

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

**Permit No: 9907138**  
**Insp Area: 4**

**Site Address: 179 CAFARO CR SAC**  
Parcel No: PARUNKN000 GATEWAY WEST LOT 47

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

CONTRACTOR  
BEAZER HOMES  
3009 DOUGLAS BL #150  
ROSEVILLE CA 95661

OWNER

ARCHITECT

**Nature of Work: MP 1872 1 STORY 7 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 221191 Date 7/12/99 Contractor Signature Sheryl Van Maanen

**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 Professions 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 7/12/99 Applicant/Agent Signature Sheryl Van Maanen

**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 7/12/99 Applicant Signature Sheryl Van Maanen

**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.**

99-07138

No 18530



### INSTALLATION CARD

Job Address:

10011 189 California Ave.  
Beverly Hills, CA 90210

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

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

10/14/99

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

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.

Signature of authorized representative of stucco contractor:

Date

9/27/99

**CERTIFICATION OF INSULATION**

NATIONAL TRADE DETAIL UNIFORM SALES TRADE P

ADDRESS OR TRACT		SACRAMENTO INSULATION	
LOT # 47 BEAZER MEMORIES		DATE INSULATION COMPLETED	
P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC #202026 <input checked="" type="checkbox"/>		P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/>	
1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/>		P.O. BOX 9651, FREESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/>	
3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 <input type="checkbox"/>		P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/>	
TYPE OF INSULATION SQUARE FEET		TYPE OF INSULATION SQUARE FEET	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
FORM BATS		FORM BATS & BLOW	
MANUFACTURER'S PRODUCT ID		MANUFACTURER'S PRODUCT ID	
MANUFACTURER		MANUFACTURER	
OCF		OCF	
R - VALUE INSTALLED APPLIED THICKNESS		R - VALUE INSTALLED APPLIED THICKNESS	
13 3 5/8"		30 9"	
MIN. INSTALLED WEIGHT PER SQUARE FOOT		MIN. INSTALLED WEIGHT PER SQUARE FOOT	
R - VALUE INSTALLED APPLIED THICKNESS		R - VALUE INSTALLED APPLIED THICKNESS	
12"		12"	
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE		KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE	
MATERIAL FORM		MATERIAL FORM	
FIBERGLASS		BATS	
OCF		OCF	
AIR INFILTRATION SEALANT		AIR INFILTRATION SEALANT	
MATERIAL		MATERIAL	
FOAM		W R GRACE	
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.			
SIGNATURE - INSULATION CONTRACTOR DATE		SIGNATURE - GENERAL CONTRACTOR DATE	
[Signature]		[Signature]	
TITLE		TITLE	
MANAGER		MANAGER	
DATE 10-18-27		DATE 10-18-27	
REMARKS			

Nº 18531

**Kwik-Kore**

STUCCO SYSTEM

**INSTALLATION CARD**

Job Address

*189 Coffman Cir  
100 Ave  
189  
189*

Stucco System Trade Name: KWIK-KOTE

Name: Stucco Manufacturer: KWIK-KOTE

ICBO Evaluation Report No. \_\_\_\_\_

Report No. 3682

Date of Issue: \_\_\_\_\_

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 State: \_\_\_\_\_

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.

*6/27/89*

Signature of authorized representative of stucco contractor

# SEWER IMPACT FEE

## PERMIT AND CALCULATION SHEET

APPLICATION NO:		BIDD PERMIT NO:	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
FEE CALCULATION		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
ADDITION	RESIDENTIAL	<input type="checkbox"/>	WF <input type="checkbox"/>
29	COMMERCIAL	<input type="checkbox"/>	UNITS
CONSTRUCTION			
2385			
<b>TOTAL FEE</b>			

ADDRESS: 179 Cafaro Cir  
 CITY: 47

OWNER: [Blank]  
 ADDRESS: [Blank]

**CERTIFICATION OF COMPLIANCE**

**SCHOOL DISTRICT DEVELOPMENT FEES**

**PART I: TO BE COMPLETED BY APPLICANT**

Property Owner's Name \_\_\_\_\_  
 Owner's Address \_\_\_\_\_  
 Project Address \_\_\_\_\_  
 Parcel Number \_\_\_\_\_  
 Submission Name \_\_\_\_\_  
 Number of Units \_\_\_\_\_  
 Print Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
 Title of Applicant \_\_\_\_\_  
 Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PART II: TO BE COMPLETED BY BUILDING DEPARTMENT**

Plan Identification Number \_\_\_\_\_  
 Building Type (Check One)  
 Residential                       Apartment/Condominium                       Commercial/Industrial  
 Square Feet of Chargeable Building Area 1872  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

**PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT**

District Certification Number _____			
Fees Collected:			
Residential:	<u>1872</u>	Sq. Ft. X \$ <u>4.57</u>	= \$ <u>8555.04</u>
Apartment/Condominium:		Sq. Ft. X \$	= \$
Commercial/Industrial:		Sq. Ft. X \$	= \$

**NOTICE TO APPLICANT:** 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 on 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:** \_\_\_\_\_ **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:** 7/8/99  
**TITLE:** \_\_\_\_\_

# CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT	<b>SACRAMENTO INSULATION CONTRACTORS</b>
LOT #	<input type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 3243 INDUSTRIAL DRIVE, YUBA CITY, CA 95993 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
DATE INSULATION COMPLETED	

PART II AREAS INSULATED

WALLS		CEILING(S)			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	
<b>OCF</b>		<b>OCF</b>			<b>OCF</b>	
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
<b>13</b>		<b>30</b> <b>30</b>				
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>			MANUFACTURER <b>OCF</b>	
AIR INFILTRATION SEALANT						
MATERIAL <b>Foam</b>				MANUFACTURER <b>W R GRACE</b>		

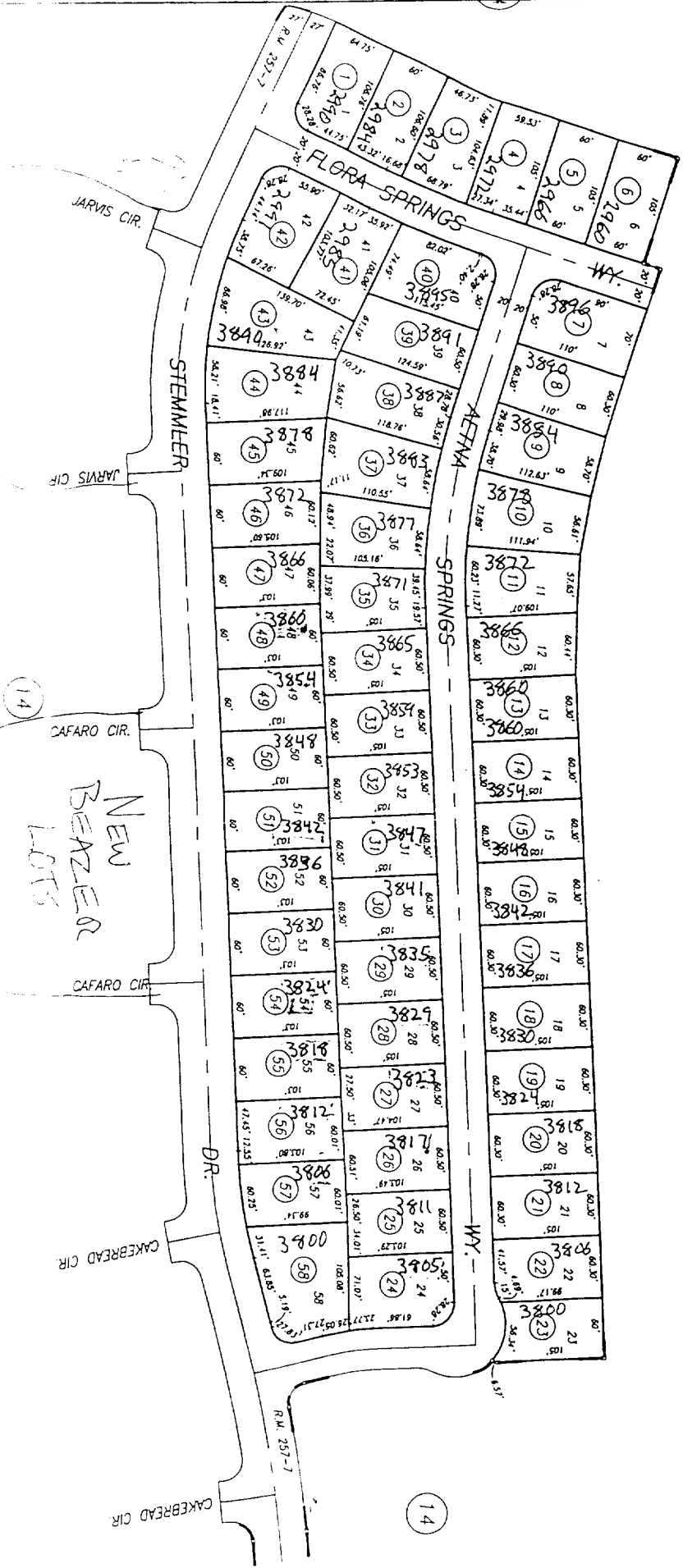
**THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.**

SIGNATURE INSULATION CONTRACTOR <i>[Signature]</i>	TITLE MANAGER	DATE <b>10-18-99</b>
SIGNATURE GENERAL CONTRACTOR <i>[Signature]</i>	TITLE	DATE
REMARKS		

PART III CERTIFICATION

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

225-118

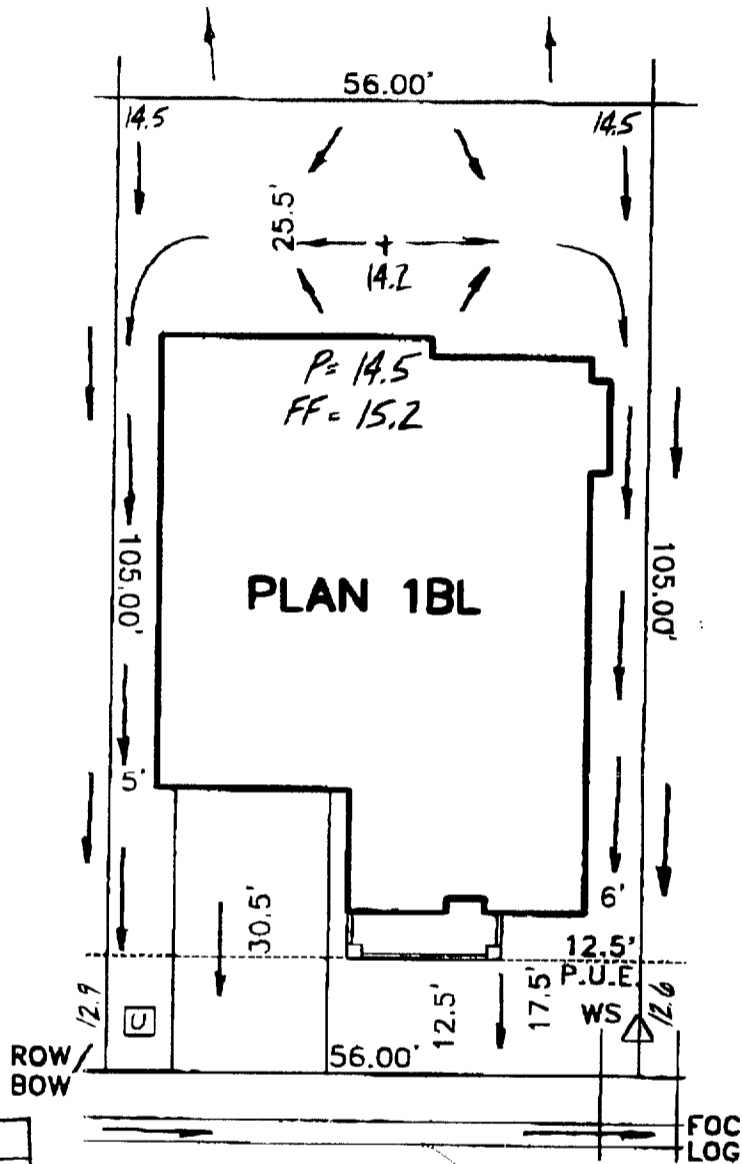
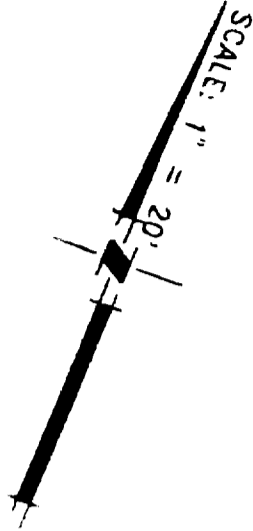


Por Gateway West Village No. 1, R.M. Bk. 257, Pg. 7 (1-11-99)

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**

ROUTING/APPROVAL		
	✓	INITIALS
President		
Project Development		
Construction	✓	<i>[Signature]</i>
Marketing	✓	<i>[Signature]</i>

△ = UTILITY TRANSFORMER

□ = UTILITY SERVICE BOX

LOT COVERAGE = 39% (WITH FLEX SPACE)

**PLOT PLAN  
LOT 47  
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