

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0416538
Insp Area: 4
Thos Bros: 257C5

Site Address: 689 REGENCY PARK CR SAC

Sub-Type: NSFR

Parcel No: 201-0800-017
N

NORTHPOINT PARK VIL. 21 LOT #51

Housing (Y/N):

CONTRACTOR
LENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE, CA 95661

OWNER

ARCHITECT

Nature of Work: MP323X 2 STORY 10 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 732348 Date _____ 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 _____

PAID
CITY OF SACRAMENTO
OCT 18 2004
BUILDING PERMIT

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 10-18-04 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 OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2004

____ (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 10-18-04 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.

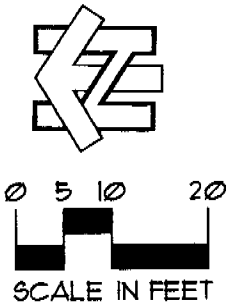
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.

NORTHPOINTE PARK VILLAGE 22

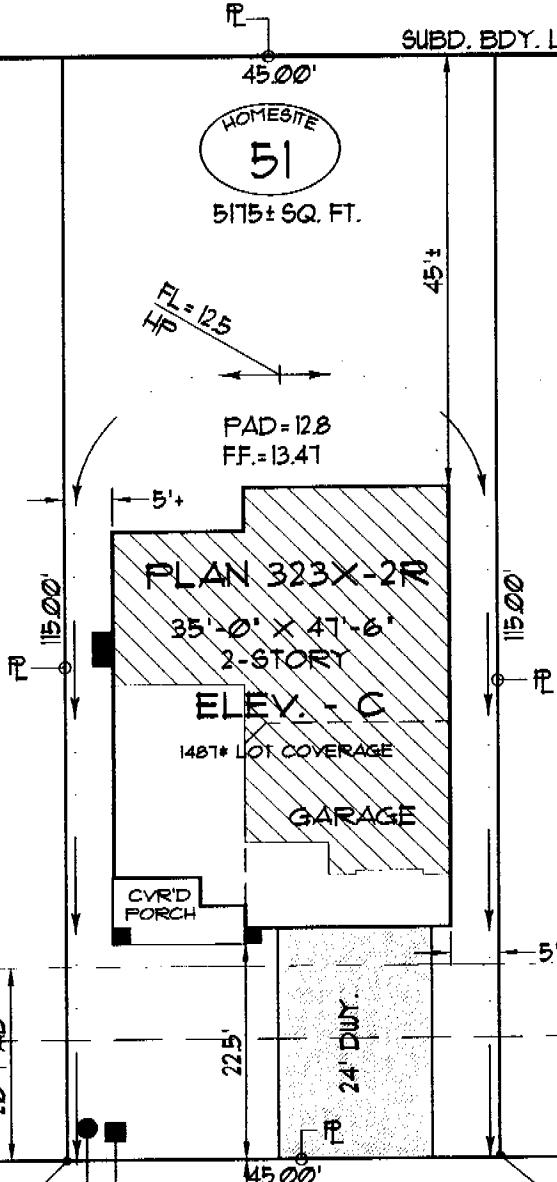
SUBD. BDY. LINE



HOMESITE
51
5175± SQ. FT.

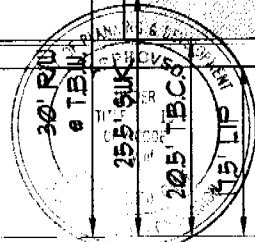
HOMESITE
50
PAD=123

HOMESITE
52
PAD=128



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 from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



REGENCY PARK CIRCLE

lot coverage	
LOT AREA:	5175± #
BUILDING:	1487 #
BLDG./ LOT AREA:	29 %

retaining wall	
HEIGHT:	_____
LENGTH:	_____
DISTANCE FROM P.L.:	_____

symbols legend	
DROP INLET:	
ELECTRIC SERVICE BOX:	
FIRE HYDRANT:	
FLOW LINE HIGH POINT:	X
GAS SERVICE:	
PAD-MOUNT TRANSFORMER:	
SEWER SVC.:	
STREET LIGHT:	
TOP-BACK OF SIDEWALK ELEV.:	
SWALE (FLOW DIRECTION):	
WATER SVC.:	
EXTENTS OF 2ND STORY LEVEL:	



AMBER LANE
A REGENCY PARK COMMUNITY

home site #51
689 Regency Park Cr.
NORTHPOINTE PARK VILLAGE 21
CITY OF SACRAMENTO, CALIFORNIA
a.p.n.: 201-0800-017

general notes

- 1) DIMENSIONS ALONG CURVED LINES ARE CHORD LENGTHS, U.O.N.
- 2) SETBACK DIMENSIONS ARE ROUNDED DOWN TO NEAREST HALF UNIT, U.O.N.
- 3) MAXIMUM ALLOWABLE LOT COVERAGE IS 45 PERCENT FOR 1-STORY HOMES AND 40 PERCENT FOR 2-STORY HOMES.
- 4) FOOTPRINT AREA CALCULATION (#) DOES NOT INCLUDE FRONT PORCH AREA.

7.1	BCB	9/14/04	20:1
phase	drawn by	issue	scale

INSTALLATION CERTIFICATE

689 Regency Park Cir.
Site Address

041653P
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 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)	CEC 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	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
nat gas	41VR50F	STD	N/A	1	40,000	50	.62	N/A	R-20
nat gas	41VR40F	STD	N/A	1	40,000	40	.62	N/A	R-20

- 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] 12-16-03
Signature, Date

D&J Plumbing
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

INSTALLATION CERTIFICATE

699 Regency Park Cir.
Site Address

0416538
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

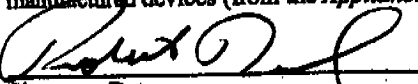
Equip. Type (pkg. heat pump)	CBC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Furnace	Bryant 3101AV036070	1	80	Attic	4.2	27578	51000

Cooling Equipment

Equip. Type (pkg. heat pump)	CBC 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)
Split A/C	Bryant 537ANX036	1	4.2	Attic	4.2	28103	35800

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

Deal Sheet Metal, Inc.
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CBC 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 ³ (EF, RE)	Standby ³ Loss (%)	External Insulation R-value ³

- 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

KwikKote

No. 200-923773

Stucco System Installation Card

Job Name: AMBER LANE @ REGENCY PARK
Address: 689 REGENCY PARK CIRCLE
SACRAMENTO,
Lot #: 0051-21

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion:

Home Builder: LENNAR RENAISSANCE/WINNCREST
Address: 1075 Creekside Ridge Dr. #100
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 10/28/2004

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

Signature of authorized representative of stucco contractor

Date

Julian A. Alvarez

3-15-05

INSTALLATION CERTIFICATE

0416538

689 Regency Park Cir.
 Site Address


Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIST PRODUCTS)	Product U-Factor* (cf CF-1R value)	Product SHGC* (cf CF-1R value)	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Interior Shading Device or Overhang	Comments/Location/Special Features
1. CASCADE XD	0.35	0.34					
2. PD	0.33	0.31					
3. T/O	0.33	0.34					
4. SH	0.35	0.34					
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

- 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.
- 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 # (if applicable)	2-22-05 Signature, Date	 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (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



INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA

INSULATION
CERTIFICATE

41473

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:

Wincrest LOT # 57 TRACT # Regency

STREET 689 Regency Pk CITY Syc

EXTERIOR WALLS:

MANUFACTURER ct THICKNESS/TYPE 3 1/2 R-VALUE 13

CEILING:

BATTS: ct THICKNESS/TYPE 15 R-VALUE 38

BLOWN IN:

MANUFACTURER InSinkaPac THICKNESS 15 R-VALUE 38

SQUARE FOOTAGE COVERED 974 NUMBER OF BAGS USED 22

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 **ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #55201

DATE 3/29/04

[Signature] TITLE Inspector

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

Project Address

1944 Island Wy
Meadowview Estates
UNT lot 399

ICBO Evaluation Service, Inc.
Report ER-4004

Date Completed 3-20-05

Plastering Contractor

Name: J. T. S Stucco Div.
Address: 11285 White Rock Road
Telephone No. (916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc. P.N. # 2227

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 and the manufacturer's instructions.

Don Ricketts
Signature of authorized representative of
plastering contractor

3-20-05
Date

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

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

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

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

Cooling Equipment

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

1. 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 of Part 6), where applicable.

Signature, Date

Beutler Heating & Air
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), If Recirculation, Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, FE), 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 heater 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 of Part 6), where applicable.

Signature, Date

North Star Plumbing
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

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

1-20-05

INSTALLATION CERTIFICATE

CF-6R

JTS Communities - The Meadows

Site Address

Permit Number

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HVAC SYSTEMS:

Heating Equipment

Equip. 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)	PLAN
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	26,065	60,000	103
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	29,452	60,000	104
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	36,474	80,000	108
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	37,762	80,000	114
FURNACE	York #P4HUC20L080	1	80%	ATTIC	4.2	43,093	100,000	115

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)	PLAN
A/C	York #H*RA030	1	10.0	ATTIC	4.2	23,615	28,400	103
A/C	York #H*RA030	1	10.0	ATTIC	4.2	26,104	28,400	104
A/C	York #H*RA048	1	10.0	ATTIC	4.2	33,975	44,000	108
A/C	York #H*RA036	1	10.0	ATTIC	4.2	30,577	33,400	114
A/C	York #H*RA048	1	10.0	ATTIC	4.2	35,417	44,000	115

(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.

John Cole 11/12/03
Signature, Date

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

WATER HEATING SYSTEMS:

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.

Facets & Shower Heads:

All facets 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 CERTIFICATE

CF-6R

JTS Communities - The Meadows

Permit Number

Site Address

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HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) \geq CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	PLAN
FURNACE	York #P4HUC20L080	1	80%	ATTIC	4.2	40,199	100,000	116
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	42,336	80,000	119
FURNACE	York #P4HUC20L080	1	80%	ATTIC	4.2	35,914	100,000	134

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Unit Mfr Name and Model #	Compressor # 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)	PLAN
A/C	York #H*RA048	1	10.0	ATTIC	4.2	40,080	44,000	116
A/C	York #H*RA036	1	10.0	ATTIC	4.2	31,747	33,400	119
A/C	York #H*RA048	1	10.0	ATTIC	4.2	39,518	44,000	134

(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.

Karen Cole 11/13/03
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

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.

Facets & Shower Heads:

All facets 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 CERTIFICATE

CF-6R

JTS Communities - The Meadows

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-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	PLAN
FURNACE	York #P4HUA12L032	1	80%	ATTIC	4.2	44,950	40,000	151
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	24,199	60,000	152
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	30,299	60,000	153
FURNACE	York #P4HUA12L032	1	80%	ATTIC	4.2	20,477	40,000	155 U1
FURNACE	York #P4HUA12L032	1	80%	ATTIC	4.2	20,477	40,000	155 U2

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)	PLAN
A/C	York #H*RA024	1	10.0	ATTIC	4.2	21,687	23,200	151
A/C	York #H*RA030	1	10.0	ATTIC	4.2	25,605	28,400	152
A/C	York #H*RA030	1	10.0	ATTIC	4.2	27,282	28,400	153
A/C	York #H*RA024	1	10.0	ATTIC	4.2	19,817	23,200	155 U1
A/C	York #H*RA024	1	10.0	ATTIC	4.2	19,817	23,200	155 U2

(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.

Robert Cole 11/13/03
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

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.

