

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0104806  
Insp Area: 2

Site Address: 7541 WHITMORE ST SAC  
Parcel No: 117-1380-043 LAGUNA V N 2 LOT 126

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

**CONTRACTOR**  
D. R. HORTON INC  
110 BLUE RAVINE RD STE. 209  
FOLSOM CA. 95630

**OWNER**

**ARCHITECT**

Nature of Work: NSFR MP2124 9 RMS 2 STORY

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code)

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class 1 License Number 750190 Date 04/20/01 Contractor Signature N. Collins

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

\_\_\_\_\_, I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_\_, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law)

\_\_\_\_\_, I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 04/20/01 Applicant/Agent Signature N. Collins

**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 ARGONAUT INS CO Policy Number WC62600115505 Exp Date 07/01/2000

\_\_\_\_\_, (This section need not be completed if the permit is for \$100 or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 04/20/01 Applicant Signature N. Collins

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 7541 Whitmore St  
Lot Number: 126

Assessor Parcel # \_\_\_\_\_  
Subdivision Laguna Vega

0104806

OWNER INFORMATION:

Legal Property Owner: D.R. HORTON Phone# 965-2200  
Owner Address: 4401 Hazel Ave. #135, City Fair Oaks, State Ca Zip 95628

CONTRACTOR INFORMATION:

Contractor: DR HORTON Lic. # 750190 Phone # 965-2200 Fax 956-22

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A

No. of Stories: 2 No. of Rooms: 9 Street Width: \_\_\_\_\_

1<sup>st</sup> Floor Area 1060 2<sup>nd</sup> Floor Area 1064 Basement \_\_\_\_\_ Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:

Dwelling/Living 2124

Garage/Storage 436

Decks/Balconies 75

Carpports \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

FOR OFFICE USE ONLY

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
  - a) Assessor's Parcel Number
  - b) New Floor Area
  - c) Owners Name
  - d) Project Address

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

7541 WHITMORE ST  
SAC CA 94213

ICBO Report #4004

Date of Job Completion 8/22/01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

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

Date \_\_\_\_\_

  
Signature of authorized representative of  
Plastering Contractor

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

# CERTIFICATION OF INSULATION

<p><b>ADDRESS OR TRACT</b></p> <p style="font-size: 2em; font-family: cursive;">D.A. HORTON</p> <p style="font-size: 1.5em; font-family: cursive;">LAGUNA VEGA</p>	<p style="text-align: center;"><b>SACRAMENTO INSULATION CONTRACTORS</b></p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
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WALLS		CEILINGS			FLOORS	
( SQUARE FEET)		( SQUARE FEET)			( SQUARE FEET)	
<b>TYPE OF INSULATION</b>		<b>TYPE OF INSULATION</b>			<b>TYPE OF INSULATION</b>	
MATERIAL <b>FIBERGLASS</b>		MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>	
FORM <b>BATTS</b>		FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>	
MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.	
<b>MANUFACTURER</b>		<b>MANUFACTURER</b>			<b>MANUFACTURER</b>	
<b>OCF</b>		<b>OCF</b>			<b>OCF</b>	
BAGS						
<b>R-VALUE INSTALLED</b>	<b>APPLIED THICKNESS</b>	<b>R-VALUE INSTALLED</b>	<b>APPLIED THICKNESS</b>	<b>MIN. INSTALLED WEIGHT PER SQUARE FOOT</b>	<b>R-VALUE INSTALLED</b>	<b>APPLIED THICKNESS</b>
13 19	3 1/8" 5 1/2"	30 30	9" 12"			
<b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b>						
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE	MANUFACTURER <b>OCF</b>	
<b>AIR INFILTRATION SEALANT</b>						
MATERIAL <b>FOAM</b>				MANUFACTURER <b>W R GRACE</b>		

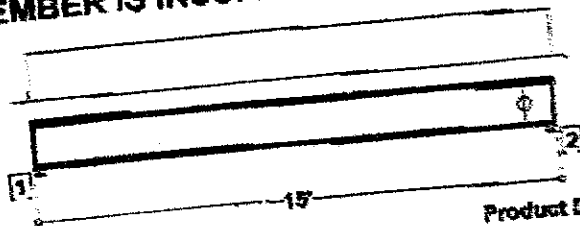
**THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.**

SIGNATURE—INSULATION CONTRACTOR	TITLE	DATE
[Signature]	MANAGER	8-3-07
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS:

14" TJI®/Pro™-250 JOIST @ 16.0" o/c

**MEMBER IS INSUFFICIENT DUE TO LOAD**



**LOADS:**

Analysis for Joist Member Supporting FLOOR - RES. Application. Load(s): 40 Live at 100% duration; 25 Dead; 0 Partition

SUPPORTS:	INPUT WIDTH	BEARING LENGTH	REACTIONS(Ds.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1 2x4 Plate	3.50"	2.25"	400 / 250 / 650	1	14.0"	Detail A3	1.25" LSL Rim
2 2x4 Plate	3.50"	2.25"	400 / 250 / 650	1	14.0"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIERS / BUILDER'S GUIDES for detail(s): A3.

**TJI HOLES:**

DIA.	HEIGHT	WIDTH	LEFT END TO HOLE CENTER	SPAN	DESIGN CONTROL	COMMENT
Circular	4"		14' 1 13/16"	1	FAILED	4" hole near bearing

- Hole 1 is too close to a support location

**LOCATION ANALYSIS:**

USER LOCATION	"X" (HORIZ.) DIMENSION	COMMENT
1	14' 1 13/16"	stresses at 4" hole

**DESIGN CONTROLS:**

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	632	625	1710	Passed(37%)	Rt. end Span 1 under Floor loading
Reaction(lb)	632	632	1171	Passed(54%)	Bearing 2 under Floor loading
Moment(ft-lb)	2304	2304	5418	Passed(43%)	MID Span 1 under Floor loading
Live Defl.(in)		0.120	0.365	Passed(L/999+)	MID Span 1 under Floor loading
Total Defl.(in)		0.195	0.729	Passed(L/999)	MID Span 1 under Floor loading
TJ-Pro Rating		55	Any	Passed	Span 1

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

**TJ-Pro™ RATING SYSTEM**

The TJ-Pro (USA) Rating System value provides additional floor performance information and is based on a Glued & Nailed 25/32 OSB decking. The controlling span is supported by walls. Additional considerations for this rating include: Ceiling - None. A structural analysis of the deck has not been performed by the program.

**PROJECT INFORMATION**

No Project Information available

**OPERATOR INFORMATION:**

NSSE  
 Rob Coca  
 6939 Sunrise Blvd., Suite 123  
 Citrus Heights, CA 95610  
 (916) 726-0512  
 (916) 726-3189

**N**orman

**S**cheel

**S**tructural

**E**ngineer

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

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

**ROBERT COON**  
Project Manager  
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(530) 753-5300  
(530) 753-5380 (fax)

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

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

July 9, 2001

*Micro films*

D.R. Horton  
4401 Hazel Avenue #135  
Fair Oaks, CA 95628

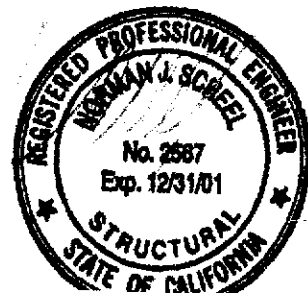
**Re: Laguna Vega (Job #99406)  
Shot Pins**

To Whom It May Concern:

