

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

**Permit No: 9907489**  
**Insp Area: 4**

**Site Address: 90 CAFARO CR SAC**  
Parcel No: GATEWAY WEST LOT 73

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

CONTRACTOR  
BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

OWNER

ARCHITECT

**Nature of Work: MP 2123 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 B License Number 724191 Date 7/13/99 Contractor Signature Sheng VanMarin

**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 7/13/99 Applicant/Agent Signature Sheng VanMarin

**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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-059 Exp Date 04/01/2000

\_\_\_\_ (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 7/13/99 Applicant Signature Sheng VanMarin

**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.**

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

APPLICATION NO.:

BIDG 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	MF	UNITS
GSD-1		<input type="checkbox"/>		<input type="checkbox"/>
SRCSD				
CONSTRUCTION				
IN-LIEU				
<b>TOTAL FEE</b>				

APPLICANT:

PROJECT ADDRESS:

SUBDIVISION:

CITY:

PROPERTY OWNER:

OWNER:

MAILING ADDRESS:

DATE:

TIME:

BY:

DATE:

BY:

DATE:

BY:



No 18503

### INSTALLATION CARD

Job Address

10711 N. ...  
...  
...

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP

CBO Evaluation Service, Inc.  
Report No. 3607

Date of Job Completion

Stucco Contractor: Kenyon Construction  
Name: John W. Kenyon III  
Address: P.O. Box 307  
North Highlands, CA 95660  
Telephone Number: 916-349-8193  
Received Contract Number as issued by the Stucco Manufacturer: 1

I hereby certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Date

# CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT  <i>REAR</i>	<b>SACRAMENTO INSULATION CONTRACTORS</b> <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
LOT # <i>73</i>	DATE INSULATION COMPLETED
<i>MEMORIES</i>	

PART II AREAS INSULATED

WALLS		CEILINGS			FLOORS	
SQUARE FEET		SQUARE FEET			SQUARE FEET	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL: <b>FIBERGLASS</b>		MATERIAL: <b>FIBERGLASS</b>			MATERIAL: <b>FIBERGLASS</b>	
FORM: <b>BATTS</b>		FORM: <b>BATTS &amp; BLOW</b>			FORM: <b>BATTS</b>	
MANUFACTURER'S PRODUCT ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
<i>13</i>	<i>3 5/8"</i>	<i>38</i> <i>38</i>	<i>12 1/4"</i> <i>14 3/4"</i>			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL: <b>FIBERGLASS</b>		FORM: <b>BATTS</b>		R-VALUE	MANUFACTURER: <b>OCF</b>	
AIR INFILTRATION SEALANT						
MATERIAL: <i>FOAM</i>				MANUFACTURER: <b>W R GRACE</b>		

PART III CERTIFICATION

**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>[Signature]</i>	TITLE MANAGER	DATE <i>7-7-99</i>
SIGNATURE GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

**CERTIFICATION OF COMPLIANCE**  
**SCHOOL DISTRICT DEVELOPMENT FEES**

<b>PART I: TO BE COMPLETED BY APPLICANT</b>			
Property Owner's Name			
Owner's Address			
Project Address			
Parcel Number			
Subdivision Name			
Number of Units			
Print Applicant's Name		Applicant's Signature	
Title of Applicant		Telephone Number	
Date			
<b>PART II: TO BE COMPLETED BY BUILDING DEPARTMENT</b>			
Plan Identification Number			
Building Type (Check One)			
<input type="checkbox"/> Residential	<input type="checkbox"/> Apartment/Condominium		<input type="checkbox"/> Commercial/Industrial
Square Feet of Chargeable Building Area			
Signature			
Title		Date <i>7-8-94</i>	
<b>PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT</b>			
District Certification Number			
Fees Collected			
Residential:	Sq. Ft. X \$	= \$	
Apartment/Condominium:	Sq. Ft. X \$	= \$	
Commercial/Industrial:	Sq. Ft. X \$	= \$	
<p><b>NOTICE TO APPLICANT:</b> 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.</p>			
Applicant Signature: _____		Date: _____	

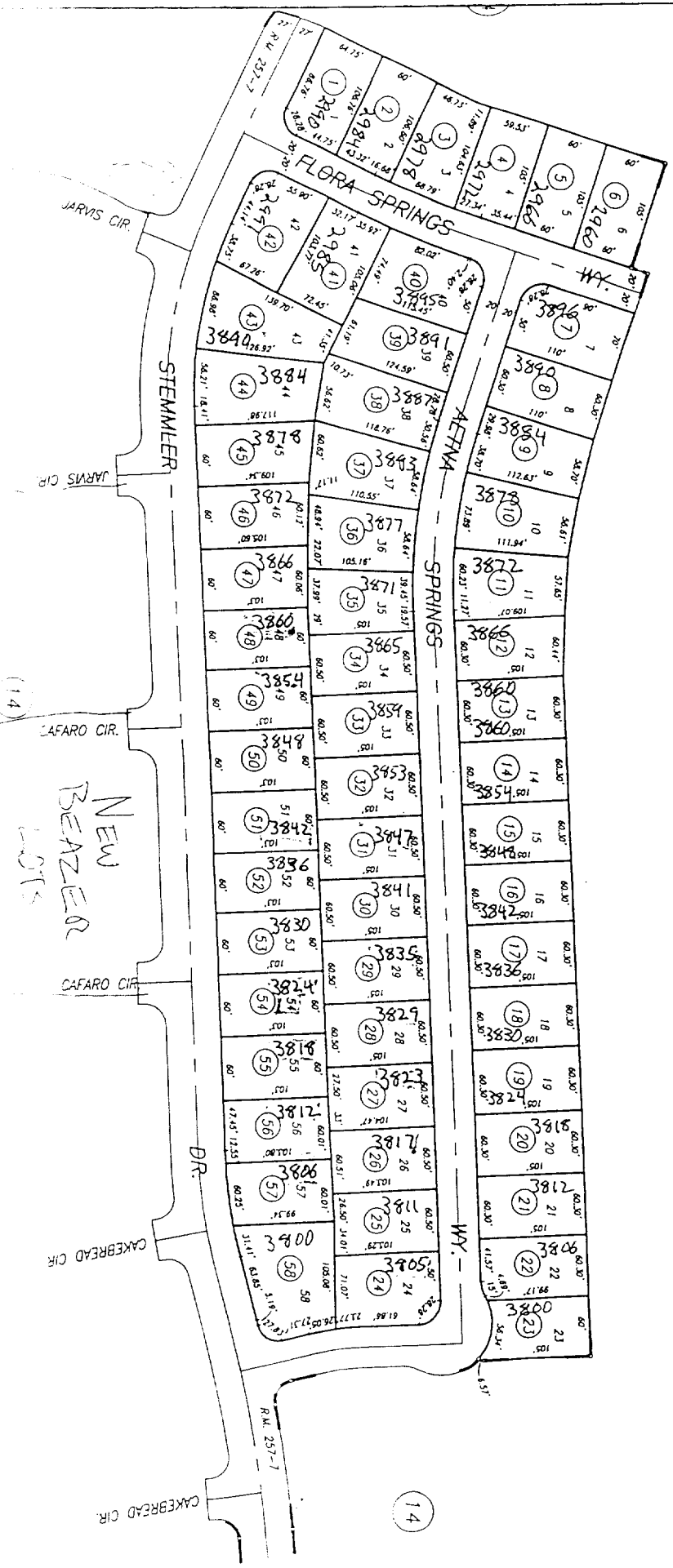
This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

POR. SEC. 15, T. 9N., R. 4E., M.D.B. &M.