Facets & Shower Heads:

All facets 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)

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

Site Address 375 MEADOWS PREMIERE

Permit Number PLAN # 156

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-1R value) ²	Product SHGC ¹ (S CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. <u>6110</u>	<u>.35</u>	<u>HV</u>			<u>98</u>		
2. <u>0210</u>	<u>.35</u>	<u>SH</u>			<u>N/A</u>		
3. <u>5012</u>	<u>.34</u>	<u>SD</u>			<u>35</u>		
4. <u>0340</u>	<u>.35</u>	<u>PW</u>			<u>N/A</u>		
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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 1), where applicable.

Item #s (if applicable) 2 Signature, Date [Signature] 1/24/05

Item #s (if applicable) _____ Signature, Date _____

Item #s (if applicable) _____ Signature, Date _____

Milgard Windows
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

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

 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

(Page 2 of 8)

CF-6R

Site Address JTS MEADOWS Premier

Permit Number PLGN#155

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (S CF-1R value) ²	Product SHGC ¹ (S CF-1R value) ²	# of Panels	Total Quantity of Like Product (Quantity)	Square Foot	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. <u>6110</u>	<u>.35</u>	<u>HV</u>			<u>92</u>		
2. <u>6210</u>	<u>.35</u>	<u>SH</u>			<u>45</u>		
3. <u>5012</u>	<u>.34</u>	<u>SED</u>			<u>35</u>		
4. <u>6340</u>	<u>.35</u>	<u>PW</u>			<u>N/A</u>		
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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 D), where applicable.

Item #s (if applicable) 3 Signature, Date [Signature] 1/24/05

Milgard Windows
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

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

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

375 MEADOWS PREMIERE

PLAN # 154

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor (≤ CF-1R value) ²	Product SHGC (≤ CF-1R value) ²	# of Pans	Total Quantity of Like Product (Original)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. 6110	.35	HV			193		
2. 6210	.35	SH			42		
3. 5612	.34	SEA			70		
4. 6340	.35	PW			40		
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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 4), where applicable.

4

Signature, Date 1/24/05

Milgard Windows

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

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

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

Site Address JPS MEADOWS PREMIERE PLANT 157

Permit Number _____

WENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>6110</u>	<u>.35</u>	<u>HV</u>			<u>120</u>		
2. <u>6210</u>	<u>.35</u>	<u>SH</u>					
3. <u>5012</u>	<u>.34</u>	<u>SED</u>			<u>68</u>		
4. <u>6340</u>	<u>.35</u>	<u>PWL</u>			<u>8</u>		
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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 1), where applicable.

4 _____ Signature, Date 1/24/05 Milgard Windows
 Item #s (if applicable) _____ Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

_____ Signature, Date _____ Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

_____ 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

(Page 2 of 8)

CF-6R

ITS MEADOWS PREMIERE
Site Address

Plan #151
Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor (S CF-1R value)	Product SHGC (S CF-1R value)	# of Panels	Total Quantity of Like Product (Options)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. 6110	.35	HV			80		
2. 6710	.35	SH			42		
3. 5071	.34	IGP			35		
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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

1/24/05

Milgard Windows

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

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

CERTIFICATION OF INSULATION

PART I GENERAL

PART II AREAS INSULATED

PART III CERTIFICATION

<p style="font-size: 2em; font-weight: bold;">JTS</p> <p style="text-align: right;">LOT # 399</p> <p style="font-size: 1.5em; font-weight: bold;">Premier @ Mt. Diablo View</p>	<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED
--	---

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								
INSTALLED	APPLIED	R-VALUE	APPLIED	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE	INSTALLED	APPLIED THICKNESS	
13	35	30	9"-12"	—	—	—	—	
NOTE: WOOD STUDS IF R-VALUE IS OTHER THAN WALLS ABOVE.								
MATERIAL FIBERGLASS			FORM BATTS			R VALUE		
						MANUFACTURER		
						CT OC JM		
AIR INFILTRATION SEALANT								
MATERIAL FOAM						MANUFACTURER		
						HILTI		
						HANDY FOAM		

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR	<i>JL</i>	TITLE	MANAGER	DATE	3/17/05
SIGNATURE — GENERAL CONTRACTOR		TITLE		DATE	

REMARKS