CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0606084
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 5400 CLIFF HOUSE WY SAC
Parcel No: HAMPTON VILLAGE 4 LOT # 127

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

OWNER

ARCHITECT

Nature of Work: MP2132 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'sAddress_____

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 _ Date 5/12/06 Contractor 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_____

PAID
CITY OF SACRAMENTO
MAY 12 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5/12/06 Applicant/Agent 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 Policy Number Exp Date

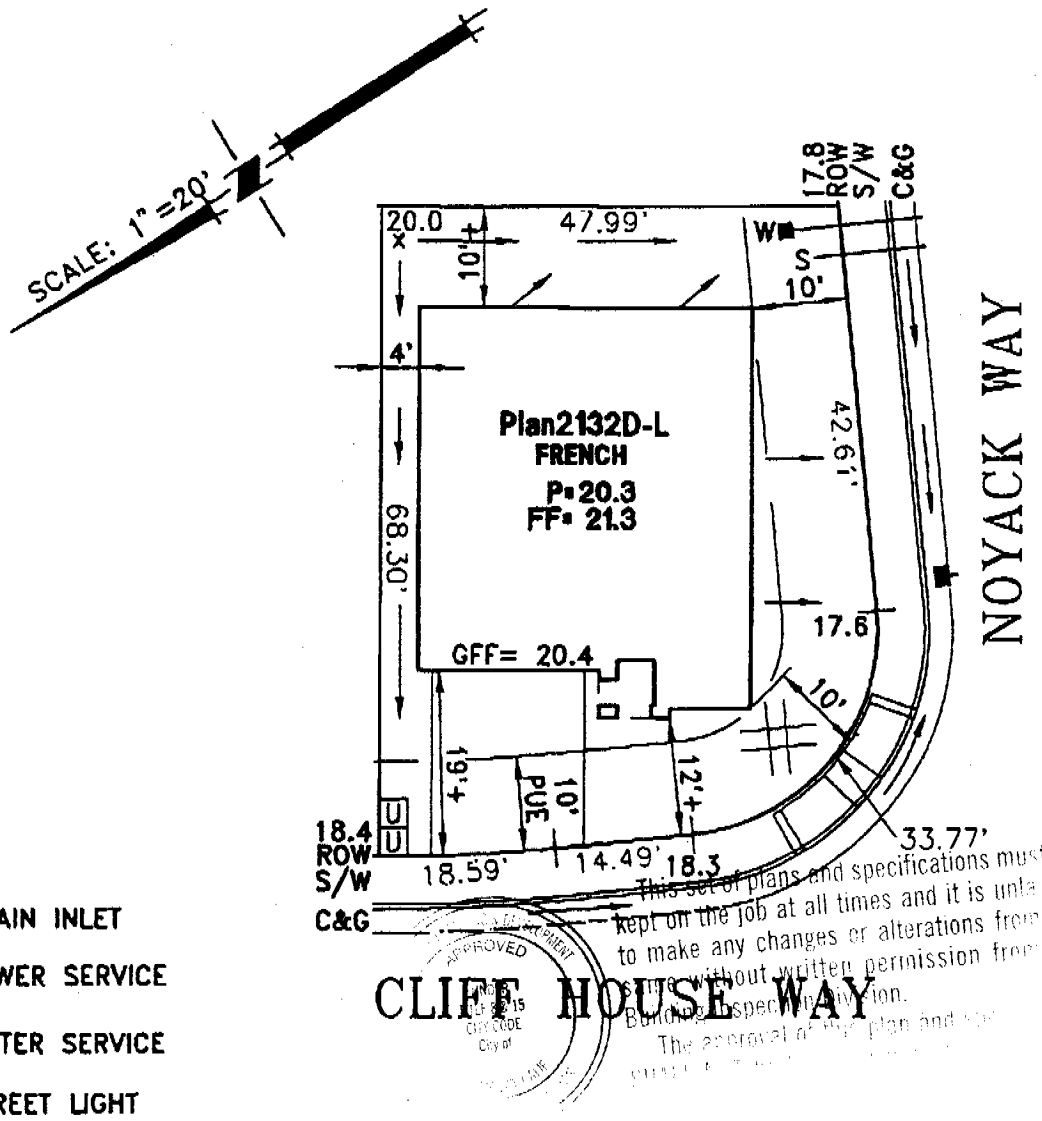
_____ (This section need not be completed if the permit is for $100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 5/12/06 Applicant 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 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, WALKWAY STEPS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



This set of plans and specifications must
kept on the job at all times and it is unla
to make any changes or alterations from
without written permission from
Building Inspection Division.
The approval of this plan and
APPROVED
City of

LEGEND

- DRAIN INLET
- S SEWER SERVICE
- W WATER SERVICE
- STREET LIGHT
- TRANSFORMER
- U UTILITY BOX
- SL STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

DRIVEWAY SLOPE= 11.1%
LOT COVERAGE= 32.8%

THE HAMPTONS - VILLAGE 4 - TRADITIONAL

KB HOMES

PLOT PLAN FOR LOT 127

A.P.N.: 201-1140-065
LOT AREA: 3308 S.F.
ADDRESS: 5400 CLIFF HOUSE WAY
CITY OF SACRAMENTO, CALIFORNIA

WOOD RODGERS
DEVELOPING - INNOVATIVE - DESIGN - SOLUTIONS
3301 C STREET, BLDG. 100-B, SACRAMENTO, CA 95816
PHONE: (916) 341-7760 FAX: (916) 341-7767

APR. 2006	DRAWN: BL/SB	1217.014

J:\Jobs\1217-Natomas Meadows\The Hamptons-V4\Civil\Plotplan\Lot127.dwg 4/13/06 1:02pm gmckain

INSTALLATION CERTIFICATE

5400 Cliff House — Site Address

0606084 — Permit Number

FENESTRATION/GLAZING:

	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor[1] (≤ CF-1R value)[2]	Product SHGC[1] (≤ CF-1R value)[2]	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.	Milgard	.35	SH	2				1 house
2.		.35	KD	2				
3.		.37	PW	2				
4.		.35	PD	2				
5.	"							"
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.

Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
	12/13/04	
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

INSTALLATION CERTIFICATE

CF-6R

LOT 127 PLAN# 2132 KB HOME - SCHUMACHER NATOMAS TRADITIONAL

Site Address 5400 Cliffhouse

Permit Number 0606084

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	Carrier 58STX070-12	1	80%	ATTIC	6	31,832	53,000	PLAN 1364
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	35,686	53,000	PLAN 1975
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	39,638	70,000	PLAN 2286
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-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	Carrier 38BRC030*	1	13.0	ATTIC	6	20,368	27,600	PLAN 1364
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,153	33,100	PLAN 1975
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	27,004	33,100	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 38BRC042*	1	13.0	ATTIC	6	28,790	38,600	PLAN 2286
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.

11·02·04

Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

INSTALLATION CERTIFICATE

CF-6R

5400 Cliff House Way
Site Address

0606084
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. unit, split)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.)[1] (ACCA-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. unit, split)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.)[1] (ACCA-1R value)	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:

Heater Type	CEC 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]
GAS	GVR50	GAS				50	.582		

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.

10/03/05
Signature, Date

RCR Companies
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

CERTIFICATION OF INSULATION

PART I GENERAL

KB Hamptons

LOT # 177

INSULATION CONTRACTOR

- [x] 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 (SQUARE FEET)	CEILINGS (SQUARE FEET)	FLOORS (SQUARE FEET)
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: CT / OC / JM	CT / OC / JM	MANUFACTURER: CT / OC / JM
	BAGS	
R - VALUE INSTALLED: R-13	R - VALUE INSTALLED: R-38	R - VALUE INSTALLED
THICKNESS INSTALLED: 3½"	THICKNESS INSTALLED: 12"/14"/13¼"	APPLIED THICKness

OTHER WALLS IF R-VALUE DIFFERENT FROM ABOVE

MATERIAL	FORM	R VALUE	MANUFACTURER: CT / OC / JM
FIBERGLASS	BATTS		

AIR INFILTRATION SEALANT

MATERIAL	MANUFACTURER	
	HILTI	HANDY FOAM

PART III CERTIFICATION

THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS.

SIGNATURE — INSULATION CONTRACTOR	TITLE: MANAGER	DATE: 8/31/06
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS

SIC – 303

CUSTOMER COPY