

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100174

Insp Area: 2

Site Address: 8493 TAMBOR WY SAC
Parcel No: 117-1370-057 JACINTO N 3 LOT 107

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

CONTRACTOR
BEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP1441 7 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 724191 Date 1/29/01 Contractor Signature Sheuyf Van Maeren

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: IAA 3-1-2001

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 abovementioned property for inspection purposes.

Date 1/29/01 Applicant/Agent Signature Sheuyf Van Maeren

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 LIBERTY MUTUAL INS CO Policy Number WA2-651-004147-080 Exp Date 04/01/2001

____ (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 1/29/01 Applicant Signature Sheuyf Van Maeren

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: ~~9004~~ ⁷⁴⁷³ Tambor Way lot 107
 Assessor Parcel # 117 1370 057

OWNER INFORMATION:

Legal Property Owner: Beazer Homes Holdings Corp. Phone # 916-773-3888
 Owner Address: 3009 Douglas Blvd. 150 City Roseville State CA Zip 95661

CONTRACTOR INFORMATION:

Contractor: Same as above Lic. # B724191 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: _____
 1st Floor Area 1441 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

	EXISTING	NEW
Dwelling/Living	_____	<u>1441</u>
Garage/Storage	_____	<u>439</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: Single Family Homes

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
<input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA

<input type="checkbox"/> Title 24 Energy Compliance documentation
<input type="checkbox"/> Grading and Erosion Control Questionnaire | <input type="checkbox"/> 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"/> 11" x 17" copy of floor plan for County Assessor
<input type="checkbox"/> Plan Review Fees |
|---|--|

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT #

KWIKKOTE
STUCCO SYSTEM
INSTALLATION CARD

21 417

BEAZER HOMES

BELLEFLEUR II LOT 107

0534 TAMBOR WAY SACRAMENTO

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 Plastering, Inc.

Name

John W. Kenyon, III

Address

P.O. Box 2077

North Highlands, CA 95660

Telephone #

(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 had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of stucco contractor:



Date: 5-8-01

Subcontractor Copy

CERTIFICATION OF INSULATION

ADDRESS OF TRACT

SACRAMENTO INSULATION CONTRACTORS

BEAZER Homes LOT # 107

BELLE FLEUR

- P.O. BOX 854, WEST SACRAMENTO, CA 95601 LIC. #202028
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9861, FRESNO, CA 93783-9861 LIC. #202026
- P.O. BOX 1831, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

WALLS		CEILING		FLOORS		
SQUARE FEET		SQUARE FEET		SQUARE FEET		
TYPE OF INSULATION		TYPE OF INSULATION		TYPE OF INSULATION		
FIBERGLASS		FIBERGLASS		FIBERGLASS		
BATT		BATT & BLOW		BATT		
MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER		MANUFACTURER		MANUFACTURER		
OCF		OCF		OCF		
VALUE R-VALUE	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13	3 5/8"	30	9"			
		30	12"			

BASEMENT WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

FIBERGLASS	FORM	R-VALUE	MANUFACTURER
	BATT		OCF

AIR INFILTRATION SEALANT

FOAM	MANUFACTURER
	W R GRACE

CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, STANDARDS AND REGULATIONS.

INSULATION CONTRACTOR	TITLE	DATE
<i>[Signature]</i>	MANAGER	5-16-01
GENERAL CONTRACTOR	TITLE	DATE

-1-2-0	5-10-8	24-6-0	44-9-0	45-0-0
1-2-0	5-10-8	18-7-8	20-3-0	0-3-0

NOTE: THIS REPAIR IS NOT VALID UNLESS THE TRUSSES ARE INSPECTED BY A LOCAL BUILDING OFFICIAL WHO IS TO CERTIFY THAT THE REPAIRS HAVE BEEN PROPERLY IMPLEMENTED.

WARNING: THIS TRUSS IS ANALYSED FOR IN-PLANE LOADS ONLY. LATERAL BRACING FOR OUT OF PLANE BENDING DUE TO WIND & SEISMIC LOADS IS REQUIRED AND IS TO BE DESIGNED BY OTHERS.

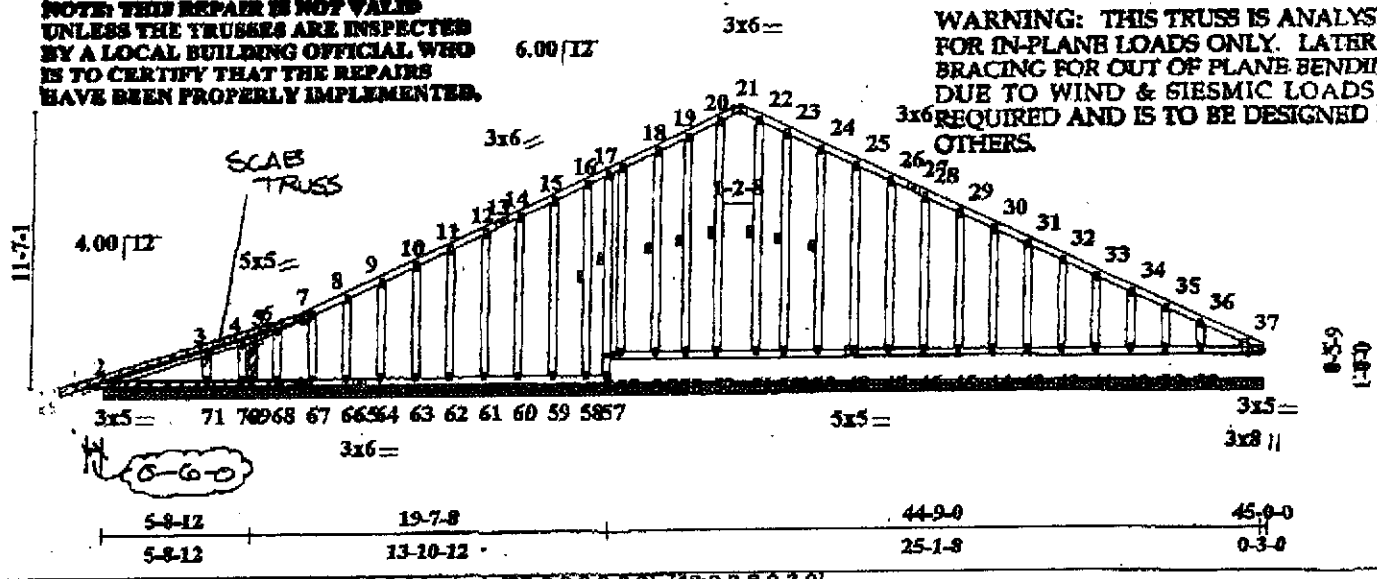


Plate Offsets (X,Y): [21:0-0-0,edge], [37:0-6-14,edge], [37:0-0-0,0-0-0], [48:0-2-8,0-0-0]

LOADING (psf)	SPACING 2-0-0	CSI	DEFL (in) (loo) l/def	PLATES GRIP
TCLL 16.0	Plate Increase 1.25	TC 0.11	Vert(TL) n/a	M20 180/148
TCDL 18.0	Lumber Increase 1.25	BC 0.07	Vert(TL) 0.01 1 > 889	
BCLL 0.0	Rep Stress Incr YES	WB 0.10	Horz(TL) 0.00 n/a	Weight: 368 lb
BCDL 8.0	Code UBC/CBO	(Matrix)	1st LO LL Min l/def = 360	

LUMBER	BRACING
TOP CHORD 2 X 4 DF No. 1&Br-G	TOP CHORD Sheathed or 6-0-0 on center purlin spacing.
BOT CHORD 2 X 4 DF No. 1&Br-G *Except* 17-57 2 X 4 DF Stud-G	BOT CHORD Rigid ceiling directly applied or 6-0-0 on center bracing. Except: 10-0-0 on center bracing: 55-56. 1 Row at midpt 17-58 1 Row at midpt 20-82, 22-51, 19-53, 24-49, 23-50, 18-58, 18-54
WEBS 2 X 4 DF Stud-G	
OTHERS 2 X 4 DF Stud-G	
WEDGE Right: 2 X 4 DF Std	

REACTIONS (lb/size) 65=5/44-9-0, 67=93/44-9-0, 48=102/44-9-0, 37=90/44-9-0, 2=248/44-9-0, 52=100/44-9-0, 51=90/44-9-0, 53=148/44-9-0, 38=191/44-9-0, 39=82/44-9-0, 40=118/44-9-0, 41=111/44-9-0, 42=112/44-9-0, 43=112/44-9-0, 44=112/44-9-0, 45=112/44-9-0, 46=111/44-9-0, 47=115/44-9-0
 Max Horz 57=-5(load case 1), 48=1(load case 1), 37=-20(load case 1), 2=140(load case 1)
 Max Grav 65=12(load case 2), 67=83(load case 1), 48=102(load case 1), 37=90(load case 1), 2=248(load case 1), 52=100(load case 1), 51=90(load case 1), 53=148(load case 1), 38=191(load case 1), 39=82(load case 1), 40=118(load case 1), 41=111(load case 1), 42=112(load case 1), 43=112(load case 1), 44=112(load case 1), 45=112(load case 1), 46=111(load case 1), 47=115(load case 1)

FORCES (lb) - First Load Case Only

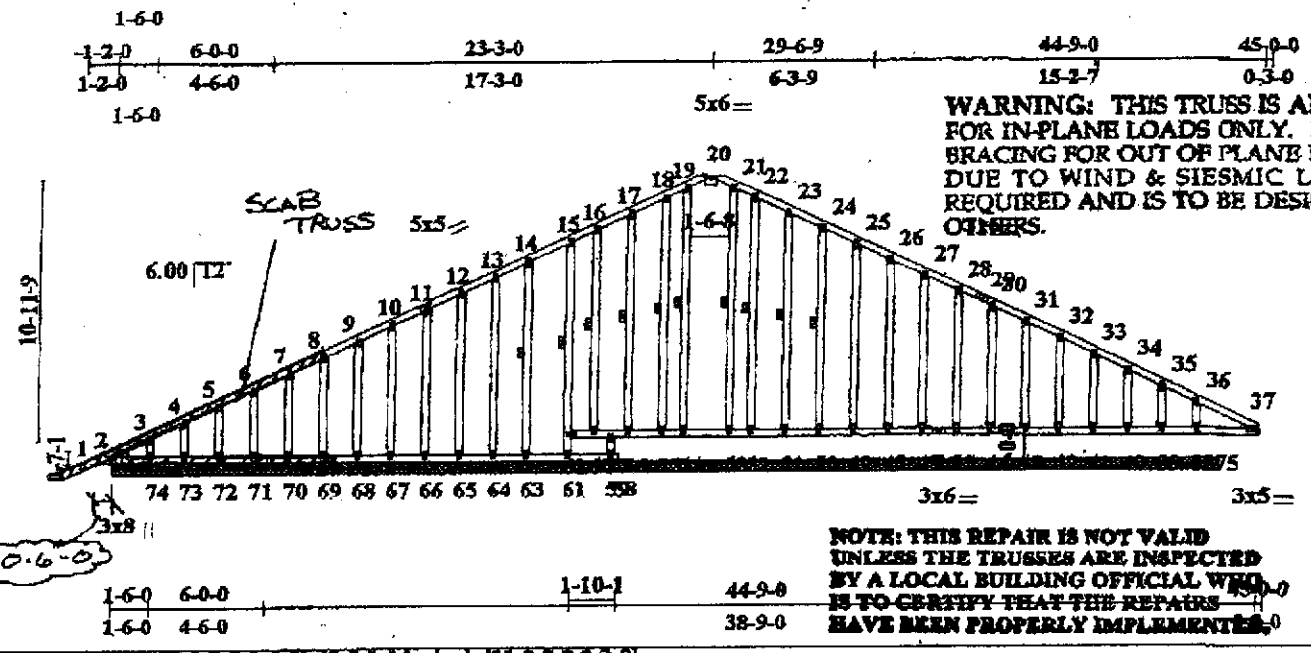
TOP CHORD	5-6=-29, 6-7=-40, 7-8=-41, 8-9=-41, 9-10=-41, 10-11=-41, 11-12=-41, 12-13=-41, 13-14=-21, 14-15=-41, 15-16=-41, 16-17=-32, 17-18=-48, 18-19=-41, 19-20=-40, 20-21=-40, 21-22=-40, 22-23=-38, 23-24=-42, 24-25=-41, 25-26=-42, 26-27=-22, 27-28=-42, 28-29=-42, 29-30=-42, 30-31=-42, 31-32=-42, 32-33=-42, 33-34=-43, 34-35=-41, 35-36=-48, 36-37=-40, 1-2=24, 2-3=29, 3-4=-48, 4-5=-15
BOT CHORD	2-71=0, 70-71=0, 69-70=0, 68-69=0, 67-68=0, 66-67=0, 65-66=0, 64-65=0, 63-64=0, 62-63=0, 61-62=0, 60-61=0, 59-60=0, 58-59=0, 57-58=0, 56-57=0, 55-56=0, 54-55=0, 53-54=0, 52-53=0, 51-52=0, 50-51=0, 50-74=0, 49-74=0, 48-49=0, 47-48=0, 46-47=0, 45-46=0, 44-45=0, 43-44=0, 42-43=0, 41-42=0, 40-41=0, 39-40=0, 38-39=0, 37-38=0, 56-57=-87, 77-66=-93
WEBS	20-82=-83, 22-51=-78, 19-53=-78, 36-38=-141, 35-39=-73, 34-40=-94, 33-41=-90, 32-42=-91, 31-43=-91, 30-44=-91, 29-45=-91, 28-46=-91, 26-47=-91, 25-48=-91, 24-49=-91, 23-50=-82, 3-71=-237, 4-70=11, 6-88=-79, 7-87=-83, 8-88=-90, 9-84=-91, 10-83=-91, 11-82=-91, 12-61=-91, 14-80=-91, 15-59=-89, 16-88=-71, 18-54=-107, 5-68=-58

