

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0213233
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2952 MAHASKA WY SAC
Parcel No: 225-1810-025 CREEKSIDE 2 LOT 25

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 135
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: NSFR MP2494 10 RMS 2 STORY

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

Lender's Name _____ Lender's Address _____

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

License Class _____ License Number 750190 Date 10-17-02 Contractor Signature [Signature]

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

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions 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 above mentioned property for inspection purposes.

Date 10-17-02 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
____ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

DT 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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2003

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

Date 10-17-02 Applicant Signature [Signature]

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

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

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 2952 MAHASKA WAY Assessor Parcel # 225-1810-025-0000
 Lot Number: 25 Subdivision CREEKSIDE - MEADOWS

OWNER INFORMATION:

Legal Property Owner: DR HORTON Phone# 916 965 2200
 Owner Address: 4401 HAZEL AVE 135 City FAIR OAKS State CA Zip 95628

CONTRACTOR INFORMATION:

Contractor: DR HORTON Lic. # 750190 Phone # 916 965 2200 Fax 916 965 2201

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 1 No. of Rooms: 8/10 Street Width: _____
 1st Floor Area 1273 2nd Floor Area 1221 Basement ✓ Roof Material CONCRETE
TILE

AREA IN SQUARE FOOT OF:

Dwelling/Living		<u>2494</u>
Garage/Storage		<u>581</u>
Decks/Balconies		<u>✓ 82</u>
Carports		<u>✓</u>

SCOPE OF WORK: NEW HOME CONSTRUCTION

FOR OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Information Above Complete | <input type="checkbox"/> AR Flood Waiver Required | <input type="checkbox"/> Planning Approval |
| <input type="checkbox"/> Violation Files Checked | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval |
| <input type="checkbox"/> Standard Setbacks | <input type="checkbox"/> Water Development Infill Area | <input type="checkbox"/> Special Fee Districts Apply: |
| <input type="checkbox"/> County Sewer | | |

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	c) Owners Name
b) New Floor Area	d) Project Address

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *AC 102*
 PERMIT AND CALCULATION *10-01-02*

APPLICATION NO: _____ BLDG PERMIT NO. *Sub 2002-00723*
 GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION BUILDING USE

INSPECTION	RESIDENTIAL	SF <input checked="" type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	<i>720</i>	COMMERCIAL USE	
SRCSD	<i>4500</i>		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	<i>5220</i>	<i>0</i>	

APN: *225-1816-025-0000*
 DESCRIPTION: *CREEKSIDE VILLAGE 2* LOT: *25*
 SUBDIVISION: _____
 PROPERTY ADDRESS: *2952 MANASKA WY* S/C, CA 95835
 OWNER: *D. R. HATHORN*
 MAILING ADDRESS: *4401 HAZEL AVE. Suite 135*
 CITY-STATE-ZIP: *Fair Oaks CA 95628* PHONE: *916-965-2700*
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT
 APPLICANT SIGNATURE: *[Signature]*
 CONSOLIDATED UTILITY BILLING USE ONLY
 ACCT: _____ INPUT: _____ START: _____

Natomas Unified School District
 1901 Arena Blvd. • Sacramento, CA 95834
 Phone 916/567-5468 • Fax 916/567-5470

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: TO BE COMPLETED BY APPLICANT	
Property Owner's Name	DE HAVEN
Owner's Address	2411 HAZEL AVE SF 95118
Project Address	1452 HANASKA WAY
Parcel Number	215-1111-025-0000
Subdivision Name	(BLVD - ONE - PEADON)
Number of Units	
Print Applicant's Name	DE HAVEN
Title of Applicant	JWEL
Date	
Applicant's Signature	
Telephone Number	4165277
PART II: TO BE COMPLETED BY BUILDING DEPARTMENT	
Plan Identification Number	IMP 2494
Building Type (Check One)	
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Apartment/Condominium
<input type="checkbox"/> Commercial/Industrial	
Square Feet of Chargeable Building Area	2494
Signature	
Title	
Date	9/12/02
PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT	
District Certification Number	03:538
Fees Collected:	
Residential:	2494 Sq. Ft. X \$ 3.00 = \$ 7482.00
Apartment/Condominium:	Sq. Ft. X \$ = \$
Commercial/Industrial:	Sq. Ft. X \$ = \$
<p>NOTICE TO APPLICANT: Pursuant to government code section 66020 (d), this will serve to notify you that the 90-day approval period in which you may protest the fees, or other payment identified above, will begin to run on the date in which the building or installation permit for this project is issued, or on which they are paid to the District, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.</p>	
Applicant Signature:	Date: 10.1.02

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 65995 have been complied with by the above signed applicant.

SIGNATURE: Michael Norman DATE: 10/1/02
 TITLE: Facilities Planning Director

KwikKote

No. 200-913466

Stucco System Installation Card

Job Name: MEADOWS @ CREEKSIDE

Address: 2952 MAHASKA WAY

Lot #: 0000025

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: D.R. HORTON INC.

Address: 4401 HAZEL AVE. SUITE 135
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.

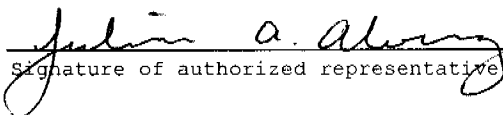
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 01/21/2003

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



Signature of authorized representative of stucco contractor

3-3-03

Date

CERTIFICATION OF INSULATION

ADDRESS OR TRACT

SACRAMENTO BUILDING PRODUCTS

D.R. Horton
 Creekside @
 Natomas Meadows
 LOT # 25

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART I GENERAL

PART II AREAS INSULATED

PART III CERTIFICATION

WALLS			CEILING			FLOORS		
(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
FORM BATTS			FORM BATTS & BLOW			FORM BATTS		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
CT	OC	JM	CT	OC	JM	CT	OC	JM
BAGS								
R-VALUE INSTALLED	APPLIED THICKNESS		R-VALUE INSTALLED	APPLIED THICKNESS		R-VALUE INSTALLED	APPLIED THICKNESS	
19	13	5 1/2	30	9				
		5 1/2	30	12				
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS			FORM BATTS			R VALUE		
						MANUFACTURER		
						CT OC JM		
AIR INFILTRATION SEALANT								
MATERIAL Foam						MANUFACTURER		
						HILTI		
						HANDY FOAM		

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

SIGNATURE — INSULATION CONTRACTOR	<i>jc</i>	TITLE	DATE
		MANAGER	3-13-03
SIGNATURE — GENERAL CONTRACTOR		TITLE	DATE

REMARKS

Aug 26 02 11:06a

530-758-2775

P. 21
P. 10

Aug 26 02 10:07a

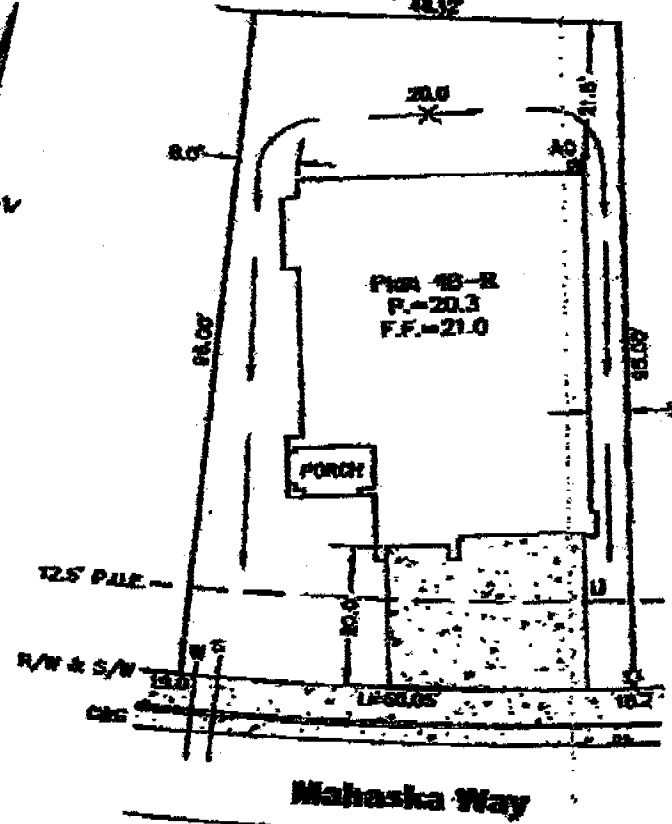
Craig Wecker

This set of plans and specifications must be

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF RECORDING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROPRIATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-DRAWN CONDITIONS. RECORDING FEES ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.

as a submission from the Building Inspector.

The approval of this plan and specification SHALL NOT be taken to permit or approve the violation of any City Ordinance or State Law.



Mahaska Way

Handwritten initials/signature

- LEGEND
- U - - - - - UTILITY LOCATION
 - AC - - - - - AIR CONDITIONER
 - S - - - - - SEWER
 - W - - - - - WATER
 - SL - - - - - STREET LIGHT

SCALE: 1" = .20'

PLOT PLAN
LOT 25
CROCKFORD VILLAGE 2
City of Sacramento, State of California

**WECKER
SURVEYS**

3740 MOONC PLACE
DUNES, CA 95018
530-782-7252
FAX 530-758-2775

09/26/2002 TUE 09:49 [11/02 NO 0124] 0010