERBAL, FOLLOWED BY WRITTEN APPROVAL BY THE CITY OF SACRAMENTO.



This set of plans and specifications must be read in conjunction with the ROW, SWK, C&G, and specifications. The City of Sacramento shall not be held to plan or approve the violation of any City Ordinance or State Law.

KANKAKEE DRIVE

NOTES:

1. LANDSCAPING, SIDEWALK, WATER METER, IF NOT ALREADY INSTALLED, TO BE INSTALLED WITH BUILDING PERMIT.
2. ALL SEWER CLEANOUTS LOCATED IN TRAVELED PATH MUST HAVE A TRAFFIC RATED COVER.
3. IRRIGATION SERVICE FOR THE LANDSCAPE STRIP IN THE RIGHT-OF-WAY SHALL BE CONNECTED TO THE HOMEOWNER'S WATER SERVICE AFTER THE WATER METER.

-FIRE HYDRANT	S -SEWER SERVICE	W -WATER SERVICE	-DRAIN INLET
-STREET LIGHT	-S.L. SERVICE BOX	-TRANSFORMER	-UTILITY SERVICE BOX

CREEKSIDE PARCEL 2

KB HOME

PLOT PLAN FOR LOT 3

A.P.N.: _____
 LOT AREA: 3277 S.F.
 ADDRESS: 5115 KANKAKEE DRIVE
 SACRAMENTO, CALIFORNIA

WOOD RODGERS
 engineering • planning • mapping • surveying
 1012 11TH STREET, SUITE 300, MODESTO, CA 95354
 phone: (209) 549-7060 fax: (209) 549-7064

JAN 05 DRAWN: ALB 1035.032

SUIS KAWKAKEE
050 1192

INSTALLATION CERTIFICATE

CF-6R

LOT PLAN# KB HOME - CREEKSIDE II SOUTHAMPTON

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 #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-IR value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	35,686	53,000	PLAN 1958
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	39,196	53,000	PLAN 1979
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,283	70,000	PLAN 2093
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,630	70,000	PLAN 2132
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,206	70,000	PLAN 2199
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	38,630	70,000	PLAN 2288
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	36,240	70,000	PLAN 2552

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,153	33,100	PLAN 1958
A/C	Carrier 38TXA036*	1	13.0	ATTIC	6	27,004	33,200	PLAN 1979
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	26,512	33,100	PLAN 2093
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,559	33,100	PLAN 2132
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,919	33,100	PLAN 2199
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	29,790	38,600	PLAN 2288
A/C	Carrier 38BRC048*	1	13.0	ATTIC	6	33,212	44,100	PLAN 2552

* = TXV valve installed as part of 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.

James H. Hayes
Signature, Date

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

5115 KANKAKEE
0501192

INSTALLATION CERTIFICATE

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)	CFC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\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)	CFC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\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	CFC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
A.O. Smith	GUR50	50 gal.				50	.62		

- 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 Mark R. By 7/5/05 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner RCR Companies

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

CERTIFICATION OF INSULATION

PART I
GENERAL

SIS KANUKEE
0501192

LOT #

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART II
AREAS INSULATED

WALLS			CEILINGS			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	CT	OC	JM
BAGS								
R-VALUE		R-VALUE		R-VALUE		R-VALUE		APPLIED THICKNESS
MATERIAL			MATERIAL			MATERIAL		
FIBERGLASS			FIBERGLASS			FIBERGLASS		
FORM			FORM			FORM		
BATTS			BATTS			BATTS		
R-VALUE			R-VALUE			R-VALUE		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
			HILTI			HANDY FOAM		

PART III
CERTIFICATION

THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE CODES, MATERIALS AND METHODS.

SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS