

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0004608**

**Insp Area: 4**

**Site Address: 3879 CHIMNEY ROCK WY SAC**

**Parcel No: 225-1380-100**

**LOT 100 GATEWAY WEST 6**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**CONTRACTOR**

BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSFVILLE CA 95661

**OWNER**

**ARCHITECT**

**Nature of Work: NSFR MP1441 7 RMS**

**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 224191 Date 5/2/00 Contractor Signature Sheyl Van Maen

**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 5/2/00 Applicant/Agent Signature Sheyl Van Maen

**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 WA2-651-004147-080 Exp Date 4/1/2001

\_\_\_\_\_, (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 5/2/00 Applicant Signature Sheyl Van Maen

**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: 3879 Chimney Rock Way Assessor Parcel # \_\_\_\_\_

#### OWNER INFORMATION:

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

#### CONTRACTOR INFORMATION:

Contractor: Beazer Homes Lic. # 724191 Phone # 773-3888 Fax# 773-0425

#### PROJECT INFORMATION:

Land Use Zone \_\_\_\_\_ Occupancy Group R-5 Construction Type 5 Fed Code \_\_\_\_\_  
 No. of stories: 1 No. of rooms: \_\_\_\_\_ Street width: \_\_\_\_\_  
 1<sup>st</sup> Floor Area 1441 2<sup>nd</sup> Floor Area 0 Basement 0 Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1441</u>
Garage/Storage	_____	<u>439</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: SFD

#### 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 # \_\_\_\_\_

19844



INSTALLATION CARD

Job Address:

*Beazer Homes  
Gateway West lot # 6100  
3879 Chimney Rock WY. SAC*

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP.  
ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion

General Contractor: Kenyon Construction

John W. Kenyon, III

PO Box 2077

North Highlands, CA 95660

Telephone Number: (916) 349-8191

Approved Contractor Number as issued by the Stucco Manufacturer: 1

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

Date

*8/1/00*

Signature of authorized representative of stucco contractor

# CERTIFICATION OF INSULATION

<input checked="" type="checkbox"/> P.O. BOX 854, WENNER SACRAMENTO, CA 95891 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 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 _____ W R GRACE MANUFACTURER	
FLOORS ( ) SQUARE FEET		CEILING ( ) SQUARE FEET	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
FORM BATS		FORM BATS & BLOW	
MANUFACTURER'S PRODUCT I.D. BATS		MANUFACTURER'S PRODUCT I.D. BATS	
MANUFACTURER OCF		MANUFACTURER OCF	
TYPE OF INSULATION ( ) SQUARE FEET		TYPE OF INSULATION ( ) SQUARE FEET	
WALLS ( ) SQUARE FEET		WALLS ( ) SQUARE FEET	
DATE INSULATION COMPLETED _____		DATE _____	
REMARKS _____		REMARKS _____	
SIGNATURE-INSULATION CONTRACTOR _____		SIGNATURE-GENERAL CONTRACTOR _____	
DATE _____		DATE _____	
TITLES MANAGER		TITLES _____	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
FORM BATS		FORM BATS	
MANUFACTURER'S PRODUCT I.D. OCF		MANUFACTURER'S PRODUCT I.D. OCF	
MANUFACTURER OCF		MANUFACTURER OCF	
TYPE OF INSULATION ( ) SQUARE FEET		TYPE OF INSULATION ( ) SQUARE FEET	
WALLS ( ) SQUARE FEET		WALLS ( ) SQUARE FEET	
CEILING ( ) SQUARE FEET		CEILING ( ) SQUARE FEET	
FLOORS ( ) SQUARE FEET		FLOORS ( ) SQUARE FEET	

REARER  
 3879 Ch. may Road  
 CATEWAY WEST  
 LOT 600

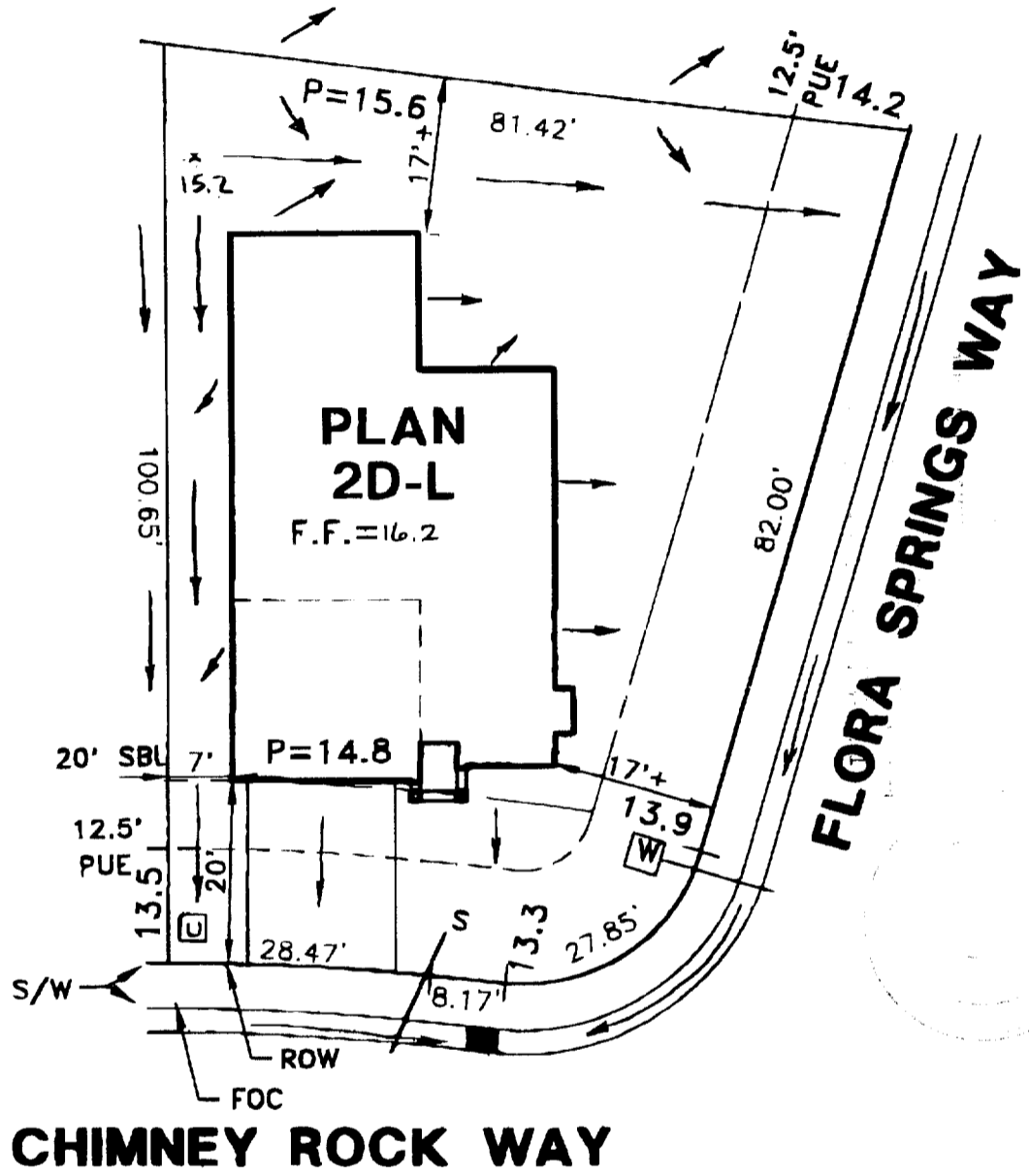
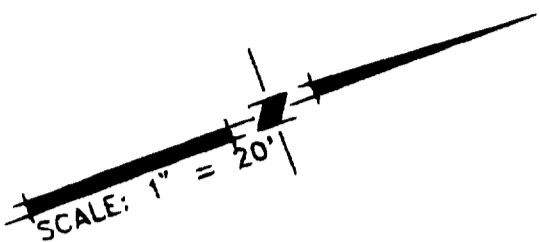
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8-21-00  
 DATE

FORM

*[Handwritten Signature]*

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.



U = UTILITY SERVICE BOX

ROUTING/APPROVAL		INITIALS
President	✓	
	✓	(Signature)
	✓	(Signature)

LOT COVERAGE = 29%

**PLOT PLAN**  
**LOT 100**  
GATEWAY WEST VILLAGE NO.6  
FOR  
BEAZER HOMES  
SACRAMENTO COUNTY CALIFORNIA

**WOOD-RODGER INC.**

DATE: APR.2000	DRAWN: DPB	CHECKED: JWH 4-13-00	PROJECT NO: 1031.021
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