

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100438
Insp Area: 4

Site Address: 10 BASCOM CT SAC
Parcel No: 201-0400-048 NORTHBR 1-1 LOT 48

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

CONTRACTOR
LENNAR RENAISSANCE INC.
2240 DOUGLAS BL
ROSEVILLE CA, 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP2291 2 STORY 10 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 732348 Date 2/28/01 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 1-24-01 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 TRANSCONTINENTAL INSURANCE CO Policy Number WC16679227 Exp Date 06/01/2001

____ (This section need not be completed if the permit is for \$100 or less) I certify that the performance of the work for which this permit is issued, 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 1-24-01 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.

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other

4
LOT#48

Project Address: 10 BASCOM COURT Assessor Parcel # 201-040-048

OWNER INFORMATION: NORTHBOROUGH VILLAGE #1 0100438
 Legal Property Owner: LENNAR RENAISSANCE Phone # (916)773-7471
 Owner Address: 2240 DOUGLAS BLVD. City ROSEVILLE State CA Zip 95661

CONTRACTOR INFORMATION:
 Contractor: LENNAR RENAISSANCE Lic. # 732348 Phone # (916)773-7471 Fax# (916)773-4086

PROJECT INFORMATION:
 Land Use Zone R1A Occupancy Group R3 Construction Type UM Fed Code 1A
 No. of stories: 2 No. of rooms: _____ Street width: 40'
 1st Floor Area 1142 2nd Floor Area 1149 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:	<u>EXISTING</u>	<u>NEW</u>
Dwelling/Living	_____	<u>2291</u>
Garage/Storage	_____	<u>506</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION 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

#C30183
LENNAR RENAISSANCE
ASHFORD PLACE LOT # 48
10 BASCOM CT. 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: 3/2/001

Builder Copy

KWIKKOTE
STUCCO SYSTEM
INSTALLATION CARD

#C30183
LENNAR RENAISSANCE
ASHFORD PLACE LOT # 48
10 BASCOM CT. SACRAMENTO

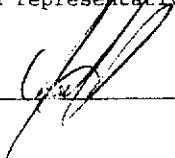
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Date: 3/2/001

Subcontractor Copy

CERTIFICATION OF INSULATION

PART I GENERAL
PART II AREAS INSULATED
PART III CERTIFICATION

<p style="text-align: center;">ADDRESS OF TRACT</p> <p style="font-size: 2em; font-family: cursive;">WINNCREST 10 BASCON ASAFORD PLACE</p>	<p style="text-align: center;">SACRAMENTO INSULATION CONTRACTORS</p> <p>LOT # 048</p> <p><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</p> <p>DATE INSULATION COMPLETED 8/6/01</p>
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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 OCF		MANUFACTURER OCF			MANUFACTURER OCF	
BAGS						
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13 19	3 1/2" 5 1/2"	30 30	9" 12"			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER OCF
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AIR INFILTRATION SEALANT

MATERIAL FOAM	MANUFACTURER W R GRACE
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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 Bill Hurlbys	TITLE MANAGER	DATE 7-18-01
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

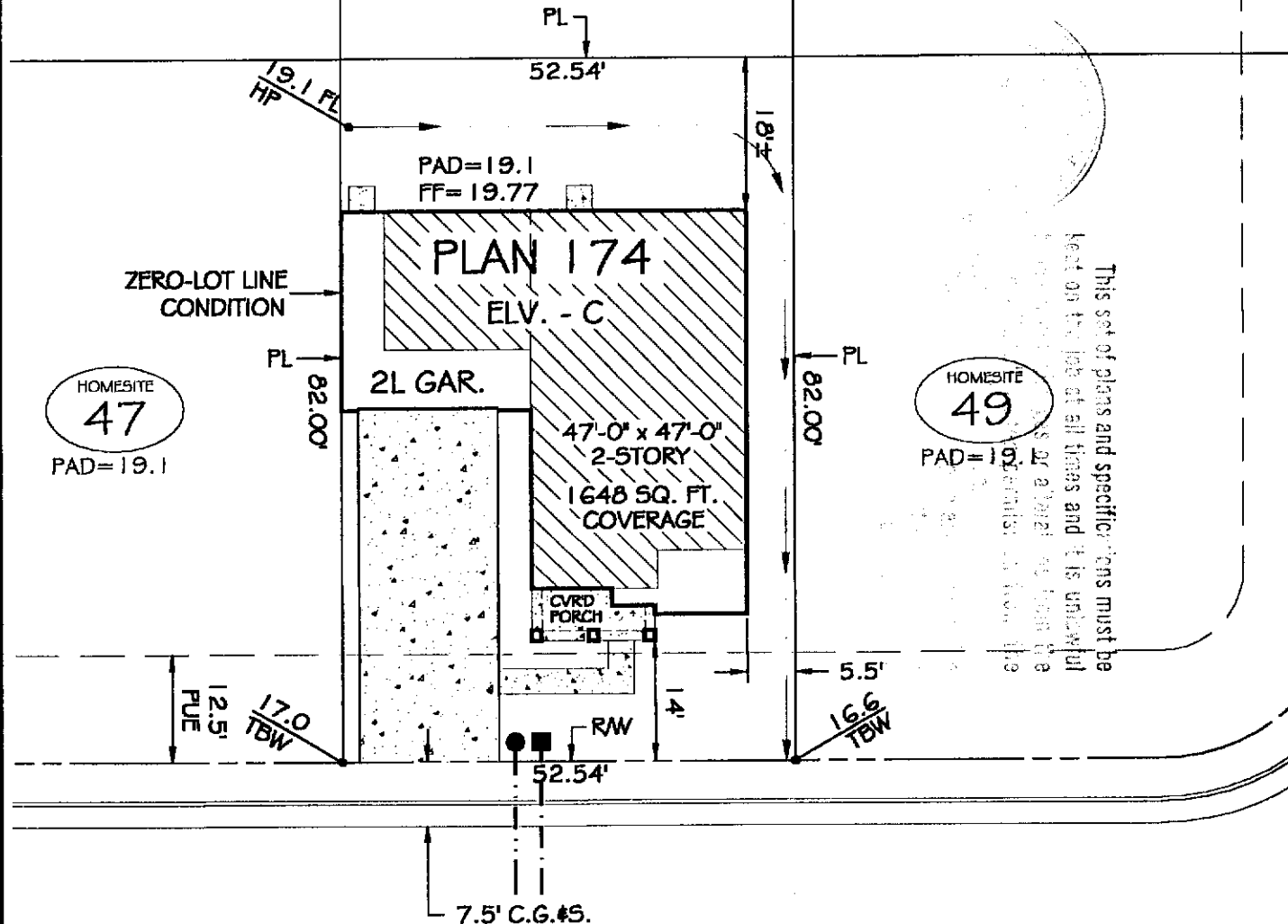
REMARKS

PLOT PLAN

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



SCALE: 1 IN. = 20 FT.



This set of plans and specifications must be kept on the job at all times and it is unlawful to use or alter them in any way without the written consent of the architect.

10 BASCOM COURT

LOT COVERAGE	
LOT AREA:	4308 ± S.F.
BUILDING:	1648 S.F.
BLDG./ LOT AREA:	38 %

RETAINING WALL	
HEIGHT:	_____
LENGTH:	_____
DISTANCE FROM P.L.:	_____

SYMBOLS LEGEND	
DROP INLET:	
ELECTRIC SERVICE BOX:	
FIRE HYDRANT:	
GAS SERVICE:	
PAD-MOUNT TRANSFORMER:	
SEWER SVC.:	
STREET LIGHT:	
SPOT ELEVATION:	
SWALE (FLOW DIRECTION):	
WATER SVC.:	
EXTENTS OF UPPER STORY LEVEL:	



Phase 2.2
ASHFORD PLACE
at Natomas Park

HOME SITE #48
NORTHBOROUGH VILLAGE I
CITY OF SACRAMENTO, CALIFORNIA
A.P.N.: 201-040-048-000

NOTES

1. MEASUREMENTS ALONG CURVED LINES ARE CHORD LENGTHS, U.O.N.
2. MAXIMUM ALLOWABLE LOT COVERAGE IS 45% FOR 1-STORY & 40% FOR 2-STORY
3. SETBACK DIMENSIONS ARE ROUNDED DOWN TO NEAREST HALF UNIT, U.O.N.

BCB	12/14/00		20:1
DRAWN BY	ISSUE		SCALE

0100438

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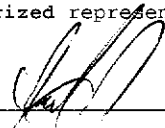
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Signature of authorized representative of stucco contractor:



Date: 3/2/001

Builder Copy

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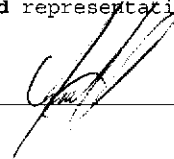
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Subcontractor Copy

CERTIFICATION OF INSULATION

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">WINNOCREST</div> LOT # 048 <div style="font-size: 1.5em; font-family: cursive;">ASAFORD PLACE</div>	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 <div style="font-size: 1.5em; font-family: cursive;">8/6/01</div>
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WALLS		CEILING			FLOORS	
SQUARE FEET		SQUARE FEET			SQUARE FEET	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS	
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MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.	
MANUFACTURER OCF		MANUFACTURER OCF			MANUFACTURER OCF	
R-VALUE		R-VALUE		R-VALUE		
APPLIED		APPLIED		APPLIED		
MIN. INSTALLED		MIN. INSTALLED		MIN. INSTALLED		
<div style="font-size: 1.5em; font-family: cursive;">13</div>	<div style="font-size: 1.5em; font-family: cursive;">3 1/8"</div>	<div style="font-size: 1.5em; font-family: cursive;">30</div>	<div style="font-size: 1.5em; font-family: cursive;">9"</div>			
<div style="font-size: 1.5em; font-family: cursive;">19</div>	<div style="font-size: 1.5em; font-family: cursive;">5 1/2"</div>	<div style="font-size: 1.5em; font-family: cursive;">30</div>	<div style="font-size: 1.5em; font-family: cursive;">12"</div>			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE		MANUFACTURER OCF
AIR INFILTRATION SEALANT						
MATERIAL <div style="font-size: 1.5em; font-family: cursive;">FOAM</div>				MANUFACTURER W R GRACE		

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SIGNATURE—INSULATION CONTRACTOR <div style="font-size: 1.5em; font-family: cursive;">Bill Hurlburt</div>	TITLE MANAGER	DATE <div style="font-size: 1.5em; font-family: cursive;">7-18-01</div>
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE
REMARKS:		