

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0509571

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 200 STONE VALLEY CR SAC

Parcel No: BROOKFIELD MEADOWS UNIT # 2 LOT #26

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP1518 1 STORY 6 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 _____ License Number 492827 Date 7/11/05 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
JUL 11 2005

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 above mentioned property for inspection purposes.

Date 7/11/05 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 STATE FUND Policy Number 0401182004 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 7/11/05 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.

CERTIFICATION OF INSULATION

PART I
GENERAL

TIM LEWIS
VISIONS@BROOKFIELD

LOT # 26

- DATE INSULATION COMPLETED _____
- 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

WALLS			CEILING			FLOORS		
SQUARE FEET			SQUARE FEET			SQUARE FEET		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL			MATERIAL			MATERIAL		
FORM			FORM			FORM		
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
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	APPLIED THICKNESS
13	3.5	30	9.12"					
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS		
FORM: BATTES			FORM: BATTES & BLOW			FORM: BATTES		
MANUFACTURER: JM			MANUFACTURER: JM			MANUFACTURER: JM		
AIR INFILTRATION SEALANT: HILTI			AIR INFILTRATION SEALANT: HILTI			AIR INFILTRATION SEALANT: HILTI		
MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS		
FORM: BATTES			FORM: BATTES			FORM: BATTES		
MANUFACTURER: JM			MANUFACTURER: JM			MANUFACTURER: JM		

PART II
AREAS INSULATED

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

SIGNATURE — INSULATION CONTRACTOR: *B.G.* TITLE: MANAGER

SIGNATURE — GENERAL CONTRACTOR: _____ TITLE: _____

DATE: 11/01/05

PART III
CERTIFICATION

REMARKS

INSTALLATION CERTIFICATE

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

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥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 [≥CF-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
GAS	A. S. SMITH GVR-50-700	STD	N/A	1	40,000	50	62	N/A	N/A

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.

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 _____

BIRNCH PLUMBING CO., INC

Installing Subcontractor (Co. Name) OR

General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

Site Address **TIM LEWIS - VISIONS**

Permit Number

PLAN 2 ELEV B

FENESTRATION/GLAZING:

ALSIDE - ALPINE

7000 SERIES WINDOWS

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.							
2. SLIDERS	.35	.32	2		204		LOW-E GLASS
3.							
4. SINGLE HUNG	.35	.32	2		24		
5.							
6. PICTURE WINDOWS	.34	.35	2		8		
7.							
8. PATIO DOORS	.35	.35	2		48		
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.

2, 4, 6, 8

Item #s
(if applicable)

Signature, Date

9-30-05

Y.T. GLASS & WINDOWS INC.

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

Site Address Tim Lewis - Visions @ Brookfield Meadows 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).

HYAC 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	York LY8S060A12UH11	1	0.80	Attic	R-6.0	29,167	80,000	Plan 1
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,809	80,000	Plan 2
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,744	80,000	Plan 3
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,988	80,000	Plan 4
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,081	80,000	Plan 5
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	36,099	80,000	Plan 6
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	27,428	80,000	Plan 7

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)	
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	23,872	27,800	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	24,083	27,800	Plan 2
Condenser	York H*RE038 *	1	14.0	Attic	R-6.0	26,661	31,600	Plan 3
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	33,348	38,600	Plan 4
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	32,249	38,600	Plan 5
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	31,708	38,600	Plan 6
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	20,284	23,900	Plan 7

TXV - Indicates Thermal Expansion Valve On Coil

(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.

Gregory 3-28-05
Signature, Date

Beutler Corporation

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

ICBO Evaluation Service, Inc.

Evaluation Report ER-4004

Date of Job Completion

11/22/05

Job Address

Tim Johnson Vision
300 Stevie Nicksy Circle
Cost 240

Plastering Contractor

Name: Energelic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660


Telephone No.: (916) 488-8455

Approved contractor number as
issued by coating manufacturer:

Applicator # 318

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



11/20/05
Date

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

FIGURE 1

PLUMBING CERTIFICATE OF GUARANTEE

BIANCHI PLUMBING

CERTIFIES AND GUARANTEES

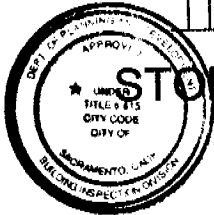
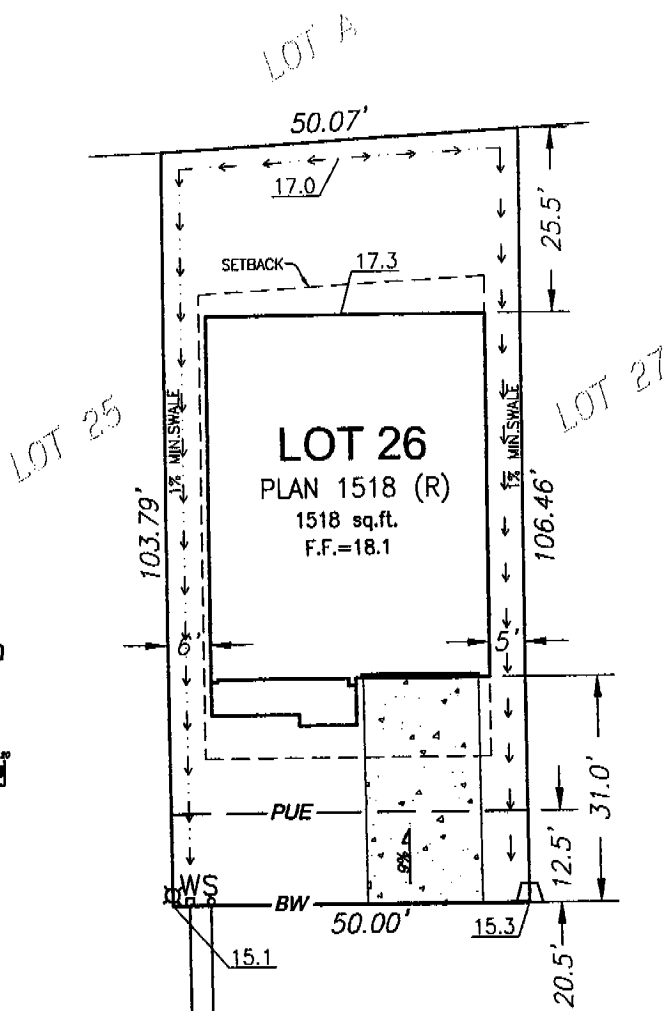
LOT#: 27

SUBDIVISION: Levisions

WASTE SYSTEM LINES HAVE BEEN TESTED AND VIDEOED. LINES ARE CLEAR
AND COMPLY WITH LOCAL PLUMBING CODES. LINES CONTAIN THE
PROPER FALL PER UPC.

Grey Strangio
Signature

11/10/06
Date



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any change or alteration to 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 Statute.

PLOT PLAN

BROOKFIELD MEADOWS UNIT NO.2

APN: _____ ADDRESS: 200 STONE VALLEY CIRCLE
 HOME SITE #: 26 RESIDENCE: 1518 ELEV.: B
 ORIENTATION: R COLOR: 9 STYLE: FR
 HOME SITE: 5256 S.F. (.12ac.) COVERAGE: 39.2%

MINIMUM SETBACKS:
 FRONT - 20'
 SIDE - 5'
 REAR - 20'

LEGEND

- PROPERTY LINE
- PUE PUBLIC UTILITY EASEMENT
- RW RIGHT OF WAY
- SLOPE LINES
- - - SETBACK
- L.P. LOT PAD
- FF FINISHED FLOOR
- W WATER SERVICE
- S SEWER SERVICE
- SWALE (1% MIN.)
- STREET LIGHT
- FIRE HYDRANT
- TRANSFORMER
- △ DRY UTIL. SERV. NOTCH
- DRY UTIL. PULLBOX

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

TIM LEWIS COMMUNITIES
 5750 SUNRISE BLVD., STE. 130
 CITRUS HEIGHTS, CALIFORNIA 95610
 (916) 966-8047
 LAST EDITED: 6/9/05

APPROVED: _____

REV.1 _____
 REV.2 _____
 REV.3 _____

SIGNED (BUYER) _____ DATE: _____
 SIGNED (BUYER) _____ DATE: _____