

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0111364  
Insp Area: 4  
Thos Bros:  
Sub-Type: NSFR  
Housing (Y/N): N

Site Address: 749 ALCANTAR CR SAC  
Parcel No: 225-1630-035 RIVERVIEW 2-2 LOT 63

CONTRACTOR  
BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP2010 9 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 B License Number 724191 Date 9/7/01 Contractor Signature Sheryl Van Maeren

**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 9/7/01 Applicant/Agent Signature Sheryl Van Maeren

**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 WA2-651-004147-080 Exp Date 04/01/2002

\_\_\_\_ (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 9/7/01 Applicant Signature Sheryl Van Maeren

**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.

**RESIDENTIAL BUILDING PERMIT APPLICATION**

New Construction     Addition     Remodels     Other

Project Address: 749 Alcantara Circle Lot# 63 Assessor Parcel # \_\_\_\_\_

**OWNER INFORMATION:**

Legal Property Owner: Beazer Homes Holdings Corp. Phone # 916-773-3888  
 Owner Address: 3009 Douglas Blvd. 150 City Roseville State CA Zip 95661

**CONTRACTOR INFORMATION:**

Contractor: Beazer Homes Llc. # B724191 Phone # 916-773-3888 Fax# 916-773-0425

**PROJECT INFORMATION:**

Land Use Zone \_\_\_\_\_ Occupancy Group \_\_\_\_\_ Construction Type \_\_\_\_\_ Fed Code \_\_\_\_\_  
 No. of stories: 1 No. of rooms: \_\_\_\_\_ Street width: \_\_\_\_\_  
 1<sup>st</sup> Floor Area 2010 2<sup>nd</sup> Floor Area 0 Basement 0 Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>2010</u>
Garage/Storage	_____	<u>638</u>
Decks/Balconies	_____	<u>0</u>
Carports	_____	<u>0</u>

SCOPE OF WORK: Single Family Dwelling

**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) \_\_\_\_\_

CITY OF SACRAMENTO

PERMIT ASSISTANCE

ACTIVITY/PERMIT # \_\_\_\_\_

AUG 21 2001

**RECEIVED**

#63

# OMEGA PRODUCTS CORP.

## DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

BEAVER MEMORIAL II  
#799 ALCAHON

ICBO Report #4004

Date of Job Completion 11/3/01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

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.

1/24/02  
Date

[Signature]  
Signature of authorized representative of  
Plastering Contractor

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

# CERTIFICATION OF INSULATION

PART I GENERAL

**BEZER**  
**749 Alcantara**  
**MEMORIES II**

LOT # **63**

- 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

PART II AREA INSULATED

WALLS	CEILING	FLOORS
( SQUARE FEET)	( SQUARE FEET)	( SQUARE FEET)
MATERIAL		TYPE OF INSULATION
<b>FIBERGLASS</b>	<b>FIBERGLASS</b>	<b>FIBERGLASS</b>
FORM <b>BATTS</b>	FORM <b>BATTS &amp; BLOW</b>	FORM <b>BATTS</b>
MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.
<b>OCF</b>	<b>OCF</b>	<b>OCF</b>
	BAGS	
<b>13</b>	<b>35 1/6</b>	<b>30</b> <b>30</b>
	<b>9</b> <b>12</b>	

KNEE WALLS IF FINISH IS HIGHER THAN WALLS AND CEILING

MATERIAL	FORM	R VALUE	MANUFACTURER
<b>FIBERGLASS</b>	<b>BATTS</b>		<b>OCF</b>

MATERIAL	MANUFACTURER
<b>Foam</b>	<b>W R GRACE</b>

SIGNATURE—INSULATION CONTRACTOR <i>Jeff Cable</i>	TITLE <b>MANAGER</b>	DATE <b>12-26-01</b>
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS:

**N**orman

**S**cheel

**S**tructural

**E**ngineer

Sacramento  
5022 Sunrise Blvd.  
Fair Oaks, CA 95628  
(916) 536-9585  
(916) 536-0260 (fax)

