

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103888

Insp Area: 4

Site Address: 5166 BISSETT WY SAC

Sub-Type: NSFR

Parcel No: 225-1510-064

NORTHPT PK 17 LOT 64

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

JOHN LAING HOMES
1536 EUREKA RD STE 100
ROSEVILLE CA. 95661

Nature of Work: NSFR MP1924 9 RMS

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 D License Number 6287214 Date 4/13/01 Contractor Signature D. Collins

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 4/13/01 Applicant/Agent Signature D. Collins

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:

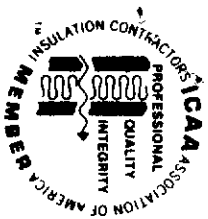
Carrier: EAGLE PACIFIC INSURANCE COMPANY Policy Number: 1S0002200

(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 I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 4/13/01 Applicant Signature D. Collins

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.



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

INSULATION
CERTIFICATE

69798

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

14116 LOT # 64 TRACT # COLIN 1100

STREET 5166 Bisset Wy CITY San Jose

EXTERIOR WALLS:

MANUFACTURER 146 THICKNESS/TYPE 2 1/2" R-13

CEILING:

BATTS: MANUFACTURER 146 THICKNESS/TYPE 1" R-30

BLOWN IN: MANUFACTURER 146 MINIMUM THICKNESS 1" R-30

SQUARE FOOTAGE COVERED 14116 NUMBER OF BAGS USED 14

FLOORS: MANUFACTURER _____ THICKNESS/TYPE _____ VALUE _____ R- _____

MANUFACTURER _____ THICKNESS/TYPE _____ VALUE _____ R- _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: MANUFACTURER _____ THICKNESS/TYPE _____ VALUE _____ R- _____

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR **ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #263784 10-25-01 DATE _____

SIGNATURE _____ TITLE _____

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

5166 BISSETT WY

Date of Job Completion 10-23-01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.


Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 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.

11-14-01
Date


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.



Administrative Center

BENTON HARBOR, MICHIGAN 49022

Important Safety Notice - Fire Hazard, Do Not Use Microwave

Dear Valued Customer:

Our files indicate that a Whirlpool, KitchenAid (or Kenmore) brand microwave-hood combination that you own is involved in a recall. Please confirm this information by checking the model and serial number. The models include the Whirlpool-, KitchenAid- and Kenmore-brand names. They also have serial numbers that begin with XC. The serial numbers, as well as the model number can be found on a label on the bottom edge of the oven, inside the unit's door.

In cooperation with the U.S. Consumer Product Safety Commission (CPSC), Whirlpool is voluntarily recalling about 1,800,000 *Whirlpool*, *KitchenAid* and *Kenmore* brand "over the range" microwave-hood combinations. The recall does not include countertop microwaves or any other microwave that doesn't have a serial number beginning with "XC". The microwave-hood unit poses a risk of fire, which could cause personal injury or property damage.

For Your Safety

For safety reasons you should:

- Immediately stop using your microwave-hood combination
- Disconnect the unit by unplugging it, if possible, or if not, by using the child lockout feature
- Inform all potential users not to use the microwave due to the risk of fire
- Attach the enclosed safety warning label under the handle of your microwave so that it also covers your keypad, until the unit is repaired.

Please visit www.repair.whirlpool.com for more information. You can also call Whirlpool Corporation at (800) 785-8897. Please have the model and serial number of their microwave-hood unit available when you call or visit the web site.

1536 EUREKA ROAD
SUITE 100
ROSEVILLE, CA 95661
TEL 916-780-1222
FAX 916-780-1333



John Laing Homes
Hand crafted since 1848

November 9, 2001

City of Sacramento
Building Department
1231 I Street, Suite 200
Sacramento, CA 95814

To Whom It May Concern:

This letter shall serve as our commitment to complete the final grade, final landscaping and any incomplete fencing at the home-sites of 5160 Bissett Way (Lot 63), 5166 Bissett Way (Lot 64), 5178 Bissett Way (Lot 66) and 5183 Bissett Way (Lot 68) within 30 days of this letter. These home-sites are located in the subdivision Calypso (Natomas 17). We are requesting to be issued a final for occupancy prior to this occurring.

Please call with any questions you may have. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Foss', is written over a faint, larger signature that is mostly illegible.

Laura Foss
Construction Coordinator

RESIDENTIAL BUILDING PERMIT APPLICATION

- New Construction
- Addition
- Remodels
- Other

Project Address: 5166 Bissett Way Assessor Parcel # 225-1510-064

OWNER INFORMATION:

Lot 64

Legal Property Owner: John Laing Homes Phone # 780-1222
 Owner Address: 1536 Eureka Rd. #100, City Boserville, State Ca. Zip 95661

CONTRACTOR INFORMATION:

Northpointe Park Unit #17

Contractor: John Laing Homes Lic. # 687596 Phone # 780-1222 Fax# 780-1333

PROJECT INFORMATION:

Land Use Zone _____ Occupancy Group _____ Construction Type VN Fed Code A1

No. of stories: 1 No. of rooms: 9 Street width: _____

1st Floor Area _____ 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

EXISTING

NEW

| | | |
|-----------------|-------|-------------|
| Dwelling/Living | _____ | <u>1924</u> |
| Garage/Storage | _____ | <u>413</u> |
| Decks/Balconies | _____ | _____ |
| Carports | _____ | _____ |

SCOPE OF WORK:

FOR OFFICE USE ONLY

- Information above complete
- Violation files checked
- Standard setbacks
- County Sewer
- AR Flood Waiver required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply : _____

NEW STRUCTURES & ADDITIONS

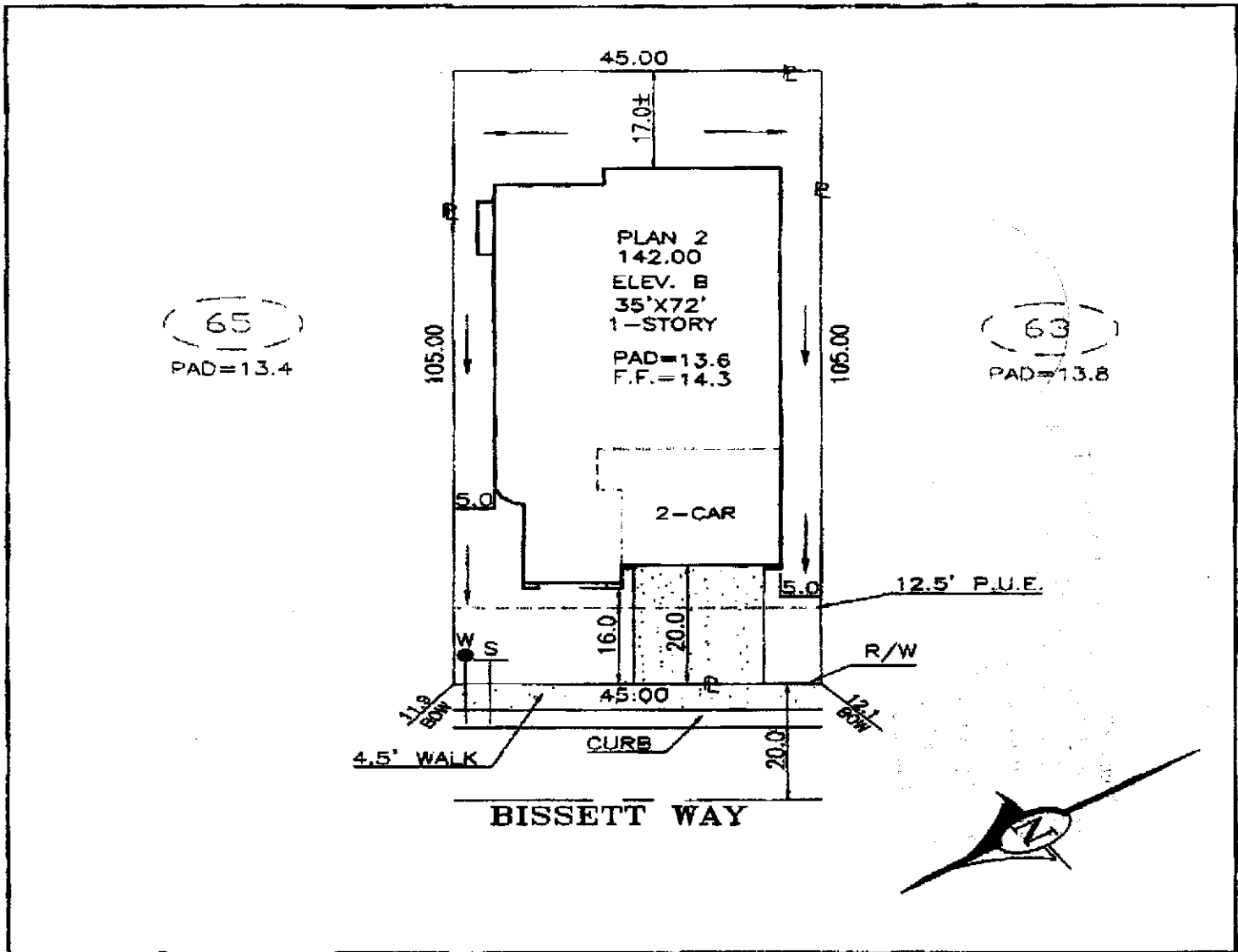
❖ THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE
- 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA
- Title 24 Energy Compliance documentation
- Grading and Erosion Control Questionnaire
- ❖ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures.
- 11" x 17" copy of floor plan for County Assessor
- Plan Review Fees

Date: _____

Received by: (staff) _____

ACTIVITY/PERMIT # _____



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

| | | | | |
|---|--------------------|--|-----------------|---------------|
| John Laing Homes 1836 KURSKA ROAD SUITE 100 ROSEVILLE, CALIFORNIA 95661 (TEL.) 916-780-1222 (FAX.) 916-780-1838 | | CALYPSO | | PLOT PLAN |
| | | NORTHPOINTE PARK VILLAGE NO. 17 CITY OF SACRAMENTO CALIFORNIA | | NOTES: |
| ADDRESS: 5165 BISSETT WAY | | LOT COV: 45 % | APN: 225-151-64 | |
| PLAN NO.: 2-B | LOT SQ. FT.: 4,725 | REAR YARD COVERAGE: % | | LOT 64 |
| DRAWN BY: R.P. | APPROVED BY: | DATE: 3/8/01 | SCALE: 1"=20' | |