

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0111062

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 80 GOLDSTONE CR SAC

Parcel No: 225-1270-040

NATOMAS CROSS 17 LOT 22

CONTRACTOR

BECK HOMES
3114 WEST HAMMER LANE
STOCKTON CA. 95209

OWNER

ARCHITECT

Nature of Work: NSFR MP3493 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 _____ License Number 478421 Date 10.2.01 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 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 10.2.01 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 FREMONT COMPENSATION Policy Number: WN99591990-06 Exp Date 07/29/2000

____ (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 10.2.01 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.



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

INSULATION
CERTIFICATE

74155

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

PLEASE TO VERIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH
CURRENT ENERGY REGULATIONS CALIFORNIA ADMINISTRATIVE CODE TITLE 24, STATE OF
CALIFORNIA, IN THE BUILDING LOCATED AT:

Beck LOT # 100 TRACT # 6515

STREET 2177 Whisler CITY ARCO

EXTERIOR WALLS: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

CEILINGS: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

BATT: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

MANUFACTURER: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

BLOWN IN: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

MANUFACTURER: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

SQUARE FOOTAGE COVERED: 2500 NUMBER OF BAGS USED 15

FLOORS: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

MANUFACTURER: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

SLAB ON GRADE: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

MANUFACTURER: F 16 THICKNESS/TYPE 1 1/2" 15 R- VALUE 14

WIDTH OF INSULATION _____ INCHES R- VALUE _____

FOUNDATION WALLS: _____ THICKNESS/TYPE _____ R- VALUE _____

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

GENERAL CONTRACTOR _____ DATE _____

CALIFORNIA CONTRACTORS LICENSE # _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR **ARCADE INSULATION** DATE _____

CALIFORNIA CONTRACTORS LICENSE #263784

SIGNATURE _____ TITLE _____

**@lpha Inspections
& Material Testing**

70 Rancho Del Sol • Camino, CA 95709
(530) 644-6726 • (916) 825-7733

DATE: 1-26-01
PROJECT NO. 2001
PROJECT: J.B. / BECK HOMES
LOCATION: LOT # 22 BLISTED WAY

DSA FILE/APPL. NO. _____
OSHPD NO. _____
PERMIT NO. _____
WEATHER: _____ TEMP: _____

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AI-255 GAGE: A4-1004 TORQUE WRENCH: _____
RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>LOT 22 EPOXY ANCHOR BOLTS</u>	<u>5/8</u>	<u>3</u>		<u>6855</u>	<u>2670</u>	<u>3</u>	<u>0</u>	<u>0</u>

- Type of epoxy / grout used: _____ Method of application / cleaning: _____
- Visual inspection was performed on _____
- Show up / Stand by time. Job Canceled / Delayed due to: _____
- All non-compliance items were brought to the attention of: _____ at the job site.

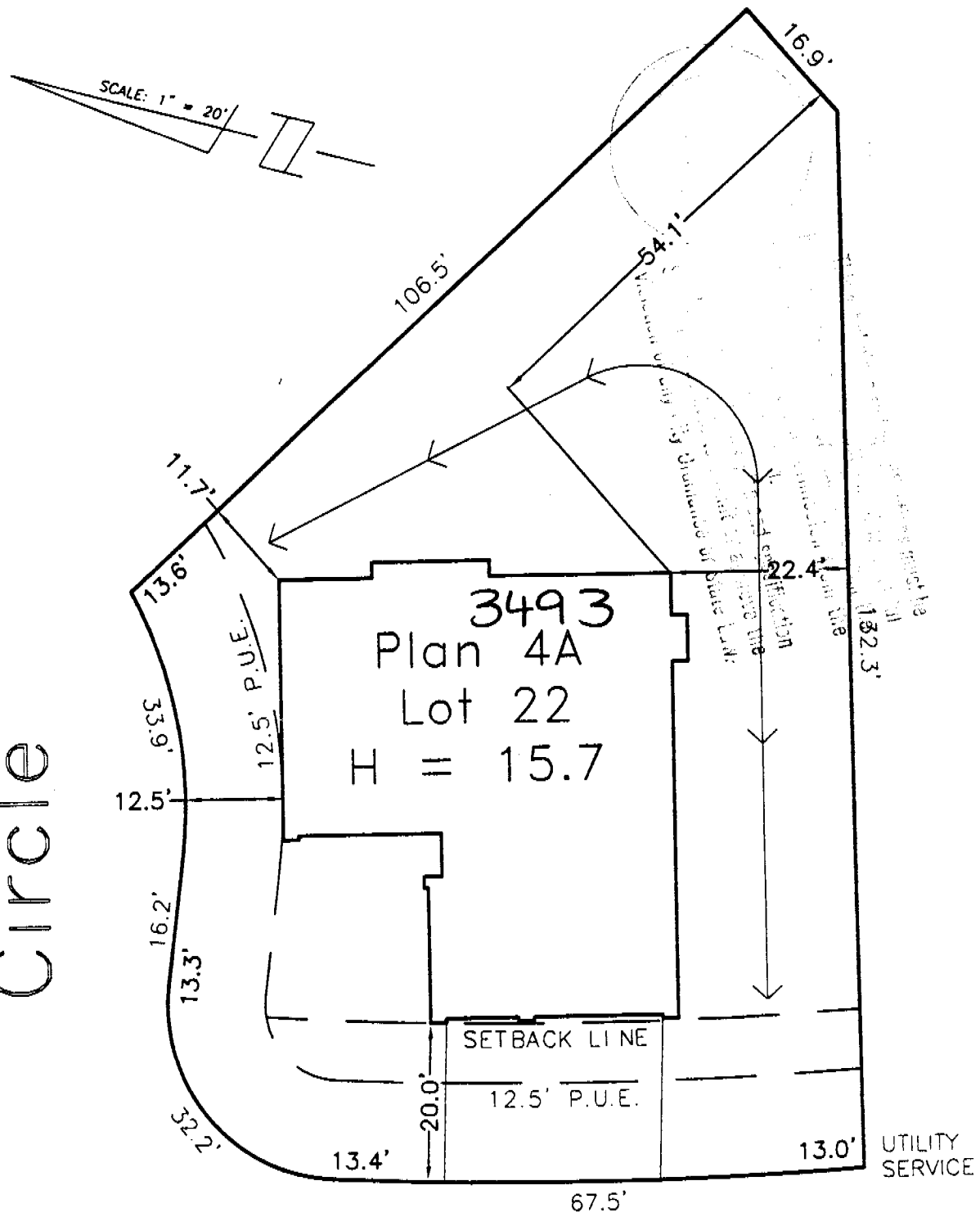
NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above WAS / WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____ Inspector: [Signature]

80 Goldstone
Circle



Bilsted Way

Natomas Crossing
Village 17 LF
City of Sacramento, CA
Beck Properties

Natomas Crossing
APN# 225-1270-40
80 Goldstone Circle

**WECKER
SURVEYS**

3740 MODOC PLACE
DAVIS, CA 95616
530-792-7252

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other

Project Address: 80 Goldstone Circle Assessor Parcel # 225-1270-40

OWNER INFORMATION: Lot 22 3493-A

Legal Property Owner: Beck Properties Phone # 209-957-0331
 Owner Address: 3114 W. Hammer Ln. City Stockton State CA. Zip 95209

CONTRACTOR INFORMATION:

Contractor: Beck Properties Lic. # 478421 Phone # 209-957-0331 Fax # 209-957-0363

PROJECT INFORMATION:

Land Use Zone _____	Occupancy Group _____	Construction Type _____	Fed Code _____
No. of stories: _____	No. of rooms: _____	Street width: _____	
1 st Floor Area _____	2 nd Floor Area _____	Basement _____	Roof Material _____
AREA IN SQUARE FOOT OF:		EXISTING	NEW
Dwelling/Living	_____	_____	<u>3493</u>
Garage/Storage	_____	_____	_____
Decks/Balconies	_____	_____	_____
Carports	_____	_____	_____
SCOPE OF WORK: _____			

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		
<input type="checkbox"/> 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.	
<input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA		
<input type="checkbox"/> Title 24 Energy Compliance documentation	<input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor	
<input type="checkbox"/> Grading and Erosion Control Questionnaire	<input type="checkbox"/> Plan Review Fees	

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT # _____