

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0311717  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N):

Site Address: 5419 ALVOCA WY SAC

Parcel No: 201-0680-106  
N

NORTHPOINTE PARK VIL. 23 LOT 106

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

**OWNER**

**ARCHITECT**

Nature of Work: MP321 1 STORY 7 ROOM 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 Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

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

License Class B License Number 732348 Date \_\_\_\_\_ Contractor Signature [Signature]

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

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

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

PAID  
CITY OF SACRAMENTO  
AUG 25 2003  
NORTH PERMIT

**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 8-24-03 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2003

\_\_\_\_ (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 8-24-03 Applicant Signature [Signature]

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

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

**RESIDENTIAL BUILDING PERMIT APPLICATION**

**3**

New Construction

Addition

Remodels

Other

LOT # 106

Project Address: 5419 ALUOCA WAY

Assessor Parcel # 201-0680-106

OWNER INFORMATION: NORTHPOINTE PARK VILLAGE 23

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

CONTRACTOR INFORMATION: 0311717

Contractor: LENNAR RENAISSANCE Lic. # 732348 Phone # (916) 773-747 Fax# (916) 773-4086

**PROJECT INFORMATION:**

Land Use Zone M/A Occupancy Group R3 Construction Type VM Fed Code 1A  
 No. of stories: ONE No. of rooms: 8 Street width: 40'  
 1<sup>st</sup> Floor Area 1353 2<sup>nd</sup> Floor Area 0 Basement N/A Roof Material TILE

| AREA IN SQUARE FOOT OF: | EXISTING | NEW         |
|-------------------------|----------|-------------|
| Dwelling/Living         | _____    | <u>1353</u> |
| Garage/Storage          | _____    | <u>400</u>  |
| Decks/Balconies         | _____    | _____       |
| Carports                | _____    | _____       |

SCOPE OF WORK: NEW SFD  
PLAN # 321

**FOR OFFICE USE ONLY:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Information above complete | <input type="checkbox"/> AR Flood Waiver required             | <input type="checkbox"/> Planning Approval                  |
| <input type="checkbox"/> Violation files checked    | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval             |
| <input type="checkbox"/> Standard setbacks          | <input type="checkbox"/> Water Development Infill Area        | <input type="checkbox"/> Special Fee Districts Apply: _____ |
| <input type="checkbox"/> County Sewer               |   |   |

**NEW STRUCTURES & ADDITIONS**

❖ THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- |   |   |
|---|---|
| <input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE   | ❖ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
| <input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA |   |
| <input type="checkbox"/> Title 24 Energy Compliance documentation     | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor   |
| <input type="checkbox"/> Grading and Erosion Control Questionnaire    | <input type="checkbox"/> Plan Review Fees   |

Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_

ACTIVITY/PERMIT # \_\_\_\_\_







**INSULATION CONTRACTORS  
ASSOCIATION  
OF AMERICA**

INSULATION  
CERTIFICATE  
  
40302

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Winncrest LOT # 106 TRACT # Amber  
STREET 5419 Albuca Way CITY Sac.

EXTERIOR WALLS:  
MANUFACTURER FG THICKNESS/TYPE 3 1/2 R- VALUE 13

CEILING:  
BATT: FG THICKNESS/TYPE 10 R- VALUE 38  
BLOWN IN: CT MINIMUM THICKNESS 12 R- VALUE 38  
MANUFACTURER

SQUARE FOOTAGE COVERED 856 NUMBER OF BAGS USED 20  
FLOORS:  
MANUFACTURER THICKNESS/TYPE VALUE  
SLAB ON GRADE: R-  
MANUFACTURER THICKNESS/TYPE VALUE

WIDTH OF INSULATION INCHES  
FOUNDATION WALLS:  
MANUFACTURER THICKNESS/TYPE VALUE

GENERAL CONTRACTOR  
CALIFORNIA CONTRACTORS LICENSE # DATE

SIGNATURE TITLE

INSULATION CONTRACTOR **ARCADE INSULATION**  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #55201

*Rigby* DATE 3-15-04  
SIGNATURE TITLE

# KwikKote

No. 200-917357

## Stucco System Installation Card

Job Name: AMBER LANE @ REGENCY PARK  
Address: 5419 ALVOCA WAY  
SACRAMENTO,  
Lot #: 0106-23

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: LENNAR RENAISSANCE/WINNCREST  
Address: 2240 DOUGLAS BLVD #250  
ROSEVILLE, CA

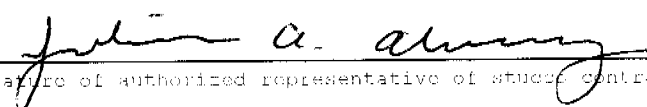
Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
issued by the Stucco Manufacturer: 1001

Card Print Date: 09/15/2003

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

12-22-03  
Date