

CITY OF SACRAMENTO

Permit No: 9804550

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 8 NIKKI CT SAC

Sub-Type: NSFR

Parcel No: 1171000009

Housing (Y/N): N

CONTRACTOR

THE FORECAST GROUP
1796 TRIBUTE RD
#100 95815

OWNER

COMMERCE SECURITY BANK
1545 RIVER PARK DR 200
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: NEW SINGLE FAMILY DWELLING MP # 1649

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 Wells 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 5 License Number 70382 Date 5/2/09 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 abovementioned property for inspection purposes.

Date 5/2/09 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 EMPLOYERS FUND Policy Number DW-827627

____ (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 5/2/09 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.

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE
 PERMIT AND-CALCULATION SHEET

APPLICATION NO.

BLDG PERMIT NO. *CTTV*

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

243610 11/18/98 \$2,689.00
 DEPT 36 SEWER/WATR \$2,689.00
 TRAM 367451 06/18/98
 RECEIPT 650328 044 \$2,689.00

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF	MF	UNITS
CSD-1		<i>353</i>	<input checked="" type="checkbox"/>	
SRCSD		<i>2336</i>		
CONSTRUCTION				
IN-LIEU				
TOTAL FEE		<i>2689</i>		

APN: *117-1000-009*

DESCRIPTION/
 SUBDIVISION *ASTIKOS RANCH* LOT: *9*

PROPERTY ADDRESS *8 WITTY CT*

OWNER *The Forecast Group*

MAILING ADDRESS *1796 Tribute Rd.*

CITY-STATE-ZIP *Sacramento, CA 95815* PHONE *920-0200*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY



ACCT _____ INPUT _____ START _____

SEE REVERSE SIDE INSPECTOR'S COPY

INSTALLATION CARD
WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

ICBO Evaluation Service, Inc.

Report No. 3899

Date of Job Completion 9/2/95

#8 NIKKI CT
ELC GRAD
CA LOT #9

Plastering Contractor

Name: Shamblin Contractors, Inc

Address: 3374 Monier Circle #2 Rancho Cordova

Telephone Number 916

Approved Applicator's License Number as
Issued by Western Stucco Products 554

This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instruction.

Judy Shamblin
Signature of authorized representative of plastering contractor

10/12/95
Date

Installation card must be presented to the building inspector after completion of work and before final inspection.

No. [Signature]

CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

Forecast Homes LOT # 9
Astikos

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 3243 INDUSTRIAL DRIVE, YUBA CITY, CA 95993 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

10-7-98

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	
OCF		OCF			OCF	
BAGS						
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	APPLIED THICKNESS
13	3 5/8"	38	15 1/4" 12 1/2"			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R-VALUE	MANUFACTURER
FIBERGLASS	BATTS		OCF

AIR INFILTRATION SEALANT

MATERIAL	MANUFACTURER
Foam	W R GRACE

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

SIGNATURE—INSULATION CONTRACTOR	TITLE MANAGER	DATE 9/1/98
SIGNATURE—GENERAL CONTRACTOR	TITLE SUPER	DATE 10/12/98

REMARKS:

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME THE FORECAST GROUP
 OWNER'S ADDRESS 1776 TRIBUTE RD SAC CA 95817
 PROJECT ADDRESS 8 NIKKI CT
 PARCEL NUMBER 117-1000-009 LOT NO. 9
 SUBDIVISION NAME ASTEKOS RANCH
 NUMBER OF UNITS 1

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT PLANNER
 DATE 5/14/96 PHONE NUMBER 920-0200

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 98-0000
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 1414
 SIGNATURE [Signature]
 TITLE Mayor DATE 6-9-96

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT _____
 DISTRICT CERTIFICATION NO. 2712
 EXEMPT _____ COMMENTS _____

RESIDENTIAL/APT/CONDO	<u>1</u>	SQ FT X \$	<u>1414</u>	= \$
COMMERCIAL/INDUSTRIAL		SQ FT X \$		= \$
OTHER FEE TYPE		SQ FT X \$		= \$
TOTAL FEES COLLECTED				= \$

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE _____ DATE JUN 18 1996
 TITLE _____