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

Permit No: 0204213

Insp Area:

Thos Bros:

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

Site Address: 1653 DANBROOK DR SAC Parcel No: 225-1500-018

NORTHPT PK 16 LOT 18

**OWNER** 

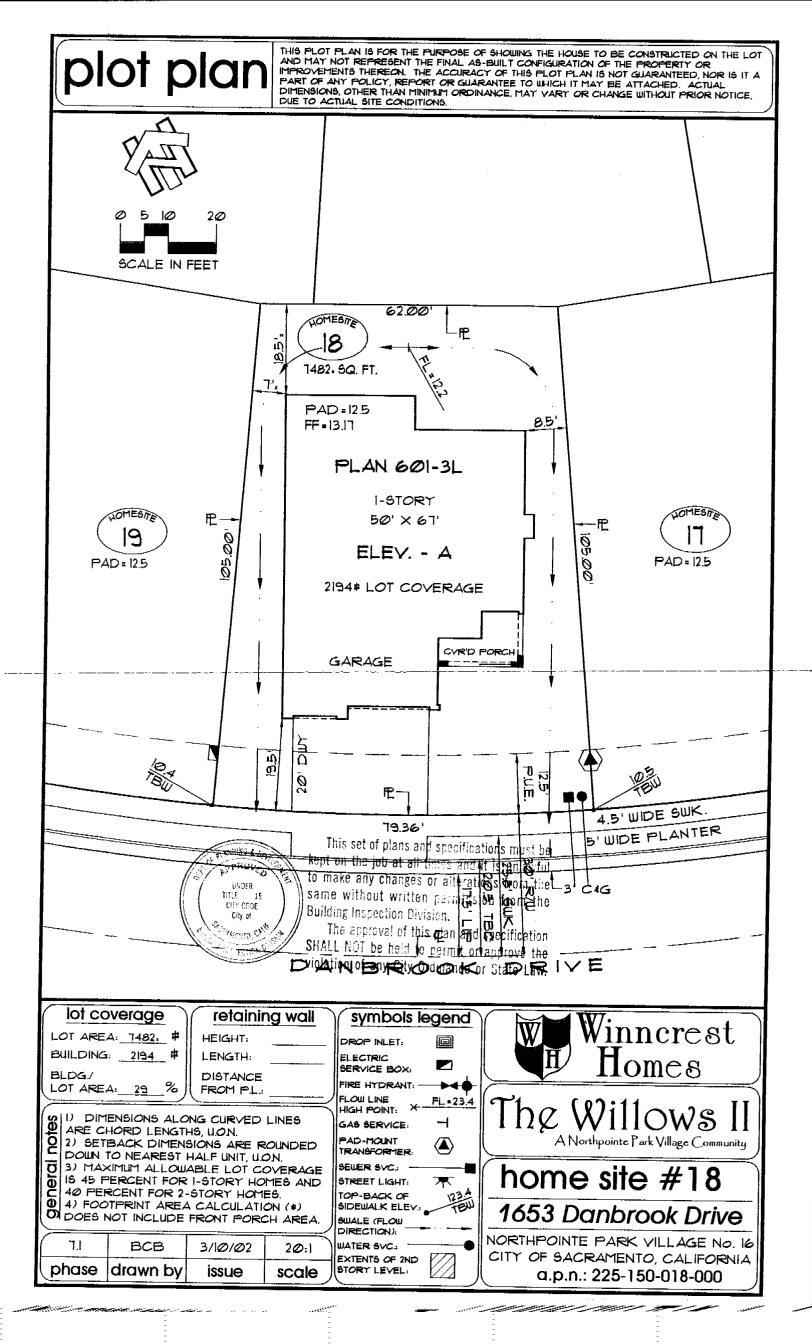
ARCHITECT

<u>CONTRACTOR</u> LENNAR RENAISSANCE INC.

2240 DOUGLAS BL ROSEVILLE CA. 95661

Nature of Work: NSFR M	P601 1 STORY 8 RMS	
CONSTRUCTION LENDING the work for which this permit is iss		erjury that there is a construction lending agency for the performance of
Lender's Name	dzder'sAd	dress
(commencing with section 7000) of	Division 3 of the Business and Professions Code an	
reason (Sec. 7031.5, Business and I prior to its issuance, also requires the License Law (Chapter 9 (commence	Professions Code; any city or county which requires be applicant for such permit to file a signed statementing with Section 7000) of Division 8 of the Busines	ry that I am exempt from the contractors License Law for the following a permit to construct, alter, improve, demolish, or repair any structure, it that he or she is licensed pursuant to the provisions of the Contractors is and Professions Code) or that he or she is exempt therefrom and the a permit subjects the applicant to a civil penalty of not more than five
sale (Sec. 7044, Business and Profe who does such work himself or her	essional Code: The Contractors License Law does n self or through his/her own employees, provided that	isation, will do the work, and the structure is not intended or offeredfor not apply to an owner of property who builds or improves thereon, and at such improvements are not intended or offered for sale. If, however, will have the burden of proving that he/she did not build or improve for
I, as owner of the property, The Contractors License Law does licensed pursuant to the Contractors		s to constant the project (Sec. 7044, Business and Professions Code: proves thereon, and who contracts for such projects with contractor(s)
I am exempt under Sec	B & PC for this reason:	APR 1 1 2002
Date	Owner Signature	NORTH PERMIT
measurements and locations shown private agreement relating to permi	on the application or accompanying drawings and	es on the representation of the applicant, that the applicant verified all I that the improvement to be constructed does not violate any law or is. This building permit does not authorize any illegal location of any ints.
	tion and state that all information is correct. I agree norize representative(s) of this city to enter upon the	to comply with all city and county ordinances and state laws relatingto abovementioned property for inspection purposes.
Date 4-10-02	Applicant/Agent Signature	Up Hours
		enalty of perjury one of the following declarations: pensation as provided for by Section 3700 of the Labor Code, for the
I have and will maintain worthis permit is issued. My workers' c	kers' compensation insurance, as required by Section compensation insurance carrier and policy number are	on 3700 of the Labor Code, for the performance of the work for which e:
Carrier	Policy Number	Exp Date
not employ any person in any mann		at in the performance of the work for which this permit is issued, Ishall ation laws of California and agree that if I should become subject to the comply with those provisions
Date 4-10-02	Applicant Signature	1 X 1 THULL
WARNING: FAILURE TO SEC	URE WORKER'S COMPENSATION COVERAG	E 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.



## RESIDENTIAL BUILDING PERMIT APPLICATION New Construction ☐ Addition □ Other 67#18 □ Remodels Project Address: 1653 OAH BROOK ORIVE Assessor Parcel # 225-150-018 MORTHPOINTE PARK VILLAGE #16 OWNER INFORMATION: Legal Property Owner: <u>LENNAR RENAISSANCE</u> Phone # (916)773-7471 City ROSEVILLE Owner Address: 2240 DOUGLAS BLVD. Zio 95001 State CA CONTRACTOR INFORMATION: Contractor: LENNAR RENAISSANCE Lic. # 732348 Phone # (916) 773-747 Fax# (916) 773-4086 PROJECT INFORMATION: Occupancy Group R3 Construction Type UH Fed Code IA Land Use Zone CAA No. of stories: ONE No. of rooms: Street width: 40 1<sup>st</sup> Floor Area Z191 2<sup>rd</sup> Floor Area Basement H/A Roof Material TILE AREA IN SQUARE FOOT OF: EXISTING 2191 Dwelling/Living 633 Garage/Storage Decks/Salconies Carports NEW SFD SCOPE OF WORK: FOR OFFICE USE ONLY 🗅 Information above complete AR Flood Waiver required ☐ Planning Approval ☐ Flood Elevation Certificate Required ☐ Design Review Approval 🗅 Violatioa files checked ☐ 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

- ☐ 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA
- 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 nonconforming structures.
- Title 24 Energy Compliance documentation | D | 11" x 17" copy of floor plan for County Assessor
- Grading and Erosion Control Questionnaire G Plan Review Pees

Date:		

Received by: (staff)

ACTIVITY/PERMIT #

0204213

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OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

PLASTERING CONTRACTOR:	eport #4004
PLASTERING CONTRACTOR:	
STUCCO to	Job Completion 7-18-62
Address: STUCCO WORKS INC.	
Address: 5900 WAREHOUSE WAY, SACRAMEN Telephone No: (916) 383-6699	TO, CALIFORNIA 95826
Contractor Number of Diamond Wall System 2175  This is to certify that the exterior coating system on the above address has been installed in accordance with the manufacturer's instruction of specified above and the manufacturer's instruction of signatures of authorized term.  Signature of authorized term Plastering Contractor  This installation card must be presented to the building completion of work and before final inspection.	esentarive of

## CERTIFICATION OF INSULATION

		ADDRESS	OR TRACT				SACRA	MENTO BUIL	DING PRO	DUCTS	A CONTROL OF THE CONT	
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CT		OC JM		BAGS								
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R T SIGNATU	SIGNATURE — GENERAL-CONTRACTOR				TITLE DATE							
	KS			<u>'</u>			<u> </u>					
C REMARK E R T I F C C A T I O N									-			