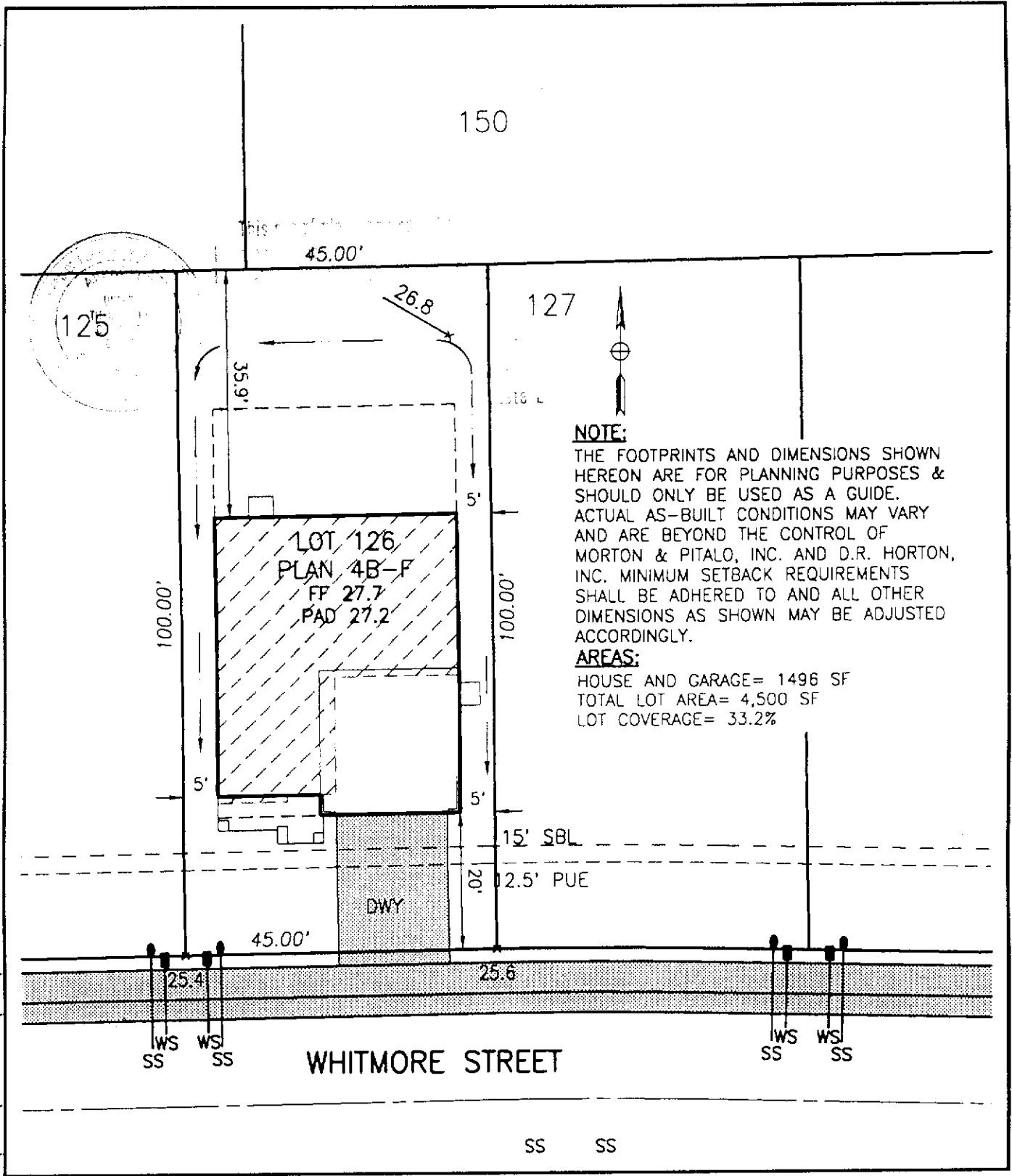
This letter is to clarify that shot pins are acceptable at non-bearing and non-shear wall bearing walls. Anchor bolts are required at all exterior walls and shear wall locations.

If you have any questions, please contact Rob Coon.

**NORMAN SCHEEL**  
STRUCTURAL ENGINEER



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**nmp** MORTON & PITALO, INC.  
CIVIL ENGINEERING • PLANNING • SURVEYING  
1788 TRIBUTE ROAD • SUITE 200 • SACRAMENTO, CA 95815  
PHONE: 916/927-2400 • FAX: 916/567-0120

DRAWN:	GBH	JOB NO:	000077.01
CHECKED:	GBH	DATE:	MAR 2001
SCALE:	1"=20'	SHEET:	1 of 1

PLOT PLAN  
**LAGUNA VEGA NORTH**  
VILLAGE 2  
LOT 126  
SACRAMENTO, CALIFORNIA



# 14" TJI®/Pro™-250 JOIST @ 16.0" o/c

TJ-Beam™ v3.05 Serial Number: 700715542  
BEAMUSA 1001 6/8/01 2:40:41 PM  
Page 2 of 2 Build Code: 145

## MEMBER IS INSUFFICIENT DUE TO LOAD

### ADDITIONAL NOTES:

- **IMPORTANT!** The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
- **THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.**
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

### PROJECT INFORMATION

No Project Information available

### OPERATOR INFORMATION:

NSSE  
Rob Coon  
6939 Sunrise Blvd., Suite 123  
Citrus Heights, CA 95610  
(916) 726-0612  
(916) 726-3188





TJ-Beam v6.55 Serial Number: 700112042

BEAMUSA 1001 8/18/01 2:03:51 PM

Page 1 of 1

Supplemental Report for

14" TJI®/Pro™-250 JOIST @ 16.0" o/c

MEMBER IS INSUFFICIENT DUE TO LOAD

Member Information:

Project Information:

Operator Information:

MSSE  
Rob Coon  
6933 Sunrise Blvd., Suite 123  
Circus Heights, CA 95620  
(916) 729-6612  
(916) 726-3189

14' - 0.00"

Max. Vertical Reaction Total(lb) 650 650  
Live(lb) 400 400  
Selected Seaming Length(in) 2.25(W) 2.25(W)  
Max. Unbraced Length(in) 17

Floor loading on all members, LDF = 1.00

Shear(lb) 635 -632  
Reaction(lb) 650 650  
Moment(ft-lb) 2104  
Live Defl.(in) 0.120  
Total Defl.(in) 0.153

Dead load, LDF = 0.90

Shear(lb) 243 -243  
Reaction(lb) 250 250  
Moment(ft-lb) 884

Location analysis: critical values at location 1 (horizontal distance from left end) = 14' 1 11/16"  
Comment: stresses at 4" hole

	Design	Control	
Shear(lb)	-576	1710	under Floor loading
Moment(ft-lb)	358	5418	under Floor loading
Live Defl.(in)	0.02		under Floor loading
Total Defl.(in)	0.03		under Floor loading

The actual values above may be different than the design values used for the member design.

**NORMAN SCHEEL  
STRUCTURAL ENGINEER**

6939 Sunrise Blvd. Suite 123  
Citrus Heights, CA 95610

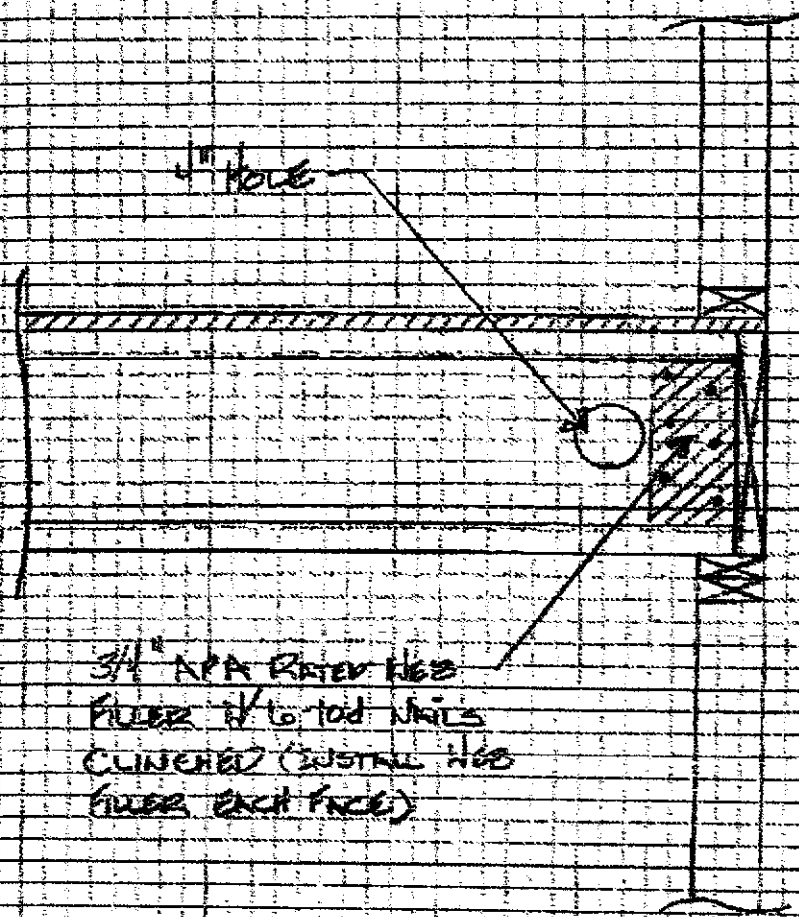
JOB LAGUNA LEGA PLAN 4

CLIENT P.R. HERRON

DATE 8/6/01

JOB NO. 99406 BY ROB

SHEET NO. 1 of 1



3/4" AFA RATED HSS  
FILLET W/ 1/8" TO 1/4" WELDS  
CLINCHED (EASTERN HSS  
FILLET EACH FACE)

