

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0404118
Insp Area: 4
Thos Bros: 256H3

Site Address: 5636 TRES PIEZAS DR SAC
Parcel No: NATOMAS CREEK LOT 7 Housing (Y/N):

Sub-Type: NSFR
N

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

OWNER

ARCHITECT

Nature of Work: MP2494 2 STORY 9 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 750190 Date 4-1-04 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 above mentioned property for inspection purposes.

Date 4-1-04 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.

____ 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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2004

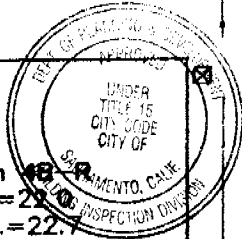
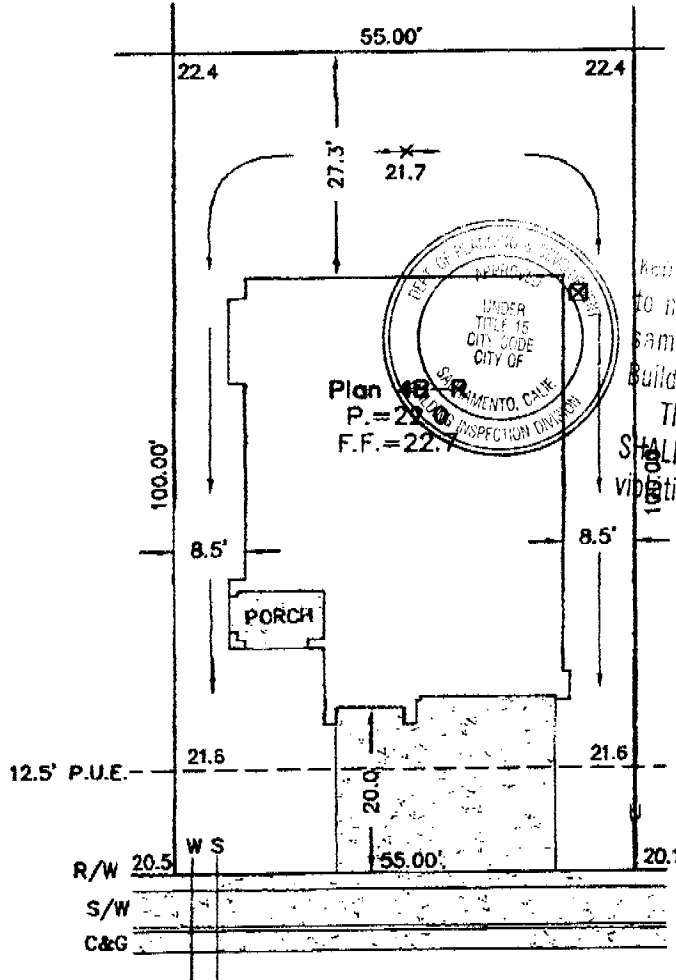
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 4-1-04 Applicant Signature [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.

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



The approval of this plan and specification SHALL NOT be held to permit or approval of violation of any City Ordinance or State Law.

Tres Piezas Drive

NET LOT AREA = 5,500 SQ. FEET
FOOTPRINT AREA = 1,955 SQ. FEET
LOT COVERAGE = 36%

LEGEND

- U - - - - UTILITY LOCATION
- ⊗ - - - - AIR CONDITIONER
- S - - - - SEWER
- W - - - - WATER

SCALE: 1" = 20'

PLOT PLAN
LOT 7
Natomas Creek Village 1
Meadows - Phase 14
City of Sacramento, State of California

**WECKER
SURVEYS**

1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-758-2775

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 5636 Assessor Parcel #: 101-1300-026/027/028/029
 Lot Number: 7 Subdivision: NATOMAS CREEK

OWNER INFORMATION:

Legal Property Owner: DR HORTON Phone# 916 965 2200
 Owner Address: 441 HAZEL AVE STE 125 City FALLEN BROS State CA Zip 95628

CONTRACTOR INFORMATION:

Contractor: DR HORTON Lic. # 750190 Phone # 965 2200 Fax 965 2280

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 2 No. of Rooms: 4 Street Width: _____
 1st Floor Area 1273 2nd Floor Area 1221 Basement _____ Roof Material Concrete tile

AREA IN SQUARE FOOT OF:

Dwelling/Living	<u>2494</u>
Garage/Storage	<u>581</u>
Decks/Balconies	<u>0</u>
Carpports	<u>0</u>

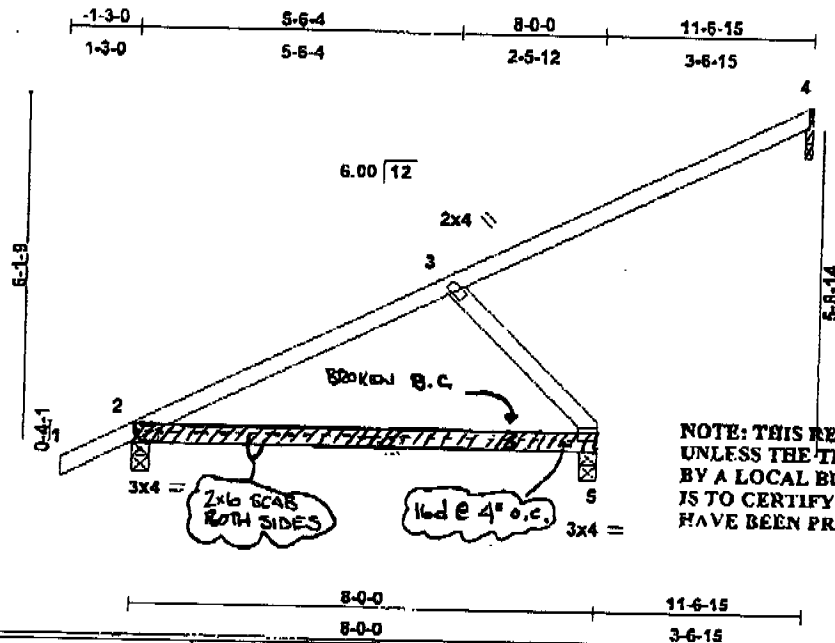
SCOPE OF WORK: _____

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 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 | | |
- 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) Assessor's Parcel Number	c) Owners Name
b) New Floor Area	d) Project Address

Date: _____ Received by: (staff) _____ Permit # _____



NOTE: THIS REPAIR IS NOT VALID UNLESS THE TRUSSES ARE INSPECTED BY A LOCAL BUILDING OFFICIAL WHO IS TO CERTIFY THAT THE REPAIRS HAVE BEEN PROPERLY IMPLEMENTED.

LOADING (psf)	SPACING 2-0-0	CSI	DEFL	In (loc)	Udefl	PLATES	GRIP
TCLL 18.0	Plates Increase 1.25	TC 0.35	Vert(LL)	-0.18	2-5 >531	MH20	220/195
TCDL 14.0	Lumber Increase 1.25	BC 0.41	Vert(TL)	-0.30	2-5 >312		
BCLL 0.0	Rep Stress Incr YES	WB 0.11	Horz(TL)	0.00	6 n/a		
BCDL 7.0	Code UBC97/ANSI95	(Matrix)	1st LC LL Min Udefl = 360				
						Weight: 35 lb	

MEMBER
 TOP CHORD 2 X 4 DF No.1&Btr-G
 BOT CHORD 2 X 4 DF No.1&Btr-G
 WEBS 2 X 4 DF Stud-G

BRACING
 TOP CHORD Sheathed or 6-0-0 oc purlins.
 BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.

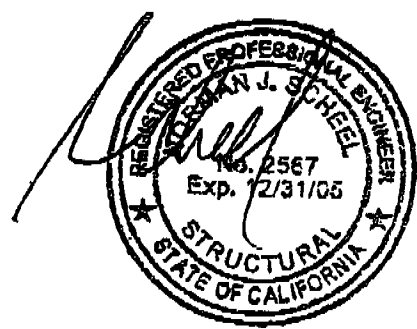
REACTIONS (lb/size) 4=145/0-1-8, 2=400/0-3-8, 8=331/0-3-8

FORCES (lb) - First Load Case Only
 TOP CHORD 1-2=33, 2-3=352, 3-4=49
 BOT CHORD 2-5=261
 WEBS 3-6=380

- NOTES
- 1) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads per Table No. 16-B, UBC-97.
 - 2) A plate rating reduction of 20% has been applied for the green lumber members.
 - 3) Provide mechanical connection (by others) of truss to bearing plate at joint(s) 4.
 - 4) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S)
 1) Regular: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 1-4=-50.0, 2-5=14.0
 2) UBC: Lumber Increase=1.25, Plate Increase=1.25
 Uniform Loads (plf)
 Vert: 1-4=-28.0, 2-5=34.0

REPAIR - BROKEN BOTTOM CHORD
 1) ATTACH 2x6 FULL LENGTH SCABS TO EACH FACE USING 16d @ 4" o.c.



JUN 14 2004



DEPARTMENT OF
UTILITIES

FIELD SERVICES
DIVISION
Water Distribution- Meter Shop

CITY OF SACRAMENTO
CALIFORNIA

5730 24th St. Bldg.8
SACRAMENTO, CA
95822-3699

PH 916-433-6229
FAX 916-433-4036

To our customer:

Due to a supply problem, we will be using this document to substitute for an actual meter. This document may be shown to your inspector as proof that the City Of Sacramento is aware that you have purchased a meter and it will be installed as soon as possible.

Meter Address: 5636 Tres Picos Dr

Utilities Leadworker: Chuck Barsuglia

Cell Phone: 798 4737

Date: 8-6-04

KwikKote

No. 200-921438

Stucco System Installation Card

Job Name: MEADOWS @ CREEKSIDE
Address: 5636 TRES PIEZAS

Lot #: 0001007

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

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

Home Builder: D.R. HORTON INC.
Address: 4401 HAZEL AVE. SUITE 225
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 06/10/2004

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 of authorized representative of stucco contractor

7-22-04

Date

CERTIFICATION OF INSULATION

<p style="text-align: center;">ADDRESS OR TRACT</p> <p style="font-size: 2em; font-family: cursive;">DR</p> <p style="font-size: 2em; font-family: cursive;">Horton</p> <p style="font-size: 2em; font-family: cursive;">Creekside Meadows</p> <p style="text-align: right;">LOT # 1007</p>	<p style="text-align: center;">SACRAMENTO BUILDING PRODUCTS</p> <p><input 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. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
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WALLS			CEILING			FLOORS					
(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)					
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION					
MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS					
FORM BATTS			FORM BATTS & BLOW			FORM BATTS					
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 WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS			
13 19	3 1/2 5 1/2	30	12								
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT											
MATERIAL <i>foam</i>						MANUFACTURER					
						HILTI			HANDY FOAM		

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

SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE
<i>JL</i>		7-21
SIGNATURE — GENERAL CONTRACTOR		
REMARKS		