

CITY OF SACRAMENTO

Permit No: 9801245

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 7 KAMAL CT SAC

Sub-Type: NSFR

Parcel No: 1171010037

LOT 54

Housing (Y/N): N

CONTRACTOR

THE FORECAST GROUP

1796 TRIBUTE RD

#100

95815

Phone: 916-920-0200

OWNER

THE FORECAST GROUP

1796 TRIBUTE RD #100

SACRAMENTO CA

95815

Phone:

ARCHITECT

Phone:

Nature of Work: NEW SFD #2167 PLAN 5

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 NSA/E 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 C00800 Date 11/98 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 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 or 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 or 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.

Date 3/9/99 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 FIREMAN FUND Policy Number DWC-80760071

____ (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 3/9/99 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.

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

57 Lange St
Fitts Grove

ICBO Evaluation Service, Inc.

Report No. 3899

Date of Job Completion

6/25/95

Plastering Contractor

Name: Shambhlin Contractors, Inc
Address: 3374 Monitor Circle #2 Rando Cordova
Telephone Number 916

Approved Applicator's License Number as
Issued by Western Stucco Products

554

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

Signature of authorized representative of plastering contractor

Judy Shambhlin

Date

6/24/95

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

No. LS-252

[Handwritten signature]

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO:

BLDG PERMIT NO:

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF	MF	UNITS
CSD - 1	RESIDENTIAL	<input type="checkbox"/>	MF	<input type="checkbox"/>
SRCSD	COMMERCIAL USE			
CONSTRUCTION				
IN-LIEU				
TOTAL FEE				

APN:

DESCRIPTION/
SUBDIVISION

LOT:

PROPERTY ADDRESS

OWNER

MAILING ADDRESS

CITY - STATE - ZIP

PARCENI

ADDITIONAL FEES MAY BE DUE IF CHANGES TO THE SURFACE ARE MADE

APPLICANT: SACRAMENTO

CERTIFICATION OF INSULATION

PART A - GENERAL NOTES

ADDRESS OR TRACT		LOT # 1111	
SACRAMENTO INSULATION CONTRACTORS		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC #202026 <input type="checkbox"/> 3243 INDUSTRIAL DRIVE, YUBA CITY, CA 95993 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			

WALLS	CEILINGS	FLOORS
() SQUARE FEET	() SQUARE FEET	() SQUARE FEET
TYPE OF INSULATION	TYPE OF INSULATION	TYPE OF INSULATION
FIBERGLASS	FIBERGLASS	FIBERGLASS
MATERIAL	MATERIAL	MATERIAL
FORM	FORM	FORM
BATTS	BATTS & BLOW	BATTS
MANUFACTURER'S PRODUCT ID	MANUFACTURER'S PRODUCT ID	MANUFACTURER'S PRODUCT ID
MANUFACTURER	MANUFACTURER	MANUFACTURER
OCF	OCF	OCF
APPLIED THICKNESS	APPLIED THICKNESS	APPLIED THICKNESS
R - VALUE INSTALLED	R - VALUE INSTALLED	R - VALUE INSTALLED
MIN. INSTALLED WEIGHT PER SQUARE FOOT	MIN. INSTALLED WEIGHT PER SQUARE FOOT	MIN. INSTALLED WEIGHT PER SQUARE FOOT
BAGS		

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R VALUE	MANUFACTURER
FIBERGLASS			
BATTS			
OCF			

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>[Signature]</i>	MANAGER	11/11/11
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE
<i>[Signature]</i>		

PART B - DETAILS

REMARKS

W R GRACE

PART C - NOTES

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME _____
 OWNER'S ADDRESS _____
 PROJECT ADDRESS _____
 PARCEL NUMBER _____ LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such a protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE _____
 TITLE OF APPLICANT _____
 DATE _____ PHONE NUMBER _____

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER _____
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA _____
 SIGNATURE _____
 TITLE _____ DATE _____

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT _____
 DISTRICT CERTIFICATION NO. _____

