

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0401757
Insp Area: 2
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2182 JOHN STILL DR SAC
Parcel No: MEADOWVIEW ESTATES UNIT 1 LOT 35

CONTRACTOR
JTS COMMUNITIES
3434 MARCONI AVE STE.C
SACRAMENTO CA. 95835

OWNER
JTS

ARCHITECT

Nature of Work: JTS MP1777 V2022 1 STORY 9 ROOM SFR 104NN

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 2/05/04 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, alter, improve, demolish, or repair any structure, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

PAID
CITY OF SACRAMENTO
FEB 05 2004
NORTH PERMIT
CENTER

____ I am exempt under Sec. _____ B & PC for this reason: NORTH PERMIT CENTER
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 2/05/04 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 03/01/2004

____ (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 2/05/04 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.

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

Project Address

2182 John Still Dr
Meadowview Estates
Unit 1 lot 35

ICBO Evaluation Service, Inc.
Report ER-4004

Date Completed 6-6-04

Plastering Contractor

Name: J. T. S Stucco Div.
Address: 11285 White Rock Road
Telephone No. (416) 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 Ricketts
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.

04/07/2004

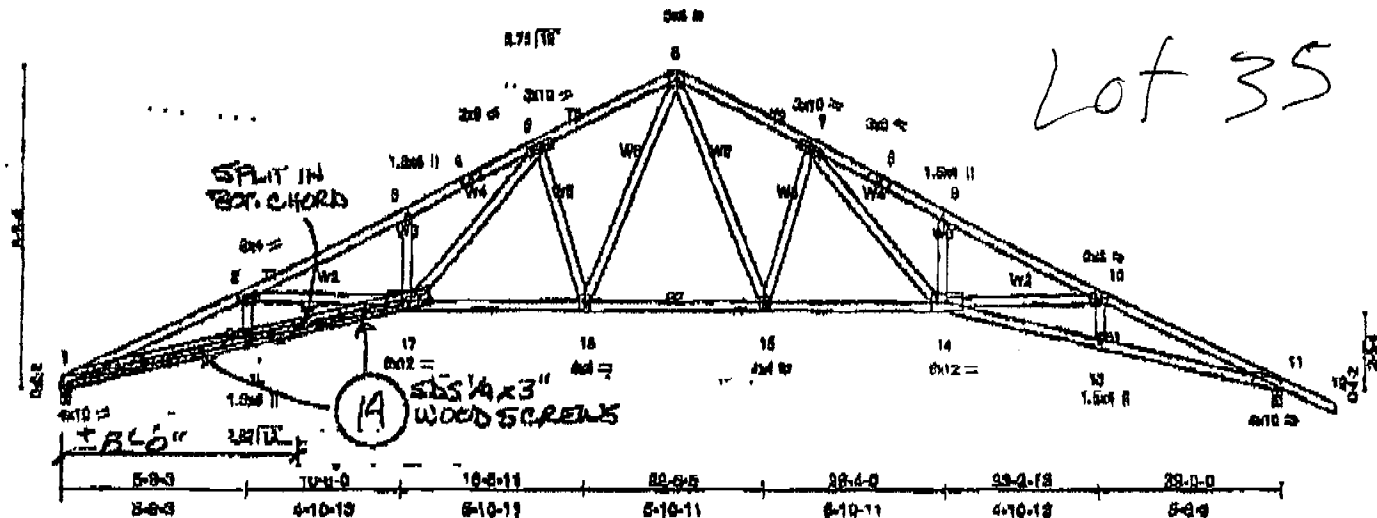
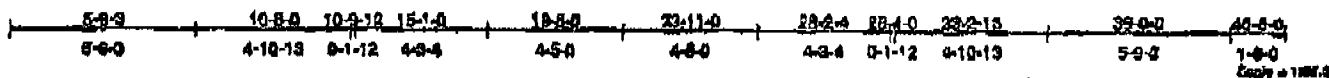
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GENERAL TRUSS CO. INC. → 3637027

NO. 098

001

Job	Truss	Truss Type	Qty	Qty	JTS-PLAN 104 -A-C AND D
104ACD	ADD	CAMBER	2	1	Job Reference (optional)
GENERAL TRUSS COMPANY, INC., SACRAMENTO, CA			8,000 B Feb 8 2003 MITek Industries, Inc. Wed Apr 07 13:34:51 2004 Page 1		



LOADING (psf)	SPACING	CS	DEFL	PLATES	GRIP
TCLL 18.0	2-0-0	TC 0.89	in (in) V&H	MB20	220/188
TCUL 14.0	Plate Increase 1.00	BC 0.88	Van(L) -0.87 16 #308		
BCLL 0.0	Lumber Increase 1.25	WB 0.78	Van(T) -0.57 15-10 #307		
BCUL 7.0	Rep Strs Incr YES		Max(TL) 0.87 11 #4		
	Code UBC97/ANSI88		Val LCL Min (L&H) = 380		Weight: 188 lb

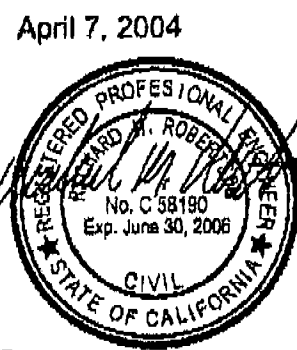
WAGERS
 TOP CHORD 2 X 4 DF No. 1A B V G
 BOT CHORD 2 X 4 DF No. 1A B V G
 WEBS 2 X 4 DF 814 G

SPACING
 TOP CHORD 3/8" (hard)
 BOT CHORD Rigid ceiling directly applied or 10-0-0 on bracing.

REACTIONS (lb/ft) 1=1432/0-9-0, 11=1841/0-9-0
 Max Horz 1=74 (load case 0)
 Max Uplift 1=2 (load case 5), 11=48 (load case 5)

FORCES (lb) - First Load Case Only
 TOP CHORD 1-2=8108, 2-3=4418, 3-4=4418, 4-5=4418, 5-6=2889, 6-7=2889, 7-8=4418, 8-9=4418, 9-10=4418, 10-11=5108, 11-12=20
 BOT CHORD 1-18=884, 17-18=878, 19=172715, 18-19=1588, 14-15=878, 18-19=878, 11-13=1884
 WEBS 2-18=108, 9-17=800, 3-17=260, 5-17=1814, 8-18=891, 6-18=1118, 8-18=1118, 7-18=891, 7-14=1814, 8-14=280, 10-14=560, 10-13=108

- NOTES
- 1) Unbalanced roof live loads have been considered for this design.
 - 2) This truss has been designed for the wind loads generated by 80 mph winds at 25 ft above ground level, using 2.0 psf top chord dead load and 5.0 psf bottom chord dead load, 100 mi from hurricane occurrence, on an occupancy category 1, condition 1 enclosed building, of dimensions 48 ft by 24 ft with exposure B ASCE 7-98 per UBC97/ANSI88 if end verticals or carliniform axis. They are exposed to wind. If porches exist, they are not exposed to wind. The lumber COL increase is 1.59, and the plate grip increase is 1.33.
 - 3) This truss has been designed for a 10.0 psf bottom chord live load concurrent with any other live loads per Table No. 16-9, UBC-97.
 - 4) A plate rafter reduction of 20% has been applied for the green lumber members.
 - 5) Bearings at joint(s) 7, 11 considers parallel to grain value using ANSVTR 1-1985 angle to grain formula. Building designer should verify capacity of bearing surface.
 - 6) Provide mechanical connection (by others) of truss to bearing plus capable of withstanding 8 lb uplift at joint 1 and 48 lb uplift at joint 11.



REPAIR: BREAK IN THE BOTTOM CHORD LOCATED AT 8'-0" FROM ONE END.
 1. ATTACH A 2X6 DF NO.2 SCAB (FULL LENGTH) TO ONE FACE, USING SIMPSON SDS 1/4 X 3" WOOD SCREWS 2-ROWS SPACED AT 4" O.C. WITH MIN. NUMBER OF SCREWS PER SIDE OF THE BREAK SHOWN CIRCLED.

CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OF TRACT <div style="font-size: 1.5em; font-family: cursive;"> JTS Co The Masters Col # 35 </div>	SACRAMENTO BUILDING CONTRACTORS <input checked="" type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC#202026 <input type="checkbox"/> 605 S. AUBURN STREET, GRASS VALLEY, CA 95945 LIC#202026 <input type="checkbox"/> 3881 BENATAR WAY, SUITE A, CHICO, CA 95928 LIC#202026 <input type="checkbox"/> 8924 AIRPORT ROAD, REDDING, CA 96002 LIC #202026 DATE INSULATION COMPLETED
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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	OCF	KN	CT	OCF	KN	CT	OCF	KN
BAGS			BAGS			BAGS		
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS
<u>13</u> <u>19</u>	<u>35</u> <u>55</u>	30	10 1/2					
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS		FORM BATTS		R-VALUE		MANUFACTURER CT OCF KN		
AIR INFILTRATION SEALANT								
MATERIAL FOAM				MANUFACTURER 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 <div style="font-size: 1.5em; font-family: cursive;">J.C.</div>	TITLE	DATE <div style="font-size: 1.5em; font-family: cursive;">6/22/04</div>
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE
REMARKS		