

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102099
Insp Area: 4

Site Address: 64 GOOSE HAVEN CT SAC

Sub-Type: NSFR

Parcel No: 225-1200-034
N

GATEWAY NORTH UNIT 1 LOT 86

Housing (Y/N):

CONTRACTOR

CALIFORNIA HOMES
3031 W. MARCH LN # 133- SO
STOCKTON CALIF 95219

OWNER

ARCHITECT

Nature of Work: MP 1789 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.

B _____ **754984** _____ Contractor 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 & P 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.

Applicant 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 1586735-00 Exp Date 07/01/2001

(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.

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.

● NGEL INSULATION ● INC.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678
(916) 786-2088 / (916) 969-6191

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:

TRACT BELLA VISTA II LOT 86/1 TRACT
STREET _____ CITY SPARKHILL

EXTERIOR WALLS: MANUFACTURER _____ THICKNESS CT R-VALUE 3 1/2 13

CEILING AREA: BATTIS MANUFACTURER _____ THICKNESS CT R-VALUE 10 30

CEILINGS: BLOWN IN MANUFACTURER _____ THICKNESS 2" MIN. GFC R-VALUE 18 30

SQUARE FOOTAGE 1709 NUMBER OF BAGS USED 21

FLOOR AREA: MANUFACTURER _____ THICKNESS _____ R-VALUE _____

EXTERIOR KNEEWALL: MANUFACTURER _____ THICKNESS _____ R-VALUE _____

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

INTERIOR KNEEWALL: MANUFACTURER _____ THICKNESS _____ R-VALUE _____

APPLIED CAULK & SEALANT TO ALL EXTERIOR OPENINGS & PENETRATIONS
YES NO

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____
INSULATION CONT. SIGNATURE [Signature] TITLE _____ DATE _____



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 : CALIFORNIA HOMES

ICBO# 5269

BELLA VISTA

8-04
Date of job completion
LOT-86

Plastering Contractor

Name: VISION PLASTERING

Address: 8974 GREEN BACH

Telephone No. () 987-3724

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.

[Signature]

Signature of authorized representative of
plastering contractor

8-15-01
Date

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

08/25/99 07:21

DEV KENT SERVICES → 209 472 9184



RESIDENTIAL BUILDING PERMIT APPLICATION

- New Construction
 Addition
 Remodels
 Other

Project Address:

64 Goosehaven Ct

Assessor Parcel #

225-120-034

LOT # 86
OWNER INFORMATION:

0102099

Legal Property Owner Matthews Homes Corp. dba
California Homes

Phone # (209)951-5444

Owner Address: 3031 W. March Ln. #133-So. City Stockton State CA Zip 95219

CONTRACTOR INFORMATION:

Contractor: Matthews Homes

Lic. # 754984

Phone # 209-951-5444 Fax # 209-951-2619

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A

No. of stories: 1 No. of rooms: 9 Street width: 40'

1st Floor Area 1000s. ft. 2nd Floor Area n/a Basement n/a Roof Material Tile

AREA IN SQUARE FOOT OF:

| | EXISTING | NEW |
|-----------------|-------------|-------------------|
| Dwelling/Living | <u>1789</u> | <u> </u> |
| Garage/Storage | <u>413</u> | <u> </u> |
| Decks/Balconies | <u>n/a</u> | <u> </u> |
| Carports | <u>n/a</u> | <u> </u> |

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 sites 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 : <u> </u> |
| <input type="checkbox"/> County Sewer | | |

NEW STRUCTURES & ADDITIONS

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

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

Date: _____

Received by: (staff) _____

ACTIVITY/PERMIT #

SIGNET

Testing Labs, Inc.

DATE: 6-25-01
 PROJECT NO. 9953
 PROJECT: J.B./BELLA VISTA LOT # 87
 LOCATION: 58 LOOSE HAYEN CT

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: SN # 255 GAGE: SN # 1007 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

| LOCATION OF TEST | TYPE / SIZE | # TESTED | % of TOTAL | LOAD ID or Ft Lbs | GAGE (PSI) | # ACC. | # REL. | # RETEST |
|------------------------------------|-------------|----------|------------|-------------------|-------------|----------|----------|----------|
| <u>HTT-22 EPOXIED 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> |
| <u>HD6 EPOXIED ANCHOR BOLT</u> | <u>7/8</u> | <u>1</u> | | <u>7660</u> | <u>2970</u> | <u>1</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: _____ at the job site.
 All non-compliance items were brought to the attention of: _____

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: Pat Pope

JOB SITE COPY

