

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0111006**

**Insp Area: 4**

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

**Site Address: 4821 VERENA LN SAC**

Parcel No: 225-1610-074

WESTBR 6 LOT 74

**CONTRACTOR**

MORRISON HOMES  
1130 IRON POINT RD STE 120  
FOLSOM CA. 95630

**OWNER**

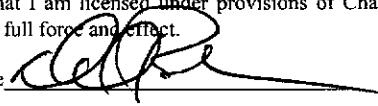
**ARCHITECT**

**Nature of Work: NSFR MP3262 2 STORY 11 RMS**

**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 519465 Date 8-31-01 Contractor 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.)

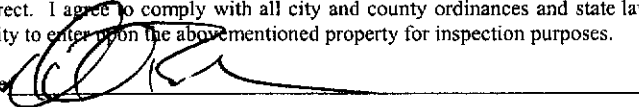
\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a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

Date 8-31-01 Applicant/Agent 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 ZURICH-AMERICAN INS. CO. Policy Number WC2090701-03 Exp Date 11/01/2001

\_\_\_\_ (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 8-31-01 Applicant 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.**

# CERTIFICATION OF INSULATION

MORRISON

LOT # 71

4821- Verena Ln

BELLAGO

- 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

WALLS		CEILING		FLOOR	
( SQUARE FEET)		( SQUARE FEET)		( SQUARE FEET)	
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			
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS
13 19	3 1/2 5 1/2"	30 30	9" 12"		
KNEE WALLS IF APPLICABLE					
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		MANUFACTURER <b>OCF</b>	
MATERIAL			MANUFACTURER		
<b>FOAM</b>			<b>W R GRACE</b>		

THIS IS TO CERTIFY THAT INSULATION AND/OR SEAL AIR HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODE MATERIAL STANDARDS AND REGULATIONS

SIGNATURE—INSULATION CONTRACTOR <i>[Signature]</i>	TITLE MANAGER	DATE 2/7/02
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS:

# OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

4821 VERENA LANE  
Sac, Ca 95835

Date of Job Completion 3-10-02

PLASTERING CONTRACTOR:

Name: Stucco Work, Inc  
Address: 5900 WAREHOUSE WAY SACRAMENTO CA  
Telephone No: (916) 383 66 99  
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 3/12/02

[Signature]  
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.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 4821 Verma Lane Assessor Parcel # 225-1610-074  
Lot Number: 74 Subdivision Northborough Village I

OWNER INFORMATION:

Legal Property Owner: Morrison Homes Phone# (916) 355-8900  
Owner Address: 1130 Iron Point Rd #120 City Folsom State CA Zip 95630

CONTRACTOR INFORMATION:

Contractor: Morrison Homes Lic. # 519465 Phone # 355-8900 Fax 355-0100

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: 2 No. of Rooms: \_\_\_\_\_ Street Width: \_\_\_\_\_  
1st Floor Area 1586 2nd Floor Area 11076 Basement \_\_\_\_\_ Roof Material \_\_\_\_\_  
AREA IN SQUARE FOOT OF:  
Dwelling/Living 3262  
Garage/Storage 615  
Decks/Balconies \_\_\_\_\_  
Carports \_\_\_\_\_  
SCOPE OF WORK: New Single Family Dwelling

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) Assessors Parcel Number
  - b) New Floor Area
  - c) Owners Name
  - d) Project Address

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

