CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

Site Address: 590 ALCANTAR CR SAC

Parcel No:

225-1640-005

Permit No: 0108298 Insp Area: 4

NSFR

Sub-Type:

RIVER VIEW 2 VIL. 2A LOT 29 Housing (Y/N): N

| CONTRACTOR BEAZER HOM | ES | <u>OWNER</u> | | <u>ARCHITECT</u> | |
|--|---|---|--|--|--|
| 3009 DOUGLA ROSEVII LE C | | | | | |
| Nature of W | ork: MP 1872 1 STORY | 8 ROOM SFR | | | |
| | TION LENDING AGENCY which this permit is issued (Sec | | enalty of perjury that there is a | construction lending agency for the perfo | rmance |
| . ender's Name_ | | | .ender'sAddress | | |
| commencing w | ith section 7000) of Division 3 of | t the Business and Professio | ns Code and my license is in fu | at I am licensed under provisions of Chill force and effect. | |
| License Class | License Number 72419 | 1 Desc 1/2/0 | Contractor Signature | Shang Kentlau | 111 |
| owner-but following reason any structure, pr of the Contracto therefrom and th | ILDER DECLARATION: in (Sec. 7031.5, Business and Pro- rior to its issuance, also requires ins License Law (Chapter 9 (com- | I hereby affirm under per ofessions Code, any city or the applicant for such permi- mencing with Section 7000. | nalty of perjury that I am exe county which requires a permit it to file a signed statement tha of Division 8 of the Business: | empt from the contractors License Law t to construct, alter, improve, demolish, of t he or she is licensed pursuant to the pro and Professions Code) or that he or she is permit subjects the applicant to a civil per | for the or repair ovisions exempt |
| tor sale (Sec. 70 and who does so however, the built | 44. Business and Professional Co uch work himself or herself or t | ode – The Contractors Licen hrough his her own employ | se Law does not apply to an ow rees, provided that such improv | work, and the structure is not intended or wher of property who builds or improves t wements are not intended or offered for s he burden of proving that he/she did not be | nereon, ale. If, |
| The Contractors | er of the property, am exclusively s. License haw does not apply ensed pursuant to the Contractors | to an owner of property v | contractors to construct the projection builds or improves thereo | ject (Sec. 7044, Business and Professions on, and who contracts for such projects | Code: with a |
| I am exen | npt under Scc | B & PC for this reason: | | | - |
| Date | | Owner Signature | | | |
| measurements ar | nd locations shown on the application | eation or accompanying dra obited locations for such im- | wings and that the improveme provements. This building perr | on of the applicant, that the applicant veri ent to be constructed does not violate any mit does not authorize any illegal location | law or |
| فاملفيط معمونيساس | ing construction and barby outhor | mus reprocentate are not this | city to enter upon the aboveme | h all city and county ordinances and state entioned property for inspection purposes. | |
| Date | 2/01 | Applicant/Agent Signatu | re May V | in Harry | _ |
| WORKER'S | COMPENSATION DECLA d will maintain a certificate of co | RATION: Thereby affirm onsent to self-insure for wor | n under penalty of perjury one of the compensation as provided to the compensation as provided | of the following declarations: I for by Section 3700 of the Labor Code, | for the |
| I have and this permit is issue | d will maintain workers compensued. My workers' compensation | sation insurance, as required insurance carrier and policy | hy Section 3700 of the Labor number are: | Code, for the performance of the work for | r which |
| Carmer | FIBERTY MUTUAL INS CO | Policy | Number WA2-651-004147-0 | Exp Date 04/01/2002 | |
| (This sect shall not employ subject to the wo | tion need not be completed if the yany person in any manner so a brkers' compensation provisions of | permit is for SAD (a res) as to become subject to the labor \$700 of the Labor | and the compensation laws of Code, I shall forthwith comply | nce of the work for which this permit is is of California and agree that if I should by with those provisions. | ssued, I become |
| Date 7/ | | Applicant Signature | | Marie | |
| | AILURE TO SECURE WORKE | RS COMPENSATION CO | OVERAGE IS UNLAWFUL A | AND SHALL SUBJECT AN EMPLOYI 100,000) IN ADDITION TO THE CO | |

OMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

RESIDENTIAL BUILDING PERMIT APPLICATION ☑ New Construction ☐ Addition ☐ Remodels ☐ Other Project Address: LOT 29 590 Alcantar Circle Assessor Parcel # OWNER INFORMATION: Phone # 916-773-3888 Legal Property Owner: Beazer Homes Holdings Corp. Zip 95661 Owner Address: 3009 Douglas Blvd. 150 CityRoseville StateCA CONTRACTOR INFORMATION: Lic. # B724191 Phone # 773-3888 Fax#73-0425 Contractor: Same as above PROJECT INFORMATION: Occupancy Group _____ Construction Type ____ Fed Code _____ Land Use Zone _____ No. of stories; No. of rooms: Street width: 1st Floor Area 872 2nd Floor Area 8 Basement Roof Material AREA IN SQUARE FOOT OF: EXISTING 187a Dwelling/Living Garage/Storage Decks/Balconies Carports SCOPE OF WORK: Single Family Homes FOR OFFICE USE ONLY ☐ Information above complete O AR Flood Waiver required O Planning Approval ☐ Violation files checked ☐ Flood Elevation Certificate Required ☐ Design Review Approval ☐ Standard setbacks ☐ Water Development Infill Area O Special Fee Districts Apply: ☐ County Sewer **NEW STRUCTURES & ADDITIONS** THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW □ 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE Plans to include: site plan, floor plan, elevations. roof/ceiling plan, foundation and structural framing Q 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA details, and structural calculations for nonconforming structures.

Date: Received by: (staff)

ACTIVITY/PERMIT #

residentialapp (rev 3/09/99)

O Plan Review Fees

11" x 17" copy of floor plan for County Assessor

Title 24 Energy Compliance documentation

Grading and Erosion Control Questionnaire

105 ADDRESS:

11/27/01

OMEGA PRODUCTS CORF

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report \$4004

BEAREN HEMONIOS IF

PLASTERING CONTRACTOR:

Hama: STUCCO WORKS INC.

###ress: 5900 WARPHOUSE WAY: SACRAMENTO, CALLFORNIA 95826

Telephona No: (916) 383-6699

Contractor Number of Dismond 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 eport specified shove and the manufacturer's instructions.

Deta of Job Completion

installation card must be remarked the building - completion of work and before final inspection.

CERTIFICATION OF INSULATION

| | ADDRESS OR TRACT | | | | SACRAME | NTO INSULA | TION CONTI | RACTORS | | | |
|--|--|----------------------------|---|---|------------------------------------|-----------------------------|--------------|---------|--|--|--|
| BEAZER | | ^{∟от} * 7 | 9 | 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 | | | | | | | |
| N Company | | į | 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 | | | | | | | | |
| Mar Mar | 14.54.507161 | | | DATE INSULATION COMPLETED | | | | | | | |
| MEMORIES | | | | | | FLOORS | | | | | |
| WALLS | | CEILINGS | | | | | | | | | |
| (SQUARE FEET) | | (SQUARE FEET) | | | (SQUARE FEET) TYPE OF INSULATION | | | | | | |
| TYPE OF IN | TYPE OF INSULATION MATERIAL | | | MATERIAL FIBERGLASS | | | | | | | |
| FIBER | FIBERGLASS | | FORM | | | | | | | | |
| FORM BAT | FORM BATTS | | | BLO | N | BATTS | | | | | |
| MANUFACTURER'S PRODU | MANUFACTURER'S PRODUCT I.D. | | | MANUFACTURER'S PRODUCT I D | | MANUFACTURER'S PRODUCT I.D. | | | | | |
| MANUFA | MANUFACTURER | | | MANUFACTURER | | | MANUFACTURER | | | | |
| | OCF | | OCF | | | | | | | | |
| A OO | OCF | | | BAGS | | | | | | | |
| R - VALUE | R - VALUE APPLIED MIN. INSTALLE WEIGHT PER SOUARE FOOT | | | INSTALLED THICKNESS | | | | | | | |
| 13 | 3514" | 30 | 9 | 7." | | | | | | | |
| A | KNI | E WALLS IF R-V | ALUE IS | | | ABOVE | T | 1050 | | | |
| MATERIAL FORM | | DATTS | | R-VALUE | | MANUFACTURER | | | | | |
| FIBERGLAS | 5S | | BATTS | | | 1 | | | | | |
| MATERIAL | | ON SEALANT MANUFACTURER | | | | | | | | | |
| | | | | | W R GRACE | | | | | | |
| THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, | | | | | | | | | | | |
| MATERIAL STANDAR SIGNATURE—INSULATION | OONTACTOR | HS. | <u> </u> | TITLE | | | DATE | 70.07 | | | |
| A C | | | MANAGE | | DATE DATE | | -30-01 | | | | |
| SIGNATURE - GENERAL CO | | | | | | | | | | | |
| REMARKS R R R R R R R R R R R R R | | | | | | | | | | | |
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