CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

0418309 Permit No:

Insp Area: Thos Bros:

4 256-H7

Site Address: 3200 MARRISSEY LN SAC

Sub-Type: NSFR

Parcel No:

225-2010-043

CAMBAY WEST UNIT 4 LOT #43

Housing (Y/N):

N

<u>CONTRACTOR</u>

Date

OWNER

ARCHITECT

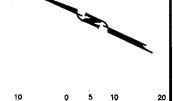
GRIFFIN INDUSTRIES 24005 VENTURA BL. CALABASAS CA. 91302

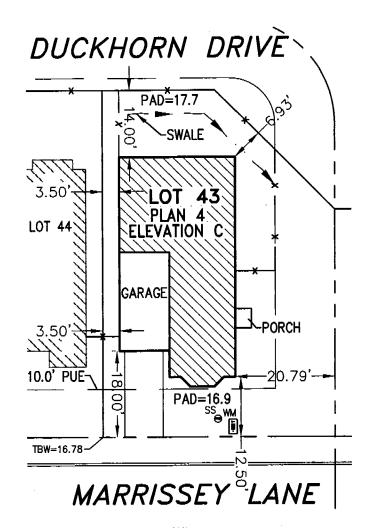
CALABASAS CA. 91302				
Nature of Work: MP 1823 2 ST				
CONSTRUCTION LENDING AGI the work for which this permit is issued (So	ENCY: I hereby affirm under penalty of pec. 3097, Civ. C).	erjury that there is a construct	ion lending agency for th	e performance of
Lender's Name	Lender's A	•		
(commencing with section 7000) of Division	CLARATION: I hereby affirm under on 3 of the Business and Professions Code a	id my needse is in an io	licensed under provisional effect.	
	CONT. 1. 1. CC	my that I am exempt from the	contractors License Law	for the following
reason (Sec. 7031.5, Business and Profess prior to its issuance, also requires the appl-License Law (Chapter 9 (commencing wit basis for the alleged exemption. Any viol hundred dollars (\$500.00);	icant for such permit to file a signed statementh Section 7000) of Division 8 of the Busin lation of Section 7031.5 by any applicant for	st that he or she is licensed puress and Professions Code) or to a permit subjects the application	rsuant to the provisions hat he or she is exempt and to a civil penalty of r	of the Contractors therefrom and the not more than five
sale (Sec. 7044, Business and Professiona who does such work himself or herself or the building or improvement is sold within the purpose of sale.)	y employees with wages as their sole comp il Code: The Contractors License Law does through his/her own employees, provided to n one year of completion, the owner-builder	nat such improvements are not will have the burden of provin	t intended or offered for ng that he/she did not bu	sale. If, however, ild or improve for
The Contractors License Law does not ap licensed pursuant to the Contractors Licen		CITY	ec. 7044, Business and tracts for PATD OF SACRA	,
I am exempt under Sec	B & PC for this reason:		APR 2 9 200	
Date	Owner Signature	<u> </u>	VORTH PERA	
IN ISSUING THIS BUILDING PERM measurements and locations shown on the private agreement relating to permissible	11T, the applicant represents, and the city of the application or accompanying drawings are prohibited locations for such improvem the agreement relating to location of improve	elies on the representation of and that the improvement to be ents. This building permit does	the applicant, that the ap	ophicant verified all violate any law or
I certify that I have read this application a building construction and herby authorize	and state that all information is correct. I ag representative(s) of this city to enter upon t	legabovementionad property to	county ordinances and s r inspection purposes.	ats laws relating to
Date	Applicant Agent Signature	sold rose		
I have and will maintain a certific performance of work for which the permi		impensation as provided for o	y 3000000 3700 01 mil 2	
I have and will maintain workers' this permit is issued. My workers' compe	compensation insurance, as required by Sensation insurance carrier and policy number	tion 3700 of the Labor Code, are:	for the performance of	INC WORK FOR WHICH
Carrier STATE COMP. INS.		er WC 1673452-2003	-	01/2005
and the same areas in any manner of	ed if the permit is for \$100 or less). I certify as to become subject to the workers compo- tion 3700 of the Labor Code, Lshall forthwite	HZGHOH IMAS OF COUNTRY OF	#P. pp mm. 11 1 1 1111 - 15 1 1	mit is issued, Ishall come subject to the

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.

Applicant Signature

THIS PLOT PLAN IS PROVIDED AS A GENERAL LAYOUT OF THE PROPERTY. ALL INFORMATION ON THIS PLAN INCLUDING: SETBACK DIMENSIONS, FENCE LOCATIONS, DRIVEWAY GRADES, SLOPE AND WALL HEIGHTS AND LOCATIONS, ARE APPROXIMATE AND MAY VARY OR CHANGE WITHOUT PRIOR NOTICE.





LEGEND

SBL - SET BACK LINE

PUE - PUBLIC UTILITY ESMT.

TBC - TOP BACK OF CURB

WM - WATER METER

SS - SANITARY SEWER

TBW - TOP BACK OF WALK

--- x --- - FENCE

GRIFFIN INDUSTRIES 4200 DUCKHORN DR. SACRAMENTO, CA 95834

(916) 515-0171

LOT SIZE = 3189 SF

BLDG. FOOTPRINT = 1061 SF

FRONT SETBACK = 10.0'

LEFT SETBACK = 3.5'

RIGHT SETBACK = 12.5'

CAMBAY WEST UNIT 4 LOT 43 3200 MARRISSEY LANE

writing of any dity Organisms at black the

SACRAMENTO

CALIFORNIA

Carter & Burgess Inc.

DRAWN BY: AJL

CHECKED BY: RJT

W.O. NO.: 333251

REAR SETBACK = 0

DWG.: Phase 3

SCALE: 1"=20"

DATE: 07-20-04

P:\Projects\333251.3\zDrawings\C\Plot Plans\Plot Plans\Phase 3 (33-37 & 43-52).dwg 10-20-04 02:38:27 PM lernero

INSTALLATION CERTIFICATE

CF-6R

Site Address

Maplewood Plan 4

Permit Number

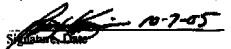
An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equip Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, ctc.): [&CF-1R value]		Duct or Piping R-value	l leating Load (Btu/hr)	l leating Capacity (Btu/hr)
Furnace	Lennox #G4HU69C110X	K 1	80%	Attic	R6	110,000	
Cooling Equip Equip, Type (pkg. heat pump)	Pinend CGC Certified Compressor Unit Mir Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.): [aCF-1R value]	Duct Launtium (Brid, etc.)	l hici R-vulue	Cooling Load (Stu/hr)	Cooling Capacity (Btu/br)
Condensor	Lennox #13ACC060	1	13.3 SEER	Attic	R6	69,900	

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-IR) 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.



Installing Subcontractor (Co. Name)

Blue Mountain Air, Inc.

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

licoter Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use)	If Recir- culation, Commol Type	# of Identical Systems	Ratedz Input (kW or Bte/hr)	Tank Volume (gallons)	Effi- eiency: Standby I (BP, RS) Loss (%)	
	-,							

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 Raind Input.

3. R-12 external insulation is mandatury 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 [11. 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 (Porm CP-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 Jun 05 05 07:02P

925-373-8949

P. 2

INSTALLATION CERTIFICATE (Page 2 of 12) CF-6R
Site Address
Peccali Number

Span

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 RODUCTS)	Frankert U-denter ¹ (s:CF-1R volue) ²	(ACP-IR yells)	# of Pages	Total Quantity of Like Product (Quality)	Aroa Square Road	Butterior Shading Device or Overham	Communications Pressing Revolution
1.	טור	.42		14	<u> </u>	86	No.	
2.	1110	•5)	.3	20		Line	N)	
3	1210 1210	158	.33	4	<u></u>		No	
4.	HO	- 52	_45/	1	<u> </u>	48	NO.	
.5.					.,	ļ		
6.	<u> </u>					1		***************************************
7.							· · · · · · · · · · · · · · · · · · ·	
8.	· · · · · · · · · · · · · · · · · · ·		»					
<u> </u>				 		 		
10.		1 1 1 1 1 1 1 1 1				<u>.</u>	. 7.	
11. 12					 	 		· · · · · · · · · · · · · · · · · · ·
13.					 			
14.		1	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
15.		† 				-		

¹⁾ Use values from a function product's NFRC label. For function products without an NFRC label, use the definit values from Section 116 of the Bacrgy Efficiency Standards.

i, the undersigned, verify that the function/glossing listed above my signature: 1) is the notical functional product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CR-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product means or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

itana #a (if applicable)	Signature	Date:	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distribusor Mil gaya Windows	
liora #s (if applicable)	Signahire	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor	,
Press #s (if applicable)	Signature	Dete	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor	
Copies to: Balk	ing Department,	HERS Rater (If applical	to) Building Owner at Qosephucy	

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 overlang) 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.

	Equipment CEC Certified Mir Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ^t ∫≥CF-1R value)	Du Loca (attic	tion 1	Duct or Piping	Heating Load (Btv/hr)	(Heating Capacit (Bou/be)
									<u>.</u>
Cooling I Equip. Type (pkg.	Equipment CBC Certified Compress Unit Mfr Name and	ar #o€ Identical	Efficiency (SEER, etc.)	Du Loca		Duct	Cooling Load		Cooling Capacity
iest pinno)		Systems	(>CF-1R value)			-value	(Bbi/hr)		(Btu/hc
I, the afficie <i>Afficie</i>	ends greater than or equal undersigned, verify that e unt than that specified in tency Standards for resident factured devices (from the	quipment listed the certificate of trial buildings,	of compliance (and 3) equipme	Form CF- ent that me	IR) submi	itted for c	ompliance ppropriate	with the A	Snerg
I, the efficient of the second	undersigned, verify that e out than that specified in t ency Standards for resident factured devices (from the ture, Date	quipment listed the certificate of trial buildings,	of compliance (and 3) equipme ciency Regulati	Form CF- ent that me lons or Par enstalling S	IR) submi	tted for o ceds the a applicable or (Co. No	ompliance ppropriate le. ame)	with the A requiremen	Snerg
I, the efficie Efficie manuf	undersigned, verify that e ont than that specified in t ency Standards for resident factured devices (from the	quipment listed the certificate of tial buildings, Appliance Effi	of compliance (and 3) equipme ciency Regulation	Form CF- ant that me tions or Par installing S DR Genera	-1R) subminess or execute of exec	itted for coccis the applicable applicable or (Co. No. No.)	ompliance ppropriate le. ame) me) OR O	with the A requiremen	Snerg nts fo
I, the efficiency of the effic	undersigned, verify that e out than that specified in t ency Standards for resident factured devices (from the ture, Date	quipment listed the certificate of trial buildings,	of compliance (and 3) equipme ciency Regulati	Form CF- ent that me lons or Par enstalling S	1R) submites or execute 6), where	e applicable applicable or (Co. No. Tank Volume)	ompliance ppropriate le. ame) me) OR O Efficiency²	with the A requirement when a requirement when the standby 2 requirement with the standby 3 requirement with 3 requirement with the standby 3 requirement with	Snerg
I, the efficiency of the effic	undersigned, verify that e ont than that specified in t ency Standards for resident factured devices (from the ture, Date HEATING SYSTEMS:	quipment listes the certificate of the certificate	of compliance (and 3) equipme ciency Regulati If Compliance If Recirculation,	Form CF- ant that me tons or Pai mstalling S DR Genera # of Identical	-1R) submitted of contract of the contract of	itted for coccis the applicable applicable or (Co. No. Tank	ompliance ppropriate le. ame) me) OR O	with the A	Exergents for Exergents Insurance in Exergents Insurance Insurance in Exergents Insurance Insur

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

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