EXEMPT	COMMENTS		
RESIDENTIAL/APT/CONDO		SQ FT X \$	= \$
COMMERCIAL/INDUSTRIAL		SQ FT X \$	= \$
OTHER FEE	TYPE	SQ FT X \$	= \$
TOTAL FEES COLLECTED			= \$

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

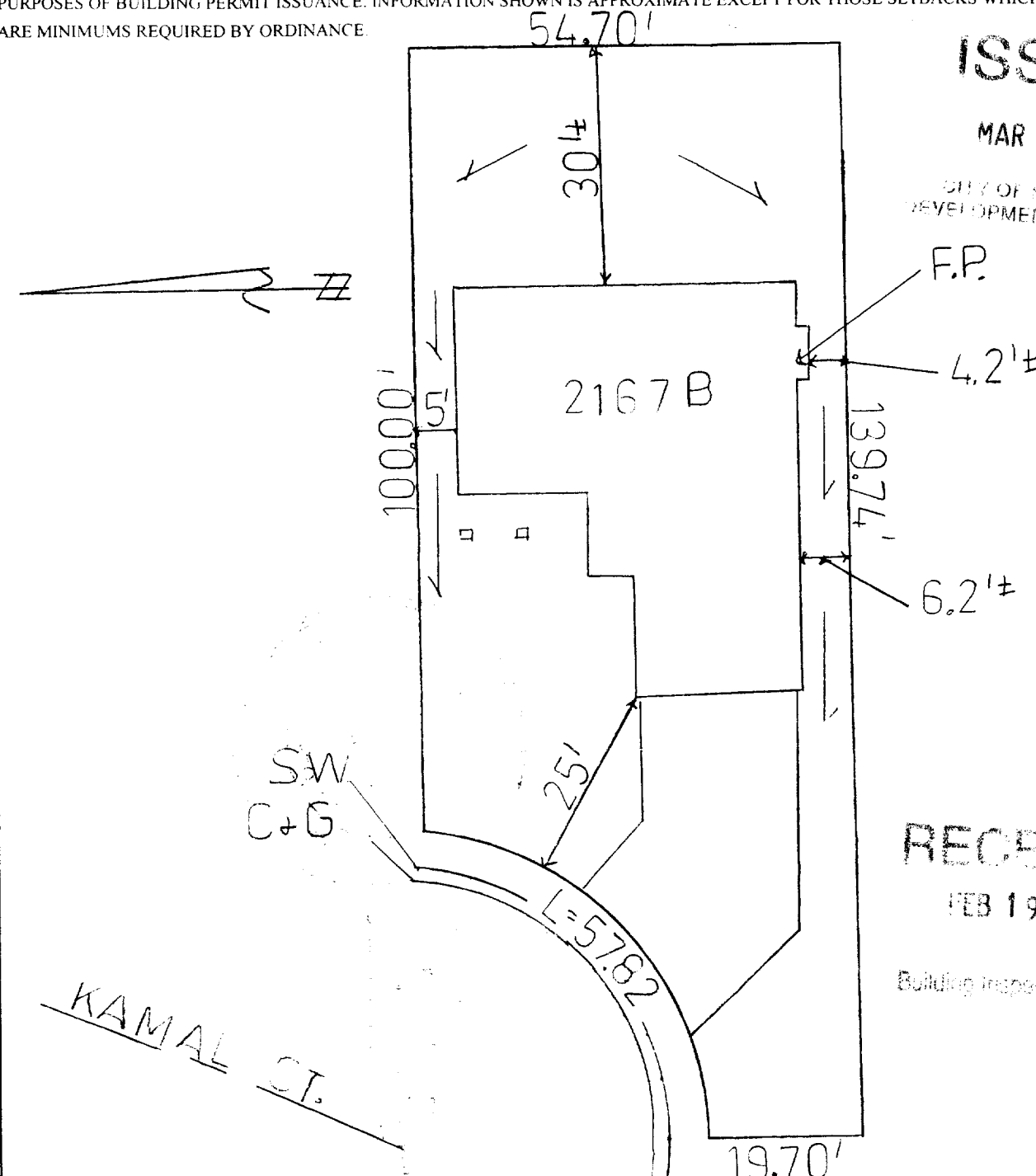
As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE _____
 TITLE _____ DATE _____

