

CALL 264-5191 FOR INSPECTIONS

PERMIT SERVICES: 808-2534
HOUSING/DANGEROUS BLDG: 264-5404

FIELD OFFICE: 264-5716

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS	CFR	10-25-02
B12 CONCRETE SLAB FORMS	CFR	11-9-02
B12 PLUMB. UNDERFLOOR/SLAB	SPRUE HEN	10-29-02
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND	CFR	11-9-02
E62 ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15 INSULATION/WALL/FLOOR	KL33403	
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CELL.		
E63 ROUGH ELECTRICAL/WALL/CELL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APRTS	2-1-9-03	
B18 EXTERIOR LATH/SIDING	2-28-03	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE	4"	
P42 WATER SERVICE	1 1/2"	
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P4/M33 GAS TEST		
P48 TEMP GAS	ISSUED	EXPIRES
E68 POWER POLE		
E67 TEMP. POWER #	24973	12-9-02
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE:	SIGNED:	

FINAL INSP. NO. 4/15/03
FINAL APPROVALS

Address: **17 DEKALB CT SAC**
Permit #: **0213223**

Location: **CREEKSIDE 1 LOT 28**
APN: **225-1820-028**
DBA:

Owner:

Contractor: **D. R. HORTON INC.**
4401 HAZEL AVE STE 135
FAIR OAKS, CA
95628
916-965-2200

JOB DESCRIPTION: **MP2240/5 2 STORY 10 ROOM SFR**

FLOOR STATUS: **BLDG Y MECH Y PLBG Y ELBC Y SITE Y FIRE N**

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
264-5191

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: _____

PAID TO PERMIT
CITY OF SACRAMENTO
OCT 17 2002

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that I shall not employ any person in any manner so 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: _____ Applicant: _____ (Signature)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS

Area: **4**
Thomas Bros:
INSPECTIONS: **916-264-5191**
FIELD SERVICES: **916-808-5716**

Sq Ft: **3082**
Occupancy: **BLD_RES**
Const Type: **BLD_RES**
Comp-Type: **BLD_RES**
Valuation: **\$162,189.52**

ELCV A

VALUATION	\$
ISSUED BY:	<i>754</i>
DATE ISSUED	
BUILDING PERMIT FEE	\$
PLAN CHECK	\$
PROC. FEE	\$
S.M.I. FEE	\$
CONST EXCISE TAX	\$
CITY BUS LICENSE	\$
TECH. FEE	\$
WATER DEV. FEE	\$
CITY SEWER DEV. FEE	\$
REG. SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$

FIRE SP. _____
FED CODE _____
PERMIT NO. **0213223**

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 17 DEKALB CT Assessor Parcel # 225.1820.028.0000
 Lot Number: 21 Subdivision CREEKSIDE - CORNERSTONE

OWNER INFORMATION:

Legal Property Owner: <u>DL HORTON</u>	Phone# <u>965 2200</u>
Owner Address: <u>4401 HAZEL AVE 135</u> City <u>FAIR OAKS</u> State <u>CA</u> Zip <u>95628</u>	

CONTRACTOR INFORMATION:

Contractor: <u>DL HORTON</u>	Lic. # <u>750190</u>	Phone # <u>965 2200</u>	Fax <u>965 2201</u>
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DRH 2240VS

PROJECT INFORMATION:

Land Use Zone <u>R1A</u>	Occupancy Group <u>R3</u>	Construction Type <u>VN</u>	Fed Code <u>1A</u>
No. of Stories: <u>2</u>	No. of Rooms: <u>10</u>	Street Width: _____	
1 st Floor Area <u>1084</u>	2 nd Floor Area <u>1369</u>	Basement <u>X</u>	Roof Material <u>CONCRETE</u>
AREA IN SQUARE FOOT OF:			
Dwelling/Living	<u>1453</u> <u>2454</u>	<div style="font-size: 2em;">}</div> adjust + 214	
Garage/Storage	<u>621</u>		
Decks/Balconies	<u>X</u> <u>76</u>		
Carports	<u>X</u>		
SCOPE OF WORK: <u>NEW HOME CONSTRUCTION</u>			

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- | | | |
|---|---|---|
| <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 *AK-01-02*
 PERMIT AND CALCULATION *10-01-02*

APPLICATION NO. _____ BLDG PERMIT NO. *Sub D 2002-00722*

GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION BUILDING USE

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

APN: *225-1020-028-0000*

DESCRIPTION/
 SUBDIVISION *CREEKSIDE VILAGE 1* LOT: *20*

PROPERTY ADDRESS *17 DELVALD Ct. Sac, CA 95835*

OWNER *D.P. HUBER*

MAILING ADDRESS *4401 HAZEL AVE. Suite 135*

CITY/STATE/ZIP *Fair Oaks, CA 95622* PHONE *916-965-2200*

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

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

Natomas Unified School District
 1901 Arena Blvd. • Sacramento, CA 95834
 Phone 916/567-5468 • Fax 916/567-5470

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: TO BE COMPLETED BY APPLICANT

Property Owner's Name D.R. Horton
 Owner's Address 4401 Hazel Ave Suite 135 FO. 95628
 Project Address 17 DeKalb Court
 Parcel Number 225-1820-028-0000
 Subdivision Name Creekside-Cornerstone
 Number of Units 1
 Print Applicant's Name Del Fairchild Applicant's Signature Del Fairchild
 Title of Applicant Supvr Telephone Number 416-3227
 Date 9-3-02

PART II: TO BE COMPLETED BY BUILDING DEPARTMENT

Plan Identification Number MP 1453
 Building Type (Check One)
 Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 2453
 Signature [Signature] Date 9/13/02
 Title Sup

PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT

District Certification Number 03542
 Fees Collected:
 Residential: 2453 Sq. Ft. X \$ 3.00 = \$ 7359.00
 Apartment/Condominium: Sq. Ft. X \$ = \$
 Commercial/Industrial: Sq. Ft. X \$ = \$

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, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.

Applicant Signature: Del Fairchild Date: 9-3-02

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 Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 65995 have been complied with by the above signed applicant.

SIGNATURE: Nicole Progan DATE: 10/1/02
 TITLE: Asst Tech

KwikKote

No. 200-913473

Stucco System Installation Card

Job Name: CREEKSIDE - CORNERSTONE

Address: 17 DEKALB CT.

Lot #: 0000028

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

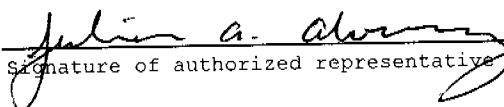
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 01/21/2003

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

3-14-03
Date

CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">DR Horton Creekside - Cornerstone</div> LOT # 28	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
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PART II AREAS INSULATED

WALLS			CEILINGS			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
BAGS								
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS		
13 19	3 1/2 5 1/2	30 30	9 12					
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		MANUFACTURER HANDY FOAM		

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 <i>JC</i>	TITLE MANAGER	DATE 3-3-03
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

Aug 26 02 11:03a

p. 9

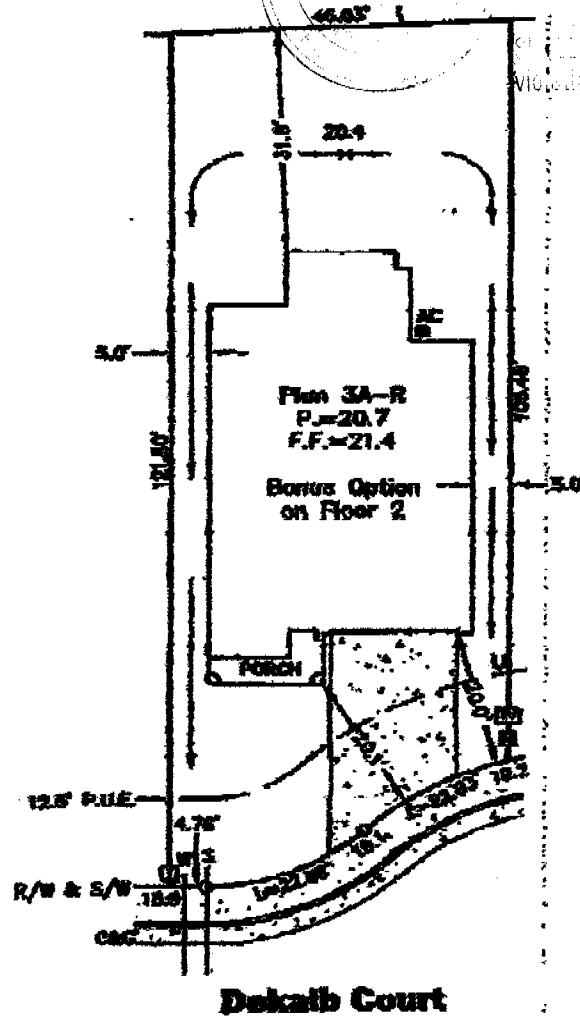
Aug 26 02 10:01a

Craig Wecker

530-750-2775

p. 8

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL GARAGE AND APPROXIMATE UTILITY CONNECTION. ALL OTHER WORK SHOWN HEREIN IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS, READING WELLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



LEGEND

- U --- UTILITY LOCATION
- AC --- AIR CONDITIONER
- S --- SEWER
- W --- WATER
- IB --- CABLE BOX
- MB --- MAIL BOX
- O --- DIMENSION POINT
- TR --- TRANSFORMER

SCALE 1" = 20'

PLOT PLAN
LOT 28
Crescentville Village 1

City of Sacramento, State of California

**WECKER
SURVEYS**

3740 MODOC PLACE
DAVIS, CA 95616
530-792-7252
FAX 530-750-2775

08/26/2002 09:45

[TX/RI NO 6123] @000