

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0201539**

**Site Address: 270 ALCANTAR CR SAC**

**Insp Area: 4**

**Parcel No: 225-1650-005**

**RIVERVIEW 2-3B LOT 5**

**Thos Bros:**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**CONTRACTOR**

D. R. HORTON INC.  
4401 HAZEL AVE STE 135  
FAIR OAKS, CA 95628

**OWNER**

**ARCHITECT**

**Nature of Work: MP 2450 2 STORY 9 ROOM NSFR**

**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: 750190 Date 2-19-02 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 2-19-02 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.

[Signature] 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: KEMPER INSURANCE CO Policy Number 5BR083547 00 **PAID** Exp Date 07/01/2002

(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. **2002**

Date 2-19-02 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND 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.**

# CERTIFICATION OF INSULATION

0 201539

<p><b>ADDRESS OR TRACT</b></p> <p style="font-size: 1.5em; font-family: cursive;">D. R. HORTON 270 Alcantara Park West</p> <p style="text-align: right;">LOT # SA</p>	<p style="text-align: center;"><b>SACRAMENTO BUILDING PRODUCTS</b></p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10676</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED <span style="font-size: 1.5em; font-family: cursive;">7-15-02</span></p>
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WALLS			CEILING			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 I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			
MANUFACTURER			MANUFACTURER			MANUFACTURER			
CT	OC	JM	CT	OC	JM	CT	OC	JM	
BAGS									
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	
13	3 5/8	30	9						
18	3 1/4	30	12						
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE									
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE			MANUFACTURER		
							CT	OC	JM
AIR INFILTRATION SEALANT									
MATERIAL <b>Foam</b>				MANUFACTURER <b>HILTI</b>		MANUFACTURER <b>HANDY FOAM</b>			

**THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.**

SIGNATURE — INSULATION CONTRACTOR <span style="font-size: 1.5em; font-family: cursive;">J. Case</span>	TITLE <b>MANAGER</b>	DATE <b>7-17-02</b>
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

# OMEGA PRODUCTS INTERNATIONAL, INC. Lot 5

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4006

270 Alcantar

Date of Job Completion 8-7-02

PLASTERING CONTRACTOR:

Name: Stucco Works, Inc.

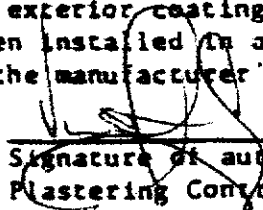
Address: 5900 Warehouse way Sacramento, CA. 95826

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.

Date



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.

Project Address: 270 Alcantar CR Assessor Parcel # 225-1650-005-0000  
Lot Number: 5 Subdivision Park West - AKA - RiverView  
Plan 4

**OWNER INFORMATION:**

Legal Property Owner: DoRo Horton Inc Phone# 916-965-2200  
Owner Address: 4401 Hazel Ave City Fear Oak State CA. Zip 95628

**CONTRACTOR INFORMATION:**

0201539

Contractor: DoRo Horton Inc. Lic. # 750190 Phone # 916-965-2200 Fax 916-965-2201

**PROJECT INFORMATION:**

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: 2 No. of Rooms: 4 Street Width: 37'  
1<sup>st</sup> Floor Area 1443 2<sup>nd</sup> Floor Area 1007 Basement — Roof Material concrete tile  
AREA IN SQUARE FOOT OF:  
Dwelling/Living 2450  
Garage/Storage 650  
Decks/Balconies \_\_\_\_\_  
Carports \_\_\_\_\_  
SCOPE OF WORK: New Home construction.

FOR OFFICE USE ONLY

- Information Above Complete
  - Violation Files Checked
  - Standard Setbacks
  - County Sewer
  - AR Flood Waiver Required
  - Flood Elevation Certificate Required
  - Water Development Infill Area
  - Planning Approval
  - Design Review Approval
  - Special Fee Districts Apply:
- THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT←**
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
  - 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
    - a) Assessors Parcel Number
    - b) New Floor Area
    - c) Owners Name
    - d) Project Address

# OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

270 Alcantar

Sac CA

Date of Job Completion

7-22-02

PLASTERING CONTRACTOR:

Name: Stucco Works, Inc.

Address: 5900 Warehouse way Sacramento, CA. 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.

