Permit No: 0607280 CITY OF SACRAMENTO Insp Area: 1231 I Street, Sacramento, CA 95814 Thos Bros: Sub-Type: **NSFR** Site Address: 440 CANDELA CR SAC CANDELA/WESTLAKE LOT #31 Housing (Y/N): N Parcel No: ARCHITECT <u>CONTRACTOR</u> **OWNER** JOHN LAING HOMES 1536 EUREKA RD STE 100 ROSEVILLE CA. 95661 Nature of Work: MP1681 2 STORY 6 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 Address LICENSED CONTRACTORS DECLARATION: 1 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 at License Number 687596 Contractor Signature Date License Class 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 PAID hundred dollars (\$500.00); I, as a owner of the property, or my employees with wages as their sole compensation, CILLY OF SACRAMENTO salc (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 an improvements. 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 NEIGHBORHOODS PLANNING the purpose of sale.) I, as owner of the property, am exclusively contracting with licensed contractors to contract to contract (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). B & PC for this reason: I am exempt under Sec. 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 herby authorize representative(s) of this city to enter upon the abovementioned properly of inspection purposes. 6-12-06 Applicant/Agent Signature WORKER'S COMPENSATION DECLARATION: 1 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. X 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: ZURICH AMERICAN INSURANCE COMP Policy Number wc367699401 Exp Date 05/15/2006 (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, Ishall 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. 10-12-06

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

Applicant Signature

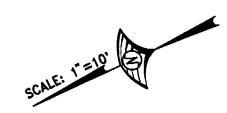
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. 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 WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



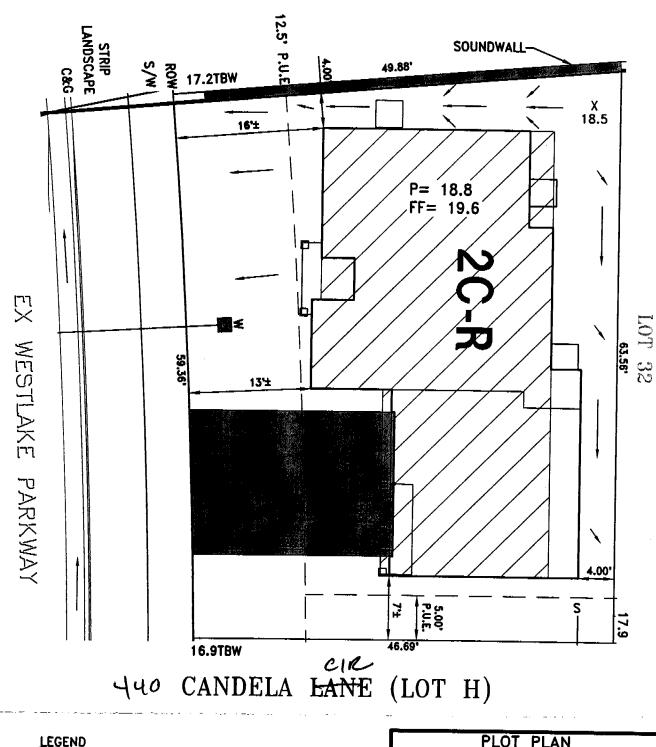
This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building inspection Division.

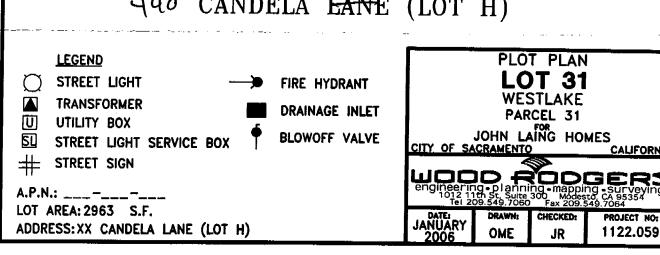
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



Westlake-Parcel-31-0A\Civil\Plot Plans\lot 31.dwg

EX WESTBOROUGH VILLAGE 1







Installation Card

Signature of authorized representative of stucco contractor 30-4-01 ela0 e and the KMK KOTE instructions. This is no definition at the stucco system on the building extentor at the above address has been installed in accordance with the evalutation report Approved Contract Number 39 issued by KWIK KOTE. 1001 Telephone Number: 916/349-8191 North Highlands CA, 95660 Address: PO BOX 2077 KENAON PLASTERING, INC. :ameN Stucco Contractor SACRAMENTO ICC Evaluation Service, Inc. Evaluation Report ESRA1711 Date of Job Completion 90-51-8 440 CANDELA CIRCLE CANDELA Lot: 0000031 Name of Stucco Manufacturer: KWIK KOTE CORP. Job Address Stroco System Tradename: KWIK KOTE

To:916 574 9734

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address:	490 (Lot 31)	Candela C	ircle	Sacramento	CA	
	Number	Street		City	State	
Ceilings:						
Blow:	Manufacturer	Greenfib	er Thickness	8.36"	R / Value	R-30
	Square Feet	569	# Bags / 1	Lbs. Per Bag	18	
Batts:	Manufacturer	Johns Many	ville Thickness	10.25"	R / Value	R-30
Batts:	Manufacturer	Johns Mans		-	R / Value	
Exterior Walls	s:			-		
	Manufacturer	Johns Many	rille Thickness	6.5"	R / Value	R-19
	Manufacturer	Johns Mans	rille Thickness		R / Value	
Floor Insulati	on:					
	Manufacturer	Johns Man	ville Thickness	6.5"	R / Value	Ř-19
Air Infiltration	n: (Title	24)				
Yes	No					
Other:						
	<u> </u>				<u> </u>	
						 ,
General Cont	ractor: John La	ing Homes		Lic. #		
Ву:		Title:			_ Date:	
Insulation Co	ntractor: <u>Gold</u>	l Star Insulation	n, lnc.	Lic. # <u>79751</u> ()	
By: Patrice Ma	ıy	Title:	Admin Assistant	-	Date: 9/2	27/06

John Laing Homes - Candela

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 Equ Equip.		# af-Identical	(I) Efficiency (AFUE,	Duct Location	Duct or Piping	Heating Load	Heating Capacity	,
Type (pkg. Heat pump) Furnace Furnace Furnace Furnace Furnace	CEC Certified Mfr name and Model # York LY8S080A12 York LY8S080A12 York LY8S080A12 York LY8S080A12 York LY8S080A12	# of Identical Systems	etc.) > CF-1R value 0.80 0.80 0.80 0.80 0.80 0.80	Attic Attic Attic Attic Attic Attic Attic Attic	R-value R-4.2 R-4.2 R-4.2 R-4.2	(Btu/hr) 30,469 30,895 33,122 33,192 36,390	(Btw/hr) 60,000 60,000 60,000 60,000	Plan 1 Plan 2 Plan 3 Plan 4 Plan 5
Cooling Equip. Equip. Type (pkg. Heat pump)	ulpment CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R Value	Duct Location (attic, etc.)		(BtWin)	Cooling Capacity (Btu/hr)	- Plan 1
Condenser Condenser Condenser Condenser Condenser	York H*RD024 York H*RD024 York H*RD024 York H*RD024 York H*RD024	1 1 1 1	13.0 13.0 13.0 13.0 13.0	Attic Attic Attic Attic Attic	R-4.2 R-4.2 R-4.2 R-4.2	17,265 17,709 19,630 18,914 22,153	41,100 34,900 26,800 34,900	Plan 2 Plan 3 Plan 4 Plan 5

*TXV - Indicates Thermal Expansion Valve On Coll

(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.

Beutler Corporation

Signature, Date

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

	CEC Certified Mfr Name & Model #	Distribution Type (Std,	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gailons)	(2) Efficiency (EF,RE)	(2) Standby Insu	ternal ulation value
Heater Type	STATE	500			40,000	प०	<u>6a.</u>	3.20]	6
	5 640 vex t								

- (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 that 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-IR) submitted for compliance with the Energy Efficiency Stundards 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) John Lang/candela

Lt 31 PL 2C

INSTALLATION CERTIFICATE	(Page 4 of 12) CF-6R							
Site Address LAVO CANSELA GACTO CA 958=	Permit Number							
INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE								
INSTALLER COMPLIANCE STATEMENT The building was: Tested at Final Tested at Rough-in	1							
INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE: 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								
DUCT LEAKAGE REDUCTION								
Procedures for field verification and diagnostic testing of air distribu	tion 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:	51	*						
Fan Flow: Calculated (Nominal: Cooling Heating) or If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 2 Capacity in Thousands of Btu/hr, enter total calculated or measure	1.7 cfm/(kBtu/hr) x Heating							
Pass if Leakage Percentage≤ 6% for Final or ≤ 4% at Rough-in: [100 x [(Line # 1) /(Line # 2)]]	5.9% Pass - Fail	l Evenas						
ALTERATIONS: Duct System and/or HVAC Equipment Change-C	Out	*4*10						
Enter Tested Leakage Flow in CFM from Pre-Test of Existing Du System Alteration and/or Equipment Change-Out.	uct System Prior to Duct	it.						
Enter Tested Leakage Flow in CFM from Final Test of New Duct System for Duct System Alteration and/or Equipment Change-Out	t System or Altered Duct t.							
Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus(Line # 5)] - (Only if Appl		i jaje						
7 Enter Tested Leakage Flow in CFM to Outside (Only if Applicable								
8 Entire New Duct System - Pass if Leakage Percentage ≤ 6% for Fi [100 x [(Line # 5) / Line # 2)]]								
TEST OR VERIFICATION STANDARDS: For Altered Duct Syste Out Use one of the following four Test or Verification Standards for	m and/or HVAC Equipment Change-							
9 Pass if Leakage Percentage ≤ 15% [100 x [(Line # 5)/		ail						
Pass if Leakage to Outside Percentage ≤ 10% [100 x [(L	ine # 7) / (Line # 2)]]	ıil						
Pass if Leakage Reduction Percentage ≥ 60% [100 x [(L and Verification by Smoke Test and Visual Inspection	.ine # 6) / (Line # 4)]] □ Pass □ Fa	1il						
12 Pass if Sealing of all Accessible Leaks and Verification by Smoke								
	Lines # 9 through # 12 pass Pass Pass Pass Fa	<u>iil</u>						
✓ ☑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 Signature: Date: 0 5 06								
Signature: Date: 10 5 06								

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

	Condela PH8				
C	ERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC T	STING (Pa	ge 1 of 8)	CF-4	R
		uilder Name	. 1 /	, .	Ţ
4	40 Candela C. Sacromento, CA 95875 (IL Horne	SI John	Lan	19
	illder Contact	an Number	681)		
	Telephone S	unple Group N			\neg
1,	Andre Varylor 916 847 6514				
	Ampireuro Montaca (110001-pt 11)	imate Zone		 -	
C	entifying Signature Date S	imple House N	mnoer		
Fi	The Acc	ERS Provider			
St	reet Address: 95-24 Magy its Rd 8	ty/State/Zip:	64.80	~~~~	
	ies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT	امدمدراك	1 4 131	16/	
	ERS RATER COMPLIANCE STATEMENT ne house was: ✓ ☑ Tested ✓ ☐ Approved as part of sample testing, but y	vas not tested			
Δ·	the HFRS rater providing diagnostic testing and field verification. I certify that the	house identifie	d on this form	complies	with
th	the HERS rater providing diagnostic testing and field verification, I certify that the diagnostic tested compliance requirements as checked on this form. The HERS	ater must check	and verify the	t the new	
di	stribution system is fully ducted and correct tape is used before a CF-4R may be release must not release the CF-4R until a properly completed and signed CF-6R has been	ased on every u n received for t	ested building. he sample and	tested	(2)
bu	ildings.		•		
	The installer has provided a copy of CF-6R (Installation Certificate).			P C.J	_4
	New Distribution system is fully ducted (i.e., does not use building cavities as p New systems where cloth backed, rubber adhesive duct tape is installed,	enums or plant mastic and de-	orm returns in	neu or du need in	CIS).
-	combination with cloth backed, rubber adhesive duct tape to seal leaks a	duct connect	ions.	изса п	
7	DIMINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION CO				
	ocedures for field verification and diagnostic testing of air distribution systems are			RC4.3.	
\mathbf{D}_{1}	act Diagnostic Leakage Testing Results		:		
NE	W CONSTRUCTION:				
	Duct Pressurization Test Results (CFM @ 25 Pa)		Measured Values		
1	Enter Tested Leakage Flow in CFM:		59		
2	Fan Flow: Calculated (Nominal: ✓ ☐ Cooling ✓ ☐ Heating) or ✓ ☐ Measured Enter Total Fan Flow in CFM:		998	1	✓
3	Pass if Leakage Percentage ≤ 6% [100 x [59 (Line # 1)/908 (Line #	2)]]	5.9%	Pass	□ Fail
AL	TERATIONS: Duct System and/or HVAC Equipment Change-Out			ļ <u>.</u> .	
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Duct System Alteration and/or Equipment Change-Out.	n Prior to		·	
	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered D	ıct System			
- 5	for Duct System Alteration and/or Equipment Change-Out.				
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus(Only if Applicable)	(Line # 5)]			
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)			✓	✓
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6%			☐ Pass	☐ Fail
	[100 x [(Line # 5) / Line # 2)]] ST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVA	C Fasinment	Change Out		
	one of the following four Test or Verification Standards for compliance:	~ edailunent ,	ournke-Ant	✓	✓
9_	Pass if Leakage Percentage ≤ 15% [100 x [(Line # 5) /(Line #	2)]]		☐ Pass	☐ Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [(Line # 7) /			☐ Pass	□ Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [(Line # 6) / and Verification by Smoke Test and Visual Inspection	(Line # 4)]]		□ Pass	□ Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual	Inspection		□ Pass	□ Fail
-					

Pass if One of Lines #9 through #12 pass

□ Pass □ Fail ☐ Pass ☐ Fail INSTALLATION CERTIFICATE

(Page 2 of 7)

CF-6R

ite Address	John	Laing	Cana	tela	Pla	n.II	Permit Numbe	Γ,
TENESTRATIO	and Name	Product U-Value¹ (≤ CF-1R value)¹	Product SHGC¹ (≤ CF-1R value)²	# of Pancs	Total Quantity of Like Product (Optional)	Square Fcel	Interior or Exterior Shading Device or Overhang	Comments/Location/ Special Features
(GROUP LIKE PE 1. XO	(ODUCTS)	_ <i>.</i> 35	_33_	2		20	•	
SH		35 33	. 29	ঝন,ঝঝ		164		
· <u>Þ/W</u>		.33	<u>-36</u> -33	<u>æ</u>		41		
S&D		_34		<u>a</u>		48		- 19/
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1								
2.				·				
3		***************************************						
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5								

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-Value 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	5/06	UHra Glass, Inc. Distributor Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor IWC WINDOWS SGD
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	4. f	

default values from Section 116 of the Energy Efficiency Standards.

² Installed U-value 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 (interior, exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-values for the total fenestration area are less than or equal to values from CF-1R.