

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

**Permit No: 0010564**  
**Insp Area: 2**

**Site Address: 35 SCHRAMSBERG CT SAC**  
Parcel No: 117-1360-049 JACINTO VILLAGE LOT 49

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

CONTRACTOR  
BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

OWNER

ARCHITECT

**Nature of Work: NSFR MP2516 11 RMS 2 STORY**

**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 9/18/00 Contractor Signature Sheuf VanMaen

**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 9/18/00 Applicant/Agent Signature Sheuf VanMaen

**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 4/1/2001

(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 9/18/00 Applicant Signature Sheuf VanMaen

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: 35 Schramberg Court    Assessor Parcel # 117-136-049  
Lot 49

**OWNER INFORMATION:**

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

**CONTRACTOR INFORMATION:**

Contractor: Beazer Homes    Lic. # B724191    Phone # 773-3888    Fax# 773-0425

**PROJECT INFORMATION:**

Land Use Zone \_\_\_\_\_    Occupancy Group \_\_\_\_\_    Construction Type \_\_\_\_\_    Fed Code \_\_\_\_\_  
 No. of stories: 2    No. of rooms: \_\_\_\_\_    Street width: \_\_\_\_\_  
 1<sup>st</sup> Floor Area 1275    2<sup>nd</sup> Floor Area 1235    Basement     Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>3516</u>
Garage/Storage	_____	<u>808</u>
Decks/Balconies	_____	<u>0</u>
Carports	_____	<u>0</u>

SCOPE OF WORK: New SFD

**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   | ◆ 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"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA |   |
| <input type="checkbox"/> Title 24 Energy Compliance documentation     | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor   |
| <input type="checkbox"/> Grading and Erosion Control Questionnaire    | <input type="checkbox"/> Plan Review Fees   |

Date: \_\_\_\_\_    Received by: (staff) \_\_\_\_\_

**ACTIVITY/PERMIT #**

**KWIKKOTE**  
STUCCO SYSTEM  
INSTALLATION CARD

# 20978  
Reazer Homes  
Bellefleur Lot 49  
Schramsberg Court Sacramento

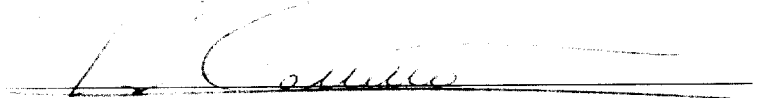
Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP  
ICBO Evaluation Service, Inc. Report No. 3607  
Date of Job Completion \_\_\_\_\_

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: 2-25-01

Builder Copy

# CERTIFICATION OF INSULATION

PART I GENERAL  
PART II AREA INSULATED

ADDRESS OR TRACT BEAZER BELLE FLEUR	SACRAMENTO INSULATION CONTRACTORS <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 5/12/01
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WALLS		CEILINGS			FLOORS	
SQUARE FEET		SQUARE FEET			SQUARE FEET	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL <b>FIBERGLASS</b>	MATERIAL <b>FIBERGLASS</b>	MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>	
FORM <b>BATTS</b>	FORM <b>BATTS &amp; BLOW</b>	FORM <b>BATTS</b>			FORM <b>BATTS</b>	
MANUFACTURER'S PRODUCT ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
<b>MANUFACTURER</b>		<b>MANUFACTURER</b>			<b>MANUFACTURER</b>	
<b>OCF</b>		<b>OCF</b>			<b>OCF</b>	
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13	3 5/8	38	12 1/4			
		38	14 3/4			

**KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE**

MATERIAL <b>FIBERGLASS</b>	FORM <b>BATTS</b>	R-VALUE	MANUFACTURER <b>OCF</b>
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**AIR INFILTRATION SEALANT**

MATERIAL <b>FOAM</b>	MANUFACTURER <b>W R GRACE</b>
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**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>Bill Gray</i>	TITLE MANAGER	DATE 1-23-01
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

**N**orman

**S**cheel

**S**tructural

**E**ngineer

**Sacramento**  
5022 Sunrise Blvd.  
Fair Oaks, CA 95628  
(916) 536-9585  
(916) 536-0260 (fax)

**NORMAN SCHEEL**  
Structural Engineer  
Email: [norm@nssc.com](mailto:norm@nssc.com)

**ROBERT COON**  
Project Manager  
Email: [rob@nssc.com](mailto:rob@nssc.com)

**PAULO IBANEZ**  
Project Manager  
Email: [paulo@nssc.com](mailto:paulo@nssc.com)

**TIM SLOAN**  
Project Manager  
Email: [tim@nssc.com](mailto:tim@nssc.com)

**STEVE COOKSEY**  
CAD Supervisor  
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**STACY MARLIN**  
Office Manager  
Email: [stacy@nssc.com](mailto:stacy@nssc.com)

**Davis**  
215 E Street Suite B  
Davis, CA 95616  
(530) 753-5300  
(530) 753-5380 (fax)

**TRACY HARRIS P.E.**  
Project Engineer  
Email: [tracy@nssc.com](mailto:tracy@nssc.com)

**DARRELL PEREIRA**  
Design Engineer  
Email: [darrell@nssc.com](mailto:darrell@nssc.com)

January 22, 2000

**Beazer Homes**  
3009 Douglas Blvd. Suite 150  
Roseville, CA 95661

**Beazer Homes (Job #20234)**  
**Clarifications**

To: **Beazer Homes** May Concern:

It is requested to clarify the following conditions:

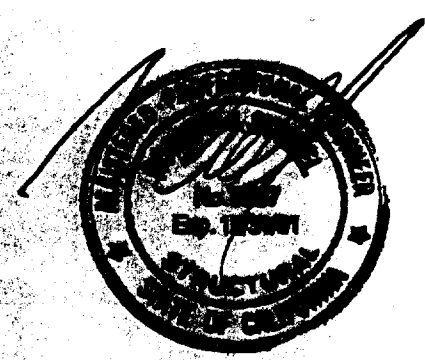
1. **1/4" hole at top flange: No repair required.**

2. **Rectangular hole in web Lot 49: No repair required.**

3. **Stem wall set from perimeter of slab: In our opinion, it is acceptable to set the stem wall up to 6" or to the middle of the trench and still develop the full length of the footing. The UBC only requires a 6" wide stem wall for floor and roof.**

For any questions please call Rob Coon.

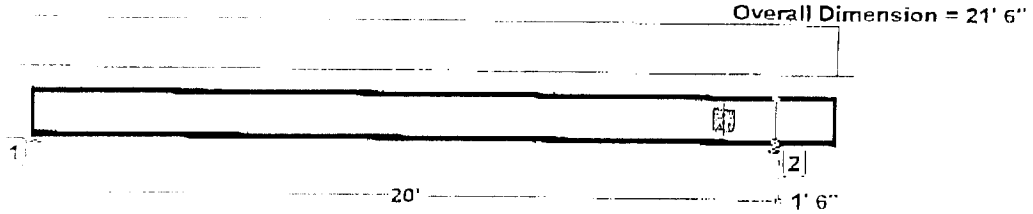
**ENGINEER**





14" TJI®/Pro™-250 JOIST @ 16.0" o/c

TJ-Beam™ v5.45 Serial Number 7000012028  
 ©2000 Trus Joist, Inc. 1/22/01 3:21:35 PM  
 Project: 100 Build Code: 124



Product Diagram is Conceptual.

**LOADS:**

Analysis for Joist Member Supporting FLOOR RES Application. Loads(psf): 40 Live at 100% duration, 25 Dead, 0 Partition

**SUPPORTS:**

	INPUT	BEARING		REACTIONS(lbs.)	DETAIL	OTHER
	WIDTH	LENGTH	JUSTIFICATION	LIVE/ DEAD/ TOTAL		
2x4 Plate	3.50"	2.25"	Left Face	535 / 332 / 867	Detail A3	1.25" LSL Rim
2x4 Plate	3.50"	3.5"	Right Face	615 / 385 / 1000	Detail E1	TJI® Blocking Panel

See Trus Joist SPECIFIER'S / BUILDER'S GUIDES for detail(s): A3, E1.

**TJI HOLES:**

	DIA	HEIGHT	WIDTH	LEFT END TO HOLE CENTER	SPAN	DESIGN	CONTROL	COMMENT
Rectangular	6.5"	7"	7"	18.6"	1	765	536	FAILED

**LOCATION ANALYSIS:**

USER LOCATION	"X" (HORIZ.) DIMENSION	COMMENT
1	18.6"	LOADS AT HOLE

**DESIGN CONTROLS:**

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	857	842	1710	Passed(49%)	Lt. end Span 1 under Floor ALTERNATE span loading
Reaction(lb)	849	849	1171	Passed(73%)	Bearing 1 under Floor ALTERNATE span loading
Moment(ft-lb)	4159	4159	5418	Passed(77%)	MID Span 1 under Floor ALTERNATE span loading
Live Defl.(in)		0.363	0.491	Passed(L/650)	MID Span 1 under Floor ALTERNATE span loading
Total Defl.(in)		0.585	0.982	Passed(L/403)	MID Span 1 under Floor ALTERNATE span loading
TJI-Pro Rating		41	Any	Passed	Span 1

- Allowable moment was increased for repetitive member usage.
- Deflection Criteria: STANDARD(LL: L/480, TL: L/240). Additional checks follow.  
Right overhang(LL: 0.2", TL: 0.2").
- Deflection analysis is based on composite action with single layer of the appropriate span-rated, GLUED & NAILED wood decking.
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- The load conditions considered in this design include Alternate member loading.
- Capacity is controlled by hole 1

**TJI-Pro™ RATING SYSTEM**

The TJI-Pro (USA) Rating System value provides additional floor performance information and is based on a Glued & Nailed 3/4 OSB decking. The controlling span is supported by walls. Additional considerations for this rating include: Ceiling - None. A structural analysis of the deck has not been performed by the program.

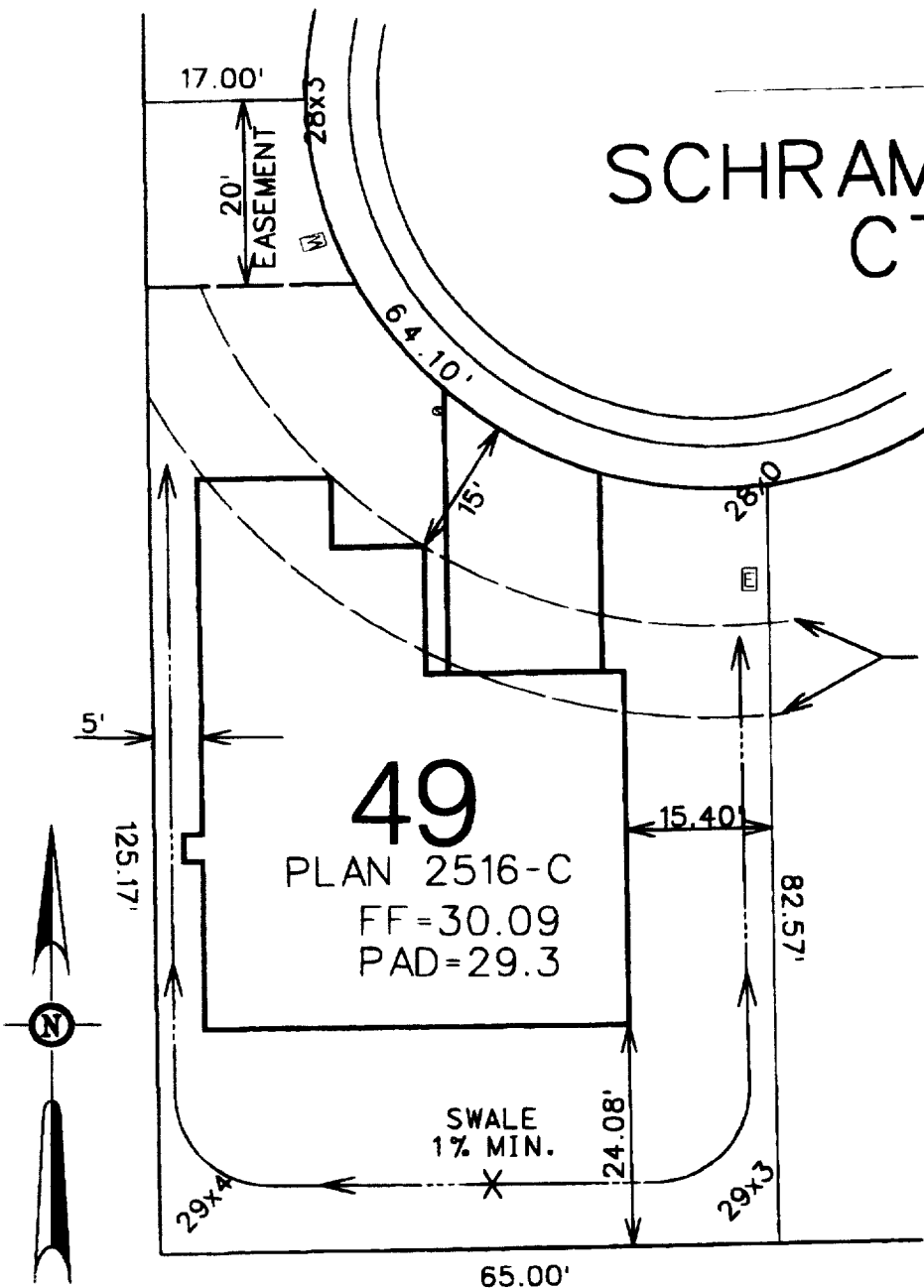
**PROJECT INFORMATION**

BEAZER HOMES

**OPERATOR INFORMATION:**

NSSE  
 Rob Coon  
 6939 Sunrise Blvd., Suite 123,  
 Citrus Heights, CA 95610  
 (916) 726-0612  
 (916) 726-3189

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.



# SCHRAMSBERG CT

of lots and easements must be

ROCKETING APPROV.		INITIALS
President	✓	
Project Manager		
City Engineer	✓	
City Planner		
City Clerk		

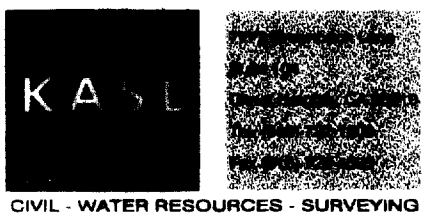
FRONT YARD VARIABLE SETBACK 15'-26'(TYP)

- ⊗ — WATER METER BOX
- ⊞ — ELECTRICAL BOX
- ⊕ — UTILITY RISERS
- ⊙ — SEWER CLEANOUT



SCALE: 1"=20'

6480 SQUARE FEET



PLOT PLAN FOR  
LOT 49

JACINTO VILLAGE SOUTH

A.P.N.117-1360-049

ADDRESS:  
COUNTY: SACRAMENTO

SCALE: 1"=20'

DATE: 08-28-00

REVISED:

DRAWN BY: PRA

CHK'D. BY: LK

W.O. 0435-01