

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0110942

Insp Area: 1

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 1219 Q ST SAC

Parcel No: 006-0281-057

CAP PK HOMES LOT 50

CONTRACTOR

CAPITOL PARK HOMES
818 19TH ST STE 200
SACRAMENTO CA. 95814

OWNER

ARCHITECT

Nature of Work: NSFR MP 1757 3 STORY 7 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 0000000 Date 9-18-01 Contractor Signature [Signature]
767087

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 9-18-01 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 STATE COM

Policy Number 34947201

Exp Date 01 01 02

(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 comply with those provisions.

Date 9-18-01 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.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION Plan 4

Project Address: 1219 Q Street Assessor Parcel # 006-281-057
 Lot Number: 50 Subdivision CAPITOL PARK HOMES

OWNER INFORMATION:

Legal Property Owner: SHASTA/DOWNTOWN SINGLE FAMIL Phone# 449-8989
 Owner Address: 818 19th St City SACRAMENTO State CA Zip 95814

CONTRACTOR INFORMATION:

Contractor: CNM CONST. Lic. # 767087 Phone # 449-8989 Fax 449-8866

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 3 No. of Rooms: 11 Street Width: 20
 1st Floor Area 1259 2nd Floor Area 488 Basement - Roof Material COMP

AREA IN SQUARE FOOT OF:

Dwelling/Living 1747
 Garage/Storage 496/684
 Decks/Balconies 84
 Carports -

SCOPE OF WORK: NEW SINGLE FAMILY RESIDENCE

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

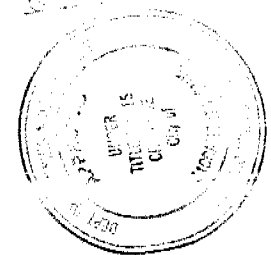
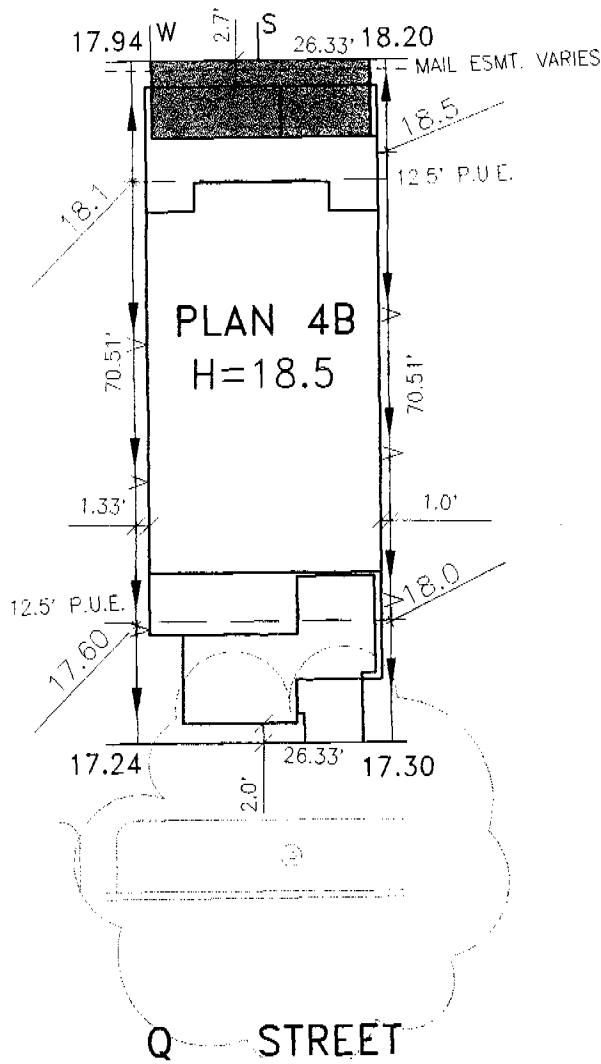
Date: _____ Received by: (staff) _____ Permit # _____

FOR OFFICE USE ONLY

CERTIFICATION OF INSULATION

ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS									
<p><i>C.N.M</i> <i>Capital Park</i> <i>1219 Q St</i></p> <p style="text-align: right;">LOT # <i>50</i></p>		<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 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									
WALLS			CEILINGS			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					
<i>13</i>	<i>3 5/8</i>	<i>30</i>	<i>9"</i>		<i>19</i>	<i>6 1/4</i>					
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
									CT	OC	JM
APPLY INFILTRATION SEALANT											
MATERIAL FOAM						MANUFACTURER					
						HILTI			HANDY FOAM		
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND MANUFACTURER'S INSTRUCTIONS.											
SIGNATURE — INSULATION CONTRACTOR <i>Jeff Carbo</i>					TITLE MANAGER			DATE <i>6-25-02</i>			
SIGNATURE — GENERAL CONTRACTOR					TITLE			DATE			
REMARKS											

MOTOR COURT "E"



NOTE:

This plan is only intended to reference the building plan designated for this lot. All setbacks other than minimum code requirements are approximate. The "as-built" field condition may vary from this plan.

DATE: 07-26-01
 A.P.N.: 006-2810-057
 ADDRESS: 1219 Q STREET

LOT AREA: 1,856 SF
 LOT COVERAGE: 69%



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 Sacramento, CA 95833-3288
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 Fax. 916.921.9274
 www.stantec.com

CAPITOL PARK

**LOT 50
 PLAN 4B**

CAPITOL PARK

**CITY OF SACRAMENTO, CA
 CLIENT: CNM CONSTRUCTION
 JOB NO.: 84400121**