

**CITY OF SACRAMENTO**

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

**Permit No: 9907461**

**Insp Area: 4**

**Site Address: 60 CAFARO CR SAC**

Parcel No: 225-0140-019

GATEWAY WEST LOT 70

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

OWNER

ARCHITECT

**Nature of Work: MP 1872 1 STORY 7 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 CS License Number 12419 Date 7/13/91 Contractor Signature Sheryl VanMarin

**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 7/13/99 Applicant/Agent Signature Sheryl VanMarin

**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 WA2-65D-004147-059 Exp Date 04/01/2000

(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 7/13/99 Applicant Signature Sheryl VanMarin

**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.**

**Natomas Unified School District**  
 1515 Sports Drive, #1 • Sacramento, CA 95834-1905  
 Phone 916/641-3300 • Fax 916/928-1629

**CERTIFICATION OF COMPLIANCE**  
**SCHOOL DISTRICT DEVELOPMENT FEES**

Property Owner's Name <b>Beazer Homes</b>	
Owner's Address <b>3009 Douglas Blvd., Ste. 150, Roseville, CA. 95661</b>	
Project Address <b>60 CARARO CIR</b>	<b>Lot 70</b>
Parcel Number <b>225-0140-019</b>	
Subdivision Name <b>Gateway West (Memories)</b>	
Number of Units <b>1</b>	
Print Applicant's Name <b>Sheryl Van Maren</b>	Applicant's Signature <i>Sheryl Van Maren</i>
Title of Applicant <b>Starts Coordinator</b>	
Date <b>6/7/99</b>	Telephone Number <b>773-3888</b>
Plan Identification Number <b>1872</b>	
Building Type (Check One) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Commercial/Industrial	
Square Feet of Chargeable Building Area <b>1872</b>	
Signature <i>[Signature]</i>	Date <b>7-8-99</b>
Title <b>BI</b>	
District Certification Number <b>00-022</b>	
Fees Collected:	
Residential: <b>1872</b> Sq. Ft. X \$ <b>4.57</b>	= \$ <b>8555.04</b>
Apartment/Condominium:      Sq. Ft. X \$	= \$
Commercial/Industrial:      Sq. Ft. X \$	= \$
<b>NOTICE TO APPLICANT:</b> 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, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.	
Applicant Signature: <i>Sheryl Van Maren</i>	Date: <b>6/7/99</b>

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 authorize Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 95995 have been complied with by the above signed applicant.

SIGNATURE: *[Signature]* DATE: **7/9/99**  
 TITLE: **FRAC**

# CERTIFICATION OF INSULATION

BEAZER

LOT # 70

- 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
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

MEMORIES

DATE INSULATION COMPLETED

INSULATION AREA

WALLS	CEILING	FLOORS
( SQUARE FEET)	( SQUARE FEET)	( SQUARE FEET)
TYPE OF INSULATION	TYPE OF INSULATION	TYPE OF INSULATION
MATERIAL <b>FIBERGLASS</b>	MATERIAL <b>FIBERGLASS</b>	MATERIAL <b>FIBERGLASS</b>
FORM <b>BATTS</b>	FORM <b>BATTS &amp; BLOW</b>	FORM <b>BATTS</b>
MANUFACTURER'S PRODUCT I D	MANUFACTURER'S PRODUCT I D	MANUFACTURER'S PRODUCT I D
MANUFACTURER	MANUFACTURER	MANUFACTURER
<b>OCF</b>	<b>OCF</b> BAGS	<b>OCF</b>

13	3 5/8"	30 30	9" 12"			
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KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE			
MATERIAL	FORM	R VALUE	MANUFACTURER
<b>FIBERGLASS</b>	<b>BATTS</b>		<b>OCF</b>

AIR INFILTRATION SEALANT	
MATERIAL	MANUFACTURER
<b>FOAM</b>	<b>W R GRACE</b>

**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>[Signature]</i>	TITLE MANAGER	DATE 9-13-99
SIGNATURE - GENERAL CONTRACTOR <i>[Signature]</i>	TITLE	DATE

REMARKS

**INSTALLATION CARD**

Job Address:

*Beazer-Memories*  
*lot 70 60 Cafaro Cir*  
*Beazer*

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion 10-8-99

Stucco Contractor Kenyon Construction  
Name John W. Kenyon, III  
Address P.O. 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.

*[Signature]*  
Signature of authorized representative of stucco contractor

8/24/99  
Date

APPLICATION-NO: <u>City</u> GENERAL INFORMATION DEPT 26 \$2,414.00 TRN 392870 07/07/99 RECEIPT 707816 C#1 \$2,414.00		COUNTY SANITATION DISTRICT NO. 1 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT <b>SEWER IMPACT FEE</b> PERMIT AND CALCULATION SHEET 252734 7/7/99 THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION INSPECTION 29.00 CSD-1 CONSTRUCTION 2,385.00 IN-LIEU TOTAL FEE 2,414.00		BUILDING USE RESIDENTIAL SF <input checked="" type="checkbox"/> MF <input type="checkbox"/> COMMERCIAL USE UNITS	
APN: <u>225-8140-019</u> DESCRIPTION <u>Gateway West (Memories)</u> SUBDIVISION LOT: <u>70</u>		PROPERTY ADDRESS <u>60 Cafaro Circle</u> OWNER <u>Beazer Homes</u> MAILING ADDRESS <u>3009 Douglas Blvd., Ste. 150</u> CITY-STATE-ZIP <u>Roseville, CA. 95661</u> PHONE <u>773-3888</u>	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT APPLICANT SIGNATURE <u>Sherry VanHorn</u> CONSOLIDATED UTILITY BILLING USE ONLY		ACCT _____ INPUT _____ START _____	

**N**orman  
**S**cheel  
**S**tructural  
**E**ngineer

**Sacramento**  
6939 Sunrise Blvd.  
Suite 123  
Citrus Heights, CA 95610  
(916) 726-0612  
(916) 726-3189 (fax)

**NORMAN SCHEEL**  
Structural Engineer  
Email: [norm@nsse.com](mailto:norm@nsse.com)

**ROBERT COON**  
Project Manager  
Email: [rob@nsse.com](mailto:rob@nsse.com)

**PAULO IBANEZ**  
Project Manager  
Email: [paulo@nsse.com](mailto:paulo@nsse.com)

**TERRI SCHNEIDER P.E.**  
Project Engineer  
Email: [terri@nsse.com](mailto:terri@nsse.com)

**TIM SLOAN**  
Project Manager  
Email: [tim@nsse.com](mailto:tim@nsse.com)

**CASANDRA COURTILET**  
Design Engineer  
Email: [cassandra@nsse.com](mailto:cassandra@nsse.com)

**Davis**  
1623 Fifth Street  
Suite F  
Davis, CA 95616  
(530)753-5300  
(530)753-5380

**TRACY HARRIS P.E.**  
Project Engineer  
Email: [tracy@nsse.com](mailto:tracy@nsse.com)

**DARRELL PEREIRA**  
Design Engineer  
Email: [darrell@nsse.com](mailto:darrell@nsse.com)

September 9, 1999

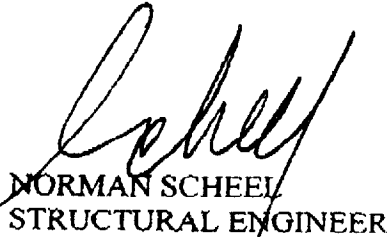
Beazer Homes  
3009 Douglas Blvd. Suite 150  
Roseville, CA 95661

**Re: Memories Plan 1 (Job #99112)  
CS16 Strap Plan 1 Rear of House**

To Whom It May Concern:

This letter is to clarify that we have reviewed the CS16 strap at the rear of the house. 12'-0" of strap over the master bedroom and 2'-0" over the wall is adequate to transfer the lateral loads to the shear wall at the rear of the house.

If you have any further questions please contact Robert Coon.

  
**NORMAN SCHEEL**  
STRUCTURAL ENGINEER

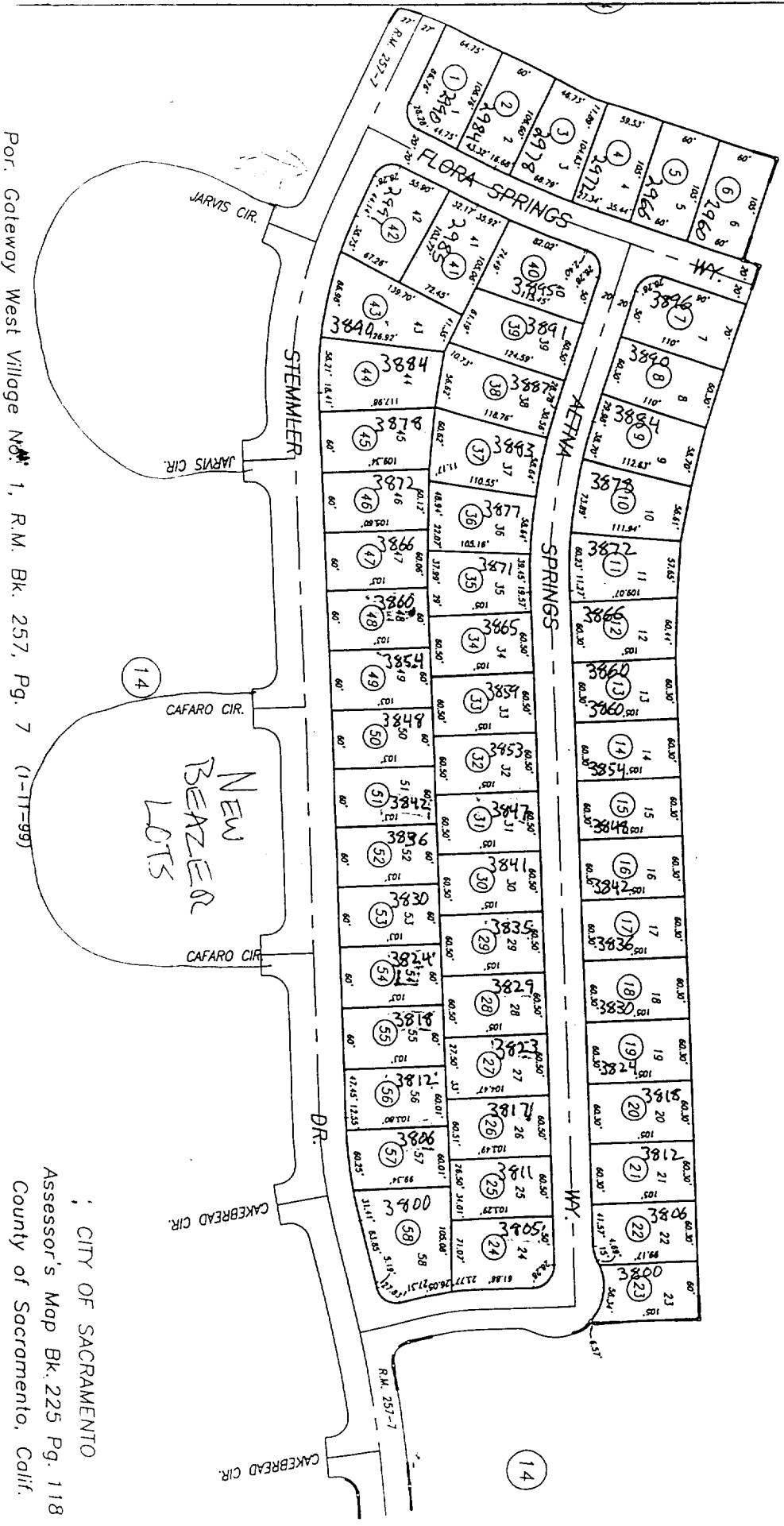
*Copy for files*



POR. SEC. 15, T. 9N., R. 4E., M.D.B. &M.

225-118

14



Por. Gateway West Village No. 1, R.M. Bk. 257, Pg. 7 (1-11-99)

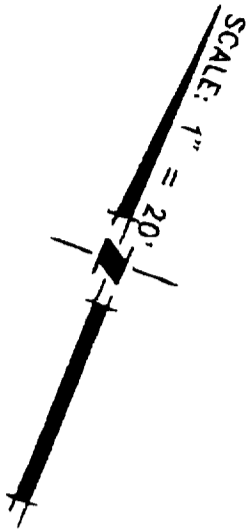
CITY OF SACRAMENTO  
Assessor's Map Bk. 225 Pg. 118  
County of Sacramento, Calif.

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINE, DESIGN DRAINAGE CONTROL ELEVATIONS, AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN IS APPROXIMATE EXCEPT FOR THOSE SETBACKS WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.

ISSUED

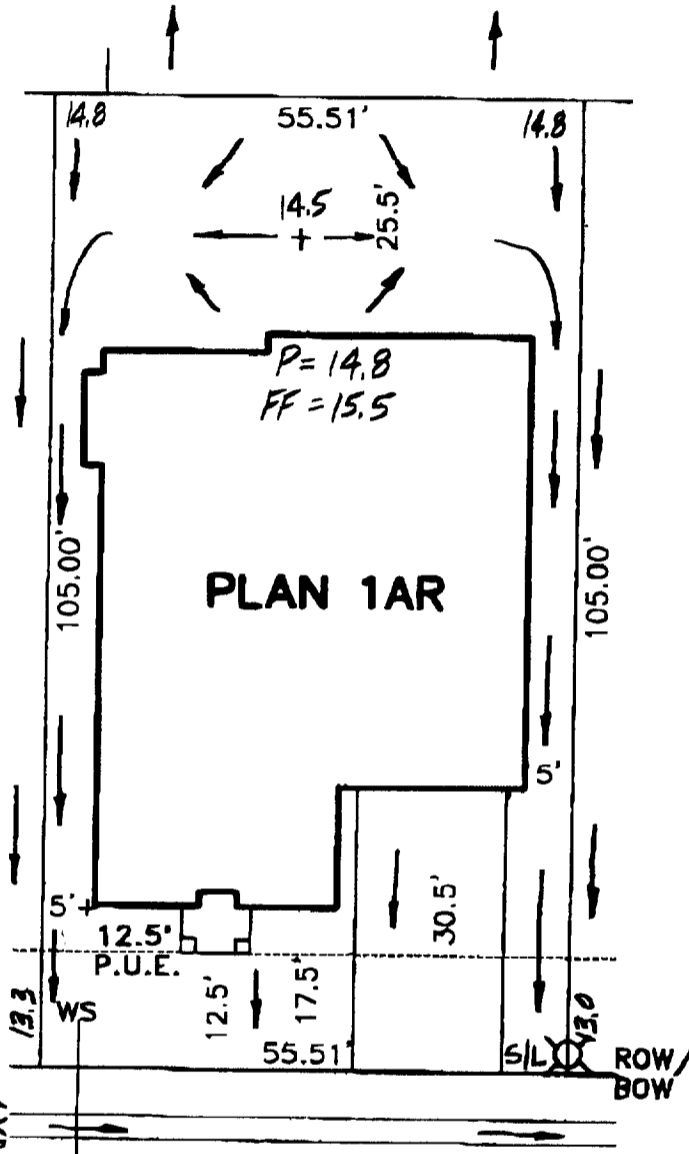
JUL 12 1999

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIV



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 same without written permission from the Building Inspection Division.

The approval of this plan and specifications SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	[Signature]
Marketing	✓	[Signature]

CAFARO CIRCLE

**PLOT PLAN**  
**LOT 70**  
**GATEWAY VILLAGE 2**  
FOR  
**BEAZER HOMES**

SACRAMENTO CALIFORNIA

**WOOD-RODGER INC.**

DATE: MAY, 1999	DRAWN: P.D.M.	PROJECT NO: 99BEZ-022
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LOT COVERAGE = 37%

JWH 5-28-99

99-07461

Nº 18507



INSTALLATION CARD

Job Address:

26289 - MEMORIALS  
LOT 910  
LAD CAFAIRO CH  
DAVID

Stucco System Trade Name: KWIK KOTE

Name Stucco Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion

10-8-99

Stucco Contractor Kenyon Construction

Name John W. Kenyon, III

Address P.O. 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.

Signature of authorized representative of stucco contractor

Date



99-07461

# CERTIFICATION OF INSULATION

<p><b>ADDRESS OR TRACT</b></p> <p style="font-size: 2em; font-family: cursive;">BEAZER</p> <p style="font-size: 2em; font-family: cursive;">LOT # 70</p> <p style="font-size: 2em; font-family: cursive;">MEMORIES</p>	<p style="text-align: center;"><b>SACRAMENTO INSULATION CONTRACTORS</b></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		CEILINGS			FLOORS	
( SQUARE FEET )		( SQUARE FEET )			( SQUARE FEET )	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL <b>FIBERGLASS</b>		MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>	
FORM <b>BATTS</b>		FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>	
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
13	3 5/8"	30 30	9" 12"			

**KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE**

MATERIAL <b>FIBERGLASS</b>	FORM <b>BATTS</b>	R VALUE	MANUFACTURER <b>OCF</b>
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**AIR INFILTRATION SEALANT**

MATERIAL <b>FOAM</b>	MANUFACTURER <b>W R GRACE</b>
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**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 <b>MANAGER</b>	DATE <b>9-15-99</b>
SIGNATURE - GENERAL CONTRACTOR 	TITLE	DATE

REMARKS