



Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT

Inspection Request: 1-916-808-7622

Downtown Permit Center
New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

Permit No. 0609624
 Date Applied 06/27/2006
 Type Commercial
 Subtype New Building
 Category Apts 5+
 Permit Address 5301 EAST COMMERCE WY
 SACRAMENTO CA
 Site Location BLDG 70
 Parcel No. 22500300540000
 Owner SHEA HOMES
 P.O. BOX 5064
 2580 SHEA CENTER DR.
 925/245-3600
 Applicant SHEA HOMES/CARL SLOAN
 SHEA HOMES/CARL SLOAN
 P.O. BOX 5064
 2580 SHEA CENTER DR.
 925/245-3600
 Valuation \$ 427,735.11

LICENSED CONTRACTOR'S 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: BEA License Number: 855368
 Date: 3-1-07 Contractor: SHEA HOMES LP

OWNER-BUILDER DECLARATIONS
 I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5.B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec. 7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):

I, as 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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)

I am exempt under Sec. _____ B & P.C. for this reason:
 Date: _____ Owner: _____

Fee Items	# of Each	Amount
Permit--Building-Com	1	\$3,302.37
Plan Ck--Building Com	1	\$2,685.94
Review--Fire Department	1	\$314.68
Review--Building ESC	1	\$100.00
Strong Motion	1	\$89.83
Construction Excise Tax	1	\$3,421.88
City Business Oper Tax	1	\$171.10
Bldg-Technology Surcharg	1	\$239.53
General Plan Surcharge	1	\$252.52
North Natomas Public Facilities Fee - 270	12960	\$12,960.00
North Natomas Transit Fee - 271	924	\$924.00
North Natomas Public Land Acquisition - 272	9308	\$9,308.00
North Natomas Regional Land Acquisition - 273	3120	\$3,120.00
North Natomas Administration Fee - 275	1336	\$1,336.00
Park Development Impact Fee - 287	10316	\$10,316.00
Residential Construction Tax - 209	1540	\$1,540.00
SAFCA CIEF Fees - 277	468.84	\$458.84
Total		\$50,540.69

WORKERS COMPENSATION DECLARATION
 I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).
 Policy Number: _____ Company: _____
 Certified copy is hereby furnished.
 Certified copy is filed with the city building inspection department or city department.
 Date: 2-9-07 Applicant: _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.
 Date: 2-9-07 Applicant or Agent: _____
CITY OF SACRAMENTO
FEB 09 2007

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

Description of Work:

BLDG #70 CORTILE CONDOS UNITS 1,2,2x3 - 4-plex

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

ORDERED 4-26-07 3-21 WEEK LEAD

KNOX
2007

Fire/Law Enforcement Rapid Entry System

AUTHORIZATION ORDER FORM
800-552-5669 • 623-687-2300 • Fax: 623-687-2290 • WWW.KNOXBOX.COM



Effective
January 1, 2007

Section 1 ORDERED BY - MUST MATCH CREDIT CARD BILLING INFORMATION IF USED

COMPANY / NAME: SHEA HOMES
 STREET (NO P.O. BOXES): 516 GIBSON DRIVE
 CITY: ROSEVILLE
 CONTACT NAME: CARL SLOAN
 PHONE NUMBER: 916-240-7170
 DATE ORDERED: 04-26-07
 SUITE / BUILDING: 240
 STATE: CA
 ZIP CODE: 95678
 E-MAIL ADDRESS: CARL.SLOAN@SHEAHOMES.COM

Section 2 ORDER WILL NOT BE PROCESSED Without Authorized Signature

Sacramento City Fire Dept
 2101 Arena Blvd, Ste 200
 Sacramento CA 95834
 Authorized Fire Agency Signature and Date: PS-01-017
 Print Name Clearly: _____
 System Code: _____

IMPORTANT NOTE Knox Master Keys are provided to authorized fire departments or other registered entities on an as-needed basis solely for use with the Knox Rapid Entry System. No other use of the keys or their associated codes is authorized. Key codes associated with the Knox Master Key System remain the property of the Knox Company and are manufactured by the Knox Company in Phoenix, Arizona. For questions regarding this product, contact Knox at 800-552-5669.

Fire Department Approval Signature Required to Sub-master Items
 Check here to Sub-master
 Sub-master fee \$7.00 per keyed item.
 Authorized Fire Agency Signature: _____

Section 3 PRE-PAYMENT INFORMATION REQUIRED

Check or Money Order made payable to: KNOX COMPANY Federal I.D. #95-3617856
 VISA MC AMEX DISC
 EXP. DATE (MM / YYYY): 02-2009
 CARD NUMBER: 4715960000751191
 Cardholder Signature: _____

Section 4 ORDER PRODUCT HERE - USE PRICE LIST ON LAST PAGE

Quantity	Part#	Weight Ea.	Price Ea.	Extended Price
8	3261	10	\$ 239.00	\$ 1912.00

Sub-master Fee (if required \$7.00 ea.) \$ _____
 Shipping and Handling \$ 70.00
 Subtotal \$ 1982.00
 CA TAX Required \$ _____
 Sales Tax \$ 153.61
 Pre-payment Total \$ 2135.61

Section 5 INSTALLATION ADDRESS REQUIRED BY FIRE DEPARTMENT

BUILDING NAME (WHERE ITEM WILL BE INSTALLED) - PLEASE TYPE ADDITIONAL INSTALLATION ADDRESSES ON A SEPARATE SHEET (REQUIRED BY FIRE DEPT.): CORTICE
 ADDRESS: 5301 E. COMMERCIAL WAY
 CITY: ROSEVILLE
 STATE: CA
 ZIP CODE: 95678

Section 6 SHIP TO ADDRESS IS REQUIRED SAME AS INSTALL ADDRESS

SHIP TO CONTACT NAME: CARL SLOAN
 COMPANY NAME: SHEA HOMES
 STREET ADDRESS (NO P.O. BOXES): 516 GIBSON DRIVE STE 240
 CITY: ROSEVILLE
 STATE: CA
 ZIP CODE: 95678

Ground Shipping & Handling
 1 lb. to 7 lbs. \$10.00
 8 lbs. to 25 lbs. \$20.00
 26 lbs. to 50 lbs. \$35.00
 51 lbs. to 75 lbs. \$45.00
 75 lbs.+ Alaska, Hawaii, Canada, please call Knox for quote.

RUSH? Call for Rates and Check Box:
 Next Day Air 2nd Day Air 3-5 Day Air

O/N
 REC'D

Send this form with payment to:
KNOX COMPANY
 1601 W. Deer Valley Road
 Phoenix, AZ 85027

INSTALLATION CERTIFICATE	(Page 4 of 12) CF-6R
Site Address 5301 East Commerce Way, Unit 7 Sacramento, CA	Permit Number 95834 Job# 1003764

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used on new ducts.

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	63	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1215	✓ ✓
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [63 (Line # 1) / 1215 (Line # 2)]]	5.1%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	N/A	
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		✓ ✓
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [(Line # 5) / Line # 2]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]	N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [(Line # 6) / (Line # 4)]]	N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	<i>Beutler</i>
Signature: <i>[Signature]</i>	Date: 8/27/07

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Shes / Cortile @ Artisan Square / Lot # 70002 / Plan - unit 2

INSTALLATION CERTIFICATE (Page 4 of 12) **CF-6R**

Site Address 5301 East Commerce Way unit 7 Sacramento, CA 95834	Permit Number Job# 1003764
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INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

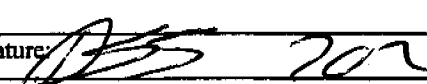
- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used on new ducts.

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	62	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1215	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [62 (Line # 1) / 1215 (Line # 2)]]	5.10%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [_____ (Line # 4) Minus _____ (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [_____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [_____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [_____ (Line # 7) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [_____ (Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if One of Lines # 9 through # 12 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Bentler
Signature: 	Date: 8/27/07

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

INSTALLATION CERTIFICATE (Page 4 of 12) **CF-6R**

Site Address 5301 East Commerce Way Unit 7 Sacramento, CA 95834	Permit Number Job# 10037164
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INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE FOR NEW DUCTS:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used on new ducts.

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	71	
2	Fan Flow: Calculated (Nominal: <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1215	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in without air handle: [100 x [71 (Line # 1) / 1215 (Line # 2)]]	5.8%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final. [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency standards.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Bryant
Signature: <i>[Signature]</i>	Date: 2/27/07

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

CERTIFICATION OF INSULATION

ADDRESS OF CONTRACT		SACRAMENTO BUILDING PRODUCTS	
SHEA Homes CORTILE / ARTISAN square LOT # 7001 6877 Natamns CA	<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		6-22-7	
WALLS	CEILING	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		MANUFACTURER	
CT	OC	JM	BAGS
CT	OC	JM	JM
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS
R-15 / R-19	3 5/8 / 5 1/2	38	12 1/4
		38	14.50
KNEE WALLS 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>Jeff Cable</i>		TITLE MANAGER	DATE 8-27-7
SIGNATURE — GENERAL CONTRACTOR		TITLE	DATE
REMARKS			

CERTIFICATION OF INSULATION

ADDRESS OF TRACT		SACRAMENTO BUILDING PRODUCTS							
PART I GENERAL	SHEA Homes CORTHE / ARTISAN square LOT # 7007 02 97		<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						
	Natamas CA		DATE INSULATION COMPLETED 6-22-7						
PART II AREAS INSULATED	WALLS		CEILINGS			FLOORS			
	(SQUARE FEET)		(SQUARE FEET)			(SQUARE FEET)			
	TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION			
	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			
	FORM BATTS		FORM BATTS & BLOW			FORM BATTS			
	MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			
	MANUFACTURER		MANUFACTURER			MANUFACTURER			
	CT	OC	JM	CT	OC	JM	CT	OC	JM
	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS		
	R-15/R-19	3 5/8 / 5 1/2	38 38	12 1/4 14.50					
KNOW WALLS 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		TITLE			DATE				
<i>Jeff Cable</i>		MANAGER			8-27-7				
SIGNATURE — GENERAL CONTRACTOR		TITLE			DATE				
REMARKS									

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OF TRACT		SACRAMENTO BUILDING PRODUCTS								
	SHEA Homes CORTIE / ARTISAN square LOT # 700A 02 03 04		<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								
natamas CA		DATE INSULATION COMPLETED 6-22-7									
PART II AREAS INSULATED	WALLS			CEILING			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			BAGS			BAGS				
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS				
	R-15/R-19	3 5/8 / 5 1/2	38 38	12 1/4 14.50							
	KNEE WALLS 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						TITLE			DATE		
<i>Jeff Cable</i>						MANAGER			8-27-7		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OF TRACT		SACRAMENTO BUILDING PRODUCTS							
	SHEA Homes CORTHE / ARTISAN square Natamas CA		LOT # 7001 02 03 04		<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			6-22-7			
PART II AREAS INSULATED	WALLS		CEILING			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	
	R - VALUE INSTALLED		APPLIED THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED		APPLIED THICKNESS	
	R-15/R-19		3 5/8 / 5 1/2		38	12 1/4	38		14.50	
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE									
	MATERIAL FIBERGLASS		FORM BATTS		R VALUE			MANUFACTURER		
							CT	OC	JM	
AIR INFILTRATION SEALANT										
MATERIAL					MANUFACTURER					
Foam					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					TITLE		DATE			
<i>Jeff Cable</i>					MANAGER		8-27-7			
SIGNATURE — GENERAL CONTRACTOR					TITLE		DATE			
REMARKS										
PART III CERTIFICATION										

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address Shea Homes - Cor-tile - 70-1	Permit Number
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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 PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.	Alpine							
3.	70 Series							
4.								
5.	SL	.35	.34					
6.								
7.	SH	.35	.32					
8.								
9.	PW	.34	.35					
10.								
11.	P-D	.35	.34					
12.								
13.								
14.								
15.								

¹ Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, 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. If using default table SHGC values from § 116 identify whether tinted or not.

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 <i>Michelle Do</i>	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
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address Shea Homes - Cortile - 70-2	Permit Number
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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 PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.	Alpine							
3.	70 Series							
4.								
5.	SL	.35	.34					
6.								
7.	SH	.35	.32					
8.								
9.	PW	.34	.35					
10.								
11.	P-D	.35	.34					
12.								
13.								
14.								
15.								

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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

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address Shea Homes - Cortile - 70-3	Permit Number
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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 PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.	Alpine							
3.	70 Series							
4.								
5.	SL	.35	.34					
6.								
7.	SH	.35	.32					
8.								
9.	PW	.34	.35					
10.								
11.	P-D	.35	.34					
12.								
13.								
14.								
15.								

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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

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address Shea Homes - Cortile - 70-4	Permit Number
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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 PRODUCTS)	Product U-factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.								
2.	ALPINE							
3.	70 SERIES							
4.								
5.	SL	.35	.34					
6.								
7.	SH	.35	.32					
8.								
9.	PW	.34	.35					
10.								
11.	P-D	.35	.34					
12.								
13.								
14.								
15.								

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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. If using default table SHGC values from §116 identify whether tinted or not.

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.

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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

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT
2101 ARENA BLVD., STE 200
SACRAMENTO, CA 95834

Bldg
70

INSPECTION SERVICES
24 HOUR INSPECTIONS REQUEST LINE CALL (916) 808-1643
MINIMUM OF 48 HOURS NOTICE REQUIRED FOR INSPECTIONS / APPOINTMENTS

PERMIT# 01607624 CHECKED BY _____ DATE 2/9/07
SCOPE OF WORK New Copy
ADDRESS 5301 East Commerce
JOB NAME Circle
CONTRACTOR Stan Howard PHONE _____

NOTE:

- 1) Do not cover walls or ceiling or bury piping until the following items are signed off.
- 2) An all weather (paved) emergency access roadway and operating fire hydrants shall be provided prior to any combustible storage or construction on site.

SITE

INSPECTIONS		INITIALS	DATE
Underground Fire Mains/Visual (Class 200)	201	[initials]	8-12-07
Hydrostatic test of Fire Main (Class 200)	201		
Flushing of Fire Main (Class 200)	201		
Access/Fire Lane/Striping	701		
Gates/Fences/Knox	701	<u>[initials]</u>	<u>8/22/07</u>
Above ground tank	600		

FIRE & LIFE SAFETY

INSPECTIONS	INITIALS	DATE
Fire Doors		
Smoke Venting		
High Piled Stock		
Flammable liquids		
Hazardous Materials		
Special Hazards		
Posted signs for occupant load		

EQUIPMENT

INSPECTIONS		INITIALS	DATE
Fire Sprinkler System Piping/Visual	200		
Fire Sprinkler Hydrostatic Test	200		
Standpipes	200		
Fire Alarms	100		
Fire Sprinkler Monitoring System	101		
Fire Alarm Monitoring System	102		
Kitchen Hood & Duct System	311		
Special Extinguishing System	308		
Fire Extinguishers	194	<u>[initials]</u>	<u>8/22/07</u>
Fire Pumps	202		

SPECIAL REQUIREMENTS

FINAL APPROVAL

Fire Department Approval [signature] 8/22/07

NOTICE: Failure to comply with an order of the Fire Department may result in the issuance of a citation and/or discontinued use of the building or premises.

ORIGINAL CARD TO BE POSTED AT THE WORK SITE

KEEP THIS CARD FOR REFERENCE--THIS IS YOUR RECORD OF FIELD INSPECTIONS

There is a \$25.00 fee for replacement/lost cards

51	POOL PLMG - PRE-GUNITE			
70	POOL ELEC - PRE-GUNITE			
73	POOL PRE-PLASTER			
71	POOL ELEC - PRE DECK			
FINAL APPROVALS				
92	SITE			
29	BUILDING	8-23-07	<i>[Signature]</i>	
79	ELECTRICAL	8-24-07	<i>[Signature]</i>	
59	PLUMBING	8-22-07	SKL	
39	MECHANICAL	8-23-07	<i>[Signature]</i>	
194	FIRE	8/24/07	<i>[Signature]</i>	
98	SIGNS - ELECTRICAL			
99	SIGNS - BUILDING			
80	FLOOD ELEVATION CERTIFICATE / FINAL			
	HEALTH DEPARTMENT FINAL APPROVAL			
	ENERGY COMPLIANCE DOCUMENTATION			
	SPECIAL INSPECTION REPORTS			
DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED				

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITH 180 DAYS.
PLEASE SEE OTHER SIDE

8406



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT

Address: 5301 EAST COMMERCE WY Area: 4
Location: BLDG 70 Thomas Bros:

PERMIT #: 0609624 INSPECTIONS: 916-808-7622

Parcel #: 2250030054000 FIELD SERVICES: 916-808-5716
DBA: CORTILE

Job Description: BLDG#70 CORTILE CONDOS UNITS 1,2,2x3 - 4-plex

BLDG: Y MECH: Y PLBG: Y ELEC: Y SITE: Y FIRE: Y DE: N UTIL: N COMBO: N

PAID

CITY OF SACRAMENTO

FEB 09 2007

NEIGHBORHOOD PLANNING
AND DEVELOPMENT SERVICES

JOB SITE INSPECTION RECORD MUST BE POSTED ON JOB SITE
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS

CODE

INSPECTION

DATE

INSPECTOR

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

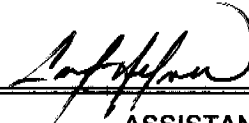
For Information Contact (916) 808-5716

Building Address:	5301 EAST COMMERCE WY	Permit No:	0609624
Site Location:	BLDG 70	Occupancy:	R1
Building Use:	Apts 5+	Construction Type:	
Building Owner:	SHEA HOMES	Sprinkled?	Yes
		Area (sqft):	8281

Portion of Building Occupied:

Exception(s):

08/29/2007



Carl Hefner

Date

By: (Print)

(Sign)

ASSISTANT BUILDING OFFICIAL

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of the violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE