

CITY OF SACRAMENTO

Permit No: 0114813

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2017 SHERINGTON WY SAC

Thos Bros:

Parcel No: 225-1130-051

PARKWAY PLAZA UNIT 2 LOT 51

Sub-Type: NSFR

Housing (Y/N):

N

CONTRACTOR

OWNER

ARCHITECT

LENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE, CA 95661

Nature of Work: MP 2157 PLAN 134X 2 STORY 10 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 732348 Date 1/8/02 Contractor Signature J. Price

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 1/8/02 Applicant/Agent Signature J. Price

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 CNA INSURANCE COMPANY Policy Number WC138201151

PAID CITY OF SACRAMENTO Exp Date 06/07/2002

(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 1/8/02 Applicant Signature J. Price NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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

Lot: 51

- New Construction     Addition     Remodels     Other

Project Address: 2017 Sherington Way    Assessor Parcel # 225-1130-051-00

OWNER INFORMATION: Parkway Plaza Village #2

Legal Property Owner: LENNAR RENAISSANCE    Phone # (916) 773-7471  
 Owner Address: 2240 DOUGLAS BLVD.    City ROSEVILLE    State CA    Zip 95661

CONTRACTOR INFORMATION:

Contractor: LENNAR RENAISSANCE    Lic. # 732348    Phone # (916) 773-747 Fax# (916) 773-4086

PROJECT INFORMATION:

Land Use Zone RIA    Occupancy Group R3    Construction Type UN    Fed Code IA  
 No. of stories: 2    No. of rooms: \_\_\_\_\_    Street width: 40'  
 1<sup>st</sup> Floor Area 1382    2<sup>nd</sup> Floor Area 1000    Basement N/A    Roof Material Tile

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>2382</u>
Garage/Storage	_____	<u>405</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: \_\_\_\_\_

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 # \_\_\_\_\_

#51

# OMEGA PRODUCTS INTERNATIONAL, INC.

## DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

Renaissance San Francisco

Date of Job Completion 9/30/02

PLASTERING CONTRACTOR:

Name: Stucco Works, Inc.

Address: 5920 Warehouse way Sacramento, CA. 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

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.

10/4/02  
Date

[Signature]  
Signature of authorized representative of  
Plastering Contractor

This installation card must be presented to the building inspector after

# CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT <div style="font-size: 1.5em; font-family: cursive;">RENAISSANCE</div> <div style="margin-left: 200px;">LOT # <span style="font-size: 1.5em; font-family: cursive;">51</span></div> <div style="margin-top: 20px; font-size: 1.5em; font-family: cursive;">SANDALWOOD</div>	SACRAMENTO BUILDING PRODUCTS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 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
---	---

PART II AREAS INSULATED

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		
CT	OC	JM	CT	OC	JM	CT	OC	JM
BAGS								
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS		
<span style="font-size: 1.5em; font-family: cursive;">13 19</span>	<span style="font-size: 1.5em; font-family: cursive;">3 1/2" 5 1/2"</span>	<span style="font-size: 1.5em; font-family: cursive;">30</span>	<span style="font-size: 1.5em; font-family: cursive;">9"</span>					
<b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b>								
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>	R VALUE			MANUFACTURER		
						CT	OC	JM
<b>AIR INFILTRATION SEALANT</b>								
MATERIAL <span style="font-size: 1.5em; font-family: cursive;">FOAM</span>					MANUFACTURER			
					<b>HILTI</b>		<b>HANDY FOAM</b>	

PART III CERTIFICATION

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

SIGNATURE — INSULATION CONTRACTOR <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>	TITLE <b>MANAGER</b>	DATE <span style="font-size: 1.5em; font-family: cursive;">9-20-02</span>
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		



CAPITOL ENGINEERING LABORATORIES, INC.

631 Commerce Drive, Suite #200 • Roseville, California 95678 • (916) 786-2488

JOB REPORT

PAGE: \_\_\_\_\_

PROJECT NAME: 2017 Sherington

FILE NO. 537

INSPECTOR: \_\_\_\_\_

DATE: 8-7-02

PERSONS CONTACTED: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

REFERENCE DOCUMENTS: \_\_\_\_\_

WEATHER: \_\_\_\_\_

SERVICE PROVIDED: CONCRETE (INSP/SAMPLE ONLY/PU)  MASONRY  WELDING (SHOP/FIELD)  SOILS

OTHER  Epoxy Anchors

All 5/8"

lots 29 3-5/8  
51 3-5/8

COMPLIANCE OF WORK: Acceptable

ATTACHMENTS: \_\_\_\_\_

EQUIPMENT/SUPPLIES USED: Hydraulics

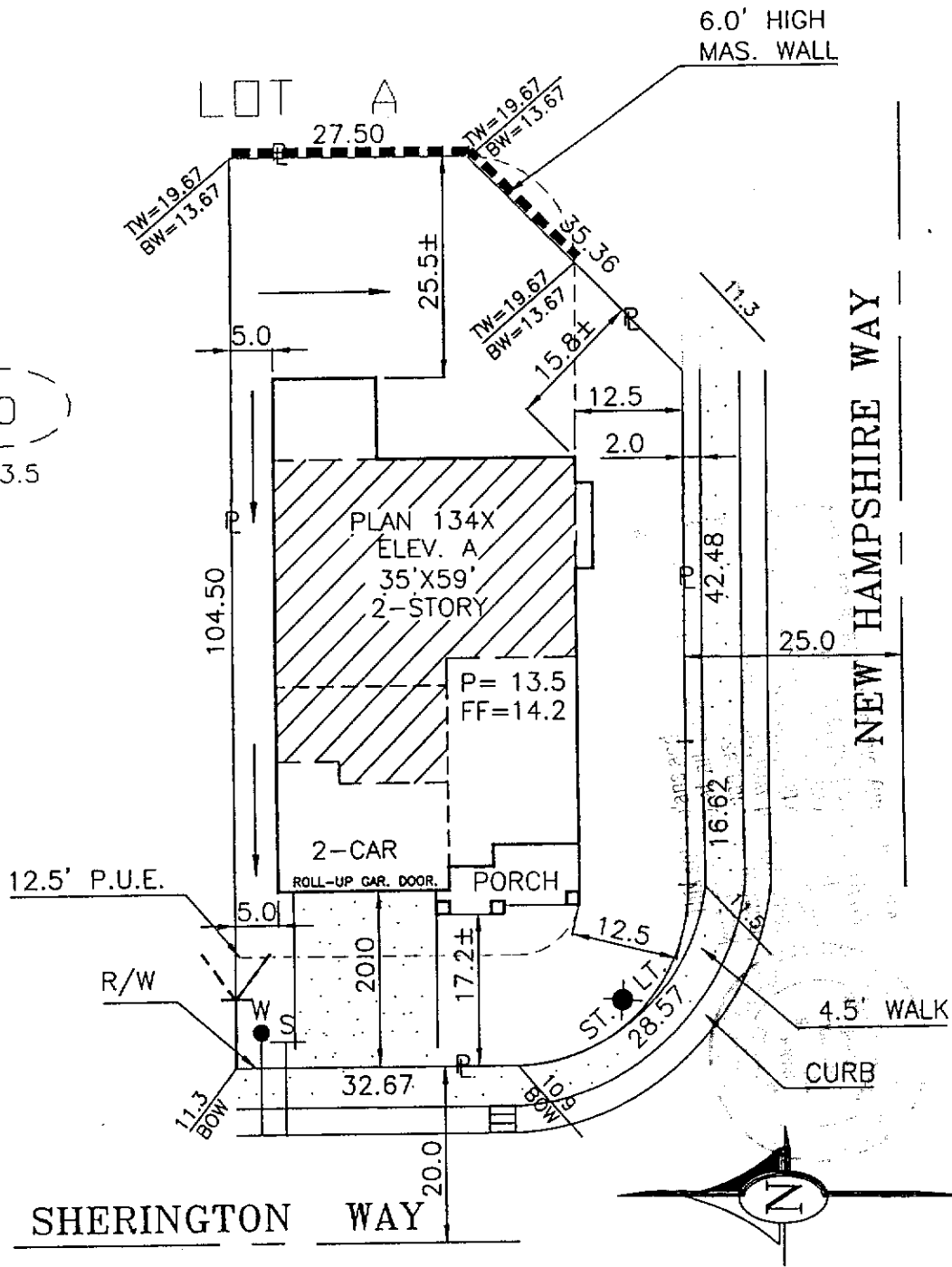
NEXT VISIT: \_\_\_\_\_

REMARKS: \_\_\_\_\_

REVIEWED BY: [Signature]

DATE: 8-7

50  
P=13.5



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE.  
THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

**RENAISSANCE**  
**H O M E S**

2240 DOUGLAS BLVD. SUITE 250 ROSEVILLE, CA. 95661  
PHONE (916) 773-4083 FAX (916) 773-4086

PARKWAY PLAZA VILLAGE 2

PLOT PLAN

PARKWAY PLAZA UNIT 2  
CITY OF SACRAMENTO  
SACTO. COUNTY, CALIFORNIA

NOTES:

ADDRESS: 2017 SHERINGTON WAY

LOT COV: 35%

PLAN NO.: 134X-A LOT SQ. FT.: 5,092

APN: 225-113-051-000

DRAWN BY: R.P.

APPROVED BY: *[Signature]*

DATE: 8/7/01

SCALE: 1"=20'

LOT 51