

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

**Permit No: 0012012**  
**Insp Area: 4**

**Site Address: 1841 MONTARA AV SAC**  
Parcel No: 225-1110-035 NORTHPT PK 12 35

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

CONTRACTOR  
LENNAR RENAISSANCE INC.  
2240 DOUGLAS BL  
ROSEVILLE CA 95661

OWNER

ARCHITECT

**Nature of Work: NSFR MP655A/3622 SQ FT/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 B License Number 73234E Date 10/13/00 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 10/13/00 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 TRANSCONTINENTAL INSURANCE CO Policy Number WC166792277 Exp Date 6/1/2001

\_\_\_\_ (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 10/13/00 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.**

# FOGEL INSULATION INC.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 969-6191

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:

TRACT SOMERSET LOT 35/655

STREET 1841 Montara Ave CITY Stockton

EXTERIOR WALLS: CT 2x4 3 1/2 13

MANUFACTURER CT 2x6 6 1/4 19

THICKNESS R-VALUE

CEILING AREA: BATS CT 12 R-VALUE 38

THICKNESS R-VALUE

CEILINGS: BLOWN IN INSUL STAFFE 14 3/4 R-VALUE 38

MANUFACTURER THICKNESS R-VALUE

SQUARE FOOTAGE 2257 NUMBER OF BAGS USED 57

2 CAROLINE FLOOR AREA

MANUFACTURER CT THICKNESS 6 1/4 R-VALUE 19

~~EXTERIOR KNEEWALL:~~

MANUFACTURER CT THICKNESS 6 1/4 R-VALUE 19

INTERIOR KNEEWALL:

MANUFACTURER CT THICKNESS 6 1/4 R-VALUE 19

APPLIED CAULK & SEALANT TO ALL EXTERIOR OPENINGS & PENETRATIONS

YES  NO

GENERAL CONTRACTOR \_\_\_\_\_ TITLE \_\_\_\_\_

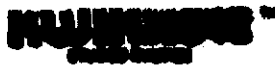
CALIFORNIA CONTRACTORS \_\_\_\_\_

LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

Ross Schmitt Field Rep Bob Walker 5/1/01

INSULATION CONT. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



0012012 R

INSTALLATION CARD

Job Address: 1841 Montrea Ave

State System Reference: ENR NOTE  
Name of State Manufacturer: ENR NOTE CORP.

ENR Evaluation Service, Inc.  
Evaluation Report EN-3007  
Date of Job Completion: 7-6-01

Class Contractor Name: Kenyon Plastering  
Address:  
Telephone Number:

Approved Contractor Number as issued by the State Manufacturer:

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

Signature of authorized representative of class contractor: Nestor Perez  
Date: 7-25-01

FIGURE 3

DECLARATION

Project Address: \_\_\_\_\_ Date: \_\_\_\_\_

The field batch and mixing of all components and of the exterior wall coating at the address noted above has been continuously inspected before, during and after installation of the construction coating. The field batching and mixing have been found to comply with current evaluation report EN-3007 and approved plans.

Authorized Inspector Signature: \_\_\_\_\_  
Authorized Inspector Name (Print): \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

\*This is to certify that the above noted inspector, approved by ENR NOTE CORP, was authorized to inspect the project as noted and was found to properly discharge his duties.

Signature of Employee of Owner of Report Holder: \_\_\_\_\_  
Signer's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature required only if inspector is not an employee of evaluation report holder.

FIGURE 4