Date

  
Signature of authorized representative of  
Plastering Contractor

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

# CERTIFICATION OF INSULATION

**E. E. HORTON**      lot # **5A**  
**270 Alcantar**  
**Insulation**

- P.O. BOX 184, WEST SACRAMENTO, CA 95691 LIC #200005
- 1500 MELCOY RD, MARYSVILLE, CA 95901 LIC #200008
- P.O. BOX 951, FRESNO, CA 93701 LIC #200000
- P.O. BOX 1631, BEND, OREGON LIC #100000
- 3550 A PONDEROSA TRAIL, EL PASO, TX 79912 LIC #100075

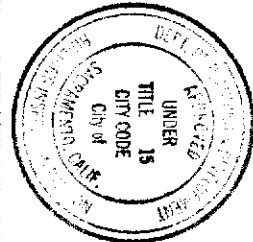
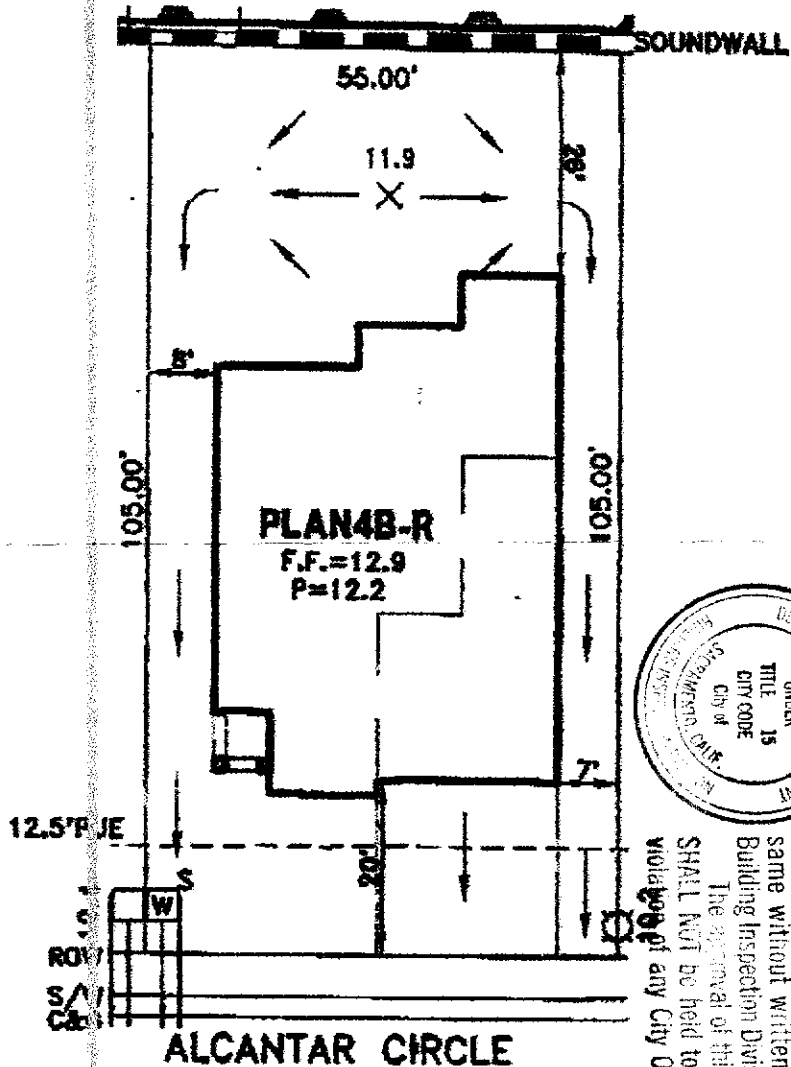
DATE COMPLETED  
**1-15-62**

INSULATION			INSULATION			INSULATION		
FIBERGLASS			FIBERGLASS			FIBERGLASS		
Batts			Batts & Blank			Blank		
MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID		
CT	OC	JM	CT	OC	JM	CT	OC	JM
BAGS			BAGS			BAGS		
R-VALUE	APPLIED	R-VALUE	APPLIED	R-VALUE	APPLIED	R-VALUE	APPLIED	R-VALUE
13	24	30	9	12				

FORM		FORM		FORM	
Batts		Batts		Blank	
CT	OC	CT	OC	CT	OC

THIS SET OF PLANS 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.

SCALE: 1" = 20'



This set of plans and specifications shall be kept on the job at all times and the contractor shall be held responsible for making any changes or alterations from same without written permission from the Building Inspection Division. The approval of this SHALL NOT be held to permit or violate any City Ordinance.

☐ = STREET LIGHT

*Handwritten initials: A/B*

**WOOD ROGERS INC.**  
 ENGINEERING PLANNING SURVEYING  
 3801 G STREET, SUITE 100-B SACRAMENTO, CA 95814  
 PHONE (916) 241-7300 FAX (916) 241-7307

DATE	OWNER	DESIGNER	PROJECT NO.
JAN 2001	CMD	<i>Wood Rogers</i>	1055.014

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