

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9908520

Insp Area: 2

Site Address: 6775 RIPTIDE WY SAC

Parcel No: 030-0670-011

530 Leeward Wy

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

STRATMAN DANIEL R/REBECCA L
530 LEEWARD WY
SACRAMENTO CA 95831

ARCHITECT

Nature of Work: 50 SQ TEAR OFF AND REROOF WITH 25 YR DIM LAM COMP

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 _____ License Number _____ Date _____ Contractor 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: _____

X Date 8/2/99 Owner Signature Daniel Stratman

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.

X Date 8/2/99 Applicant/Agent Signature Daniel Stratman

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 _____ Policy Number _____ Exp Date _____

(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.

X Date 8/2/99 Applicant Signature Daniel Stratman

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.

CERTIFICATION OF INSULATION

PART I GENERAL

BENZER

LOT # **128**

- 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

GATEWAY WEST

DATE INSULATION COMPLETED

PART II AREAS INSULATED

WALLS	CEILING	FLOORS
(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
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.
OCF	OCF	OCF
	BAGS	
13	30	30
3 5/8"	9"	12"

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER OCF
----------------------------	-------------------	---------	-------------------------

AIR INFILTRATION SEALANT

MATERIAL FOAM	MANUFACTURER W R GRACE
----------------------	-------------------------------

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

SIGNATURE—INSULATION CONTRACTOR <i>[Signature]</i>	TITLE MANAGER	DATE 8-6-99
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS

Natomas Unified School District
 1515 Sports Drive, #1 • Sacramento, CA 95834-1905
 Phone 916/641-3300 • Fax 916/928-1629

CERTIFICATION OF COMPLIANCE
SCHOOL DISTRICT DEVELOPMENT FEES

Property Owner's Name	BEAZER Homes		
Owner's Address	3009 Douglas Blvd #150, Roseville, Ca. 95661		
Project Address	3630 Poppy Hill Way		
Parcel Number	225-1160-055	Lot 128	
Subdivision Name	Gateway West Village I		
Number of Units	1		
Print Applicant's Name	Deanna Collins	Applicant's Signature	D. Collins
Title of Applicant	Operations	Telephone Number	773-3888
Date	6/1/99		
Plan Identification Number			
Building Type (Check One)	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Commercial/Industrial		
Square Feet of Chargeable Building Area	11659		
Signature	[Signature]		Date 6/5/99
Title	Bldg Insp		
District Certification Number	99-393		
Fees Collected:			
Residential:	1659	Sq. Ft. X \$ 4.57	= \$ 7581.63
Apartment/Condominium:		Sq. Ft. X \$	= \$
Commercial/Industrial:		Sq. Ft. X \$	= \$
NOTICE TO APPLICANT: Pursuant to government code section 66020 (d), this will serve to notify you that the 90-day approval period in which you may protest the fees, or other payment identified above, will begin to run on the date in which the building or installation permit for this project is issued, or on which they are paid to the District, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.			
Applicant Signature:	[Signature]		Date: 6/1/99

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 authorize Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 95995 have been complied with by the above signed applicant.

SIGNATURE: [Signature] DATE: 6/10/99
 TITLE: EP Dec

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO: WO 88 001200J 201998-01 BLDG PERMIT NO: CITY

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

DEPT 26 \$2,614.00
 TRN 391068 06/15/99
 RECEIPT 203602 C#26-11-99 \$2,614.00

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input checked="" type="checkbox"/> MF <input type="checkbox"/>
CSD-1	29	COMMERCIAL USE	UNITS
SRCS	2,365		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	2,414		

APN: 225-1660-055 LOT: 128

DESCRIPTION/SUBDIVISION: Gateway West Village #1

PROPERTY ADDRESS: 3630 Poppy Hill Way

OWNER: Beazer Homes

MAILING ADDRESS: 3009 Douglas Blvd., Suite #150, Roseville, CA 95661 PHONE: (916) 772-3300

CITY - STATE - ZIP: Roseville, CA 95661

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

APPLICANT SIGNATURE: [Signature]

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT: INSPECTOR COPY



No 18548

INSTALLATION CARD

Job Address: Beazer Reflections Lot 128
3630 Poppy Hill Way
Sacto

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 Construction
 Name John W. Kenyon, III
 Address P.O. Box 2077
North Highlands, CA 95660
 Telephone Number (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 [Signature]

Date 5/12/8