

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0207920

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 5063 BROADWATER DR SAC

Parcel No: 225-1820-003

CREEKSIDE VILLAGE 1 LOT 3

CONTRACTOR

D. R. HORTON INC.
4401 HAZEL AVE STE 135
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP 2240/6 2 STORY 11 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 750190 Date 7-8-02 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7-8-02 Applicant/Agent Signature [Signature] **PAID**
CITY OF SACRAMENTO

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 KEMPER INSURANCE CO Policy Number 5BR083547 00 Exp Date 07/01/2002

____ (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 7-8-02 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 SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 5063 BROADWATER DR. Assessor Parcel # 225-1820-003-0000
 Lot Number: 3 Subdivision CROCKSIDE

OWNER INFORMATION:

Legal Property Owner: D.R. Horton Phone# 916-416-2225
 Owner Address: 4401 Hazel Ave #135 City Fair Oaks State CA Zip 95628

CONTRACTOR INFORMATION:

Contractor: D.R. Horton Lic. # 750190 Phone # 916-416-2225 Fax 916-929-9272

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code IA
 No. of Stories: 1 No. of Rooms: 5 11 Street Width: _____
 1st Floor Area 1297 2nd Floor Area 1369 Basement N/A Roof Material Concrete Tile

AREA IN SQUARE FOOT OF:

Dwelling/Living	<u>2667</u> <u>2500</u>	DRH 2240/6
Garage/Storage	<u>415</u> <u>414</u>	<u>170,657</u> <u>50</u>
Decks/Balconies	<u>0</u> <u>76</u>	<u>0207920</u>
Carports	<u>0</u>	

SCOPE OF WORK: Res. New Construction

FOR PRICE 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 | | |

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION

a) Assessor's Parcel Number	c) Owners Name
b) New Floor Area	d) Project Address

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

Handwritten initials/signature

APPLICATION NO:

BLDG PERMIT NO.

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

City

SWD 2002-00378

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF	OR	MF	D
CSD-1	720			<input checked="" type="checkbox"/>	
SRCS	4500				
CONSTRUCTION					
IN-LIEU					
TOTAL FEE		5220			

APN: 225-1820-003-0000

DESCRIPTION/
 SUBDIVISION *Oakside Village* LOT 3

PROPERTY ADDRESS *5003 Brundwater Dr Sac. CA 95835*

OWNER *D. R. HAYDON*

MAILING ADDRESS *4401 Hazel Ave Suite 125*

CITY-STATE-ZIP *Fair Oaks CA 95625* PHONE *916-965-2200*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT

APPLICANT SIGNATURE

Handwritten signature

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY

KwikKote

No. 200-911486

Stucco System Installation Card

Job Name: CREEKSIDE - CORNERSTONE

Address: 5063 BROADWATER DR.

Lot #: 0000003

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion:

Home Builder: D.R. HORTON INC.

Address: 4401 HAZEL AVE. SUITE 135
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.

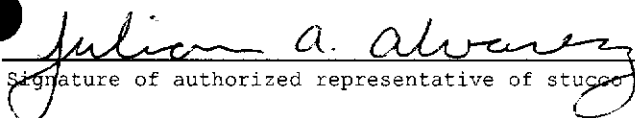
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191


Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 08/20/2002

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.



Signature of authorized representative of stucco contractor



Date

CERTIFICATION OF INSULATION

PART I GENERAL

PART II AREAS INSULATED

PART III CERTIFICATION

<p>ADDRESS OR TRACT</p> <p style="font-size: 1.5em;">D.A. HORTON</p> <p style="text-align: right;">LOT # 3</p> <p style="font-size: 1.5em; margin-top: 20px;">CREEKSIDE (CORNGASTONE)</p>	<p style="text-align: center;">SACRAMENTO BUILDING PRODUCTS</p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
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WALLS			CEILING			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		
CT	OC	JM	CT	OC	JM	CT	OC	JM
R - VALUE INSTALLED			R - VALUE INSTALLED			R - VALUE INSTALLED		
APPLIED THICKNESS			APPLIED THICKNESS			APPLIED THICKNESS		
MIN. INSTALLED WEIGHT PER SQUARE FOOT			MIN. INSTALLED WEIGHT PER SQUARE FOOT			MIN. INSTALLED WEIGHT PER SQUARE FOOT		
13 19			30 30			9 12		
3 1/2" 5 1/2"								

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER		
			CT	OC	JM

AIR INFILTRATION SEALANT

MATERIAL FOAM	MANUFACTURER	
	HILTI	HANDY FOAM

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR <i>Jeff Cobb</i>	TITLE MANAGER	DATE 9-13-02
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS

City of Sacramento, State of California

Creekside Village 1

LOT 3
PLOT PLAN

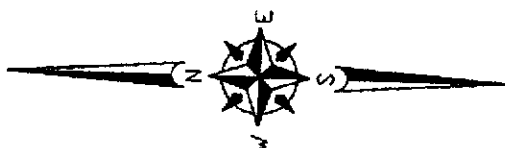
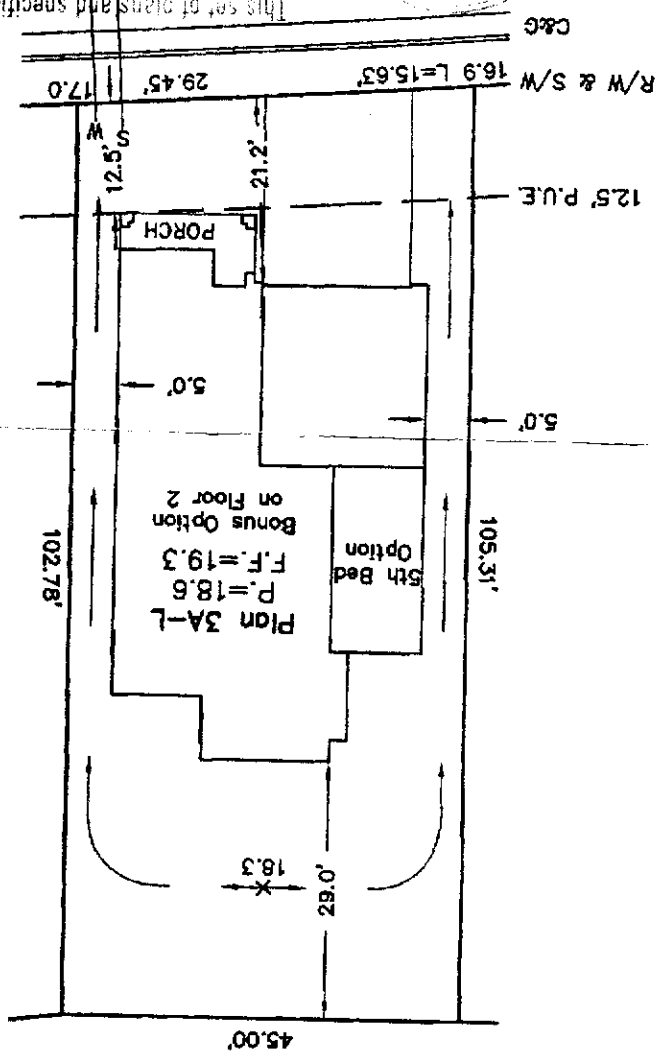
WECKER SURVEYS

3740 MODOC PLACE
DAVIS, CA 95616
530-792-7252
FAX 530-758-2775

SCALE: 1" = 20'

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the original plan without the written permission from the City Engineer. This plan and specification shall not be used to permit or approve the violation of any City Ordinance or State Law.

2/11



THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.