


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 permission from the Building Inspection Division. Approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

**BONAVISTA STREET**

DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

|                               |                           |   |   |
|-------------------------------|---------------------------|---|---|
| 1 STORY HOUSE<br>2 CAR GARAGE | <b>PROPOSED SITE PLAN</b> |  <p>Working Together to Achieve Excellence</p> <p>401 Watt Avenue<br/>         Sacramento, CA 95821 (916) 487-3434</p> | <b>MEADOWVIEW ESTATES</b>                       |
| APN #<br>APPROVED FOR RELEASE | DATE                      | APPROVED FOR RELEASE  | SCALE = 1" = 20'<br>DATE: AUG. 20, 2003<br>DATE |

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0316979  
Insp Area: 2  
Thos Bros: 337-D4

Site Address: 1945 BONA VISTA WY SAC  
Parcel No: MEADOWVIEW ESTATES UNIT 2 LOT 97

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

CONTRACTOR  
JTS COMMUNITIES  
401 WATT AV.  
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: MP 1302 1 STORY 6 ROOM SFR

**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 767107 Date 11/06/03 Contractor Signature Rona J. Caldwell

**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 \_\_\_\_\_

**PAID**  
**CITY OF SACRAMENTO**  
**NOV 06 2003**  
**NORTH PERMIT**

**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 11/06/03 Applicant/Agent Signature Rona J. Caldwell

**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 ZURICH INSURANCE CO Policy Number WC367556101 Exp Date 11/18/2003

\_\_\_\_ (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 11/06/03 Applicant Signature Rona J. Caldwell

**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 SUBDIVISION BUILDING PERMIT APPLICATION

(MOTHER APN)

Project Address: 1945  
 Lot Number: 97

Assessor Parcel # 052-0010-033  
 Subdivision MEADOWVIEW ESTATES UNIT #2

OWNER INFORMATION:

Legal Property Owner: JTS Communities, Inc. Phone# 487-3434  
 Owner Address: 401 WATT AVE. City Sacto State CA Zip 95864

CONTRACTOR INFORMATION:

Contractor: JTS Communities Lic. # 767107 Phone # 487-3434 Fax 487-3815

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
 No. of Stories: 1 No. of Rooms: \_\_\_\_\_ Street Width: \_\_\_\_\_  
 1<sup>st</sup> Floor Area 1302 2<sup>nd</sup> Floor Area 0 Basement \_\_\_\_\_ Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:

Dwelling/Living 1302  
 Garage/Storage 410  
 Decks/Balconies \_\_\_\_\_  
 Carports \_\_\_\_\_

SCOPE OF WORK: New SFD Plan: 151

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               |   |   |

-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 |

Date: \_\_\_\_\_ Received by (staff): \_\_\_\_\_ Permit # \_\_\_\_\_

-----  
**INSTALLATION CARD**  
**Diamond Wall One Coat System**  
**Omega Products International, Inc.**

**Project Address**

1945 Bonavista Wy  
Meadowview Estates  
UNIT 2 lot 97

ICBO Evaluation Service, Inc.  
Report ER-4004

Date Completed 1-24-04

**Plastering Contractor**

Name: J. T. S. Stucco Div.  
Address: 11285 White Rock Road  
Telephone No. (916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc. P.N. # 2227

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 and the manufacturer's instructions.

Don Richards  
Signature of authorized representative of  
plastering contractor

Date

This installation card must be presented to the building inspector after completion of work and before final inspection.  
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# CERTIFICATION OF INSULATION

*JTS (owner)*  
*1016 47*  
*Pioneer @ Anderson*  
*1945 Bonanza*

- P.O. BOX 254, WEST SACRAMENTO, CA 95691 LIC. #200028
- 1500 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202028
- P.O. BOX 9851, FRESNO, CA 93703 LIC. #202028
- P.O. BOX 1831, RENO, NV 89505 LIC. #10676
- 3336 A PONDEROSA WAY, RENO, NV 89118 LIC. #10676

(SQUARE FEET)      *1102*      (SQUARE FEET)      (SQUARE FEET)

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| FIBERGLASS                  | FIBERGLASS                  | MATERIAL                    |
| FORM                        | FORM                        | FORM                        |
| Batts                       | Batts & Blow                | Batts                       |
| MANUFACTURER'S PRODUCT I.D. | MANUFACTURER'S PRODUCT I.D. | MANUFACTURER'S PRODUCT I.D. |

|    |    |    |           |    |    |    |    |    |
|----|----|----|-----------|----|----|----|----|----|
| ET | EC | JM | CT        | OC | JM | CT | OC | JM |
|    |    |    | <i>21</i> |    |    |    |    |    |

|           |              |           |              |  |  |  |  |
|-----------|--------------|-----------|--------------|--|--|--|--|
| <i>18</i> | <i>3 1/2</i> | <i>30</i> | <i>9 1/2</i> |  |  |  |  |
|-----------|--------------|-----------|--------------|--|--|--|--|

|            |       |       |
|------------|-------|-------|
| MATERIAL   | FORM  | FORM  |
| FIBERGLASS | Batts | Batts |

|              |                              |
|--------------|------------------------------|
| MANUFACTURER | MANUFACTURER                 |
| <i>Forn</i>  | <i>MET</i> <i>RANDY FOAM</i> |

|                                   |         |                |
|-----------------------------------|---------|----------------|
| SIGNATURE - INSULATION CONTRACTOR | TITLE   | DATE           |
| <i>[Signature]</i>                | MANAGER | <i>1/10/09</i> |
| SIGNATURE - GENERAL CONTRACTOR    | TITLE   | DATE           |
|                                   |         |                |



Dec 24 03 12:37p

Harris & Sloan

5307535380

p. 1

SENT TO PRINT 12-29 7:30 AM

**HARRIS & SLOAN** CONSULTING GROUP, INC.  
STRUCTURAL ENGINEERING CONSULTANTS AND DESIGNERS

213 E STREET SUITE B DAVIS, CA 95616  
TEL (530) 753-5300 FAX (530) 753-5380

December 24, 2003

Scott Schriber  
JTS Communities  
401 Watt Avenue  
Sacramento, CA 95864

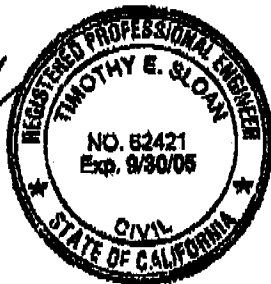
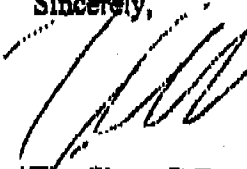
**Re: The Meadows- All Plans Multi-ply Truss Connection to Top Plates (Job #HS3067)**

To whom it may concern:

This letter is to verify that (1) Simpson H2.5 may be used to attach multi-ply trusses to the top plate in lieu of the plan specified H1 clip unless noted otherwise on the drawings at drag truss locations.

If there are further questions, please contact me at (530) 753-5300.

Sincerely,



Tim Sloan, P.E.

cc: George Starkey via fax - fax # (916) 851-0277