

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0404127
Insp Area: 4
Thos Bros: 256H3

Site Address: 240 GREG THATCH CR SAC
Parcel No: NATOMAS CREEK VIL. 1 LOT 272

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

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 135
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP1531 1 STORY 7 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 750190 Date 4-1-04 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 hereby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 4-1-04 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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2004

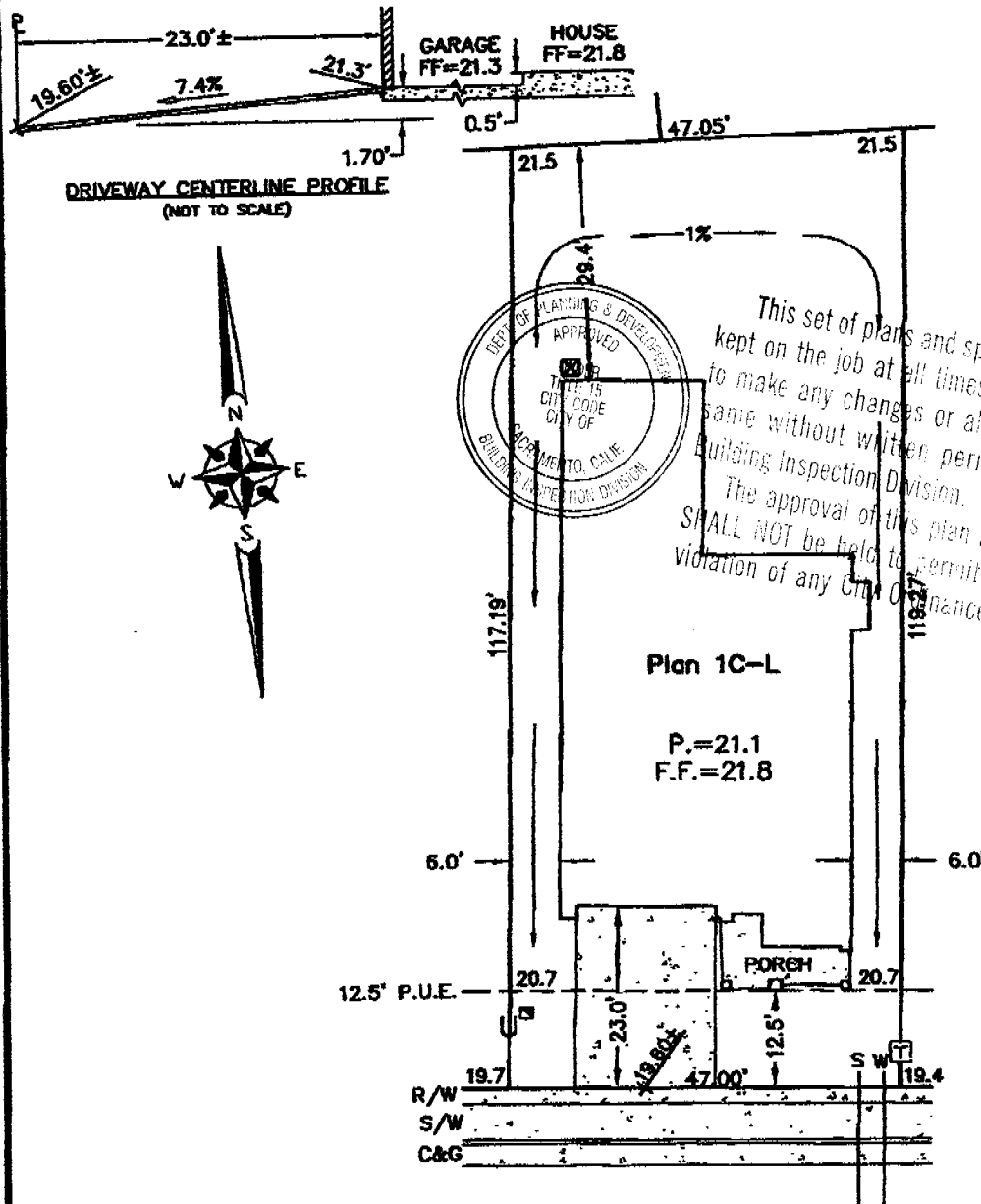
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 4-1-04 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.

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



LEGEND

- U - - - - UTILITY LOCATION
- ⊠ - - - - AIR CONDITIONER
- S - - - - SEWER
- W - - - - WATER
- ⊞ - - - - TRANSFORMER
- ⊞ - - - - SUREWEST VAULT

Greg Thatch Circle

NET LOT AREA = 5,557 SQ. FEET
FOOTPRINT AREA = 1,732 SQ. FEET
LOT COVERAGE = 31%

SCALE: 1" = 20'

PLOT PLAN
LOT 272

Natomas Creek Village 1
Cornerstone - Phase 12
City of Sacramento, State of California

**WECKER
SURVEYS**

1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-758-2775

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 240 Greg Thatch Circle Assessor Parcel #: 101-0300-026/027/028/029
 Lot Number: 272 Subdivision: NATOMAS CREEK

OWNER INFORMATION:

Legal Property Owner: <u>DR HORTON</u>	Phone#: <u>916 965 2200</u>
Owner Address: <u>4411 HAZEL AVE STE 225</u> City: <u>FAIR OAKS</u>	State: <u>CA</u> Zip: <u>95628</u>

CONTRACTOR INFORMATION:

Contractor: <u>DR HORTON</u>	Lic. # <u>750190</u>	Phone # <u>965 2200</u>	Fax <u>965 2280</u>
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PROJECT INFORMATION:

Land Use Zone: <u>RIA</u>	Occupancy Group: <u>R3</u>	Construction Type: <u>VN</u>	Fed Code: <u>1A</u>
No. of Stories: <u>1</u>	No. of Rooms: <u>3</u>	Street Width: _____	
1 st Floor Area: <u>1531</u>	2 nd Floor Area: <input checked="" type="checkbox"/>	Basement: <input checked="" type="checkbox"/>	Roof Material: <u>CONCRETE TILE</u>
AREA IN SQUARE FOOT OF:			
Dwelling/Living	<u>1531</u>		
Garage/Storage	<u>414</u>		
Decks/Balconies	<input checked="" type="checkbox"/>		
Carpports	<input checked="" type="checkbox"/>		
SCOPE OF WORK: _____			

<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-		
<input checked="" type="checkbox"/> 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE		
<input checked="" type="checkbox"/> 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	

FOR
PRICE
USE
ONLY

Date:

Received by: (staff)

Permit #

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT	SACRAMENTO BUILDING PRODUCTS
	DR Horton Cornerstone @ Creekside LOT # 1272	<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

PART II AREAS INSULATED	WALLS			CEILINGS			FLOORS				
	(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)				
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION				
	MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS				
	FORM BATTS			FORM BATTS & BLOW			FORM BATTS				
	MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.				
	MANUFACTURER			MANUFACTURER			MANUFACTURER				
	CT	OC	JM	CT	OC	JM	CT	OC	JM		
	BAGS										
	R - VALUE INSTALLED	APPLIED THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS		MIN. INSTALLED WEIGHT PER SQUARE FOOT		R - VALUE INSTALLED	APPLIED THICKNESS	
R13	3 1/2"		R38	14 3/4"							
R19	5 1/2"										
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT											
MATERIAL						MANUFACTURER					
<i>FOAM</i>						HILTI		HANDY FOAM			

PART III CERTIFICATION	THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.									
	SIGNATURE — INSULATION CONTRACTOR					<i>TL</i>	TITLE MANAGER		DATE <i>5/27/04</i>	
	SIGNATURE — GENERAL CONTRACTOR						TITLE		DATE	
REMARKS										

KwikKote

No. 200-920890

Stucco System Installation Card

Job Name: CREEKSIDE - CORNERSTONE
Address: GREG THATCH CIRCLE

Lot #: 0001272

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

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion: 6/15/04

Home Builder: D.R. HORTON INC.
Address: 4401 HAZEL AVE. SUITE 225
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

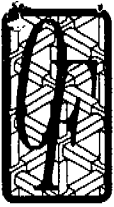
Card Print Date: 07/07/2004

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 contractor

7/7/04

Date



O'Connor Freeman & Associates, Inc.

Structural Engineering Services

May 26, 2004

Del Fairchild

D.R. Horton

4401 Hazel Avenue, Suite 135

Fair Oaks, CA 95628

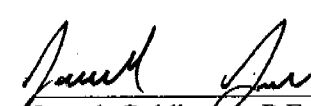
Re: Alternate to Detail B/S1.2, Plan 1 – Natomas Creek II
O'Connor Freeman Job Number: E031105

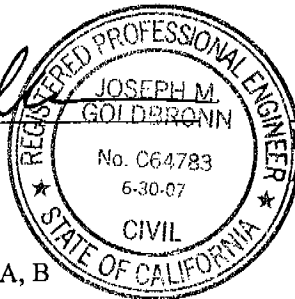
Dear Del:

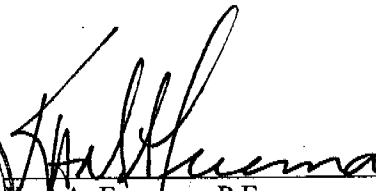
You contacted our office concerning a detail on Plan 1 of the Natomas Creek II project. Specifically, your framer requested an alternate to detail 'B' on the roof framing plans because he could not get the shear panels between the trusses as specified. Our office has reviewed this situation and has determined that detail 18/SD may be used in place of detail 'B' on Plan 1. It should be noted detail 18/SD specifies a continuous member to span along the wall and truss but the situation on Plan 1 will not allow for this because of the perpendicular trusses along the wall. It will still be acceptable to use the detail but the continuous member will have to be broken up in segments between each truss. However, the blocking will have to be continuous between the wall and girder truss to make a complete connection. Please see the attached exhibits A and B for reference and review.

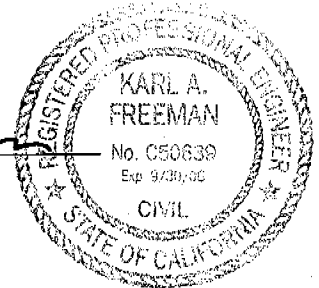
Make sure the two original wet stamped and signed copies of this letter are submitted to the Building Inspector or Building Department for review and approval. If you should have any further questions or comments please do not hesitate to call.

Sincerely,

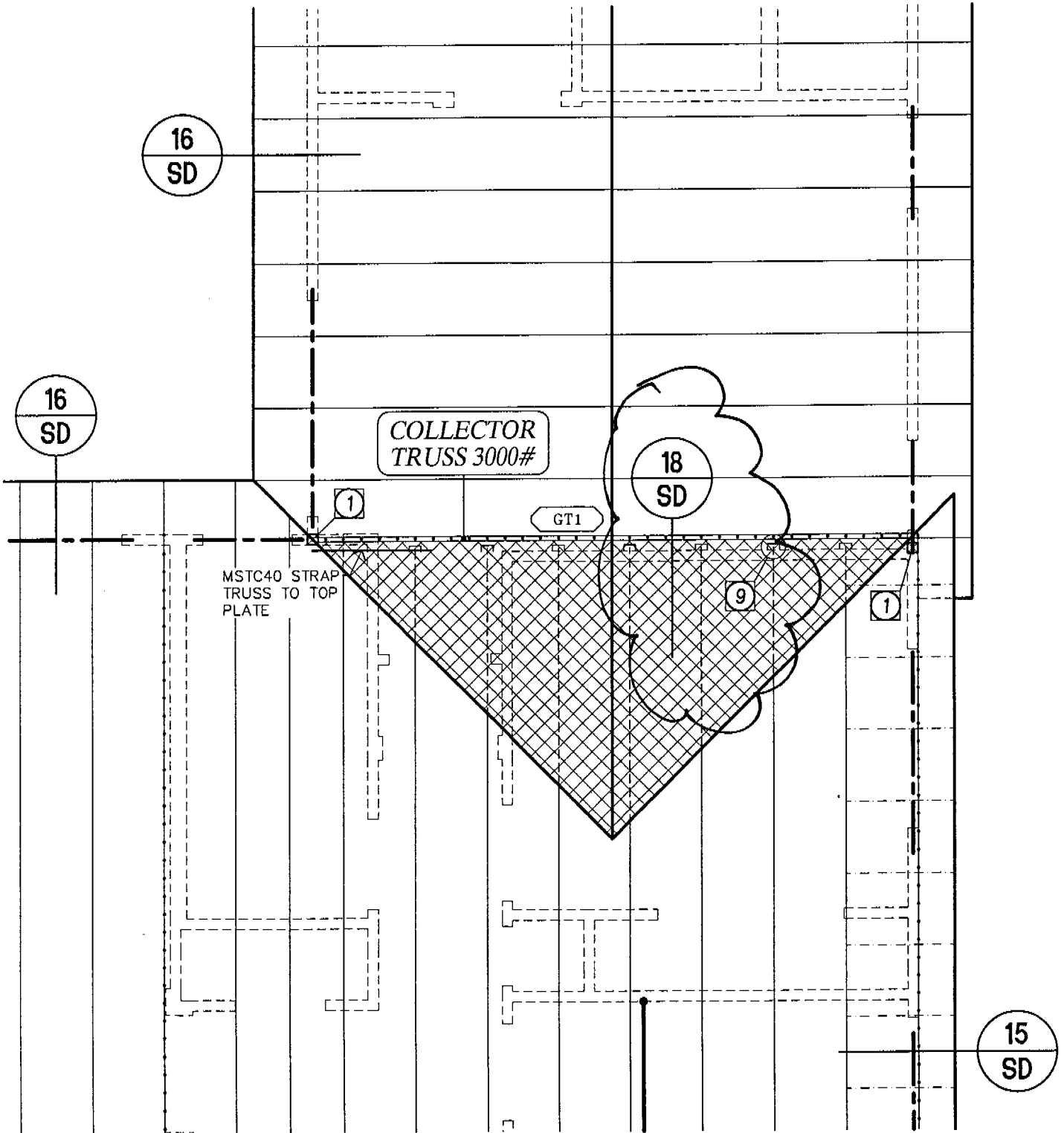

Joseph Goldbrom, P.E.
RCE #64783



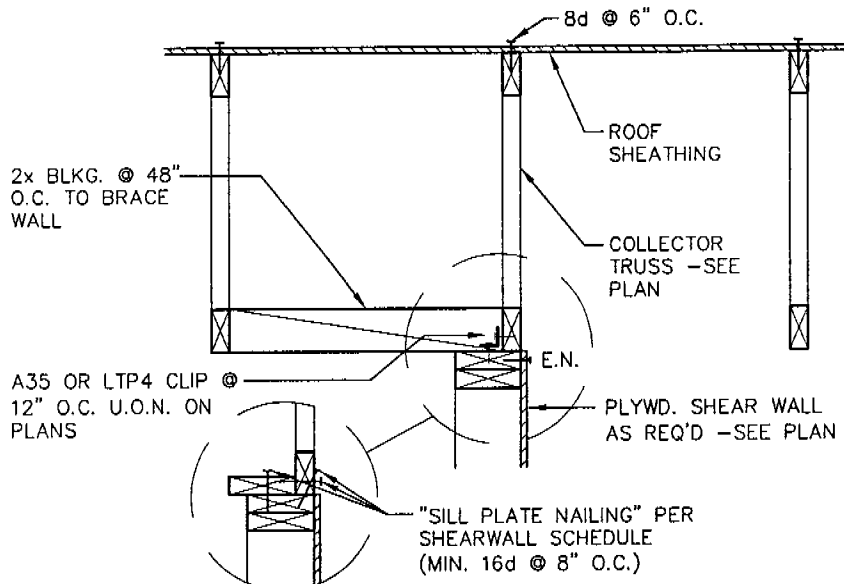

Karl A. Freeman, P.E.
Registered Civil Engineer #50639



cc: file
enclosures: Exhibit: A, B

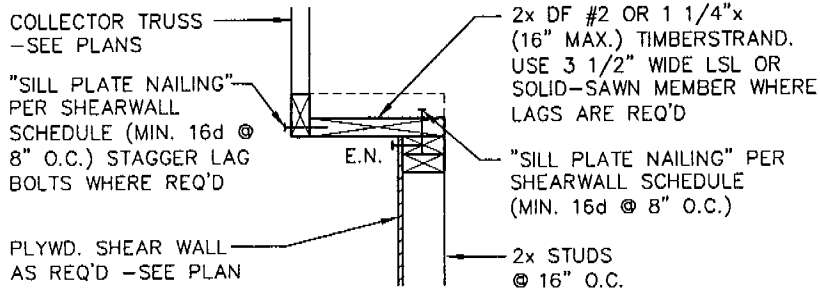


A



ALTERNATE

