## **CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Site Address: 11 PARNELL CT SAC

Parcel No:

225-1550-056

WESTBR. 1-1 LOT 36

Permit No: 0114064

Insp Area:

Thos Bros:

Sub-Type:

**NSFR** 

Housing (Y/N): N

**CONTRACTOR** 

**OWNER** 

**ARCHITECT** 

WOODSIDE HOMES OF N. CALIF. 15 AUTO PLAZA DR #102 FOLSOM CA. 95630

| Nature of Work: MP 2653 2 STORY 9 RM SFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 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 Namednder'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 744379 Date 1 6 0 Contractor Signature # Elter Bana =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| 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 SecB & 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |
| Date // OK O ( Applicant/Agent Signature # Cetar Brook Sk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| 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 INSURANCE CO. OF THE WEST Policy Number WSL170169001 Exp Date 12/12/2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |
| (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, Ishall 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 for high those provisions.  Date                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |

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 ATTORNEYS FEE.

#### SACRAMEN APZ: NOISIMOBUS IN-LIEU CONSTRUCTION SRCSD CSD-1 INSPECTION MAILING ADDRESS PROPERTY DESCRIPTION, APPLICATION NO: CITY-STATE-ZIP OWNER ACCT APPLICANT SIGNATURE ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER TOTAL CONSOLIDATED Π Don't them GENERAL **ADDRESS** T E $\geq$ חזורוזא Westharaugh Village INFORMATION \*\*CITY\*\* CULATION 118 3500 Š 4100 Folsom, Moodside <u>|---</u> 225-1550-056 600 Plaza Parnell ÜŠĖ 3 Drive \$102 Westlake Court 95630 INPUT COMMERCIAL RESIDENTIAL BLDG PERMIT NO: 200 THIS PERMIT . 3 ATION YEAR FROM BUILDING 3SO PHONE 608-9600 GOOD ONLY WHEN ص ا DATE OF START 2 IMPACT. ISSUANCE 돆 STIND

### **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

| PA                             | RT 1: TO BE COMPLETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ) BY APPLIC           | ANI                              |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| Property Owner's Name          | Woodside Westlake, Lac.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                  |
| Owner's Address                | 15 Plaza Drive #102 Polson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , CA 95630            |                                  |
| Project Address                | 11 Parneli Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lot 36                |                                  |
| Parcel Number                  | 225-1550-056                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                  |
| Subdivision Name               | Westborough Village 1. Phas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | se <u>1</u>           |                                  |
| Number of Units                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                  |
| Print Applicant's Name         | Woodside Homes of CA, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Applicant's Sig       | nature                           |
| Title of Applicant             | Construction Admin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Talankana Num         | iber (916) 608-9600              |
| Date                           | 10/18/01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Telephone Null        | IDEL (319) 909-3009              |
| PARGIL                         | TO BE COMPLETED BY B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | SOLA MONEST                      |
| Plan Identification Number     | 0/14/64/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                  |
| Building Type (Check One)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Commercial/Industrial            |
| Residential                    | □ Apartment/Condom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | inium                 | Commercial/moustral              |
| Square Feet of Chargeable B    | uilding Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                  |
| Signature                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | /                                |
| Title 13 (VSD                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date () (3()          | SCHOOL DISPRICT                  |
| PARTEL TO BE                   | COMPLETED BY NATOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AS UNIKED             | SCHOOL DISTRICT                  |
| District Certification Number  | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>              |                                  |
| Fees Collected:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                     |                                  |
| Residential:                   | Sq. Ft. X \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 - 5                 | =\$ 1/4////                      |
| Apartment/Condominium:         | Sq. Ft. X \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | = \$                             |
| C-ware and al/Industrial:      | Sq. Ft. X \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | = \$                             |
| THE TOTAL AND LOCAN'           | T: Pursuant to government code sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tion 66020 (d), thi   | is will serve to notity you that |
| فلتمنسين فيمميا                | - which you may protect the tees O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r ofner navillellt id | cillified above, will begin to a |
| أفديط مطغطم فطيسين بالباد      | ding or installation permit for this D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | roject is issued, of  | Off wiffer they are part to the  |
| District, or to another public | entity authorized to collect them or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n behalf of the Dis   | trict, whichever is earlier.     |
| · -                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 10/19/01                         |
| Applicant Signature:           | Reserve Library Live                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Da                    | te:                              |
| <del>-</del> -                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | ditions on accompations to the   |
| This certification covers onl  | y the amount of square footage indi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cated above. Any      | additions or corrections to the  |
| square footage for this proje  | ct will require an amendment to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Certificate of Cor    | npnance.                         |
| <del>-</del>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                  |
| As the authorize Natomas       | Unified School District official, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hereby certify tha    | it the requirements of           |
| Commont Code Section           | 95995 have been complied With D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y the above signs     | a shhucane                       |
|                                | AA A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 00111               | 1071970                          |
| CICMATIDE.                     | the state of the s | whom Colored          | OV DATE: 10/12/91                |
| SIGNATURE:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                  |
| SIGNATURE:                     | Construction Admin. Micha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | el Morman             |                                  |

# **CERTIFICATION OF INSULATION**

| SOONESS ON TRACT                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HUG BENK ALLON CONTRACTORS                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| Woodside for                                                                                                                                                                                                                 | P.O. BOX 854, WES 1309 MELODY ROA P.O. BOX 9651, FRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ST SACRAMENTO, CA 95691 LIC. #202026<br>AD, MARYSVILLE, CA 95901 LIC. #202026<br>ESNO, CA 93793-9651 LIC. #202026 |  |
| 48 JEST 84                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO, NV 89505 LIC. #10675<br>SA WAY, LAS VEGAS, NV 89118 LIC. #10675                                               |  |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13310,9                                                                                                           |  |
| WALLS                                                                                                                                                                                                                        | CEILINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FLCORS                                                                                                            |  |
| ( SQUARE FEET)  TYPE OF MISU ATION                                                                                                                                                                                           | ( 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 LD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MANUFACTURER'S PRODUCT I.D.                                                                                       |  |
| MANUFACTURER A.                                                                                                                                                                                                              | MANUFACTURER FINE HELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MANUFACTURER                                                                                                      |  |
| OCF                                                                                                                                                                                                                          | OCF<br>BAGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OCF                                                                                                               |  |
| A PARIVALUE AND INCHES | AND STATE OF THE CONTRACTOR OF THE STATE OF  | R VALUE APPLIED OF THICKNESS II                                                                                   |  |
| 13 35/8                                                                                                                                                                                                                      | 30 134<br>E WALLS IF R-WE UE IS OTHER THAN WALLS A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |  |
| MATERIAL FORM FIBERGLASS                                                                                                                                                                                                     | RVALUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MANUFACTURER                                                                                                      |  |
| FIBERGLASS                                                                                                                                                                                                                   | AIR INCOMES TO SEAL OF | OCF                                                                                                               |  |
| MATERIAL FORM                                                                                                                                                                                                                | MANUFACTURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | W R GRACE                                                                                                         |  |
| MATERIAL GTANDANIOS AND REGULATION                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INFORMATICS WITH APPLICABLE COMES                                                                                 |  |
| SIGNATURE—INSULATION CONTRACTOR SIGNATURE—GENERAL CONTRACTOR                                                                                                                                                                 | MANAGER MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                              |  |
| REMARKS:                                                                                                                                                                                                                     | ma o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |  |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |  |
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |  |

#### KwikKote

#### Stucco System

#### Installation Card

Job Name: WESTLAKE

Address: 11 PARNELL CT.

Lot #: 0000036

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion:

Home Builder: WOODSIDE HOMES

Address: 15 PLAZA DR. #102

FOLSOM, CA

Stucco Contractor: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as

issued by the Stucco Manufacturer: 1001

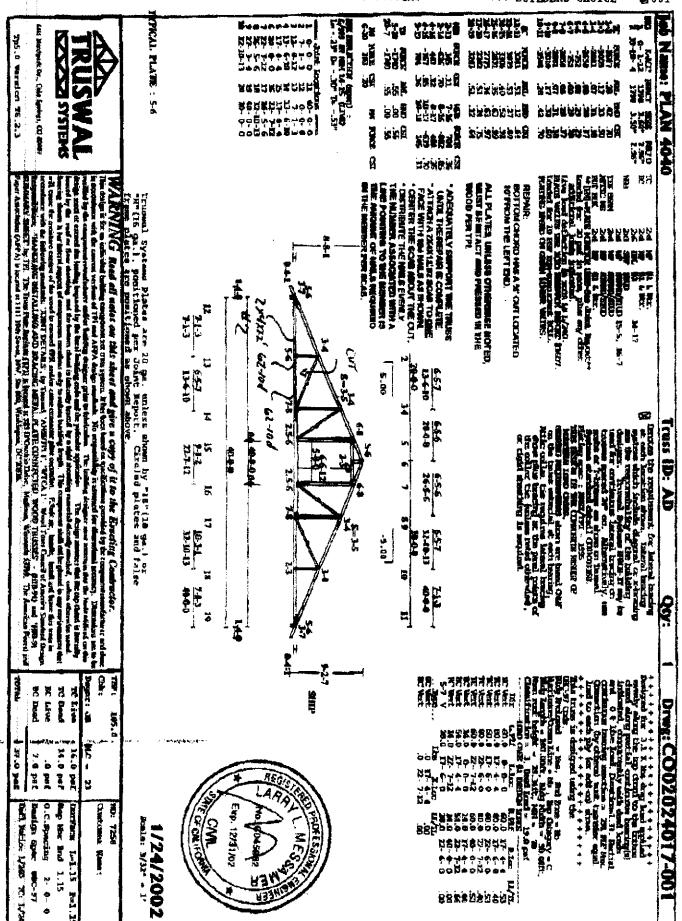
Card Print Date: 03/07/2002

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 study contractor

3-7-02

Date



### RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

| Project Address: 11 Parnell Court  Lot Number: 36                                                                                                              |                                                                 | Assessor Parcel # 225-1550-056 Subdivision Westborough-Village 1 |                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|--|
| <del></del>                                                                                                                                                    | Subdivision                                                     | Westborough-Vill                                                 | age 1 %                        |  |
| OWNER INFORMATION:                                                                                                                                             | ·                                                               |                                                                  |                                |  |
| Legal Property Owner: <u>Woodside Westlal</u> Owner Address: <u>15 Plaza Drive #102</u>                                                                        | ce, Inc. City Folsom                                            | Phone# (916) State CA                                            | 608–9600<br>Zip 95630          |  |
| CONTRACTOR INFORMATION:                                                                                                                                        |                                                                 | 1                                                                | ,                              |  |
| Contractor: Woodside Homes of CA, Incic.                                                                                                                       | <sup>‡</sup> 7443798                                            | Phone # <sub>608-9600</sub>                                      | Fax_608-9940                   |  |
| PROJECT INFORMATION:                                                                                                                                           |                                                                 |                                                                  |                                |  |
| Land Use Zone R1A Occupancy Group                                                                                                                              | R3 Constr                                                       | uction Type <u>VN</u>                                            | Fed Code 1A                    |  |
| No. of Stories: 2 No. of Rooms                                                                                                                                 | s:                                                              | Street Width:                                                    |                                |  |
| 1 <sup>st</sup> Floor Area 1379 2 <sup>nd</sup> Floor Area 1274                                                                                                | Basement_                                                       | N/A Roof Mate                                                    | erial <sub>Cöncrete</sub> Tile |  |
| AREA IN SQUARE FOOT OF:                                                                                                                                        |                                                                 |                                                                  |                                |  |
| Dwelling/Living                                                                                                                                                | 2653                                                            |                                                                  |                                |  |
| Garage/Storage                                                                                                                                                 | 646                                                             | <del></del>                                                      |                                |  |
| Decks/Balconies                                                                                                                                                | S N/A                                                           |                                                                  |                                |  |
| Carports                                                                                                                                                       | N/A                                                             | ·                                                                |                                |  |
| 1.                                                                                                                                                             |                                                                 |                                                                  |                                |  |
| SCOPE OF WORK: New Residen                                                                                                                                     | tial Construct                                                  | ion **Base Hous                                                  | se**                           |  |
|                                                                                                                                                                | ,                                                               |                                                                  | <u>,</u>                       |  |
| Violation Files Checked                                                                                                                                        | d Waiver Required<br>evation Certificate<br>evelopment Infill A | Required Design Rev                                              |                                |  |
| 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO S 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING IN a) Assessors Parcel Number c) Owners N b) New Floor Area d) Project A | CALE<br>IFORMATION<br>Iame                                      | FOR PERMIT ⊶                                                     |                                |  |

Paraistad her (etaff)

Darmit #

FOR OFFICE USE ONLY

Date

