

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0208937
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N):

Site Address: 310 BILL BEAN CR SAC
Parcel No: 201-0550-027
N

NORTHPOINTE PARK VILLAGE 32 LOT 37

CONTRACTOR
FORECAST HOMES
1796 TRIBUTE RD. STE 100, SAC. CAL.
95815

OWNER

ARCHITECT

Nature of Work: MP 1733 1 STORY 8 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 _____ License Number 685513 Date 7/15/02 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/15/02 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:

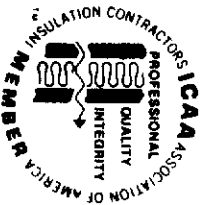
Carrier _____ Policy Number _____ Exp Date _____

____ (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 7/15/02 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

72153

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 799-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE TITLE 24, STATE OF CALIFORNIA IN THE BUILDING LOCATED AT _____

LOT # _____ TRACT # _____

STREET 310 Bill Bean CITY _____

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE 13

CEILING:

BATTS: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE 30

BLOWN IN: MINIMUM MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE 30

SQUARE FOOTAGE COVERED _____ NUMBER OF BAGS USED _____

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

SLAB ON GRADE: MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

WIDTH OF INSULATION _____ INCHES

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

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR **ARCADE INSULATION**
CALIFORNIA CONTRACTORS LICENSE #263784

DATE 10 23 09

SIGNATURE _____ TITLE _____

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction
 Addition
 Remodels
 Other

Project Address: 310 BILL BEAN CIZ Assessor Parcel # _____

OWNER INFORMATION:

Legal Property Owner: Forecast Homes Phone # (916) 920-0200
 Owner Address: 1796 Tribute Rd #100 City Sacramento State CA Zip 95815

CONTRACTOR INFORMATION:

Contractor: Forecast Homes Lic. # 606862 Phone # 920-0200 Fax# 920-0379

PROJECT INFORMATION:

Land Use Zone R/A Occupancy Group R3 Construction Type 1/1 Fed Code 1A
 No. of stories: 1 No. of rooms: _____ Street width: 40'
 1st Floor Area 1733 2nd Floor Area 0 Basement _____ Roof Material TILE

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1733</u>
Garage/Storage	_____	<u>503</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: New SFD
PLAN 1733

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 #



BASALITE®

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 : COURTSIDE

ICBO# 5269

LOT #2027

9-25-02

Date of job completion

310 BILL BEAN CIR.

Plastering Contractor

Name: VISION PLASTERING

Address: 9874 GREENBACK LN. ORANGEVALE, CA. 95662

Telephone No. (916) 987-3324

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.

M. E. Guff
Signature of authorized representative of
plastering contractor

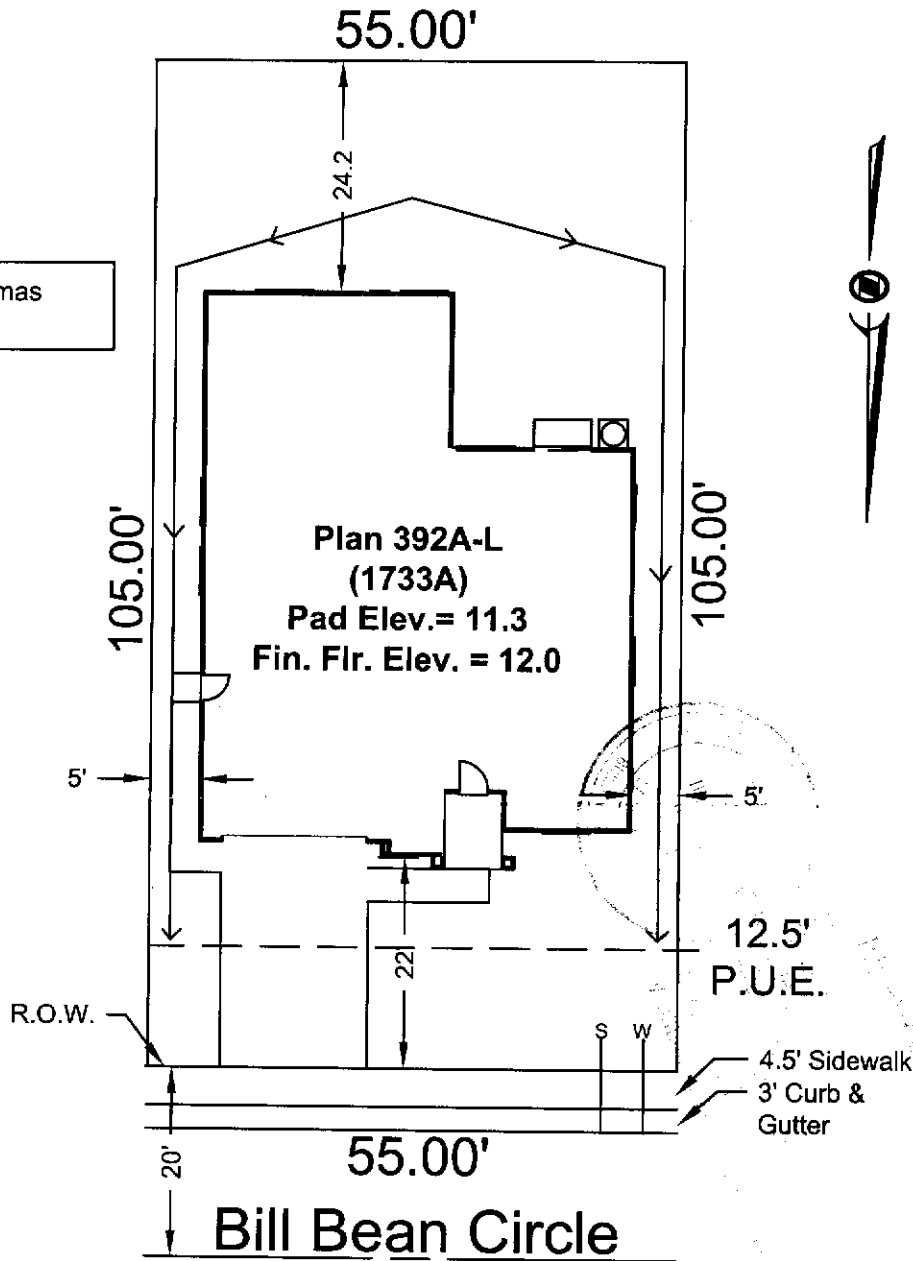
10/8/02
Date

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

plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN THE MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.

Courtside @ Natomas
Lot 27



Northpointe Park
Village 32

The Forecast Group



Apollo
Real
Estate
Group

Lot #27
310 Bill Bean Circle
City of Sacramento
A.P.N.:

Symbols Legend

- | | | | |
|------------------------|--|-----------------------------|-----------|
| Street Light: | | Water Service: | |
| Drop Inlet: | | Flow Line: | |
| Electric Service Box: | | High Point: | FL=22.4 |
| Fire Hydrant: | | Flow Line: | |
| Pad-Mount Transformer: | | Elevation Back of Sidewalk: | 123.4 TSW |
| Sewer Service: | | 2nd Story Element: | |

3	MAH	6/24/02	1"=20'
Phase	Drawn By	Date	Scale

1204 El Sur Way
Sacramento, CA 95864
(916) 978-9726