

CITY OF SACRAMENTO

Permit No: 0112652

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 190 HAWKCREST CR SAC

Thos Bros:

Parcel No: 225-1550-072

WESTBOROUGH VIL. 2 PHASE 2 LOT 9

Sub-Type: NSFR

Housing (Y/N):

N

CONTRACTOR

OWNER

ARCHITECT

JTS COMMUNITIES
3434 MARCONI AVE STE.C
SACRAMENTO CA. 95835

Nature of Work: MP 4235 2 STORY 11 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 767107 Date 10/02/01 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 improvement.

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 10/02/01 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 DAUGARD INS. BROKERS Policy Number WC 3374248-00 Exp Date 11/18/2001

(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 10/02/01 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.

CERTIFICATION OF INSULATION

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

JTS

LOT # *A9*

190 Hawkcrest Cir,

THE SWONES

- 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

FLOORS

(SQUARE FEET)

(SQUARE FEET)

(SQUARE FEET)

TYPE OF INSULATION

TYPE OF INSULATION

TYPE OF INSULATION

MATERIAL

FIBERGLASS

MATERIAL

FIBERGLASS

MATERIAL

FIBERGLASS

FORM

BATTS

FORM

BATTS & BLOW

FORM

BATTS

MANUFACTURER'S PRODUCT I.D

MANUFACTURER'S PRODUCT I.D

MANUFACTURER'S PRODUCT I.D

MANUFACTURER

OCF

MANUFACTURER

OCF

MANUFACTURER

OCF

BAGS

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

FIBERGLASS

FORM

BATTS

R VALUE

MANUFACTURER

OCF

AIR INFILTRATION SEALANT

MATERIAL

Foam

MANUFACTURER

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 - INSULATION CONTRACTOR

Jeff Cable

TITLE

MANAGER

DATE

3-20-07

SIGNATURE - GENERAL CONTRACTOR

TITLE

DATE

REMARKS:

PART I
GENERAL

PART II
AREAS
INSULATED

PART III
CERTIFICATION

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

Project Address

190 Harkercrest Cir
Sacramento Ca,

ICBO Evaluation Service, Inc.
Report ER-4004

Date Completed _____

Plastering Contractor

Name: I.T.S. Stucco Div
Address: 11285 White Rock Rd. Rancho Cordova Ca 95772
Telephone No. (916) 851-0273

Approved contractor number as issued by Omega Products Intl, Inc. # 2227

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 and the manufacturer's instructions.

Devy Ricketts
Signature of authorized representative of _____
plastering contractor _____
Date 5-14-02

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

Project Address: 190 HAWKCREST CIRCLE Assessor Parcel # 225-1550-072
Lot Number: 9 Subdivision WESTBOROUGH Village 2, PHASE: 2

OWNER INFORMATION:

0162652

Legal Property Owner: JTS Communities, Inc. Phone# 916-487-3434
Owner Address: 3434 MARCONI AVE. City SACRAMENTO State CA Zip 95821

CONTRACTOR INFORMATION:

Contractor: JTS Communities Lic. # 767107 Phone # 487-3434 Fax 487-3815

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A

No. of Stories: 2 No. of Rooms: _____ Street Width: _____

1st Floor Area 2268 2nd Floor Area 1967 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

Dwelling/Living 4235
Garage/Storage 670
Decks/Balconies _____
Carports _____

SCOPE OF WORK: NSFD-112-WL

FOR OFFICE USE ONLY

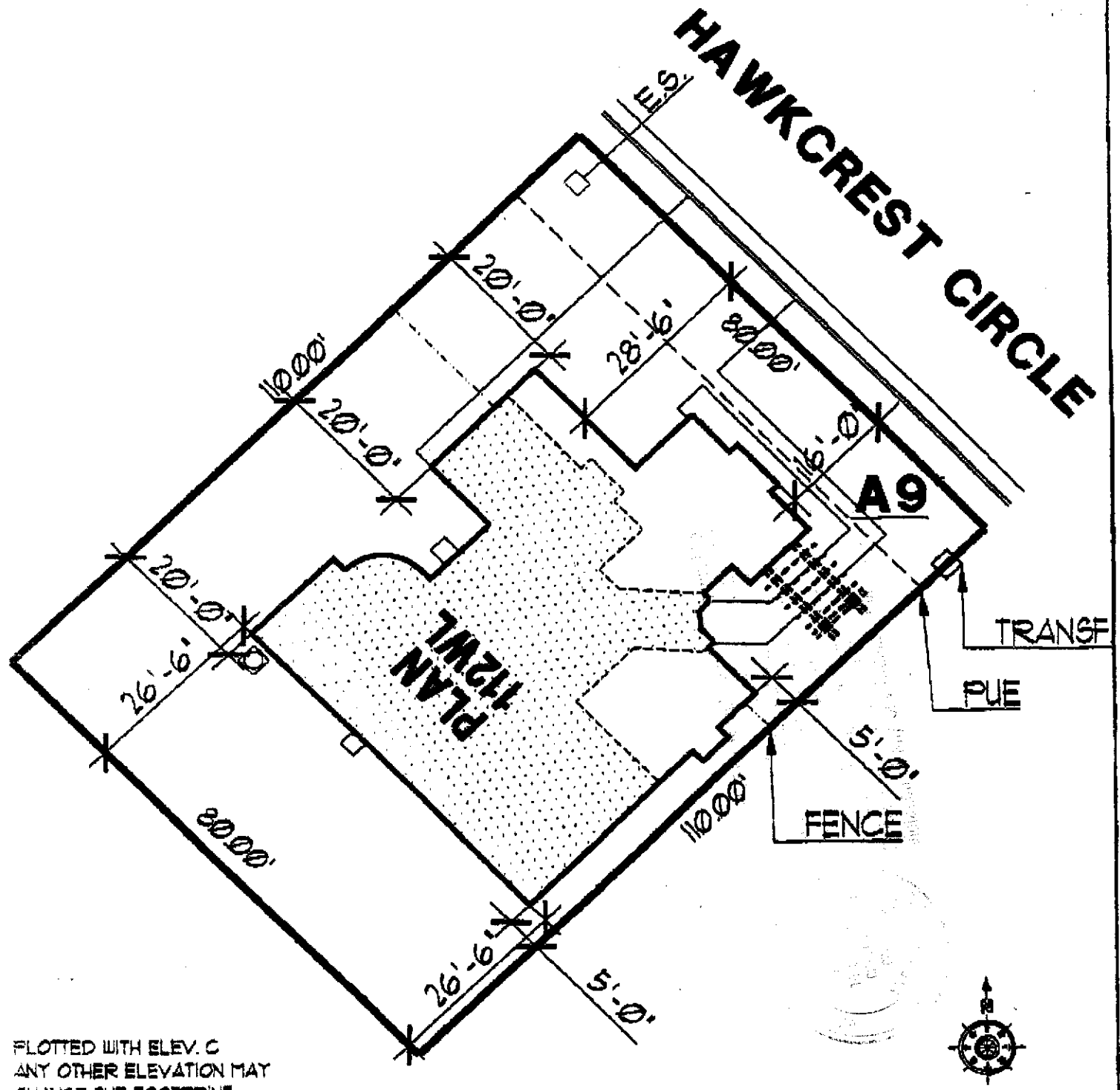
- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

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) Assessor's Parcel Number
 - b) New Floor Area
 - c) Owners Name
 - d) Project Address

Date: _____ Received by: (staff) _____ Permit # _____

10026692992001



FLOTTED WITH ELEV. C
 ANY OTHER ELEVATION MAY
 CHANGE THE FOOTPRINT

DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL

2 STORY HOUSE 3 CAR GARAGE	PROPOSED SITE PLAN	 3434 Marconi Avenue Suite A Sacramento, CA 95821 (916) 487-3434	THE SHORES AT WESTLAKE WESTLAKE VILLAGE 2
APN # APPROVED FOR RELEASE	DATE	APPROVED FOR RELEASE	SCALE = 1" = 80' DATE: AUG. 20, 2001 DATE

6112652

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
PERMIT AND CALCULATION SHEET

APPLICATION NO: _____ BLDG PERMIT NO: _____

GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
SRCSD			
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	0		

APN: _____

DESCRIPTION / SUBDIVISION _____ LOT: **9**

PROPERTY ADDRESS **190 Hawkcrest Cir**

OWNER _____

MAILING ADDRESS _____

CITY-STATE-ZIP _____ PHONE _____

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE _____

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

RECEIPT

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: TO BE COMPLETED BY APPLICANT			
Property Owner's Name	ITS COMMONETTES, INC.		
Owner's Address	2131 MARQUAT AVE, STE #1, SACRAMENTO, CA 95821		
Project Address	1910 HAWKREST CIRCLE LOT # 9		
Parcel Number	228-1550-072		
Subdivision Name	WESTBOROUGH VILLAGE 2 PH. 2		
Number of Units	1		
Print Applicant's Name	ITS COMMONETTES, INC.	Applicant's Signature	<i>[Signature]</i>
Title of Applicant			
Date	9/12/01	Telephone Number	(916) 487-5134 ext. 118
PART II: TO BE COMPLETED BY BUILDING DEPARTMENT			
Plan Identification Number	112-WL		
Building Type (Check One)	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Commercial/Industrial		
Square Feet of Chargeable Building Area	4,235		
Signature	<i>[Signature]</i>		
Title	SL	Date	9-12-01
PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT			
District Certification Number	02-440		
Fees Collected:			
Residential:	4235	Sq. Ft. X \$ 3.35	= \$ 14,179.25
Apartment/Condominium:		Sq. Ft. X \$	= \$
Commercial/Industrial:		Sq. Ft. X \$	= \$
NOTICE TO APPLICANT: Pursuant to government code section 66020 (d), this will serve to notify you that the 90-day approval period in which you may protest the fees, or other payment identified above, will begin to run on the date in which the building or installation permit for this project is issued, or on which they are paid to the District, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.			
Applicant Signature:	<i>[Signature]</i>		Date: 9/12/01

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorize Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 95995 have been complied with by the above signed applicant.

SIGNATURE: *[Signature]* DATE: 9/12/01
 TITLE: Michael Morman
Facilities Planning Director