

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

**Permit No: 0009920**  
**Insp Area: 4**

**Site Address: 11 RIVER PEBBLE WY SAC**  
Parcel No: 274-0520-045 RIVERWALK UNIT 1 LOT 80

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

CONTRACTOR  
MYERS HOMES INC.  
3300 FITZGERALD RD  
RANCHO CORDOVA CA 95742

OWNER

ARCHITECT

**Nature of Work: NSFR MP1879 2 STORY 9 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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ 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 abovementioned property for inspection purposes.

Date \_\_\_\_\_ 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 **REFLIANCE NAT INS CO** Policy Number **NWA0154613-01** Exp Date **04/01/2001**

(This section need not be completed in the permit fee of \$700 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 \_\_\_\_\_ 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.**

PLAN 2 Lot 80 1879

0009920

**RESIDENTIAL BUILDING PERMIT APPLICATION**

- New Construction     Addition     Remodels     Other

Project Address: 11 River Pebble Way Assessor Parcel # 274-0520-045  
Sacramento, CA 95835

**OWNER INFORMATION:**

Legal Property Owner: MYERS HOMES OF CALIFORNIA, LLC Phone # 916-851-0530  
 Owner Address: 3300 FITZGERALD RD City RANCHO CORDONA State CA Zip 95142

**CONTRACTOR INFORMATION:**

Contractor: MYERS HOMES, INC. Lic. # 744473 Phone # 916-851-0530 Fax # 916-851-0535

**PROJECT INFORMATION:**

Land Use Zone R-1A PUD Occupancy Group R-3 Construction Type YN Fed Code 1A  
 No. of stories: 2 No. of rooms: 12 Street width: 50 FT  
 1<sup>st</sup> Floor Area 934 2<sup>nd</sup> Floor Area 945 Basement N/A Roof Material TILE

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1279</u>
Garage/Storage	_____	<u>655</u>
Decks/Balconies	_____	<u>50</u> COVERED FRONT PORCH
Carports	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION OF SINGLE FAMILY RESIDENCE; RIVERWALK  
SERIES II, PLAN 2 / 1879 # IN MASTER PLANNED COMMUNITY P99-045  
P17-005 AMENDED

**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

- PLAT 8.5" x 11" 3 DRAINAGE INFO
- 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.
- 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA
- Title 24 Energy Compliance documentation     11" x 17" copy of floor plan for County Assessor
- Grading and Erosion Control Questionnaire     Plan Review Fees

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

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

# CERTIFICATION OF INSULATION

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

MEYERS

CT # 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 89118 LIC. #10675

RIVERWALK

DATE INSULATION COMPLETED

PART I GENERAL

PART II AREAS INSULATED

WALLS		CEILINGS			FLOORS	
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 ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
13	3 5/8"	30 30	9" 12"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL: <b>FIBERGLASS</b>		FORM: <b>BATTS</b>			R-VALUE	
					MANUFACTURER: <b>OCF</b>	
AIR INFILTRATION SEALANT						
MATERIAL: <b>FOAM</b>				MANUFACTURER: <b>W R GRACE</b>		

**THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.**

SIGNATURE - INSULATION CONTRACTOR <i>Bell Livings</i>	TITLE MANAGER	DATE 12-4-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

**OMEGA PRODUCTS CORP.**  
**BLANKET WALL INSULATED FORM SYSTEM**

JOB NUMBER:

LCB Report Form

Lot 80  
11 RIVER PEBBLE CT

Date of Job Completion 11-28-00

PLASTER CONTRACTOR:

Name: Nasrah Plastering  
Address: Box 355 Lumberton, NC 28648  
Telephone No: (910) 645-7337  
Contractor Number of Blanked Wall System 2150

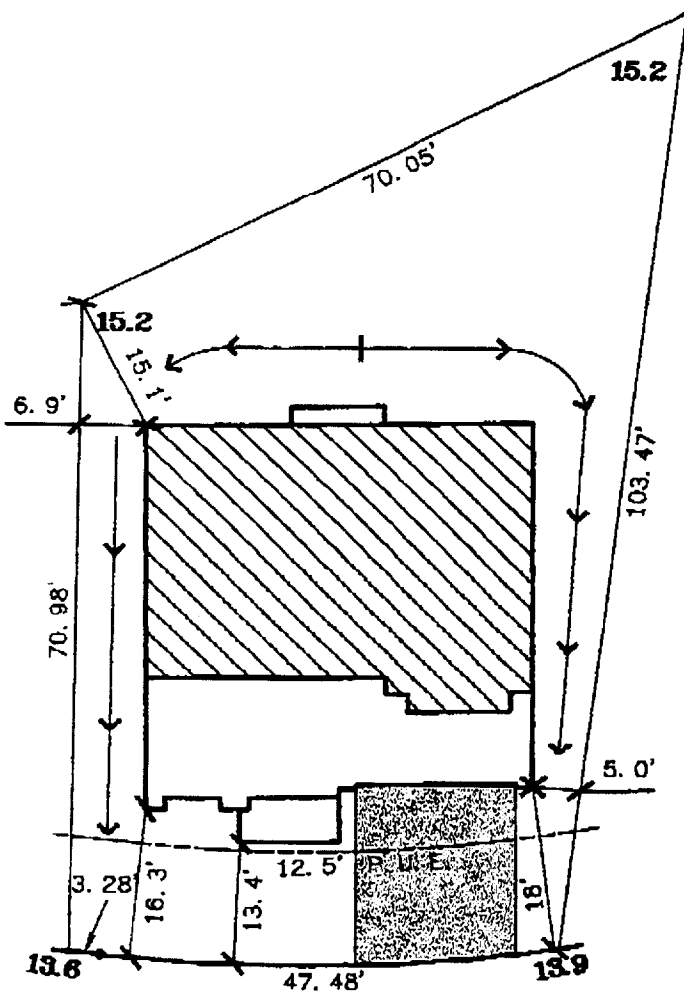
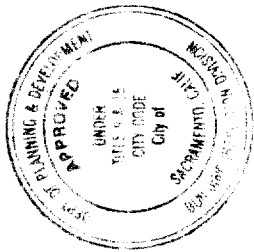
This is to certify that the exterior coating system on the building exterior as the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

1-23-01  
Date

Jim Austin  
Inspector or Architect Representative of  
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.  
 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



**RIVER PEBBLE COURT**



DATE 8-23-00 REV

A.P.N.:

ADDRESS: 11 RIVER PEBBLE COURT

LOT AREA: 4,861 SF  
 LOT COVERAGE: 30%

**The Splink Corporation**  
 2590 VENTURE OAKS WAY  
 SACRAMENTO, CA 95833  
 PH:(916)925-5550 FAX:(916)921-9274

**RIVERWALK  
 UNIT NO. 1  
 LOT 80  
 PLAN 1879C**

**RIVERWALK**  
 CITY OF SACRAMENTO, CA.  
 CLIENT: MYERS HOMES  
 JOB NO.: 1456-001

00 09920

# CERTIFICATION OF INSULATION

*River Pebble*

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

*11-15-00*

*30 X*

7809 854 WEST SACRAMENTO, CA 95691 LIC #202098

89 WOODY ROAD, MARYSVILLE, CA 95901 LIC #202098

1000 N 951, FRESNO, CA 93793-9651 LIC #202098

1000 N 951, RENO, NV 89505 LIC #10675

1200 S INDEPENDENT WAY, LAS VEGAS, NV 89118 LIC #10675

INSULATION COMPLETED

*11-15-00*

PART I GENERAL

PART II AREAS INSULATED

PART III CERTIFICATION

WALLS

CEILINGS

FLOORS

TYPE OF INSULATION

FIBERGLASS

BATTS

MANUFACTURER

OCF

TYPE OF INSULATION

FIBERGLASS

BATTS & BLOW

MANUFACTURER

OCF

SQUARE FEET

TYPE OF INSULATION

MATERIAL

FIBERGLASS

FORM

BATTS

MANUFACTURER'S PRODUCT ID

MANUFACTURER

OCF

R - VALUE INSTALLED

APPLIED THICKNESS

R - VALUE INSTALLED

APPLIED THICKNESS

MIN. INSTALLED WEIGHT PER SQUARE FOOT

R - VALUE INSTALLED

APPLIED THICKNESS

*13  
19*

*3 5/8"  
5 1/2"*

*30  
30*

*9"  
12"*

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

FIBERGLASS

BATTS

OCF

AIR INFILTRATION SEALANT

*FOAM*

W R GRACE

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE OF INSULATION CONTRACTOR

*Bill Lewis*

MANAGER

DATE

*11-15-00*

DATE

REMARKS

**OMEGA PRODUCTS CORP.**  
**SLATED WALL LAMINATED GLASS SYSTEM**

JOB NUMBER:

LEAD REPORT FORM

100-811  
11 KNEE RIDGE CT

Date of Job Completion 11/12/66

PLANNING CONTRACTOR:

Name: Masah Pletzman

Address: Box 395, Fairfield, CT 06424

Telephone No: (203) 245-7337

Contractor Number of Slated Wall System 2150

This is to certify that the exterior slating 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.

Signature: [Signature]  
PLANNING CONTRACTOR

This certification card must be presented to the building inspector after  
completion of work and before final inspection.