NORMAN SCHEEL  
Structural Engineer  
Email: [norm@nsse.com](mailto:norm@nsse.com)

ROBERT COON  
Project Manager  
Email: [rob@nsse.com](mailto:rob@nsse.com)

PAULO IBANEZ, P.E.  
Project Manager  
Email: [paulo@nsse.com](mailto:paulo@nsse.com)

TIM SLOAN, P.E.  
Project Manager  
Email: [tim@nsse.com](mailto:tim@nsse.com)

STEVE COOKSEY  
CAD Supervisor  
Email: [steve@nsse.com](mailto:steve@nsse.com)

STACY MARLIN  
Office Manager  
Email: [stacy@nsse.com](mailto:stacy@nsse.com)

Davis  
213 E Street Suite B  
Davis, CA 95616  
(530)753-5300  
(530)753-5380(fax)

TRACY HARRIS, P.E.  
Project Manager  
Email: [tracy@nscedavis.com](mailto:tracy@nscedavis.com)

DARRELL PEREIRA  
Design Engineer  
Email: [darrell@nscedavis.com](mailto:darrell@nscedavis.com)

October 31, 2001

Beazer Homes  
3009 Douglas Blvd. Suite 150  
Roseville, CA 95661

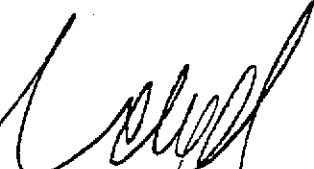
**Re: Memories II – Inspection Clarifications (Job #20419)**  
**Lots 63, 64, 65, 66, 67, 13, 12, 11, 10 & 9**

To Whom It May Concern:

This letter is to clarify the following comments:

1. The 2'-0" long rafters at the fireplace/media do not require seat cuts. See sketch with this letter.
2. See sketch for beam pocket at shear walls front of house with this letter.
3. HD holdowns with over drilled holes at vertical members – The only two options to fix this condition are to either use PHD holdowns or replace the post.
4. Over drilled sill plates – This is to clarify that over drilled anchor bolts may be repaired using Simpson BP 5/8S bearing plates or fill with Simpson Epoxy.
5. Plan 2401 turrets – Due to the location of the turrets in conjunction with the horizontal diaphragm and the fact that they do not exceed too high above the roof level, we do not feel in our opinion that additional bracing is required. We understand that they may move around prior to stucco and dry wall application and the only way to eliminate this is to add shear, which in our opinion is not required.

If you have any questions, please call Rob Coon.

  
NORMAN SCHEEL  
STRUCTURAL ENGINEER



**NORMAN SCHEEL  
STRUCTURAL ENGINEER**

6939 Sunrise Blvd. Suite 123  
Citrus Heights, CA 95610

JOB Memories II  
CLIENT Beate's DATE 10-31  
JOB NO. 20419 BY FL SHEET NO. 1 OF 1

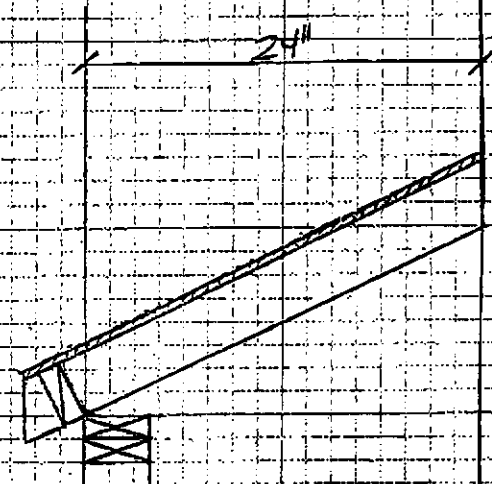
COMMENT #1

$$E_{\text{bearing}} = \frac{37(2)(2)}{2(625)(1.5)}$$

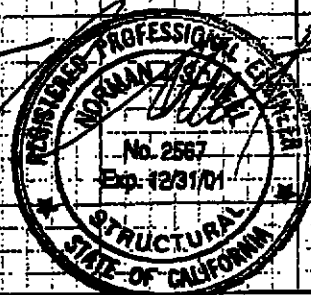
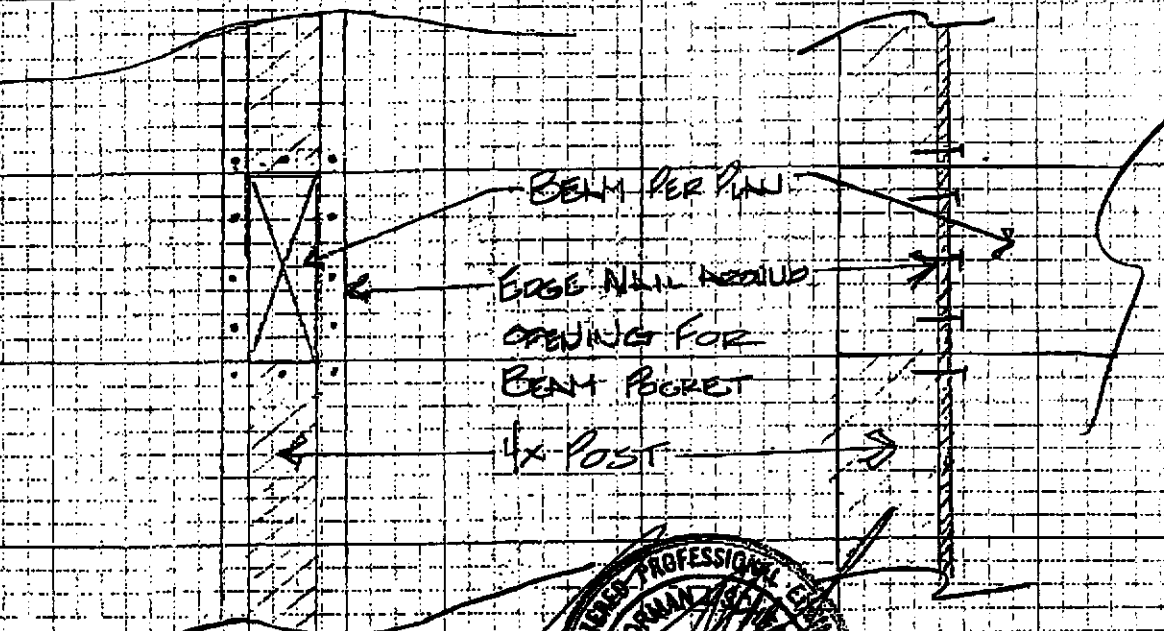
$$= 0.07810$$

$$= 1/8" \text{ OF BEARING}$$

NO SEAT CUT REQ.