EXTEND TRUSS SPAN 0-6-0 INCHES AT TRUSS LG.

- CUT TAIL OFF TRUSS AT JOINT 2, PLACE PREFABRICATED SCAB TRUSS 0-6-0 INCHES PAST END OF TRUSS LG.

ATTACH SCAB USING 16D NAILS 2 INCHES O.C. ALL MEMBERS.





WARNING: THIS TRUSS IS ANALYSED FOR IN-PLANE LOADS ONLY. LATERAL BRACING FOR OUT OF PLANE BENDING DUE TO WIND & SEISMIC LOADS IS REQUIRED AND IS TO BE DESIGNED BY OTHERS.

NOTE: THIS REPAIR IS NOT VALID UNLESS THE TRUSSES ARE INSPECTED BY A LOCAL BUILDING OFFICIAL WHO IS TO CERTIFY THAT THE REPAIRS HAVE BEEN PROPERLY IMPLEMENTED.

Plate Offsets (X,Y): [2:0-5-8,0-0-8], [2:0-1-14,edge], [1:0-2-8,0-3-0]

LOADING (pcf)	SPACING	CSI	DEPL	(in)	(feet)	I/defl	PLATES	GRP
TCLL 18.0	Plates Increase 1.25	TC 0.11	Vert(LL)	n/a	-	n/a	M20	188/148
TCDL 18.0	Lumber Increase 1.25	EC 0.08	Vert(TL)	0.01	1-2	>999		
BCLL 0.0	Rep Stress Iner YES	WB 0.11	Horz(TL)	0.00		n/a		
BCDL 8.0	Code UBC/CBO	(Matrix)	1st LO LL Min I/defl = 380				Weight: 387 lb	

LUMBER
 TOP CHORD 2 X 4 DF No.1&8tr-G
 BOT CHORD 2 X 4 DF No.1&8tr-G
 WEBS 2 X 4 DF Stud-G
 OTHERS 2 X 4 DF Stud-G
 WEDGE Left: 2 X 4 DF No.1&8tr

BRACING
 TOP CHORD Sheathed or 10-0-0 on center purlin spacing.
 BOT CHORD Rigid ceiling directly applied or 6-0-0 on center bracing.
 WEBS Except:
 1 Row at midpt 15-81
 1 Row at midpt 18-54, 21-53, 24-50, 23-51, 22-52, 14-83, 16-80, 17-56, 18-55

REACTIONS (lb/size) 46 = 5/43-3-0, 2 = 132/43-3-0, 58 = -6/43-3-0, 84 = 161/43-3-0, 53 = 162/43-3-0, 74 = 78/43-3-0, 38 = 299/43-3-0, 39 = -0/43-3-0, 40 = 138/43-3-0, 41 = 107/43-3-0, 42 = 113/43-3-0, 43 = 112/43-3-0, 44 = 113/43-3-0, 45 = 109/43-3-0, 47 = 109/43-3-0, 48 = 113/43-3-0, 49 = 112/43-3-0, 50 = 113/43-3-0
 Max Horz 2 = -79(load case 4), 38 = 79(load case 4)
 Max Upft: 58 = -22(load case 2), 39 = -2(load case 3)
 Max Grav 46 = 11(load case 2), 2 = 155(load case 3), 54 = 161(load case 1), 53 = 162(load case 1), 74 = 85(load case 2), 38 = 299(load case 1), 39 = 24(load case 2), 40 = 138(load case 1), 41 = 107(load case 4), 42 = 113(load case 1), 43 = 112(load case 4), 44 = 113(load case 1), 45 = 109(load case 4), 47 = 109(load case 4), 48 = 113(load case 4), 49 = 112(load case 1), 50 = 113(load case 1)

FORCES (lb) - First Load Case Only
TOP CHORD 1-2 = 20, 2-3 = 111, 3-4 = 108, 4-5 = 105, 5-6 = 105, 6-7 = 105, 7-8 = 105, 8-9 = 105, 9-10 = 105, 10-11 = 105, 11-12 = 108, 12-13 = 107, 13-14 = 107, 14-15 = 113, 15-16 = 98, 16-17 = 109, 17-18 = 109, 18-19 = 103, 19-20 = 89, 20-21 = 68, 21-22 = 103, 22-23 = 109, 23-24 = 107, 24-25 = 107, 25-26 = 107, 26-27 = 107, 27-28 = 107, 28-29 = 107, 29-30 = 71, 30-31 = 107, 31-32 = 107, 32-33 = 107, 33-34 = 107, 34-35 = 111, 35-36 = 83, 36-37 = 140
BOT CHORD 80-82 = -11, 67-60 = -11, 58-57 = -11, 55-58 = 0, 54-55 = 0, 53-54 = 0, 52-53 = 0, 51-52 = 0, 50-51 = 0, 49-50 = 0, 48-49 = 0, 47-48 = 0, 46-47 = 0, 45-46 = 0, 44-45 = 0, 43-44 = 0, 42-43 = 0, 41-42 = 0, 40-41 = 0, 39-40 = 0, 38-39 = 0, 38-75 = -78, 37-75 = -78, 2-74 = 0, 73-74 = 0, 72-73 = 0, 71-72 = 0, 70-71 = 0, 69-70 = 0, 68-69 = 0, 67-68 = 0, 66-67 = 0, 65-66 = 0, 64-65 = 0, 63-64 = 0, 61-63 = 0, 59-61 = 0, 58-59 = 0, 61-62 = -128, 18-82 = -104
WEBS 18-54 = -137, 21-53 = -137, 3-74 = -85, 35-38 = -183, 38-39 = -38, 34-40 = -100, 33-41 = -89, 32-42 = -81, 31-43 = -81, 30-44 = -81, 28-45 = -91, 27-47 = -81, 26-48 = -81, 25-49 = -81, 24-50 = -82, 23-51 = -84, 22-52 = -71, 4-73 = -87, 8-72 = -89, 6-71 = -81, 7-70 = -81, 8-68 = -81, 9-68 = -81, 10-67 = -88, 11-68 = -81, 12-65 = -94, 13-64 = -90, 14-63 = -98, 16-80 = -85, 17-56 = -81, 18-65 = -70, 57-59 = -62

EXTEND TRUSS SPAN 0-6-0 INCHES AT TRUSS BG.

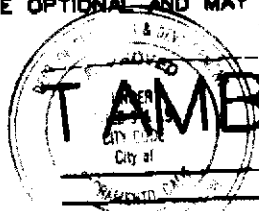
- 1- CUT TAIL OFF TRUSS AT JOINT 2, PLACE PREFABRICATED SCAB TRUSS 0-6-0 INCHES PAST END OF TRUSS BG.

ATTACH SCAB USING 16D NAILS 2 INCHES O.C. ALL MEMBERS.

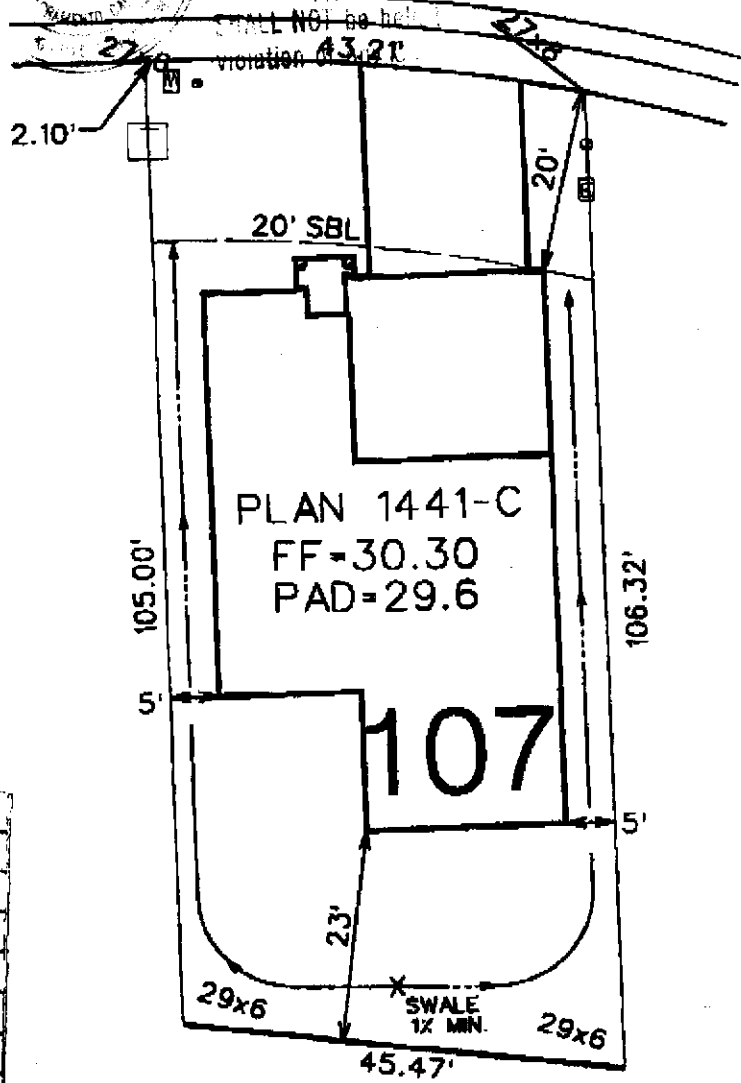


THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION. RETAINING WALLS ARE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

- ☐ — WATER METER BOX
- ☐ — ELECTRICAL BOX
- — UTILITY RISERS
- — SEWER CLEANOUT
- ⊗ — STREET LIGHT
- ⊗ — FIRE HYDRANT
- ☐ — TRANSFORMER
- ☐ — ELECTRICAL VAULT
- ☐ — TELEPHONE PED.
- — DRAIN INLET



kept on the job at all times
 to make any changes or
 without violation
 Building Inspection
 The approval of
 SHALL NOT be held
 violation of 3.21



DATE/APPROVAL	
✓	INITIALS
✓	<i>[Signature]</i>
✓	<i>[Signature]</i>



SCALE: 1"=20'

5798 SQUARE FEET

 CIVIL - WATER RESOURCES - SURVEYING	PLOT PLAN FOR LOT 107	SCALE: 1"=20' DATE: 12-27-00
	JACINTO VILLAGE UNIT 3	REVISED: DRAWN BY: PWG CHK'D. BY: LK W.O. 0434-02
A.P.N. ADDRESS: COUNTY: SACRAMENTO		W.O. 0434-02