

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0010790  
Insp Area: 4

Site Address: 160 OPUS CR SAC  
Parcel No: 225-1360-077

GATEWAY W 5 LOT 77

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

**CONTRACTOR**  
BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

**OWNER**

**ARCHITECT**

Nature of Work: NSFR MP1872 7 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 B License Number 724191 Date 9/24/00 Contractor Signature Sheyff Van Maeren

**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 above mentioned property for inspection purposes.

Date 9/24/00 Applicant/Agent Signature Sheyff Van Maeren

**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 WA2-651-004147-080 Exp Date 04/01/2001

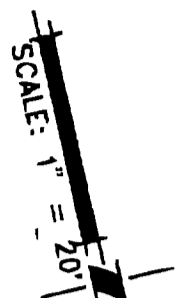
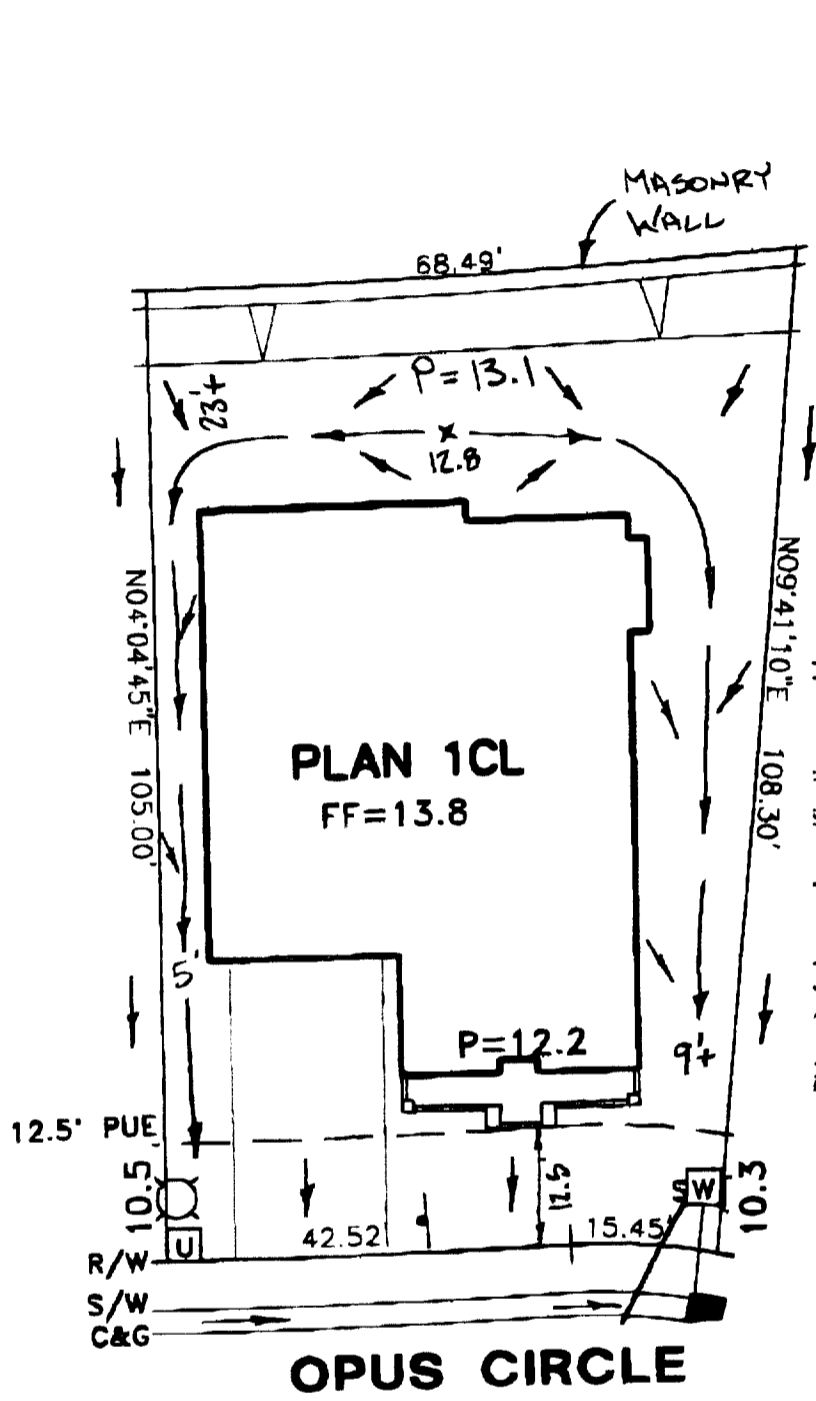
\_\_\_\_ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 9/24/00 Applicant Signature Sheyff Van Maeren

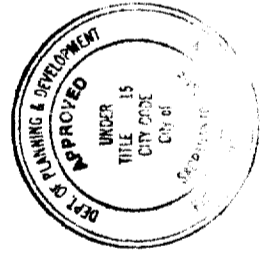
**WARNING:** FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



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 permits from the Building Inspection Division.



☉ = STREET LIGHT  
 ☐ = UTILITY SERVICE BOX

LOT COVERAGE = 36.0%

**PLOT PLAN**  
**LOT 77**  
**GATEWAY WEST VILLAGE NO.5**  
 FOR  
**BEAZER HOMES**  
 CITY OF SACRAMENTO CALIFORNIA

CIVIL ENGINEERING SURVEYING  
 MAPPING PLANNING

**WOOD-RODGE**  
 1210 G STREET SACRAMENTO, CA 95814  
 TEL: 916/341-7760 FAX: 916/341-7767

DATE: AUG.2000	DRAWN: H.M.B.	CHECKED: JWH 9-6-00	PROJECT NO: 1031.017
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### RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction

Addition

Remodels

Other

10790

Project Address: 101 Oak Circle 4777

Assessor Parcel # 225-136-077

**OWNER INFORMATION:**

Legal Property Owner: Beazer Homes Phone # 773-3888  
 Owner Address: 3009 Douglas Blvd. 150 City Roseville State CA Zip 95661

**CONTRACTOR INFORMATION:**

Contractor: Beazer Homes Lic. # B724191 Phone # 773-3888 Fax# 773-0425

**PROJECT INFORMATION:**

Land Use Zone \_\_\_\_\_ Occupancy Group \_\_\_\_\_ Construction Type \_\_\_\_\_ Fed Code \_\_\_\_\_  
 No. of stories: 1 No. of rooms: \_\_\_\_\_ Street width: \_\_\_\_\_  
 1<sup>st</sup> Floor Area 1872 2<sup>nd</sup> Floor Area 0 Basement 0 Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1872</u>
Garage/Storage	_____	<u>0</u>
Decks/Balconies	_____	<u>0</u>
Carports	_____	<u>0</u>

SCOPE OF WORK: NEW STD

**FOR OFFICE USE ONLY**

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

**NEW STRUCTURES & ADDITIONS**

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

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.  
 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA

Title 24 Energy Compliance documentation     11" x 17" copy of floor plan for County Assessor  
 Grading and Erosion Control Questionnaire     Plan Review Fees

Date: \_\_\_\_\_

Received by: (staff) \_\_\_\_\_

ACTIVITY/PERMIT # \_\_\_\_\_

**KWIKKOTE**  
STUCCO SYSTEM  
INSTALLATION CARD

# 20971  
Beazer Homes  
Memories Lot 4077  
160 Opus Circle Sacramento

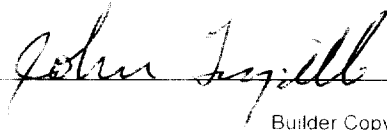
Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP  
ICBO Evaluation Service, Inc. Report No. 3607  
Date of Job Completion 2-17-01

Stucco Contractor Kenyon Plastering, Inc.  
Name John W. Kenyon, III  
Address P.O. Box 2077  
North Highlands, CA 95660  
Telephone # (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 Manufacturer:



Date: 2-22-01

Builder Copy

# CERTIFICATION OF INSULATION

<p style="text-align: center;"><b>ADDRESS OR TRACT</b></p> <p style="font-size: 2em; font-family: cursive;">BEIZER</p> <p style="font-size: 2em; font-family: cursive;">160 Opus</p> <p style="font-size: 2em; font-family: cursive;">MEMORIES</p>	<p style="text-align: center;"><b>SACRAMENTO INSULATION CONTRACTORS</b></p> <p>LOT # <span style="font-size: 2em; font-family: cursive;">377</span></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		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	
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'			
<b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b>						
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE		MANUFACTURER <b>OCF</b>
<b>AIR INFILTRATION SEALANT</b>						
MATERIAL <b>FOAM</b>				MANUFACTURER <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	TITLE	DATE
[Signature]	MANAGER	2-19-01
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS