

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

**Permit No: 0010974**  
**Insp Area: 2**

**Site Address: 7769 LARAMORE WY SAC**  
Parcel No: 053-0016-003 MEADOWVIEW VIL.-7 LOT 3

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

CONTRACTOR  
NEW FAZE DEVELOPMENT  
2377 GOLD MEADOW WY STE.270  
GOLD RIVER CA. 95670

OWNER

ARCHITECT

**Nature of Work: NSFR MP1900 8 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 FARMERS MERCH. Lender's Address EUK CORVIZ, CA

**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 714601 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 10/18/00 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 STATE FUND Policy Number 1376963-99 Exp Date, 11-01-00

\_\_\_\_ (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 whatsoever subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation laws of California, I shall forthwith comply with those provisions.

Date 10/18/00 Applicant Signature [Signature]

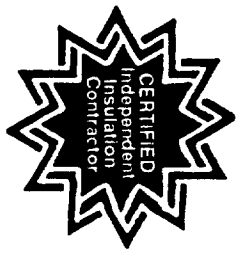
**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**



# WesPac

insulation  
a MASCO Company



809 North Market Blvd., Ste. 11 • Sacramento, CA 95834  
(916) 927-7149 • Fax (916) 927-4257  
Lic. #487478

## Installed Insulation Certificate

We certify that the building insulation listed herein is installed in conformance with current energy conservation regulations, California Administrative Code Title 24, State of California

RECTOR  
R38 ATTIC  
R38 CEILING  
R13 EXT

AREA

TYPE

INSULATED BY (PRINT NAME)

Certified by \_\_\_\_\_

Title Secretary

Address of Lot Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date Installed \_\_\_\_\_

Phone # \_\_\_\_\_



**BASALITE**<sup>®</sup>  
PACIFIC STUCCO SYSTEMS

4290 Roseville Road  
North Highlands, CA 95660 5710  
(916) 486-4094  
Fax (916) 486-4187

Installation Card  
Fiber Reinforced Stucco

Job Name and Address : New Faze Development

ICBO# 5269

Rainbow Spring Lot - 3

\_\_\_\_\_ Date of job completion

Sacramento, CA

Plastering Contractor

Name: G. Glenn Plastering

Address: 6330 Main Ave., Suite 4, Orangevale, CA 95662

Telephone No (916) 989-8755

Approved contractor as issued by Basalite/Pacific Stucco

This is to certify the exterior coating system at the above address, has been installed in accordance with the evaluation report specified above and the manufacturers instructions.

Delores Islam

Signature of authorized representative of plastering contractor

\_\_\_\_\_ Date

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

CONSOLIDATED ENGINEERING LABORATORIES  
CONCRETE, REINFORCING, POST-TENSIONING

Project Name: Rainbow Springs  
Project Address: \_\_\_\_\_  
Type of Work: P/T

Date: 1/6/01 Project No.: 51737  
Inspector: DAVID ROBBINS  
 Sampling  Inspection

Checked materials and operations at batch plant.

Visually checked loads for proper slump.

Obtained grab sample of cement.

Inspected precast operations at \_\_\_\_\_

Reported to Chris \_\_\_\_\_  
at jobsite

Inspected rebar placement for \_\_\_\_\_

Inspected placement of: a)  Anchor Bolts;  
b)  Holddowns; c)  Tiedowns for \_\_\_\_\_

Monitored loads arriving at jobsite for correct  
mix and proper slump.

Inspected jobsite placing and vibrating of  
\_\_\_\_\_ yards of concrete.

Performed air entrainment tests: a)  tests

Performed unit weight tests: a)  tests.

Performed slump test: a)  tests.

Cast one batch of \_\_\_\_\_ sets of cylinders  
\_\_\_\_\_ and one set of shrinkage beams, and  
\_\_\_\_\_ sets of shrinkage beams  
representing Concrete Mix No. \_\_\_\_\_ placed at:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Take specimens from any loads suspected as  
being out of specification due to high slump  
overtime mixing, etc.

14  Returned to plant for duration of pour.

15  Checked ram and gauge calibration. (PT)

16  Inspected strassing operations/elongation for  
LOTS 1 THROUGH 8

17  Elongations were within specified limits.  
a)  with the following exceptions:  
\_\_\_\_\_

18  Job cancelled due to \_\_\_\_\_

19  Work inspected was in compliance with approved  
plans and specifications: a)  except as noted.

20  per approved drawings no. PT-1

21  Non-Compliance Report left at jobsite. (Lab copy  
attached.)

22  \_\_\_\_\_ hours spent performing reinspection.

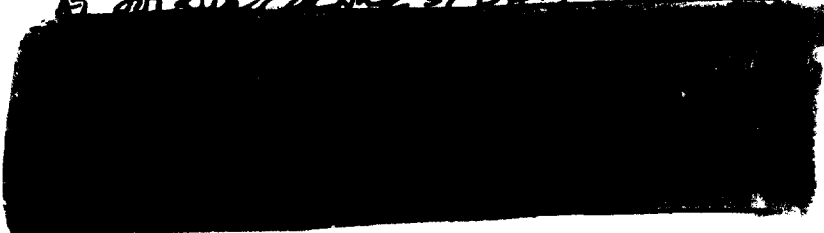
Unusual circumstances or problems?  No  Yes

\*Describe below. Notified Chris \_\_\_\_\_

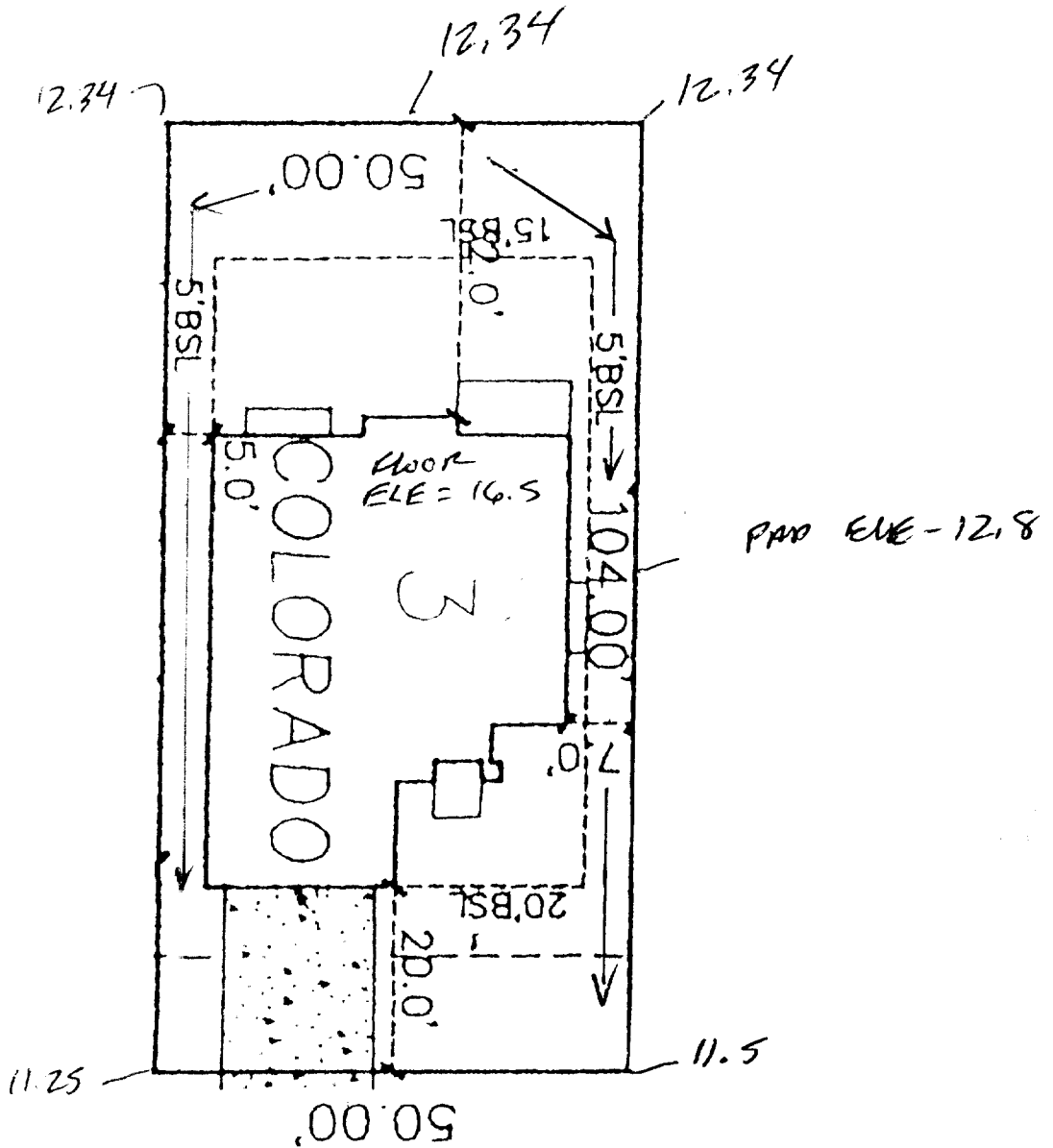
at jobsite and \_\_\_\_\_ at CEL.

NOTES/COMMENTS:  Continued on back of page  
ALL LOTS MARKED WITH HAIRPINS INSTALLED  
AT OUTSIDE CORNER STD 4.19 STRAPS.

*Handwritten:* IN FILE



# New Faze Development



2377 Gold Meadow Way  
 Suite 270  
 Gold River, CA  
 95670-4443  
 916/924.9906  
 Fax: 916/924.9936

## RAINBOW SPRINGS

Lot #003 Plan # 1859

7769 Laramore Way, Sacto

APN: 053-0016-003

Scale 1" = 20'