PAID
MAR 09 1998
 Facilities Planning
 Elk Grove Unified School District

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINE, DESIGN DRAINAGE ELEVATIONS, AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSES OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN IS APPROXIMATE EXCEPT FOR THOSE SETBACKS WHICH ARE MINIMUMS REQUIRED BY ORDINANCE



ISSUED

MAR 19 1998

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIV

F.P.

4.2'±

139.74'

6.2'±

2167 B

SW
C+G

25'

L=57.82

KAMAL ST.

RECEIVED

FEB 19 1998

Building Inspection Division

NOTE: THIS PLAN IS INTENDED TO REFERENCE THE BUILDING PLAN DESIGNATED FOR THIS LOT. ALL SETBACKS OTHER THAN THE MINIMUM CODE REQUIREMENTS ARE APPROXIMATE. AS BUILT FIELD CONDITIONS MAY VARY.

NOTE: FOR INFORMATIONAL PURPOSES ONLY. TITLE RECORDS SHOULD BE CONSULTED FOR LOCATION OF EASEMENTS AND BOUNDARIES AND EXACT DIMENSIONS. THIS PLAN DOES NOT SHOW UNDERGROUND UTILITIES.

ASTIKOS RANCH

LOT #54

PARCEL #: 117-1010-037

ADDRESS: 7 KAMAL COURT

COUNTY: SACRAMENTO

The Forecast Group

1796 Tribute Road, Suite 100

Sacramento, CA 95815

Scale 1"=20'

(916) 920-0200

DATE: 2/16/98

DRAWN BY: MAH

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO INSULATION CONTRACTORS				
	Front Home Lot # 54		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 3243 INDUSTRIAL DRIVE, YUBA CITY, CA 95993 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
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	
	OCF		OCF			OCF	
			BAGS				
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
		1 1/2"	38	1 1/4" 1 1/2"		19	6 1/4"
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER OCF	
AIR INFILTRATION SEALANT							
MATERIAL Foam				MANUFACTURER W R GRACE			
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 MANAGER		DATE 7/17/98	
SIGNATURE - GENERAL CONTRACTOR				TITLE SR		DATE 9/2/98	
REMARKS							

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME THE FORECAST GROUP

OWNER'S ADDRESS 1796 PRIVATE RD. #100, SACRAMENTO, CA 95825

PROJECT ADDRESS 7 KAMAL CT

PARCEL NUMBER 117-1010-037 LOT NO. 54

SUBDIVISION NAME ASSETS RANCH

NUMBER OF UNITS 1

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]

TITLE OF APPLICANT PROCESSOR

DATE 2/17/98 PHONE NUMBER 916-0200

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 7167

BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()

SQUARE FEET OF CHARGEABLE BUILDING AREA 2167

SIGNATURE [Signature]

TITLE [Title] DATE 2-19-98

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT 2110

DISTRICT CERTIFICATION NO. 17

EXEMPT	COMMENTS			
RESIDENTIAL/APT/CONDO <input checked="" type="checkbox"/>	2167	SQ FT X \$	1.93	= \$ 4,182.31
COMMERCIAL/INDUSTRIAL <input type="checkbox"/>		SQ FT X \$		= \$
OTHER FEE TYPE <input checked="" type="checkbox"/>	2167	SQ FT X \$	1.34	= \$ 2,903.78
TOTAL FEES COLLECTED	2167		3.27	= \$ 7,086.09

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE [Signature] DATE 2-19-98

TITLE [Title]

PAID
 MAR 02 1998
 Pd 3-9-98
 Sacramento Unified School District

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant

CK # 2215