

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0309114
Insp Area: 4
Thos Bros: 257-C3

Site Address: 1611 HALO AV SAC
Parcel No: NORTHPOINTE PARK VIL 27 LOT 92

Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR
BEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP1170 1 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 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 724191 Date 4/27/03 Contractor Signature Sheyn Van Maeren

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 4/27/03 Applicant/Agent Signature Sheyn Van Maeren

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-082 Exp Date 04/01/2004

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

Date 4/27/03 Applicant Signature Sheyn Van Maeren

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.

RESIDENTIAL BUILDING PERMIT APPLICATION

- New Construction
 Addition
 Remodels
 Other

Project Address: 1611 Halo Avenue, lot 92 Assessor Parcel # 201-0320-022+033

OWNER INFORMATION: Northpointe Park Village 27

Legal Property Owner: Beazer Homes Holdings Corp. Phone # 916-773-3888
 Owner Address: 3009 Douglas Blvd. 150 City Roseville State CA Zip 95661

CONTRACTOR INFORMATION:

Contractor: Same as above Lic. # B724191 Phone # 773-3888 Fax # 773-0425

PROJECT INFORMATION:

Land Use Zone _____ Occupancy Group _____ Construction Type _____ Fed Code _____
 No. of stories: 1 No. of rooms: _____ Street width: _____
 1st Floor Area 1170 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1170</u>
Garage/Storage	_____	<u>417</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: Single Family Homes

FOR OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Information above complete | <input type="checkbox"/> AR Flood Waiver required | <input type="checkbox"/> Planning Approval |
| <input type="checkbox"/> Violation files checked | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval |
| <input type="checkbox"/> Standard setbacks | <input type="checkbox"/> Water Development Infill Area | <input type="checkbox"/> Special Fee Districts Apply: _____ |
| <input type="checkbox"/> County Sewer | | |

NEW STRUCTURES & ADDITIONS

*THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- | | |
|---|---|
| <input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE | * Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
| <input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA | |
| <input type="checkbox"/> Title 24 Energy Compliance documentation | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor |
| <input type="checkbox"/> Grading and Erosion Control Questionnaire | <input type="checkbox"/> Plan Review Fees |

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT # _____



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE
52326

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Beazer LOT # 7092 TRACT # Providence
STREET 1611 Halo Ave CITY SAC

EXTERIOR WALLS:

MANUFACTURER F/b THICKNESS/TYPE 3 1/2 R-VALUE 19

CEILINGS:

BATTIS:
MANUFACTURER F/b THICKNESS/TYPE 10 R-VALUE 30
BLOWN IN:
MANUFACTURER CI MINIMUM THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE COVERED 1082 NUMBER OF BAGS USED 20

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____
SLAB ON GRADE:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR ARCADE INSULATION

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #0055201

A. S. [Signature] R. J. [Signature]
SIGNATURE TITLE
DATE 9-30-03

Lot # 7092

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

1611 Halo Ave
Sacto

Date of Job Completion 9-5-03

PLASTERING CONTRACTOR:

Name: STUCCO WORKS, INC.

Address: 5900 WAREHOUSE WAY SACRAMENTO, CA. 95826

Telephone No: (916)383-6699

Contractor Number of Diamond Wall System 2175

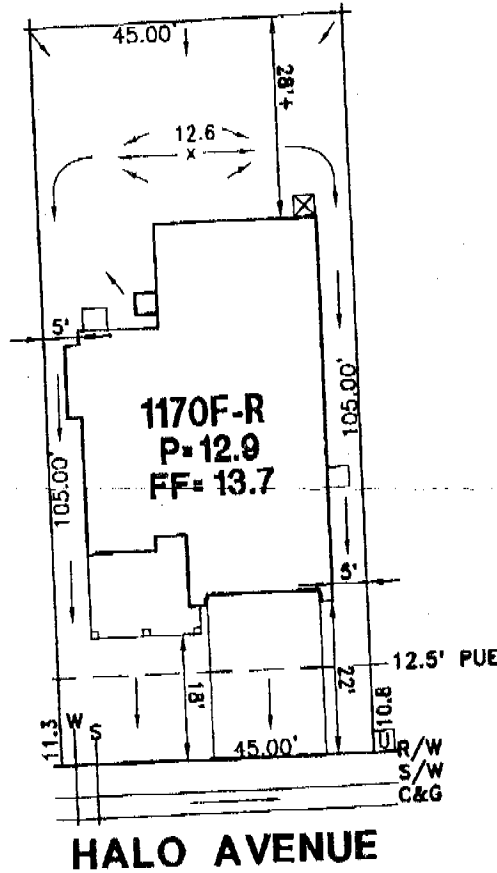
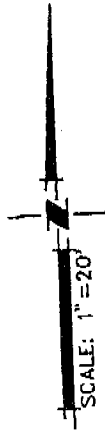
This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

9-26-03
Date

[Signature]
Signature of authorized representative of
Plastering Contractor

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

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.



ROUTING/APPROVAL		INITIALS
President	✓	
Project Development		
Construction		
Marketing	✓	<i>AK</i>
Action		
Approved		

LEGEND

- STREET LIGHT
- TRANSFORMER
- UTILITY BOX
- STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

WOOD-RODGERS
 ENGINEERING - PLANNING - MAPPING - SURVEYING
 2301 C STREET, BLDG. 100-9, SACRAMENTO, CA 95814
 PHONE: (916) 241-7740 FAX: (916) 241-7747

DATE: JUNE 03
 DRAWN: BKV
 CHECKED: PROJECT NO: 1045.059

J:\Jobs\Northpointe Phase 2\ Village 27\dwg\Civil\Plot Plans\Providence\101-92.dwg 6/16/03 12:36pm buenevise

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO BUILDING DIVISION

PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

0310422



**Applicant MUST complete
ALL Unshaded areas**

ADDRESS 5310 FRANKLIN BLVD. Suite _____
PARCEL # 019-0191-027 & 019-0191-026

<p style="text-align: center;">CONTACT</p> <p>Name <u>Rob Laurrance</u> Street Address <u>8875 Mossburn Way</u> City/ State/ Zip <u>Elk Grove, CA 95758</u> Phone <u>747-6700</u> FAX <u>684-0771</u> E-mail: <u>Rlaurrance@comcast.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No.# _____</p> <p>Name _____ Address _____ City/ State/ Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>LEO McGLADE + Associates, Inc.</u> Address <u>3417 Arden Way, Suite A</u> City/ State/ Zip <u>SACRAMENTO, CA. 95825</u> Phone <u>916 488-8380</u> FAX <u>488-2062</u> E-mail: _____</p>	<p style="text-align: center;">NEW HOME OWNER BUILDING SUPPLY</p> <p>Name <u>WAYNE STEVING</u> Address <u>5310 FRANKLIN BLVD.</u> City/ State/ Zip <u>SACRAMENTO, CA 95820</u> Phone <u>455-33057</u> FAX <u>455-3050</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: BUILD 300' x 8' MANSOURARY Sound wall

OCCUPANT/TENANT: _____ VALUATION: \$ 25,000⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI(REM(SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<u>1301</u>	<u>1301</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>DIH(BL)</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: UP ap

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed