

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0110736**

**Insp Area: 4**

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

**Site Address: 5057 DYNASTY WY SAC**

Parcel No: 225-1500-045

NORTHPT PK 16 LOT 45

**CONTRACTOR**

LENNAR RENAISSANCE INC.  
2240 DOUGLAS BL  
ROSEVILLE CA. 95661

**OWNER**

**ARCHITECT**

**Nature of Work: NSFR MP601 1 STORY 8 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 73248 Date 2/28/03 Contractor Signature [Signature]

**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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9-14-01 Applicant/Agent Signature [Signature]

**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 Exp Date 06/01/2002

\_\_\_\_ (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 9-14-01 Applicant Signature [Signature]

**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**

New Construction     Addition     Remodels     Other

Project Address: 5057 DYNASTY WAY    Assessor Parcel # 225-150-045 LOT# 45

OWNER INFORMATION: NORTH POINTE PARK VILLAGE #16

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) 773-7471    Fax# (916) 773-4086

PROJECT INFORMATION:

Land Use Zone R/A    Occupancy Group R3    Construction Type UM    Fed Code 1A  
 No. of stories: ONE    No. of rooms: \_\_\_\_\_    Street width: 40'  
 1<sup>st</sup> Floor Area 2191    2<sup>nd</sup> Floor Area \_\_\_\_\_    Basement N/A    Roof Material TILE

AREA IN SQUARE FOOT OF:

	<u>EXISTING</u>	<u>NEW</u>
Dwelling/Living	_____	<u>2191</u>
Garage/Storage	_____	<u>633</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION SFD

**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 # \_\_\_\_\_

# CERTIFICATION OF INSULATION

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">WINNCREST</div> <div style="font-size: 2em; font-family: cursive;">WILLOWS II</div>	SACRAMENTO INSULATION CONTRACTORS LOT # <span style="font-size: 2em; font-family: cursive;">045</span> <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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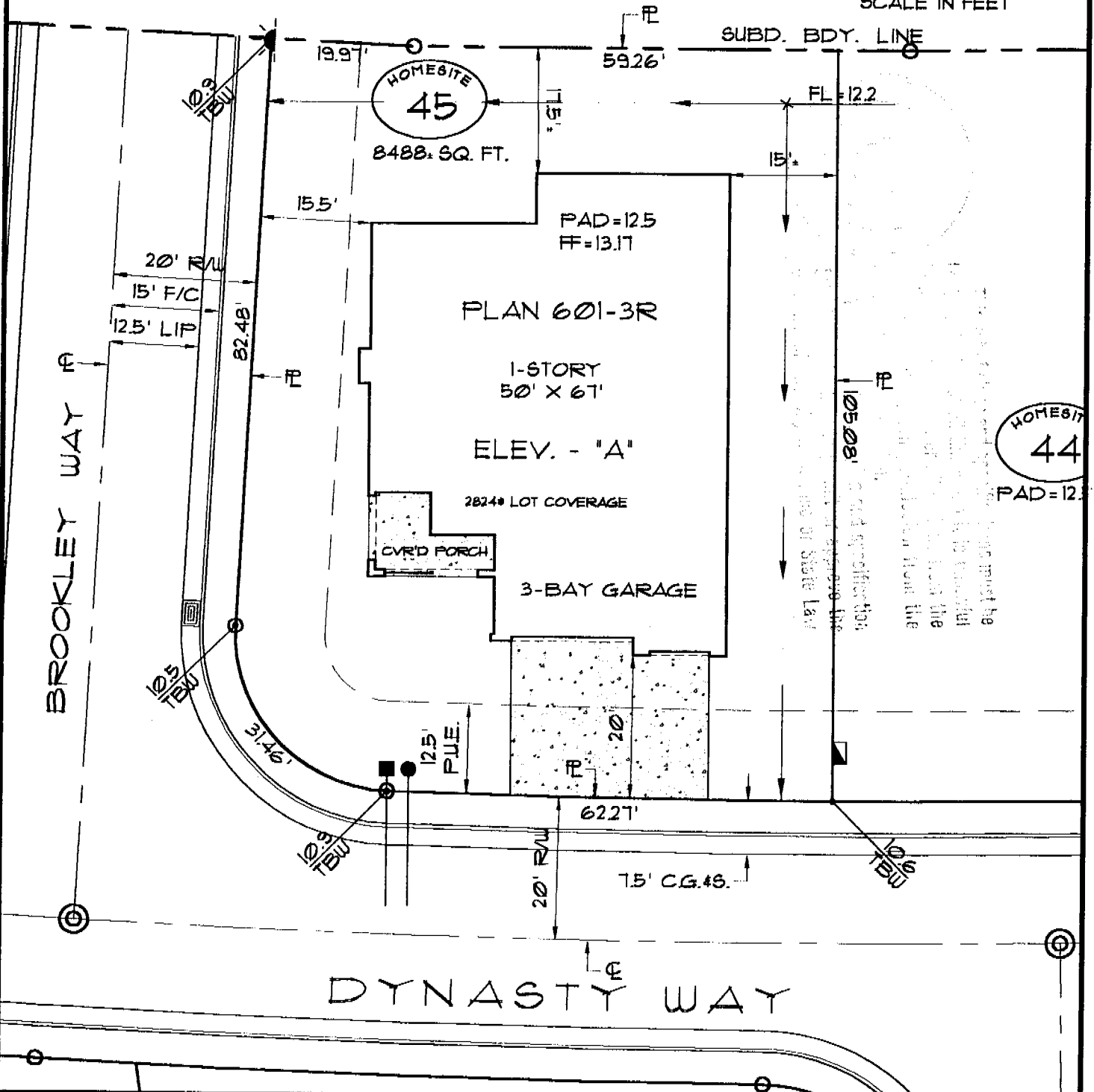
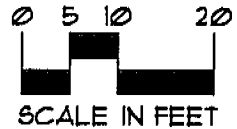
WALLS	CEILINGS	FLOORS				
( SQUARE FEET)	( SQUARE FEET)	( SQUARE FEET)				
TYPE OF INSULATION	TYPE OF INSULATION	TYPE OF INSULATION				
MATERIAL <b>FIBERGLASS</b>	MATERIAL <b>FIBERGLASS</b>	MATERIAL <b>FIBERGLASS</b>				
FORM <b>BATTS</b>	FORM <b>BATTS &amp; BLOW</b>	FORM <b>BATTS</b>				
MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.	MANUFACTURER'S PRODUCT I.D.				
MANUFACTURER	MANUFACTURER	MANUFACTURER				
<b>OCF</b>	<b>OCF</b> BAGS	<b>OCF</b>				
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13	3 1/4"	38 38	12 1/4" 14 3/4"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL <b>FIBERGLASS</b>	FORM <b>BATTS</b>	R-VALUE	MANUFACTURER <b>OCF</b>			
AIR INFILTRATION SEALANT						
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 MANAGER	DATE 1-28-02
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

# plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



lot coverage	
LOT AREA:	8488. #
BUILDING:	2824 #
BLDG/ LOT AREA:	33 %

retaining wall	
HEIGHT:	_____
LENGTH:	_____
DISTANCE FROM P.L.:	_____

symbols legend	
DROP INLET:	
ELECTRIC SERVICE BOX:	
FIRE HYDRANT:	
FLOW LINE HIGH POINT:	FL=23.4
GAS SERVICE:	
PAD-MOUNT TRANSFORMER:	
SEWER SVC.:	
STREET LIGHT:	
TOP-BACK OF SIDEWALK ELEV.:	123.4 TBW
SWALE (FLOW DIRECTION):	
WATER SVC.:	
EXTENTS OF 2ND STORY LEVEL:	

**general notes**

- 1) DIMENSIONS ALONG CURVED LINES ARE CHORD LENGTHS, U.O.N.
- 2) SETBACK DIMENSIONS ARE ROUNDED DOWN TO NEAREST HALF UNIT, U.O.N.
- 3) MAXIMUM ALLOWABLE LOT COVERAGE IS 45 PERCENT FOR 1-STORY HOMES AND 40 PERCENT FOR 2-STORY HOMES.
- 4) FOOTPRINT AREA CALCULATION (#) DOES NOT INCLUDE FRONT PORCH AREA.

6.1	BCB	7/20/01	20:1
phase	drawn by	issue	scale

**Winncrest Homes**

**The Willows II**  
A Northpointe Park Village Community

**home site #45**

**5057 Dynasty Way**

NORTHPOINTE PARK VILLAGE No. 16  
CITY OF SACRAMENTO, CALIFORNIA  
a.p.n.: 225-150-045-000

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report 14004

JOB ADDRESS:

WINNER ST. COLLEGE  
COT 45

PLASTERING CONTRACTOR:

Date of Job Completion 2-3-02

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA. 95026

Telephone No: (916) 303-6699

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.

Date 2-3-02

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.

0110736

RESIDENTIAL BUILDING PERMIT APPLICATION

- New Construction
- Addition
- Remodels
- Other

Project Address: 5057 DYNASTY WAY Assessor Parcel # 225-150-045 LOT# 45

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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 R/A Occupancy Group R3 Construction Type UM Fed Code 1A

No. of stories: ONE No. of rooms: \_\_\_\_\_ Street width: 40'

1<sup>st</sup> Floor Area 2191 2<sup>nd</sup> Floor Area \_\_\_\_\_ Basement N/A Roof Material TILE

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>2191</u>
Garage/Storage	_____	<u>633</u>
Decks/Balconies	_____	_____
Carpports	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION SFD

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

- |   |   |
|---|---|
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| <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 # \_\_\_\_\_

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

WINDCREST WILLOWS  
COT 45

ICBO Report 14004

Date of Job Completion 2-3-02

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

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2-3-02  
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.

# CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

WINNCREST

LOT # 045

- P.O. BOX 854, 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

WILLOWS II

DATE INSULATION COMPLETED

PART II AREAS INSULATED

WALLS		CEILINGS			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	
<b>OCF</b>		<b>OCF</b>			<b>OCF</b>	
		BAGS				
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
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KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R VALUE	MANUFACTURER
<b>FIBERGLASS</b>	<b>BATTS</b>		<b>OCF</b>

AIR INFILTRATION SEALANT

MATERIAL	MANUFACTURER
<b>Foam</b>	<b>W R GRACE</b>

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PART III CERTIFICATION

SIGNATURE - INSULATION CONTRACTOR	TITLE	DATE
<i>[Signature]</i>	MANAGER	1-28-02
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS: