

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0010713

Insp Area: 4

Site Address: 4306 WINDSONG ST SAC

Parcel No: 225-1240-013

GATEWAY N 2 LOT 13

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

CALIFORNIA HOMES  
3031 W. MARCH LN. # 133-SO.  
STOCKTON CALIF. 95219

OWNER

ARCHITECT

Nature of Work: MP 1789 1 STORY 8 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 754984 Date 9-28-00 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 above mentioned property for inspection purposes.

Date 9-28-00 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:

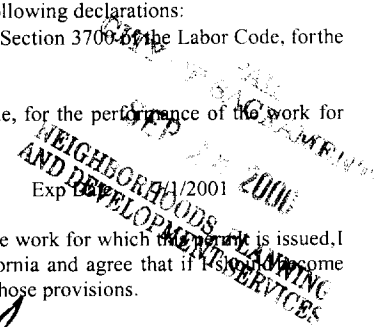
Carrier STATE FUND Policy Number 1586735-00

\_\_\_\_ (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 the 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 do come subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 9-28-00 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.**



### RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction

Addition

Remodels

Other

Project Address:

4306 Windsor

Assessor Parcel #

225-124-013

LOT # 13  
**OWNER INFORMATION:**

Legal Property Owner: Matthews Homes Corp. dba

Phone # (209)951-5444

California Homes

Owner Address: 3031 W. March Ln. #133-So. City Stockton State CA Zip 95219

**CONTRACTOR INFORMATION:**

Contractor: Matthews Homes

Lic. # 754984

Phone # 209-951-5444 Fax # 209-951-2619

**PROJECT INFORMATION:**

Land Use Zone RIA

Occupancy Group R3

Construction Type VN

Fed Code 1A

No. of stories: 1

No. of rooms: 9

Street width: 40'

1<sup>st</sup> Floor Area 1000s. s.f. 2<sup>nd</sup> Floor Area n/a

Basement n/a

Roof Material Tile

**AREA IN SQUARE FOOT OF:**

**EXISTING**

**NEW**

Dwelling/Living

1789

Garage/Storage

413

Decks/Balconies

n/a

Carports

n/a

**SCOPE OF WORK:**

**FOR OFFICE USE ONLY**

- Information above complete
- Violation sites checked
- Standard setbacks
- County Sewer

- AR Flood Waiver required
- Flood Elevation Certificate Required
- Water Development Infill Area

- Planning Approval
- Design Review Approval
- Special Fee Districts Apply : \_\_\_\_\_

**NEW STRUCTURES & ADDITIONS**

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

- 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE
- 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA

Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures.

- Title 24 Energy Compliance documentation
- Grading and Erosion Control Questionnaire
- 11" x 17" copy of floor plan for County Assessor
- Plan Review Fees

Date: \_\_\_\_\_

Received by: (staff) \_\_\_\_\_

ACTIVITY/PERMIT #

# END EL INSULATION, I. C.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 969-6191

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:

TRACT Bella Vista LOT 13/1

STREET \_\_\_\_\_ CITY San Ramon

EXTERIOR WALLS:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

CEILING AREA BATT:

MANUFACTURER CT THICKNESS 10 R-VALUE 36

CEILINGS BLOWN IN

MANUFACTURER 4 Insul Safe THICKNESS 12 R-VALUE 30

SQUARE FOOTAGE 1727 NUMBER OF BAGS USED 31

FLOOR AREA

MANUFACTURER \_\_\_\_\_ THICKNESS \_\_\_\_\_ R-VALUE \_\_\_\_\_

EXTERIOR KNEEWALL

MANUFACTURER \_\_\_\_\_ THICKNESS \_\_\_\_\_ R-VALUE \_\_\_\_\_

INTERIOR KNEEWALL

MANUFACTURER \_\_\_\_\_ THICKNESS \_\_\_\_\_ R-VALUE \_\_\_\_\_

APPLIED CAULK & SEALANT TO ALL EXTERIOR  
OPENINGS & PENETRATIONS

YES  NO

GENERAL CONTRACTOR \_\_\_\_\_

CALIFORNIA CONTRACTORS

LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

TITLE

INSULATION CONTRACT SIGNATURE

TITLE

DATE



**BASALITE**<sup>®</sup>  
 PACIFIC STUCCO SYSTEMS

4290 Roseville Road  
 North Highlands, CA 95660-5710  
 (916) 486-4094  
 Fax (916) 486-4187

Installation Card  
 Fiber Reinforced Stucco

Job Name and Address : CALIFORNIA HOMES

ICBO# 5269

BELLA VISTA

2-03-01  
 Date of job completion

LOT-13

Plastering Contractor

Name: VISION PLASTERING

Address: 8974 GREEN BACH

Telephone No. ( ) 987-3324

Approved contractor as issued by Basalite/Pacific Stucco

This is to certify the exterior coating system at the above address, has been installed in accordance with the evaluation report specified above and the manufacturers instructions.

[Signature]

Signature of authorized representative of  
 plastering contractor

3-23-01  
 Date

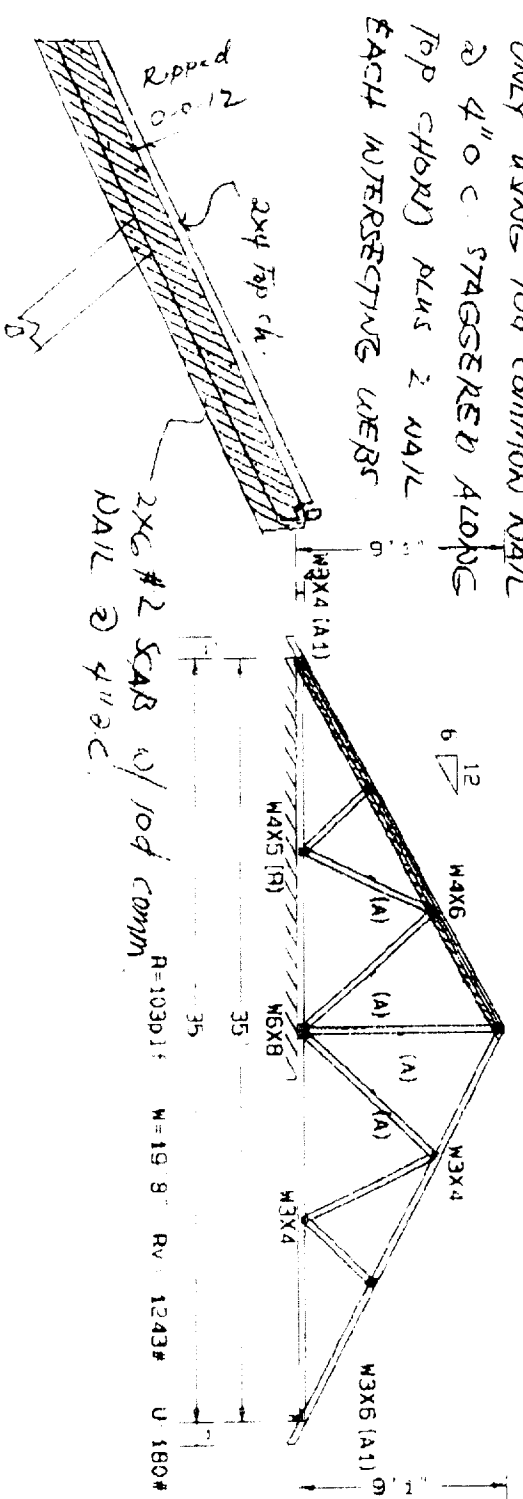
This installation card must be presented to the building inspector after completion of work and before final inspection.

CONNECTOR PLATES DESIGNED FOR UNIFORM LOADS PER 91 TABLE

LOAD	COMBINATIONS LOADS	START	END
1	1.0 R 0.0	0.0	37.0
2	1.0 R 0.0	0.0	37.0
3	1.0 R 0.0	0.0	37.0
4	1.0 R 0.0	0.0	37.0
5	1.0 R 0.0	0.0	37.0
6	1.0 R 0.0	0.0	37.0
7	1.0 R 0.0	0.0	37.0
8	1.0 R 0.0	0.0	37.0
9	1.0 R 0.0	0.0	37.0
10	1.0 R 0.0	0.0	37.0
11	1.0 R 0.0	0.0	37.0
12	1.0 R 0.0	0.0	37.0
13	1.0 R 0.0	0.0	37.0
14	1.0 R 0.0	0.0	37.0
15	1.0 R 0.0	0.0	37.0
16	1.0 R 0.0	0.0	37.0
17	1.0 R 0.0	0.0	37.0
18	1.0 R 0.0	0.0	37.0
19	1.0 R 0.0	0.0	37.0
20	1.0 R 0.0	0.0	37.0
21	1.0 R 0.0	0.0	37.0
22	1.0 R 0.0	0.0	37.0
23	1.0 R 0.0	0.0	37.0
24	1.0 R 0.0	0.0	37.0
25	1.0 R 0.0	0.0	37.0
26	1.0 R 0.0	0.0	37.0
27	1.0 R 0.0	0.0	37.0
28	1.0 R 0.0	0.0	37.0
29	1.0 R 0.0	0.0	37.0
30	1.0 R 0.0	0.0	37.0
31	1.0 R 0.0	0.0	37.0
32	1.0 R 0.0	0.0	37.0
33	1.0 R 0.0	0.0	37.0
34	1.0 R 0.0	0.0	37.0
35	1.0 R 0.0	0.0	37.0
36	1.0 R 0.0	0.0	37.0
37	1.0 R 0.0	0.0	37.0
38	1.0 R 0.0	0.0	37.0
39	1.0 R 0.0	0.0	37.0
40	1.0 R 0.0	0.0	37.0
41	1.0 R 0.0	0.0	37.0
42	1.0 R 0.0	0.0	37.0
43	1.0 R 0.0	0.0	37.0
44	1.0 R 0.0	0.0	37.0
45	1.0 R 0.0	0.0	37.0
46	1.0 R 0.0	0.0	37.0
47	1.0 R 0.0	0.0	37.0
48	1.0 R 0.0	0.0	37.0
49	1.0 R 0.0	0.0	37.0
50	1.0 R 0.0	0.0	37.0

**TRUSS REPAIR**  
 CONDITION: LEFT SIDE STOPPING  
 TOP CHORD TO BE RIPP  
 6-0-12 ALL TRUSS WAY.

2) RIP TOP CHORD AFTER SCAB IS PROPERLY ATTACHED.



REPAIR:  
 1) SCAB 2X6 DFL #2 ON ONE FACE @ 4" O C STAGGERED ALONG TOP CHORD PLUS 2 NAIL EACH INTERSECTING MEMBERS

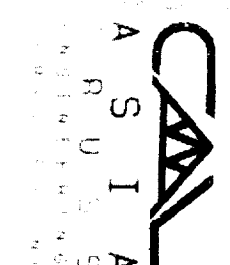
UBC (SID) DIT = 1 PILES = 1 TOTAL = 1

HEV. 18 2x8 SCALE 1/8" = 1'-0"

MAINTENANCE: THESE REQUIRE EXTREME CARE IN FABRICATING AND INSTALLING AND SHALL BE SEEN TO BE PROPERLY INSTALLED AND MAINTAINED BY THE TRUSS MANUFACTURER. THESE REQUIRE EXTREME CARE IN FABRICATING AND INSTALLING AND SHALL BE SEEN TO BE PROPERLY INSTALLED AND MAINTAINED BY THE TRUSS MANUFACTURER. THESE REQUIRE EXTREME CARE IN FABRICATING AND INSTALLING AND SHALL BE SEEN TO BE PROPERLY INSTALLED AND MAINTAINED BY THE TRUSS MANUFACTURER.

TC DL	16 0 PSF	REF
TC DL	14 0 PSF	DATE 07/28/99
BC DL	5 0 PSF	DNMG
RC DL	0 0 PSF	
LD DL	35 0 PSF	O/A LEN 35
DUR FAR	2 25	
SPACING		

SEG 107653  
 SCALE 1/8" = 1'-0"



Microfilm at Final

