

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0104561

Insp Area: 2

Thos Bros: 336J4

Site Address: 944 SOUTH BEACH DR SAC

Parcel No: 031-1330-047

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

SIU STANLEY Y/RENE Y  
944 SOUTH BEACH DR  
SACRAMENTO CA 58310

ARCHITECT

Nature of Work: NEW 2-STORY SFR - 3344 SF LVNG(2396 1ST, 948 2ND), 831 SF  
ATTCHD GAR, 62 SF CVRD PRCH

**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 417065 Date 9/5/01 Contractor Signature RLBCD

**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 abovementioned property for inspection purposes.

Date 9/5/01 Applicant/Agent Signature RLBCD

**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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (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 9/5/01 Applicant Signature RLBCD

**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.**

# OMEGA PRODUCTS CORP.

## DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

944 South Beach Dr.  
Suite A 95831

ICBO Report #4004

Date of Job Completion 5-9-02

PLASTERING CONTRACTOR:

Name: McCann Plastering Inc.

Address: 80 Redwood Court Roseville CA 95678

Telephone No: (916) 784-2274

Contractor Number of Diamond Wall System # 2264

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 report specified above and the manufacturer's instructions.

Date 7/3/02

[Signature]  
Signature of authorized representative of  
Plastering Contractor

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

**INSULATION CERTIFICATE**

**THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATION CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:**

**SITE ADDRESS** 944 SOUTH BEACH ROAD SACRAMENTO CA  
**NUMBER** **CITY** **STATE**

**CEILINGS:**

**BLOW:** **MANUFACTURER** KNAUF **THICKNESS** 15.5" **RVALUE** 38  
**SQUARE FEET** 2688 **#BAGS/LBS PER BAGS** 62

**BATTS:** **MANUFACTURER** JOHNS MANVILLE **THICKNESS** 13" **R-VALUE** 38

**EXTERIOR WALLS:**

**MANUFACTURER** JOHNS MANVILLE **THICKNESS** 3.5" **RVALUE** 15  
JOHNS MANVILLE 6.5" 19

**FLOOR INSULATION:**

**MANUFACTURER** JOHNS MANVILLE **THICKNESS** 6.5" **RVALUE** 19

**AIR INFILTRATION:**

(TITLE 24)

**YES** XX **NO** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**GENERAL CONTRACTOR:** RL BELFORTE CONSTRUCTION **LICENSE #** \_\_\_\_\_

**BY:** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INSULATION CONTRACTOR:** WESTERN INSULATION LP **LICENSE #** 784484

**BY:** Jamie Blair **TITLE** AUTH. AGENT **DATE** 7/2/2002  
JAMIE BLAIR

Department of Planning and Development  
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

**PART I** (To be completed by applicant)

Site Address SOUTH BEACH DR A.P.N. 031 1330 047

Applicant Information

Name RYAN BELFORTE  
Address BOX 22652  
Phone SACID 95822  
916 395-7465

Project Information (Check One)

Single Family Dwelling   
Duplex   
Triplex   
Deep Lot Development

**PART II** (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site?  Y  N  
Does the site front on a paved road?  Y  N \*  
Is the site higher than the crown of adjacent road?  Y  N \*  
Is the proposed building site higher than the back of the sidewalk or curb?  Y  N \*

Describe existing frontage improvements along road.  
 Ditch \*  Curb and Gutter  Curb, Gutter, and Sidewalk

The direction of drainage on this site is:  
 Front to Rear \*  Rear to Front  Side to Side \*

Does an adjacent site drain across this parcel?  Y \*  N  
Does this site have an existing low area or drainage swale?  Y \*  N  
Will construction require cut or fill on site? (\* >50FT3 or >2FT)  Y  N

- How much cut? \_\_\_\_\_ Yards  
- How much fill? \_\_\_\_\_ Yards

Depth  Y \*  N  
Depth  Y \*  N  
Depth  Y \*  N

Has building site been previously been filled?  Y \*  N  
Will existing drainage be re-routed?  Y \*  N  
Do you plan to construct or modify culverts or drainage ditches?  Y \*  N

Print Name RYAN BELFORTE Title CONTRACTOR

Signature RLB Date 9/5/01  
Owner or Contractor

**PART III** (To be completed by staff)

What is the acreage of the parcel to be built on? .21 Acres.  
If greater than 1/2 acre has an approved erosion and sediment control plan been provided?  Y  N  
If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP?  Y  N  
Is the parcel to be built on part of a larger subdivision?  Y  N  
Subdivision Name: \_\_\_\_\_  
If yes has an approved erosion and sediment control plan been provided?  Y  N  
If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP?  Y  N  
Is grading and drainage approval required prior to permit issuance?  Y  N  
Approved by: [Signature] Date: 9/9/01  
Building permit # 0104561 R

White Copy - Permit Jacket  
Yellow - Utilities  
Pink - Bldg. Div.

# Certification of Compliance

## School District Development

### Part I--To be completed by the APPLICANT

Owner's Name/Address KEITH AND SHARLEY KATO

Project Address 5114 PINEHILL DRIVE

Parcel Number 031-1330-047 Lot No. 47

Subdivision Name SCOTTISH HILL No. of Units 1

Applicant's Signature [Signature] Title Contractor

Phone No. 911 395 7400 Date 7/5/01

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

### Part II--To be completed by the BUILDING DEPARTMENT

Plan Identification Number 8104561

Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial

Square Feet of Chargeable Building Area 3344 #

Signature/Title [Signature] Date 8/22/01

### Part III--To be completed by the SCHOOL DISTRICT

School District 10000 Certificate No. 7204

Exempt Comments \_\_\_\_\_

Residential/Apartment/etc.	<u>3344</u>	Square ft. x \$	<u>1.72</u>	= \$	<u>5751.68</u>
Commercial/Industrial	<u>1111</u>	Square ft. x \$	<u>881.00</u>	= \$	<u>979.11</u>
Total fees collected.....	<u>R# 3427</u>			= \$	<u>4772.79</u>

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 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.

Signature [Signature] Date 8/15/01

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: LOT # 7 SOUTH SHORE AT RIVER LAKE CITY OF SACRAMENTO

Assessor's Parcel Number: 031-21330-047

Previous Use: EMPTY LOT

Description of Request/Proposed Use: NO  
DEVELOP 2 STORY SFR

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): NONE Zoning Designation: RI-POD

Comments: LPPY POD POD EXCLUDES

NEW SF HOMES FROM GOING THROUGH DESIGN REVIEW  
MEETS SETBACKS AND LOT COVERAGES

Are There Any Planning Issues?: (circle one) YES  NO

- \* Staff Site Plan Check Required? (Circle one) YES  NO
- \* Field Inspection Required? (Circle one) YES  NO
- \* Design Review/Preservation Required?: (Circle one) YES  NO

Planning Review by/Date: Michael York 4-12-01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL