

**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	<i>R. G. S.</i>	6-22-00
B11 USER GROUND	<i>R. G. S.</i>	6-22-00
B12 CONCRETE SLAB FORMS	<i>R. G. S.</i>	6-22-00
B13 FLOOR JOISTS OR GIRDERS		
B14 INSULATION/WALL/FLOOR	<i>T. G. S.</i>	6-22-00
B15 TOP PLUMBING		
B16 TOP MECHANICAL/WALL/CEIL.		
B17 ROUGH ELECTRICAL/WALL/CEIL.		
B18 FRAME	<i>M. G. S.</i>	8-1-00
B19 ROOF PLYWOOD MAIL, COMM. & APTS.		
B20 EXTERIOR LATH/SIDING	<i>M. G. S.</i>	8-1-00
B21 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
B23 DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
B24 SERVICE UNDERGRD CONDUIT	<i>A. C.</i>	7-24-00
B25 SEWER SERVICE	<i>1 1/4 PVC</i>	7-24-00
B26 WATER SERVICE	<i>1 1/4 PVC</i>	7-24-00
B27 SPRINKLER SYSTEM		
B28 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B29 GAS TEST	<i>A. G. S.</i>	8-22-00
B30 TEMP. GAS		
B31 POWER POLE		
B32 TEMP. POWER #	<i>10703</i>	8-22-00
<b>SWIMMING POOLS ONLY</b>		
B33 GAS TEST		
B34 PLUMBING PRE-GUNITE		
B35 PLUMBING PRE-DECK		
B36 ELECTRICAL PRE-GUNITE		
B37 ELECTRICAL PRE-DECK		
B38 ELECTRICAL UNDERGRD		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
<b>FINAL APPROVALS</b>		
B39 BUILDING		
B40 ELECTRICAL		
B41 PLUMBING		
B42 MECHANICAL		
B43 FIRE		
B44 SITE		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

**BUILDING SITE ADDRESS**

129 1290 E. Colburn Road

SUITE 4R

ASSESSOR PARCEL NO. 2251360006

NAME OF APPLICANT ADDRESS

LICENSED CONTRACTOR PROPERTY OWNER

ARCH. ENGR. Gateway W5 1st 6

NO. OF STORIES 1 NO. OF ROOMS 7 ROOF COVERING 0 MECHANICAL 0 PLUMBING 0 ELECTRICAL 0 SITE 0 FIRE 0

AREA 1ST FLOOR 1372 TOTAL AREA 618 GARAGE AREA 100 PATIO AREA 100 USE ZONE 40

NATURE OF WORK IN DETAIL USER MP1572

FLOOD STATUS ( ) SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO INSPECTIONS 264-5191

BUILDING INSPECTION DIVISION

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:

(This section need not be completed if the permit is for one hundred dollars (\$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: Applicant Signature:

VALUATION \$177202.34

ISSUED BY: TJS

DATE ISSUED

BUILDING PERMIT FEE \$

PLAN CHECK FEE \$

PROG. FEE \$

S.M. FEE \$

CONST. EXCISE TAX \$

CITY BUS LICENSE \$

TECH. FEE \$

WATER DEV. FEE \$

CITY SEWER DEV. FEE \$

REG. SEWER FEE \$

TOTAL FEES \$ 57

**RESIDENTIAL BUILDING PERMIT APPLICATION**

New Construction       Addition       Remodels       Other

Project Address: 129 Cake Bread Circle      Assessor Parcel # 225-136-06

**OWNER INFORMATION:**

Legal Property Owner: Beazer Homes      Phone # 773-3888  
 Owner Address: 3007 Douglas Blvd #150      City Roseville      State CA      Zip 95661

**CONTRACTOR INFORMATION:**

Contractor: Beazer Homes      Lic. # 724191      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 X      Basement X      Roof Material \_\_\_\_\_

<b>AREA IN SQUARE FOOT OF:</b>	<b>EXISTING</b>	<b>NEW</b>
Dwelling/Living	_____	<u>1872</u>
Garage/Storage	_____	<u>618</u>
Decks/Balconies	_____	_____
Carports	_____	_____

**SCOPE OF WORK:** new SPD

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

19866



INSTALLATION CARD

Job Address:

*Brazer Homes*  
*Memories of Sac Lot # 5006*  
*139 Lake Brad Cir. Sac*

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion

Stucco Contractor: Kenyon Construction

Name: John W. Kenyon, III

Address: P.O. Box 2077

North Highlands, CA 95660

Telephone Number: (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 has been installed in accordance with the installation report identified above and the manufacturer's instructions.

Signature of authorized representative of the Contractor

Date

*9/7/86*

# CERTIFICATION OF INSULATION

PART I GENERAL

PART II AREAS INSULATED

PART III

<b>ADDRESS OR TRACT</b> <div style="font-size: 24px; font-family: cursive;">RENZER</div> <div style="font-size: 24px; font-family: cursive;">129 Cakebread</div> <div style="font-size: 24px; font-family: cursive;">MEMORIES</div>	<b>SACRAMENTO INSULATION CONTRACTORS</b> <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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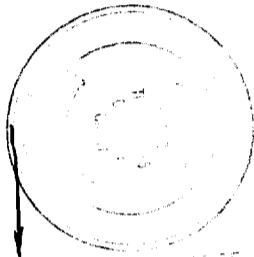
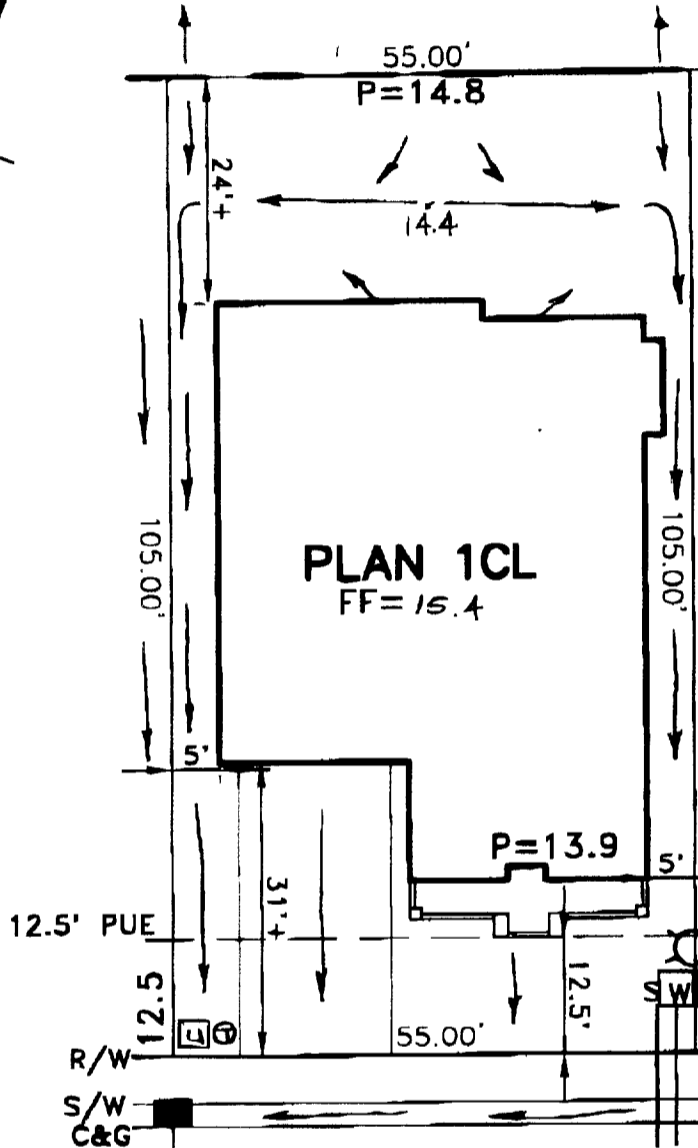
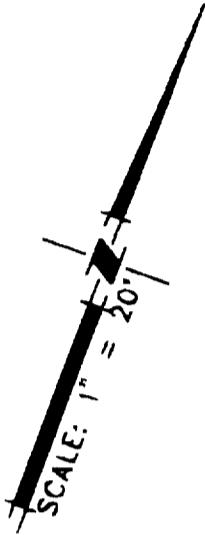
WALLS		CEILINGS			FLOORS	
(                      SQUARE FEET)		(                      SQUARE FEET)			(                      SQUARE FEET)	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL <b>FIBERGLASS</b>		MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>	
FORM <b>BATTS</b>		FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>	
MANUFACTURER'S PRODUCT ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
OCF		OCF			OCF	
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		FORM		R VALUE	MANUFACTURER	
<b>FIBERGLASS</b>		<b>BATTS</b>			<b>OCF</b>	
<b>AIR INFILTRATION SEALANT</b>						
MATERIAL				MANUFACTURER		
FOAM				<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 <div style="font-size: 24px; font-family: cursive;">Bill Hidalgo</div>	TITLE MANAGER	DATE 8-21-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

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.



Vertical text on the right side of the plot plan, partially obscured, likely containing a disclaimer or professional information.

### CAKE BREAD CIRCLE

- ☐ UTILITY SERVICE BOX
- ⊕ TELEPHONE PEDESTAL

ROUTING/APPROVAL	
	INITIALS

**PLOT PLAN**  
**LOT 6**  
**GATEWAY WEST VILLAGE NO.5**  
FOR  
**BEAZER HOMES**  
SACRAMENTO COUNTY CALIFORNIA

**WOOD-RODGER INC.**

DATE: APR.2000	DRAWN: HMB	CHECKED: JW/K 4-22-00	PROJECT NO: 1031.017
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LOT COVERAGE = 37.8%