

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0508000
Insp Area: 2
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 230 STONE VALLEY CR SAC
Parcel No: BROOKFIELD MEADOWS UNIT #2 LOT # 23

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP2506 2 STORY 10RM 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 _____ License Number 492827 Date 6/13/05 Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 6/13/05 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 STATE FUND Policy Number 0401182004 Exp Date 04/01/2005

_____, (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 6/13/05 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.



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998
North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 230 Stone Valley Cr PERMIT NO. 05090000

INSPECTION COMMENTS	PERMIT DOCUMENTS
7-19-05 B10, 11 AP B40 CN HWHT	Satbacks OK
7-21-05 B12 CN HWHT	
7-21-05 B12 CN HWHT	B40 NOT APPROVED EXPIRE FOR INSPECTION
7-27-05 B12, 40 AP HWHT	
8-9-05 B42, 43 AP HWHT	
9-19-05 B17 AP THW	
9-22-05 B26 AP HWHT	
10-10-05 B67 AP THW 33274	
10-19-05 B18, 21 CN HWHT	OK TO INSPECT
10-21-05 B9, 14 HWHT	
10-27-05 47 HWHT	

FINAL APPROVALS	
BUILDING	12-15-05 [Signature]
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS: TIM LEWIS LOT # 23 230 Stone Valley 0508000 VISIONS @ BROOKFIELD	SACRAMENTO BUILDING PRODUCTS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED		
	(SQUARE FEET) (SQUARE FEET) (SQUARE FEET)			
PART II AREAS INSULATED	WALLS	CEILINGS	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	MANUFACTURER	MANUFACTURER	
	CT OC JM	CT OC JM	CT OC JM	
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS
	13 19	3.5 5.5	30	9-12
NOTE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE				
MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER	
			CT OC JM	
AIR INFILTRATION SEALANT				
MATERIAL	MANUFACTURER			
<i>Foam</i>	HILTI	HANDY FOAM		
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>B.G.</i>	TITLE MANAGER	DATE <i>10/21/05</i>	
SIGNATURE — GENERAL CONTRACTOR		TITLE	DATE	
REMARKS				
PART III CERTIFICATION				

Tim Lewis - Visions @ Brookfield Meadows

Site Address

230 STONEVALLEY CR SAC

Permit Number

0508000

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	29,167	80,000	Plan 1
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,809	80,000	Plan 2
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,744	60,000	Plan 3
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,988	80,000	Plan 4
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,081	80,000	Plan 5
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	36,099	80,000	Plan 6
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	27,428	60,000	Plan 7

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	23,872	27,800	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	24,093	27,800	Plan 2
Condenser	York H*RE088 *	1	14.0	Attic	R-6.0	26,661	31,800	Plan 3
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	33,348	38,800	Plan 4
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	32,249	38,800	Plan 5
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	31,708	38,800	Plan 6
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	20,264	23,900	Plan 7

TXV - Indicates Thermal Expansion Valve On Coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Tim Lewis 3-28-05
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. points of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

INSTALLATION CERTIFICATE

CF-6R

230 STONE VALLEY CR
Site Address SAC

0508000
Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-1R value]	Duct Location (atlc, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (atlc, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC-Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value
GAS	A. S. SMITH GVR-50-100	STD	N/A	1	40,000	50	62	N/A	N/A

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature/Date

BIANCHI PLUMBING CO., INC
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

Site Address TIM LEWIS - VISIONS Permit Number
230 Stone Valley PLAN 6 C
 FENESTRATION/GLAZING: ALSIDE - ALPINE 0508000

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor' (≤ CF-1R value) ¹	Product SHGC' (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>87</u>		<u>LOW-E GLASS</u>
3.							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>226</u>		
5.							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>88</u>		
7.							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.35</u>	<u>2</u>		<u>48</u>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.
² Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6) of the ENERGY EFFICIENCY CLASSIFICATION SYSTEM.

Item #s (if applicable) Item #s (if applicable) Item #s (if applicable)	Signature, Date <u>[Signature]</u> <u>9-30-05</u> Signature, Date Signature, Date	3200 DWIGHT RD STE 400 ELK GROVE, CA 95758-6461 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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COPY TO: Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy

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

IOBO Evaluation Service, Inc.
Evaluation Report ER-4004
Date of Job Completion

11/10/05

Job Address

17111 W. HENRISS VISIONS
230 STONE VALLEY CIRCLE
BOY 23

Plastering Contractor

Name: Energelic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95860

Telephone No.: (916) 488-8455

Approved contractor number as
issued by coating manufacturer: _____
Applicator # 318

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 specified above and the manufacturer's instructions.

[Signature]
Signature of authorized representative
of plastering contractor

11/30/05
Date

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

FIGURE 3

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
 CITY OF SEWER IMPACT FEE LPS
 SAC PERMIT AND CALCULATION 3 June 05

APPLICATION NO: GENERAL INFORMATION BLDG PERMIT NO:

SUD 2005-00466 THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
 PAID 3 June 05

SW2005-00088

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION BUILDING USE

INSPECTION	RESIDENTIAL	SFD	MF	CD
GSD-1			<input checked="" type="checkbox"/>	
SRCSD				
CONSTRUCTION				
IN-LIEU				
TOTAL FEE				2500

APN: 119-2080-023

DESCRIPTION/SUBDIVISION: Brookfield Meadows UNIT #2 LOT: 23

PROPERTY ADDRESS: 230 Stone Valley Circle Sack

OWNER: Tim Lewis Communities

MAILING ADDRESS: 5750 Sunrise Blvd # 225

CITY-STATE-ZIP: Pittsburg CA 95610 PHONE: 916-8897

ADDITIONAL FEES MAY BE DUE W/ CHANGES IN USE INCREASE SEWER IMPACT

APPLICANT SIGNATURE: 

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT: _____ INPUT: _____ START: _____

INSPECTOR'S COPY

Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME TIM LEWIS COMMUNITIES
 OWNER'S ADDRESS 5750 SUNRISE BLVD #225 CITRUS HEIGHTS, CA 95010
 PROJECT ADDRESS 230 STONE VALLEY CIRCLE SACRAMENTO, CA
 PARCEL NUMBER 119-208-023 LOT NO. 23
 SUBDIVISION NAME BROOKFIELD MEADOWS
 NUMBER OF UNITS _____
 Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.
 APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT _____
 DATE 6-1-05 PHONE NUMBER (916) 946-8047

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 2506
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA _____
 NAME (PRINTED) _____ SIGNATURE _____
 TITLE _____ PHONE NUMBER _____ DATE _____

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 48203
 EXEMPT _____ COMMENTS _____

RESIDENTIAL - LEVEL 1	<u>2506</u> SQ FT X	\$ <u>2.24</u>	= \$ <u>5613.44</u>
RESIDENTIAL - LEVEL 2		\$ <u>1.71</u>	= \$ <u>4285.26</u>
TOTAL RESIDENTIAL		\$ <u>3.95</u>	= \$ <u>9898.70</u>
SENIOR RESIDENTIAL	_____ SQ FT X	\$ _____	= \$ _____
COMMERCIAL/INDUSTRIAL	_____ SQ FT X	\$ _____	= \$ _____

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

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

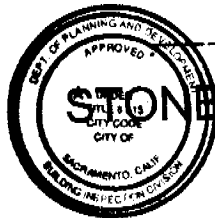
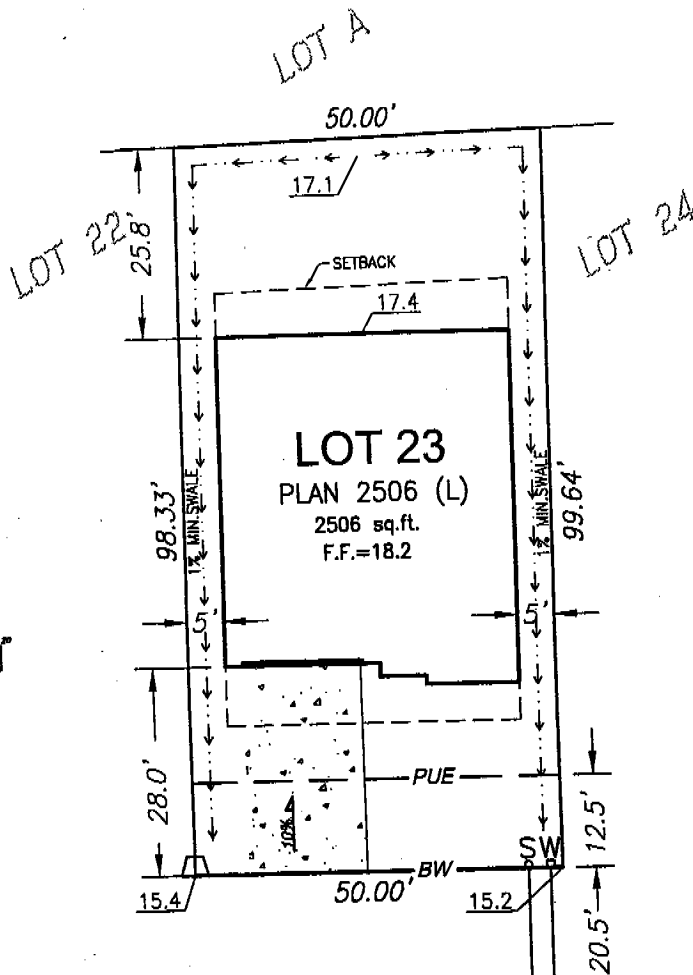
COPY

PAID

JUN 13 2005

AUTHORIZED SCHOOL DISTRICT OFFICIAL _____
 SIGNATURE [Signature] DATE 6-1-05
 TITLE CRA 82,452.30

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant REVISED 4/24/03



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.

MINIMUM SETBACKS:

- FRONT - 20'
- SIDE - 5'
- REAR - 20'

LEGEND

- PROPERTY LINE
- PUE PUBLIC UTILITY EASEMENT
- RW RIGHT OF WAY
- YY SLOPE LINES
- SETBACK
- L.P. LOT PAD
- FF FINISHED FLOOR
- W WATER SERVICE
- S SEWER SERVICE
- SWALE (1% MIN.)
- STREET LIGHT
- ▲ FIRE HYDRANT
- ⊠ TRANSFORMER
- △ DRY UTIL. SERV. NOTCH
- DRY UTIL. PULLBOX

PLOT PLAN

BROOKFIELD MEADOWS UNIT NO.2

APN: _____ ADDRESS: 230 STONE VALLEY CIRCLE
 HOME SITE #: 23 RESIDENCE: 2506 ELEV.: C
 ORIENTATION: L COLOR: 5 STYLE: CR
 HOME SITE: 4949 S.F. (.11ac.) COVERAGE: 36.9%

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

TIM LEWIS COMMUNITIES
 5750 SUNRISE BLVD., STE. 130
 CITRUS HEIGHTS, CALIFORNIA 95610
 (916) 966-8047
 LAST EDITED: 5/24/05

APPROVED: _____

REV.1 _____

REV.2 _____

REV.3 _____

SIGNED (BUYER) _____ DATE: _____

SIGNED (BUYER) _____ DATE: _____