

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0012295  
Insp Area: 2

Site Address: 28 SINSKEY CT SAC  
Parcel No: 117-1360-035 JACINTO VILLAGE LOT 35

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

CONTRACTOR  
BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP2049 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, 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 D License Number 224191 Date 10/1/00 Contractor Signature N. E. 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 10/1/00 Applicant/Agent Signature N. E. 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 LIBERTY MUTUAL INS CO. Policy Number WA2-651-004147-080 Exp Date 4/1/2001

\_\_\_\_ (This section need not be completed if the permit is \$1000 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 the Labor Code, I shall forthwith comply with those provisions.

Date 10/1/00 Applicant Signature N. E. 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.**

**KWIKKOTE**  
STUCCO SYSTEM  
INSTALLATION CARD

# 21012  
BEAZER HOMES  
BELLEFLEUR LOT 35  
28 SINSKEY COURT SACRAMENTO

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP  
ICBO Evaluation Service, Inc. Report No. 3607  
Date of Job Completion \_\_\_\_\_

Stucco Contractor  
Name  
Address

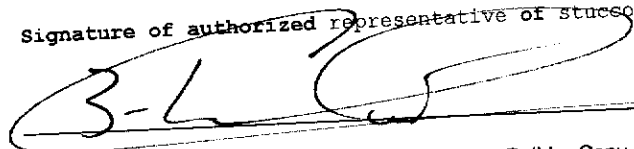
Kenyon Plastering, Inc.  
John W. Kenyon, III  
P.O. Box 2077  
North Highlands, CA 95660  
(916) 349-8191

Telephone #

Approved Contractor Number as issued by the Stucco Manufacturer: 1

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

Signature of authorized representative of stucco contractor:



Date: 3-23-01

Builder Copy

# CERTIFICATION OF INSULATION

BEAZER

LOT # 35

- 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 89116 LIC. #10675

BELLE FLEUR

DATE INSULATION COMPLETED

( SQUARE FEET)	( SQUARE FEET)	( SQUARE FEET)
WALLS	CEILING	FLOORS
TYPE OF INSULATION	TYPE OF INSULATION	TYPE OF INSULATION
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.

MANUFACTURER	MANUFACTURER	MANUFACTURER
<b>OCF</b>	<b>OCF</b>	<b>OCF</b>
	BAGS	

APPLIED THICKNESS	APPLIED THICKNESS	R VALUE	R VALUE	R VALUE	R VALUE	R VALUE	R VALUE
13	3 5/8	38	14 1/4	38	14 3/4		

MATERIAL	FORM	R VALUE	MANUFACTURER
<b>FIBERGLASS</b>	<b>BATTS</b>		<b>OCF</b>

MATERIAL	MANUFACTURER
<b>FOAM</b>	<b>W R GRACE</b>

TO CERTIFY THAT INSULATION MEETS OR EXCEEDS ALL APPLICABLE MATERIAL STANDARDS AND REGULATIONS

SIGNATURE—INSULATION CONTRACTOR <i>Bill Grogan</i>	TITLE MANAGER	DATE 3/5/01
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS

**RESIDENTIAL BUILDING PERMIT APPLICATION**

New Construction       Addition       Remodels       Other

Project Address: 28 Sunkey Court      Assessor Parcel # 117-1360-035  
Lot 35

**OWNER INFORMATION:**

Legal Property Owner: BEAZER HOMES      Phone # (916) 773-3888  
 Owner Address: 3009 Douglas Blvd. #150; City ROSEVILLE; State Ca. Zip 95661

**CONTRACTOR INFORMATION:**

Contractor: BEAZER HOMES      Lic. # 724191      Phone # 773-3888      Fax# 773-0425

**PROJECT INFORMATION:**

Jacinto Village South  
 Land Use Zone R14      Occupancy Group R3      Construction Type VN      Fed Code 14  
 No. of stories: 2      No. of rooms: \_\_\_\_\_      Street width: \_\_\_\_\_  
 1<sup>st</sup> Floor Area 994      2<sup>nd</sup> Floor Area 1055      Basement \_\_\_\_\_      Roof Material \_\_\_\_\_

**AREA IN SQUARE FOOT OF:**

**EXISTING**

**NEW**

Dwelling/Living	_____	<u>2049</u>
Garage/Storage	_____	<u>615</u>
Decks/Balconies	_____	_____
Carports	_____	_____

**SCOPE OF WORK:**

**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 #

**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  
Email: [rob@nsse.com](mailto:rob@nsse.com)

**PAULO IBÁÑEZ**  
Project Manager  
Email: [paulo@nsse.com](mailto:paulo@nsse.com)

**TIM SLOAN**  
Project Manager  
Email: [tims@nsse.com](mailto:tims@nsse.com)

**STEVE COOKSEY**  
CAD Supervisor  
Email: [steve@nsse.com](mailto:steve@nsse.com)

**STACY MARLIN**  
Office Manager  
Email: [stacy@nsse.com](mailto:stacy@nsse.com)

**Davis**

213 E Street Suite B  
Davis, CA 95616  
(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: [durrell@nsse.com](mailto:durrell@nsse.com)

February 6, 2001

Beazer Homes  
3009 Douglas Blvd. Suite 150  
Roseville, CA 95661

**Re: Bellefleur (Job #20234)  
Inspection Clarification**

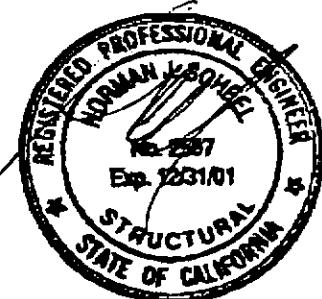
To Whom It May Concern:

This letter is to clarify the following information:

1. JSI hole chart: See sketch for allowable hole location and size based on most critical load and span for this project.
2. Anchor bolt schedule required per shear wall listed on following sheet.
3. JSI fix lot 23: See following sheet.
4. The bent holdown bolt at lot 23 is acceptable with the reduced loads.
5. See sketch for missing sill plate at shear wall, lot 23.
6. The hole in the rim does not affect the shear transfer capacity required at this location.
- 7/8. Lot 35, for both of the locations where 4x6 posts were installed: Install a 2x stud the same width as the wall and nail with 16d at 6" o.c. 2 rows staggered full length of stud.
9. Lot 60: Holes in top plate are acceptable with the strap nailed across the face. The 2x8 nailer is only required when the whole top plate is cut out.

If you have any questions, please call Rob Coon.

  
**NORMAN SCHEEL**  
**STRUCTURAL ENGINEER**



THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION. RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

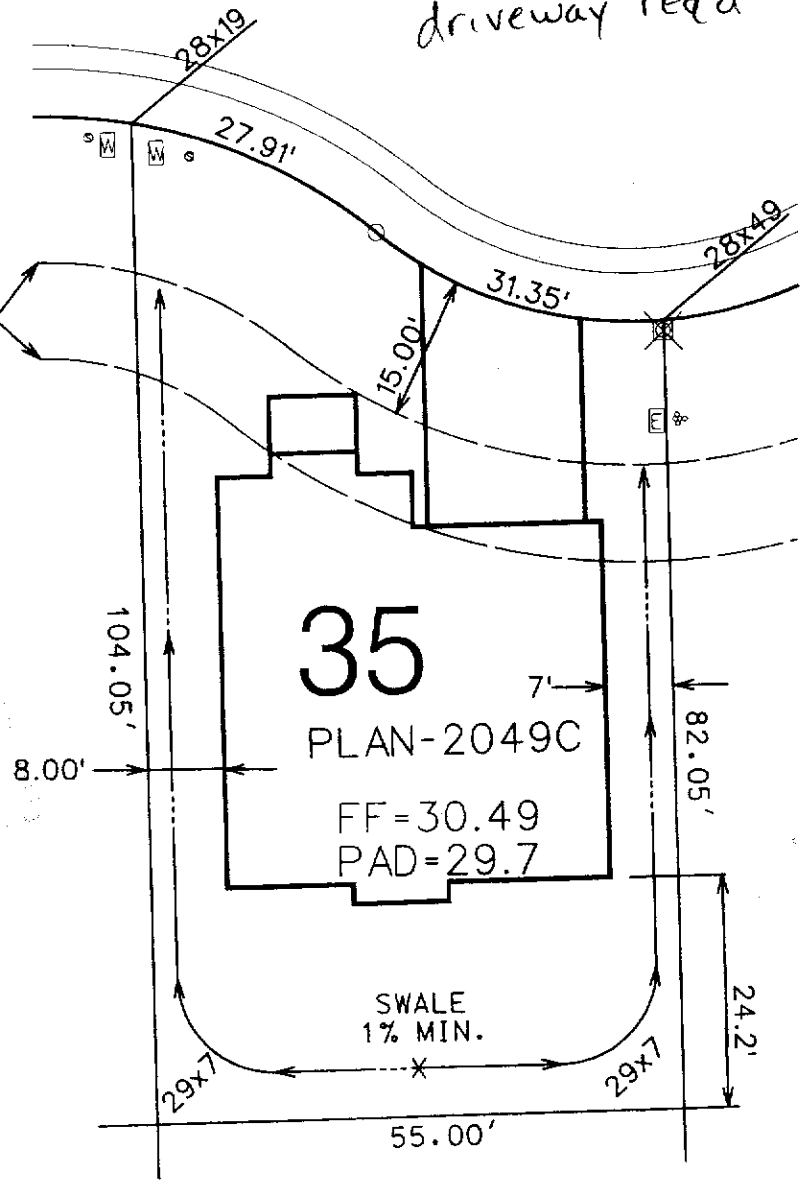
# CUVAISON CT.

- Ⓜ — WATER METER BOX
- Ⓜ — ELECTRICAL BOX
- ⊕ — UTILITY RISERS
- Ⓢ — SEWER CLEANOUT
- ⊗ — STREET LIGHT

*min 20' driveway req'd*

FRONT YARD  
VARIABLE  
SETBACK  
15'-26'(TYP)

SCALE: 1"=20'



5038 SQUARE FEET

<p>7777 Granback Lane Suite 104 Citrus Heights, CA 95610 Tel: (916) 722-1800 Fax: (916) 722-4595 CIVIL - WATER RESOURCES - SURVEYING</p>	PLOT PLAN FOR LOT 35		SCALE: 1"=20'
	JACINTO VILLAGE SOUTH		DATE: 09-15-00
	A.P.N. 117-1360-035		REVISED:
	ADDRESS: COUNTY: SACRAMENTO		DRAWN BY: PRA
			CHK'D. BY: LK
			W.O. 0434-01