

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0400785
Insp Area: 4
Thos Bros: 257-C5

Site Address: 5448 ALVOCA WY SAC
Parcel No: 201-0680-071 NORTHPT. PARK 23 LOT 71

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

CONTRACTOR
LENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE, CA 95661

OWNER

ARCHITECT

Nature of Work: MP323X 2 STORY 10 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 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 1-23-04 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:

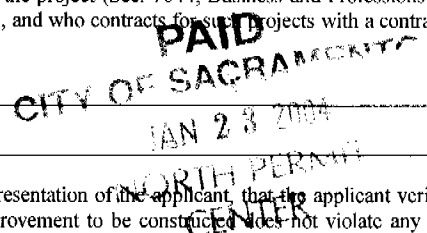
Carrier OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2004

(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 1-23-04 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: 5448 ALVOCA WAY Assessor Parcel # 201-0680-071
Lot Number: 71 Subdivision NORTHPOINTE PARK VILLAGE 23

OWNER INFORMATION:

Legal Property Owner: WINNCREST HOMES Phone# 773-7471
Owner Address: 1015 CREEKSIDE RIDGE RD City ROSEVILLE State CA Zip 95678

CONTRACTOR INFORMATION:

Contractor: WINNCREST Lic. # 732348 Phone # 773-7471 Fax _____

PROJECT INFORMATION:

5'

Land Use Code R/A Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: TWO No. of Rooms: _____ Street Width: 40'
1st Floor Area 1024 2nd Floor Area 1005 Basement: N/A Roof Material TILE

AREA SCHEDULE DETAIL:

Dwelling/Living 2029
Garage/Storage 463
Decks/Balconies _____
Outports _____

SCOPE OF WORK:

NEW SFD

MAP # 323X

- 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



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE
43913

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:

Wincrest LOT # 21 TRACT # Amberlane

STREET 5448 Alwoca way CITY Sacramento

EXTERIOR WALLS:

MANUFACTURER RS THICKNESS/TYPE 2 5/8 R- VALUE 13

CEILING:

BATTS: MANUFACTURER RS THICKNESS/TYPE 1 2 R- VALUE 3.8

BLOWN IN: MANUFACTURER Insulation MINIMUM THICKNESS 1 1/4 R- VALUE 3.8

SQUARE FOOTAGE COVERED 1214 NUMBER OF BAGS USED 28

FLOORS: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

SLAB ON GRADE: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

GENERAL CONTRACTOR _____ CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR **ARCADE INSULATION**

CALIFORNIA CONTRACTORS LICENSE #815286 DATE 6/16/04

NEVADA CONTRACTORS LICENSE #55201 SIGNATURE Ben ... TITLE Installer

KwikKote

No. 200-919493

Stucco System Installation Card

Job Name: AMBER LANE @ REGENCY PARK
Address: 5448 ALVOCA WAY
SACRAMENTO,
Lot #: 0071-23

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: 1075 Creekside Ridge Dr. #100
ROSEVILLE, CA

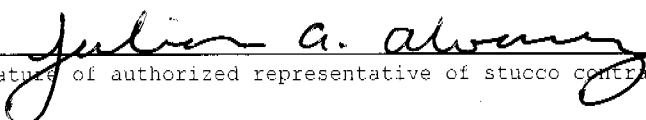
Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 01/27/2004

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

6-15-04

Date