

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0420244**

**Insp Area: 4**

**Thos Bros:**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**Site Address: 2988 TRAP ROCK WY SAC**  
**Parcel No: CREEKSIDE PARCEL 2 LOT #15**

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

**OWNER**

**ARCHITECT**

**Nature of Work: MP2093 2 STORY 9RM 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 761970 Date 1-4-05 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 \_\_\_\_\_

**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 1-4-05 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 A. I. G.

Policy Number WC 7085103

Exp Date 05/01/2005

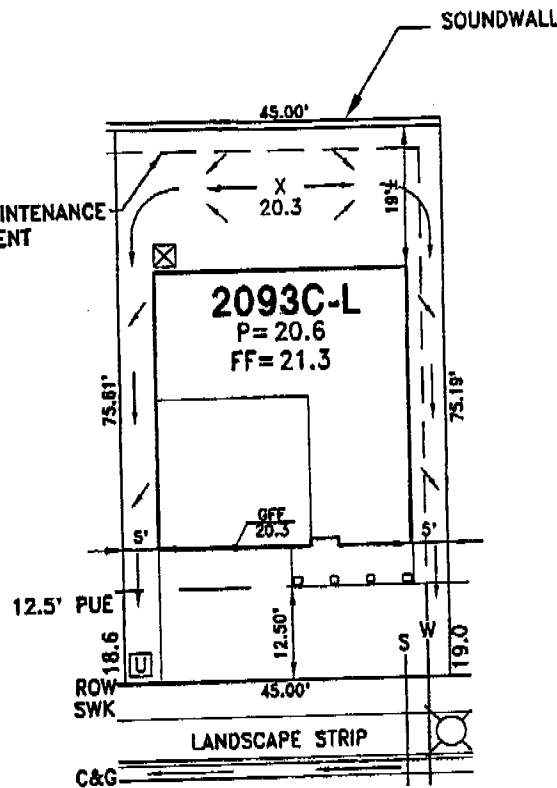
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 1-4-05 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.**

THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS AND WALKWAY STEPS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED. CHANGES IN THE FIELD WHICH ARE INCONSISTENT WITH THIS PLAN SHALL BE SUBJECT TO VERBAL, FOLLOWED BY WRITTEN APPROVAL BY THE CITY OF SACRAMENTO.



TRAP ROCK WAY

**NOTES:**

1. LANDSCAPING, SIDEWALK, WATER METER, IF NOT ALREADY INSTALLED, TO BE INSTALLED WITH BUILDING PERMIT.
2. ALL SEWER CLEANOUTS LOCATED IN TRAVELED PATHS MUST HAVE A TRAFFIC RATED COVER.
3. IRRIGATION SERVICE FOR THE LANDSCAPE STRIP IN THE RIGHT-OF-WAY SHALL BE CONNECTED TO THE HOMEOWNER'S WATER SERVICE AFTER THE WATER METER.

|               |                   |                  |                      |
|---------------|-------------------|------------------|----------------------|
| -FIRE HYDRANT | S -SEWER SERVICE  | W -WATER SERVICE | -DRAIN INLET         |
| -STREET LIGHT | -S.L. SERVICE BOX | -TRANSFORMER     | -UTILITY SERVICE BOX |

**CREEKSIDE PARCEL 2**

KB HOME  
PLOT PLAN FOR LOT 15

A.P.N.:  
LOT AREA: 3390 S.F.  
ADDRESS: 2988 TRAP ROCK WAY  
SACRAMENTO, CALIFORNIA

**WOOD RODGERS**  
engineering - planning - mapping - surveying  
1012 11TH STREET, SUITE 300, MODESTO, CA 95354  
phone: (209) 549-7080 fax: (209) 549-7060  
NOV 2004 DRAWN: JNC 1035.032

J:\Jobs\1035-Creekside\Parcel 02\Civil\Plot Plans\1015xxx.dwg 11/29/04 11:11am jruz

# INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

2988 TRAP ROCK WAY  
Site Address

0420244  
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.) <sup>1</sup> [ $\geq$ 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.) <sup>1</sup> [ $\geq$ 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 <sup>2</sup> Input (kW or Btu/hr) | Tank Volume (gallons) | Efficiency <sup>2</sup> (EF, RE) | Standby <sup>2</sup> Loss (%) | External Insulation R-value <sup>3</sup> |
|------------------|---------------------------------------|---------------------------------------|-------------------------------|------------------------|---|-----------------------|----------------------------------|-------------------------------|--|
| A.O. Smith GVR50 |                                       | 50 gal.                               |                               |                        |   | 50                    | .162                             |                               |  |

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 7/5/05 RCR Companies

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

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

January 4, 2001

## INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

2988 TRAP ROCK WAY

0420244

Site Address

Permit Number

## FENESTRATION/GLAZING:

| Manufacturer/Brand Name | Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup> | Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup> | # of Panes | Total Quantity of Like Product (Optional) | Square Feet | Exterior Shading Device or Overhang | Comments/Location/Special Features |
|-------------------------|--|--|------------|---|-------------|-------------------------------------|------------------------------------|
| (GROUP LIKE PRODUCTS)   |  |  |            |   |             |                                     |                                    |
| 1. Pacific              | .35  | SH   | 2          |   |             |                                     | low E <sup>2</sup>                 |
| 2. ↓                    | .35  | XO   | 2          |   |             |                                     | ↓                                  |
| 3. ↓                    | .34  | PW   | 2          |   |             |                                     | ↓                                  |
| 4. ↓                    | .35  | PD   | 2          |   |             |                                     | ↓                                  |
| 5. ↓                    |  |  |            |   |             |                                     |                                    |
| 6. ↓                    |  |  |            |   |             |                                     |                                    |
| 7. ↓                    |  |  |            |   |             |                                     |                                    |
| 8. ↓                    |  |  |            |   |             |                                     |                                    |
| 9. ↓                    |  |  |            |   |             |                                     |                                    |
| 10. ↓                   |  |  |            |   |             |                                     |                                    |
| 11. ↓                   |  |  |            |   |             |                                     |                                    |
| 12. ↓                   |  |  |            |   |             |                                     |                                    |
| 13. ↓                   |  |  |            |   |             |                                     |                                    |
| 14. ↓                   |  |  |            |   |             |                                     |                                    |
| 15. ↓                   |  |  |            |   |             |                                     |                                    |

<sup>1</sup> 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.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s  
(if applicable)

Signature, Date

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

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

Permit  
# 0420244

2988 TRAP ROCK WAY

# INSTALLATION CERTIFICATE

CF-6R

LOT 15

PLAN#

KB HOME - CREEKSIDE II SOUTHAMPTON

Permit Number

Site Address

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

## HVAC SYSTEMS:

### Heating Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Mfr name and Model # | # of Identical Systems | (1) Efficiency (AFUE, etc.) ≥ CF-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |           |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|-----------|
| FURNACE                      | Carrier 58STX070-12                | 1                      | 80%                                       | ATTIC                       | 6                      | 35,686                | 53,000                    | PLAN 1958 |
| FURNACE                      | Carrier 58STX070-12                | 1                      | 80%                                       | ATTIC                       | 6                      | 39,196                | 53,000                    | PLAN 1979 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 36,283                | 70,000                    | PLAN 2093 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 38,630                | 70,000                    | PLAN 2132 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 38,206                | 70,000                    | PLAN 2199 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 39,638                | 70,000                    | PLAN 2286 |
| FURNACE                      | Carrier 58STX090-16                | 1                      | 80%                                       | ATTIC                       | 6                      | 36,240                | 70,000                    | PLAN 2552 |

### Cooling Equipment

| Equip. Type (pkg. Heat pump) | CEC Certified Compressor Unit Mfr Name and Model # | # of Identical Systems | (1) Efficiency (SEER, etc.) ≥ CF-1R value | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |           |
|------------------------------|--|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|-----------|
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 27,153                | 33,100                    | PLAN 1958 |
| A/C                          | Carrier 38TXA036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 27,004                | 33,200                    | PLAN 1979 |
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 26,512                | 33,100                    | PLAN 2093 |
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 27,559                | 33,100                    | PLAN 2132 |
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 27,919                | 33,100                    | PLAN 2199 |
| A/C                          | Carrier 38BRC036*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 28,790                | 38,800                    | PLAN 2286 |
| A/C                          | Carrier 38BRC042*                                  | 1                      | 13.0                                      | ATTIC                       | 6            | 33,212                | 44,100                    | PLAN 2552 |

\* = TXV valve installed as part of coil

(1) ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices from the Appliance Efficiency Regulations or Part 6, where applicable.

*John, [Signature]* 7/10/05  
Signature, Date

BEUTLER CORPORATION

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

# CERTIFICATION OF INSULATION

PART I GENERAL

**K.B**

LOT # **15**

**2988 TRAP ROCK WAY**  
**Permit # 0420244**

- ☒ P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026  
☐ 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026  
☐ P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026  
☐ P.O. BOX 1631, RENO, NV 89505 LIC. #10675  
☐ 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART II AREAS INSULATED

| WALLS   |    |         | CEILINGS                     |    |         | FLOORS                         |    |         |
|---|----|---------|------------------------------|----|---------|--------------------------------|----|---------|
| SQUARE FEET)                                    |    |         | SQUARE FEET)                 |    |         | SQUARE FEET)                   |    |         |
| TYPE OF INSULATION                              |    |         | TYPE OF INSULATION           |    |         | TYPE OF INSULATION             |    |         |
| MATERIAL <b>FIBERGLASS</b>                      |    |         | MATERIAL <b>FIBERGLASS</b>   |    |         | MATERIAL <b>FIBERGLASS</b>     |    |         |
| FORM <b>BATTS</b>                               |    |         | FORM <b>BATTS &amp; BLOW</b> |    |         | FORM <b>BATTS</b>              |    |         |
| 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  |    |         |                              |    |         |                                |    |         |
| R-VALUE   |    | APPLIED | R-VALUE                      |    | APPLIED | R-VALUE                        |    | APPLIED |
| 15.19   |    |         |                              |    |         | 19                             |    | 55      |
| NEED WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |    |         |                              |    |         |                                |    |         |
| MATERIAL <b>FIBERGLASS</b>                      |    |         | FORM <b>BATTS</b>            |    |         | R-VALUE                        |    |         |
|   |    |         |                              |    |         | CT OC JM                       |    |         |
| MATERIAL  |    |         | AIR INJECTION SEALANT        |    |         | MANUFACTURER                   |    |         |
|   |    |         |                              |    |         | <b>HILTI</b> <b>HANDY FOAM</b> |    |         |

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

SIGNATURE — INSULATION CONTRACTOR **J.C.** TITLE **MANAGER** DATE **4/1/05**  
 SIGNATURE — GENERAL CONTRACTOR TITLE DATE

REMARKS