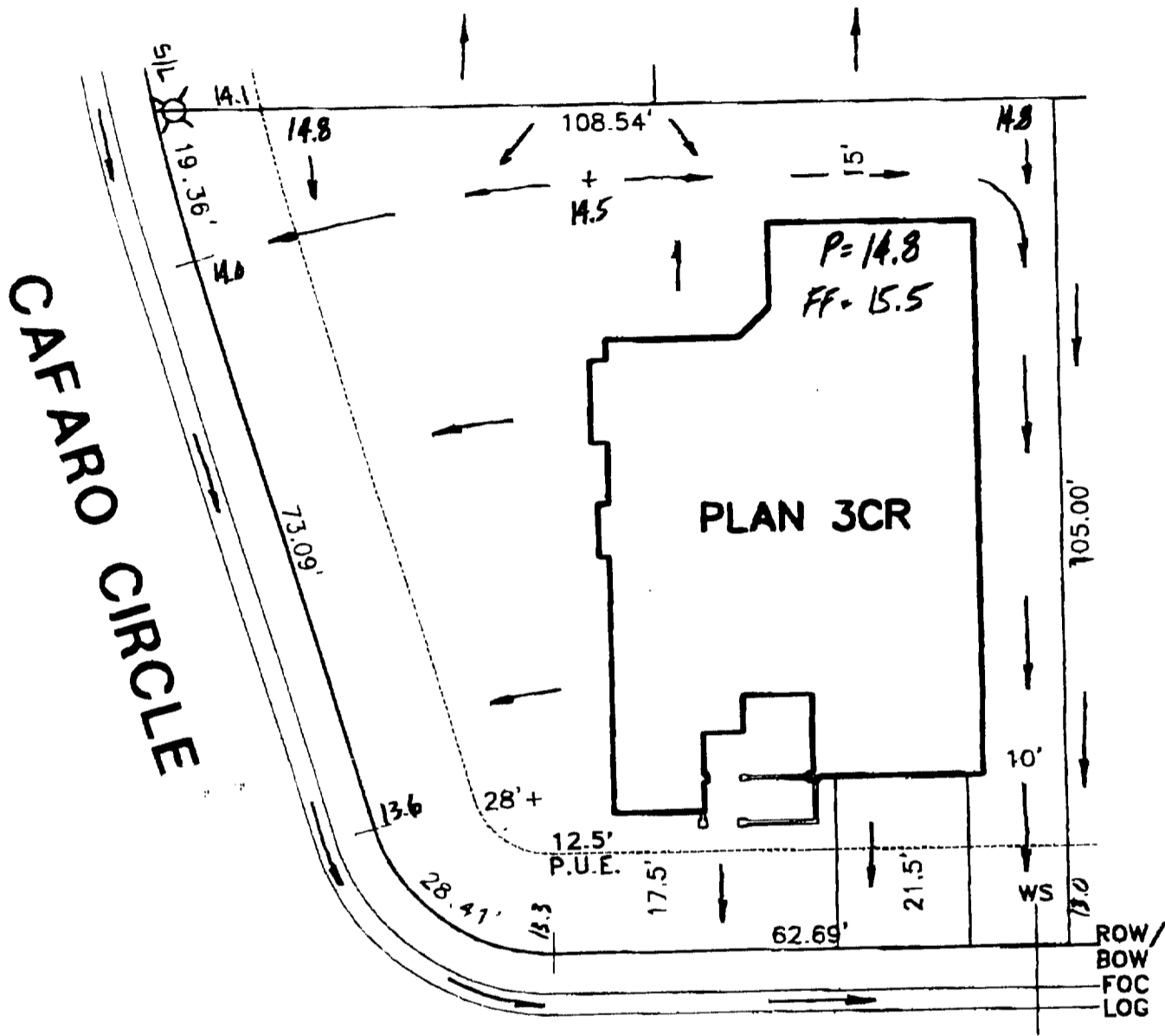
225-118



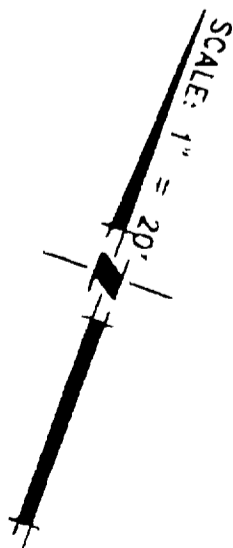
For Gateway West Village No. 1, R.M. Bk 257, Pg. 7 (1-11-99)

CITY OF SACRAMENTO  
Assessor's Map Bk. 225, Pg. 118  
County of Sacramento, Calif.

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINE, DESIGN DRAINAGE CONTROL ELEVATIONS, AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE. INFORMATION SHOWN IS APPROXIMATE EXCEPT FOR THOSE SETBACKS WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY VARY FROM THIS PLAN.



## CAFARO CIRCLE



LOT COVERAGE = 25%

ROUTING/APPROVAL		INITIALS
President	✓	
Project Development		
Construction	✓	<i>AR</i>
Marketing	✓	<i>CL</i>
Admn.		
Accounting		

SHALL NOT be held to account or liable for violation of any City Ordinance or State Law



**PLOT PLAN**  
**LOT 73**  
**GATEWAY VILLAGE 2**  
FOR  
**BEAZER HOMES**  
SACRAMENTO CALIFORNIA

**WOOD-RODGER INC.**

DATE: MAY, 1999	DRAWN: P.D.M.	PROJECT NO: 99BEZ-022
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JWH 5-28-99



No 18503

### INSTALLATION CARD

Job Address:

Beazer - Memories  
LOT 74 99 Cafaro Cir.  
Sacto.

Stucco System Trade Name: KWIK KOTE  
Name Stucco Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion \_\_\_\_\_

Stucco Contractor Kenyon Construction  
Name John W. Kenyon, III  
Address P.O. Box 2077  
North Highlands, CA 95660  
Telephone Number (916) 349-8191  
Approved Contractor Number as issued by the Stucco Manufacturer: 1

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

[Signature]  
Signature of authorized representative of stucco contractor

8/24/99  
Date

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

APPLICANT SIGNATURE: [Signature]

APPLICANT SIGNATURE: [Signature]

CONSOLIDATED UTILITY BILLING USE ONLY

INSPECTION	29.00	RESIDENTIAL	SF. FT.	INF. FT.
CSD-1		COMMERCIAL USE		
SRCSO				
CONSTRUCTION	2,385.00			
IN-FEES				
<b>TOTAL FEE</b>	<b>2,414.00</b>			

APN: 225-0140-019

DESCRIPTION / SUBDIVISION: Gateway West (Memories)

PROPERTY ADDRESS: 90 Cg Ford Circle

OWNER: Beazer Homes

MAILING ADDRESS: 3009 Douglas Blvd., Ste. 150

CITY-STATE-ZIP: Roseville, Ca. 95661

PHONE: \_\_\_\_\_

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER

DEPT 26  
TRAN 352870  
RECEIPT 707819-001

252731

THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUANCE

THIS PERMIT IS VALID WHEN VALIDATED BY THE CASHIER



**Natomas Unified School District**  
 1515 Sports Drive, #1 • Sacramento, CA 95834-1905  
 Phone 916/641-3300 • Fax 916/928-1629

**CERTIFICATION OF COMPLIANCE**  
**SCHOOL DISTRICT DEVELOPMENT FEES**

Property Owner's Name	Beazer Homes		
Owner's Address	3009 Douglas Blvd., Ste. 150, Roseville, CA. 95661		
Project Address	90 CAFARO CIR	Lot 73	
Parcel Number	225-0140-019		
Subdivision Name	Gateway West (Memories)		
Number of Units	1		
Print Applicant's Name	Sheryl Van Maren	Applicant's Signature	<i>Sheryl Van Maren</i>
Title of Applicant	Starts Coordinator		
Date	6/7/99	Telephone Number	773-3888
Plan Identification Number	2123		
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	2123		
Signature	<i>[Signature]</i>		
Title		Date	7-8-99
District Certification Number	00-019		
Fees Collected:			
Residential:	2123	Sq. Ft. X \$ 4.57	= \$ 9702.11
Apartment/Condominium:		Sq. Ft. X \$	= \$
Commercial/Industrial:		Sq. Ft. X \$	= \$
<b>NOTICE TO APPLICANT:</b> 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>Sheryl Van Maren</i>		Date: 6/7/99

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: 7/8/99  
 TITLE: FR Doc