ALTERNATE IF TRUSS DOES NOT ALIGN w/ WALL



INTERIOR SHEAR TRANSFER

SCALE

3/4"=1'-0"

18

B

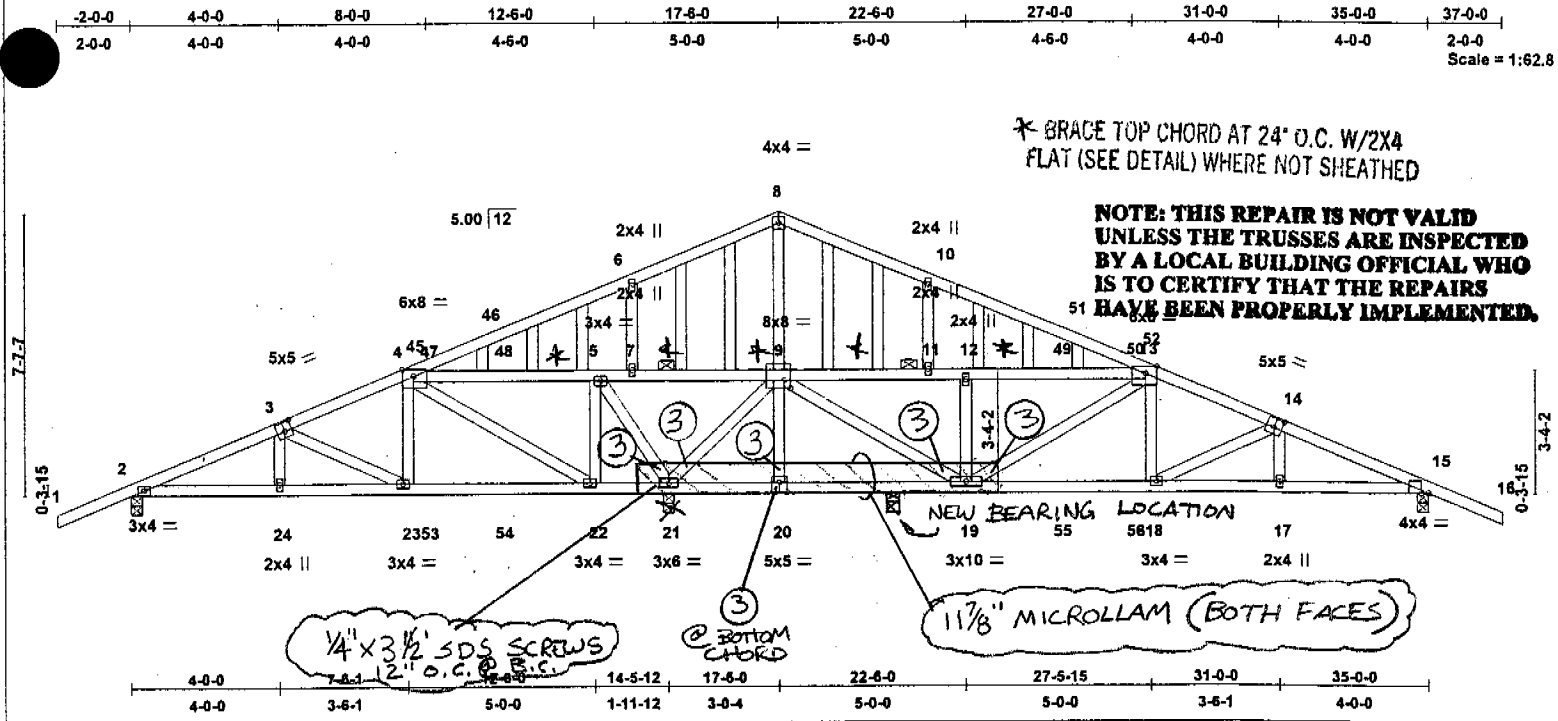


Plate Offsets (X,Y): [3:0-2-8,0-3-0], [4:0-3-11,0-2-4], [9:0-2-0,0-2-8], [13:0-3-11,0-2-4], [14:0-2-8,0-3-0], [15:0-2-4,0-0-1], [20:0-2-8,0-3-0]

LOADING(psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 16.0	2-0-0	TC 0.50	in (loc) l/defl	MI20	220/195
TCDL 14.0	Plates Increase 1.25	BC 0.29	Vert(LL) -0.05 18-19 >999		
BCLL 0.0	Lumber Increase 1.25	WB 0.44	Vert(TL) -0.11 18-19 >999		
BCDL 7.0	Rep Stress Incr NO	(Matrix)	Horz(TL) 0.02 15 n/a		
	Code UBC97/ANSI95		1st LC LL Min l/defl = 360	Weight: 471 lb	

MEMBER
 TOP CHORD 2 X 4 DF No.1&Btr-G
 BOT CHORD 2 X 4 DF No.1&Btr-G
 WEBS 2 X 4 DF Stud-G
 OTHERS 2 X 4 DF Stud-G

BRACING
 TOP CHORD Sheathed or 6-0-0 oc purlins. Except:
 2 Rows at 1/3 pts 4-13
 BOT CHORD Rigid ceiling directly applied or 6-0-0 oc bracing.

REACTIONS(lb/size) 2=782/0-3-8, 21=5333/0-3-8, 15=1690/0-3-8

FORCES (lb) - First Load Case Only
 TOP CHORD 1-2=45, 2-3=-1085, 3-4=-303, 4-45=384, 45-46=687, 6-46=812, 8-8=754, 4-47=1053, 47-48=1053, 5-48=1053, 5-7=2481, 7-9=2481, 9-11=-2687, 11-12=-2687, 12-49=-2687, 49-50=-2687, 13-50=-2687, 8-10=789, 10-51=814, 51-52=889, 13-52=609, 13-14=-2726, 14-15=-3348, 15-16=45
 BOT CHORD 2-24=943, 23-24=917, 23-53=237, 53-54=237, 22-54=237, 21-22=-1696, 20-21=-209, 19-20=-214, 19-55=2527, 55-56=2527, 18-56=2527, 17-18=2987, 15-17=3012
 WEBS 3-24=492, 3-23=-729, 4-23=634, 4-22=-2284, 5-22=1562, 9-21=-4118, 9-20=364, 9-19=2642, 12-19=-577, 13-19=-581, 13-18=520, 14-18=488, 14-17=474, 5-21=-2627, 6-7=-487, 10-11=-453, 8-9=-852

- NOTES**
- 1) Provide adequate drainage to prevent water ponding.
 - 2) Gable studs spaced at 1-4-0 oc.
 - 3) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads per Table No. 16-B, UBC-97.
 - 4) A plate rating reduction of 20% has been applied for the green lumber members.
 - 5) This truss has been designed with ANSI/TPI 1-1995 criteria.

BACKWARDS TRUSS PLACEMENT REPAIR:

- 1) CUT BACK END JACKS AT FRONT FACE OF DUTCH HIP 2" AT MICROLLAM LOCATION.
- 2) SCAB EACH FACE USING 12" X 10-0-0 ML FROM JT 21 TO PAST JT. 19 AS SHOWN ABOVE.
- 3) ATTACH SCABS TO TRUSS AS FOLLOWS USING 1/4" X 3 1/2" SDS SCREWS
 - 12" O.C. ALONG BOTTOM CHORD (EACH FACE)
 - 3 SCREWS AT EACH VERTICAL & DIAGONAL (PER FACE)
 - A CLUSTER OF 3 SCREWS AT BOTTOM CHORD AT JOINT 20 EACH FACE.
- 4) RE ATTACH JACKS TO MICROLLAM.