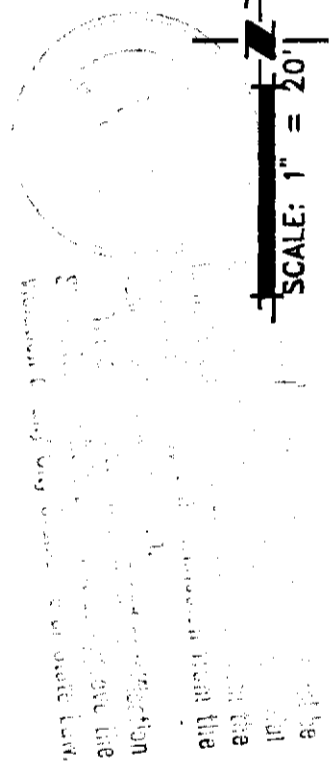
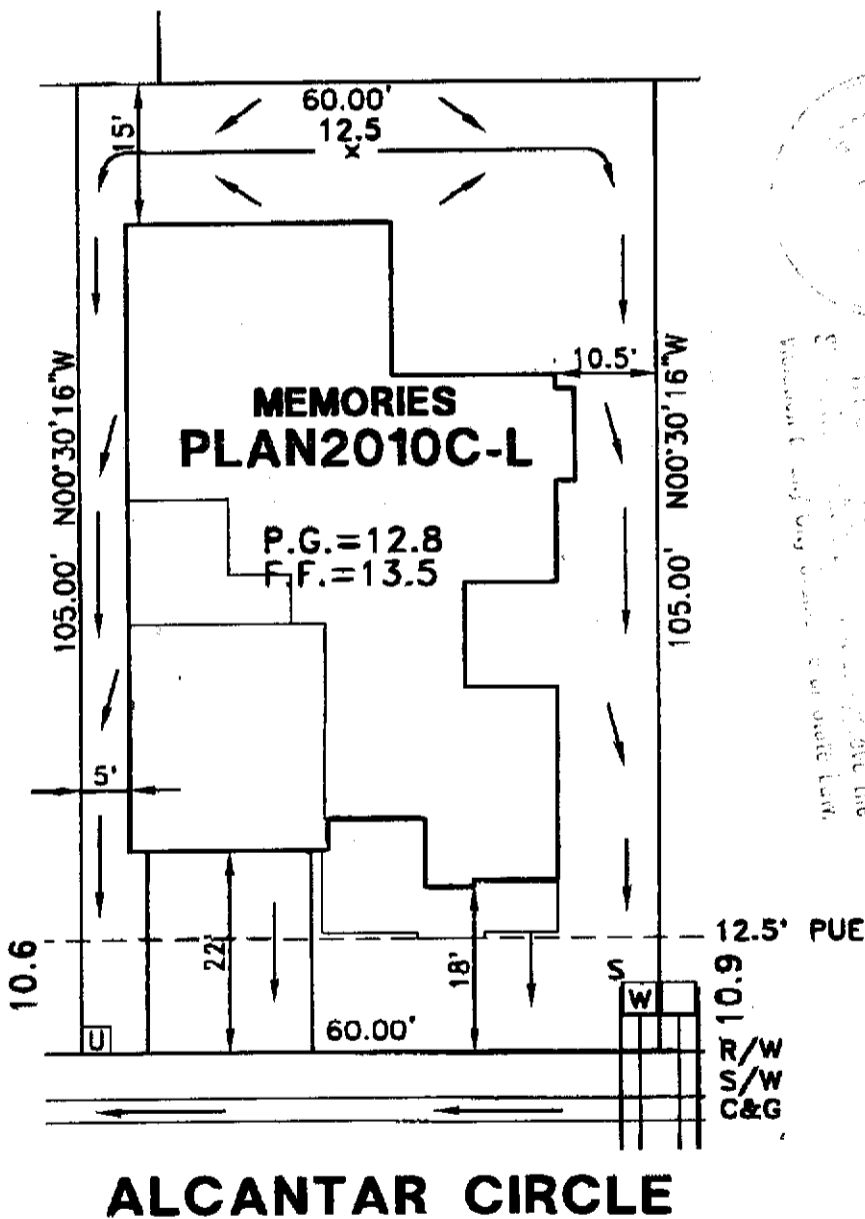


COMMENT #2



THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

ROUTING/APPROVAL		
	✓	INITIALS
Resident		
Project		
Approval	✓	GR



U = UTILITY BOX

**PLOT PLAN**  
**LOT 63**  
 RIVER VIEW #2 VILLAGE 2A  
 FOR  
 BEAZER HOMES  
 CITY OF SACRAMENTO CALIFORNIA

**WOOD RODGERS INC.**

ENGINEERING PLANNING MAPPING SURVEYING  
 8801 O STREET, BLDG. 100-B, SACRAMENTO, CA 95816  
 PHONE: (916) 361-7788 FAX: (916) 361-7787

DATE:	DRAWN:	CHECKED:	PROJECT NO:
JULY 2001	DBJ	MTC	1055.015

J:\JOB5\RIVERVIEW\DWG\FROMREY\UNIT2\PHASE2A\PL01PLANS\LOT63.DWG 07/29/01 10:30