

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0316990  
Insp Area: 2  
Thos Bros: 337-D4

Site Address: 2005 BONA VISTA WY SAC  
Parcel No: MEADOWVIEW ESTATES UNT 2 LOT 107

Sub-Type: NSFR  
Housing (Y/N): N

CONTRACTOR  
JTS COMMUNITIES  
401 WATT AV.  
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: MP 1638 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 B License Number 767107 Date 11/06/03 Contractor Signature Ronald Caldwell

**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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
NOV 06 2003  
NORTH PLAZA

**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 11/06/03 Applicant/Agent Signature Ronald Caldwell

**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:

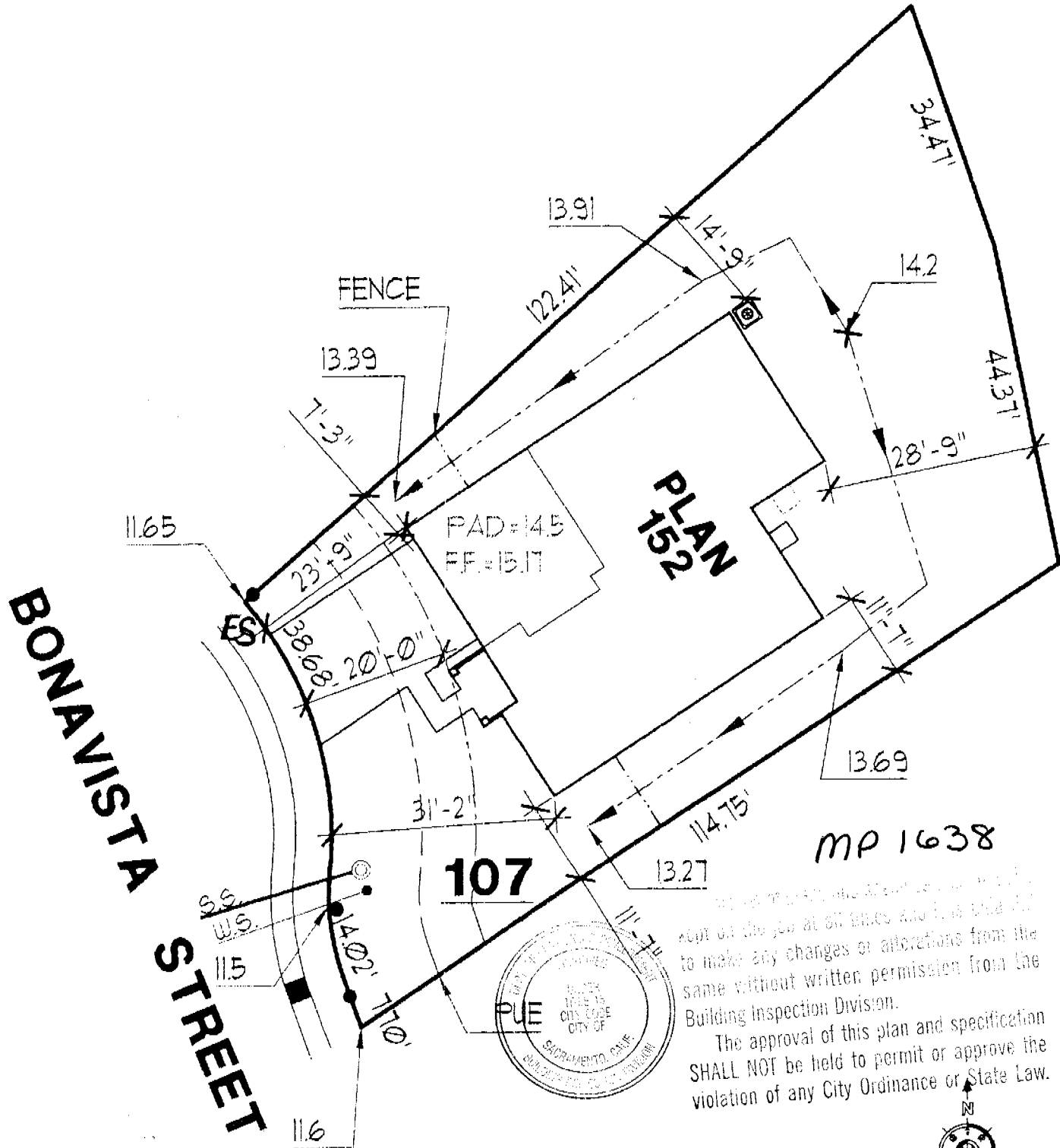
Carrier ZURICH INSURANCE CO Policy Number WC367556101 Exp Date 11/18/2003

\_\_\_\_ (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 11/06/03 Applicant Signature Ronald Caldwell

**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.**



DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX. LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

|   |                               |   |  |
|---|-------------------------------|---|--|
| <ul style="list-style-type: none"> <li>1 STORY HOUSE</li> <li>2 CAR GARAGE</li> </ul> | <b>PROPOSED<br/>SITE PLAN</b> |  <p><b>JTS</b> Working Together to Achieve Excellence<br/> <small>CONTRACTORS INC.</small></p> <p>401 Watt Avenue<br/>         Sacramento, CA 95821 (916) 487-3434</p> | <b>MEADOWVIEW<br/>ESTATES</b>              |
| APN #   |                               |   | SCALE = 1" = 20'      DATE: SEPT. 10, 2003 |
| APPROVED FOR RELEASE  | DATE                          | APPROVED FOR RELEASE  | DATE                                       |



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INSTALLATION CARD  
Diamond Wall One Coat System  
Omega Products International, Inc.

Project Address

2005 Bonavista Wy  
Meadowview Estates  
UNIT 2 Lot 107

ICBO Evaluation Service, Inc.

Report ER-4004

Date Completed

2-07-04

Plastering Contractor

Name:

J. T. S. Stucco Div.

Address:

11285 White Rock Road

Telephone No.

(916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc.

P.N. # 2227

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 and the manufacturer's instructions.

Don Richels  
Signature of authorized representative of  
plastering contractor

Date

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

CRANE

NS Corner  
 Premier @ Manduca  
 Sec CA  
 2005 Bonavista  
 LOT # 107

- P.O. BOX 864, 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

DATE INSULATION COMPLETED

EAVES

ROOF

| ( SQUARE FEET )           |        |    | ( SQUARE FEET )           |    |    | ( SQUARE FEET )           |    |    |
|---------------------------|--------|----|---------------------------|----|----|---------------------------|----|----|
| MATERIAL FIBERGLASS       |        |    | MATERIAL FIBERGLASS       |    |    | MATERIAL FIBERGLASS       |    |    |
| FORM BATTS                |        |    | FORM BATTS & BLOW         |    |    | FORM BATTS                |    |    |
| MANUFACTURER'S PRODUCT ID |        |    | MANUFACTURER'S PRODUCT ID |    |    | MANUFACTURER'S PRODUCT ID |    |    |
| CT                        | OC     | JM | CT                        | OC | JM | CT                        | OC | JM |
| BAGS                      |        |    |                           |    |    |                           |    |    |
| B                         | 3 1/2" | 30 | 2'                        |    |    |                           |    |    |

| MATERIAL   | FORM  | R VALUE | MANUFACTURER |    |    |
|------------|-------|---------|--------------|----|----|
| FIBERGLASS | BATTS |         | CT           | OC | JM |

| MATERIAL | MANUFACTURER       |
|----------|--------------------|
| Foam     | HILTI / HANDY FOAM |

INSULATION BY AN INSULATION CONTRACTOR HAS BEEN VERIFIED BY THIS CERTIFICATE

|                                   |         |         |
|-----------------------------------|---------|---------|
| SIGNATURE — INSULATION CONTRACTOR | TITLE   | DATE    |
| <i>[Signature]</i>                | MANAGER | 1/26/04 |
| SIGNATURE — GENERAL CONTRACTOR    | TITLE   | DATE    |

REMARKS