

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0317481

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 121 ORCUTT CR SAC

Parcel No: 225-1880-028

PARKVIEW UNIT 3 LOT 49

CONTRACTOR

KIMBALL HILL HOMES
10535 EAST STOCKTON BL. STE. K
ELK GROVE CA. 95624

OWNER

ARCHITECT

Nature of Work: MP4073 2 STORY 13 ROOM SFR W/ 2ND MASTER OPT.

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 701803 Date 11/17/03 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 11/17/03 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 TRAVELERS Policy Number WC59663000527 Exp Date 10/01/2004

_____ (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 11/17/03 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

Project Address: 121 Orcutt Cir Assessor Parcel # 225-1880-028
 Lot Number: 49 Subdivision Parkview Village 3

OWNER INFORMATION:

Legal Property Owner: Kimball Hill Homes Phone# 916-714-1153
 Owner Address: 10535 E. Stockton Blvd K City ELY GROVE State CA Zip 95624

CONTRACTOR INFORMATION:

Contractor: Kimball Hill Homes Lic. # 701803 Phone # 916 714 1153 Fax 916 714 1425

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 2 No. of Rooms: 13 Street Width: _____
 1st Floor Area 2135 2nd Floor Area 2094 Basement _____ Roof Material _____
 AREA IN SQUARE FOOT OF:
 Dwelling/Living 4229 2nd master suite
 Garage/Storage 622
 Decks/Balconies 40
 Carports _____
 SCOPE OF WORK: NEW SINGLE FAMILY DWELLING

OR
FICE
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NLY

- | | | |
|---|---|---|
| <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 # _____

SIGNET

Testing Labs, Inc.

DATE: 1-30-04
 PROJECT NO. 2031
 PROJECT: J.B. / KIMBALL HILL
 LOCATION: "PARKVIEW" LOT # 349

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: _____ GAGE: _____ TORQUE WRENCH: _____

RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST

Type of epoxy / grout used: SIMPSON SAT-CE Method of application / cleaning: 1/2" BRUSH
 Visual inspection was performed on THE PLACEMENT OF ONE 5/8" DIA ANCHOR
IN A PRE-DRILLED AND CLEANED HOLE 3/4" DIA x 12"
DEPTH AT A PVD LOCATION.

Show up / Stand by time. Job Canceled / Delayed due to: _____

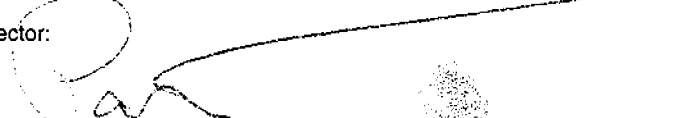
All non-compliance items were brought to the attention of: _____ at the job site.

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: 

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *Jmg*
PERMIT AND CALCULATION

APPLICATION NO: _____ BLDG PERMIT NO: *SP 22003-01024*
 GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER.
City of Sacramento *pd 11-14-03*

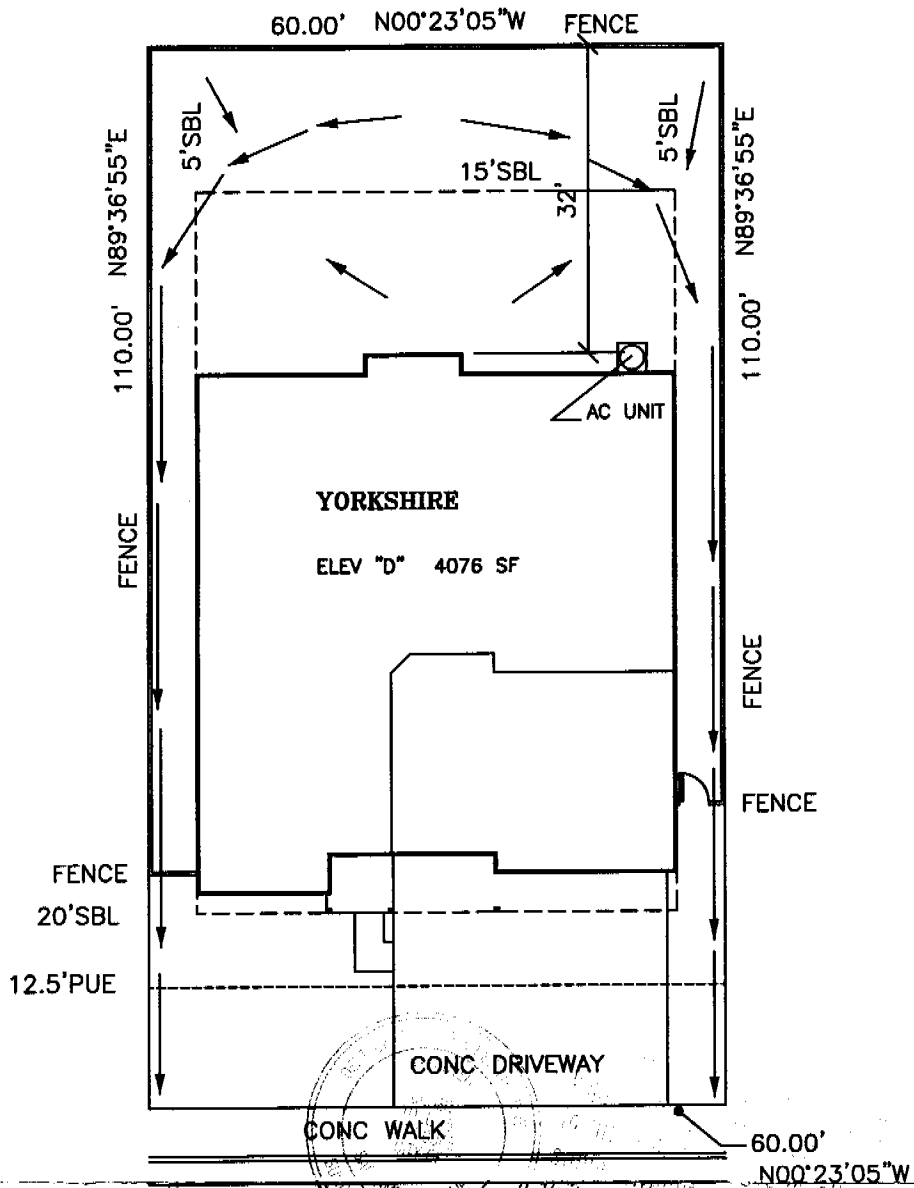
THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SE <input checked="" type="checkbox"/> MF <input type="checkbox"/>
CSD-1	1853-	COMMERCIAL USE	
SRCSD	5255-		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	7108-		

APN: *225-1880-028*
 DESCRIPTION/SUBDIVISION: *TRICKHEAD VILLAGE 3* LOT: *49*
 PROPERTY ADDRESS: *121 DEIGHT CR*
 OWNER: *KIMBERLY HIGHT KINGS*
 MAILING ADDRESS: *19535 E SUTTON BLVD SUITE C*
 CITY/STATE/ZIP: *DAYTON OH 45024* PHONE: *714-1153*
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

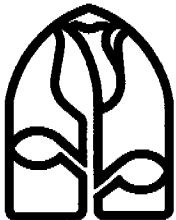
APPLICANT SIGNATURE: *Jawia King*
 CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____



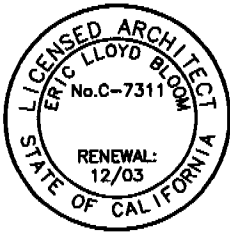
ORCUTT CIRCLE

Building Inspector
 The approval of this plan and seal of the Building Inspector shall not be held to permit or constitute a violation of any City Ordinance or State Law.



BLOOM
Architectural
Developments
Incorporated
 4437 Kenneth Avenue
 Fair Oaks, CA 95628
 (918)961-1553
 (918)967-3011 Fax

www.BloomArchitect.com



6600.000 Sq. Ft. or 0.152 Acres.

Plot Plan Disclosure This plot plan approximates a general representation of lot dimensions, easements, fence and home placement, etc. This illustration is not a condition of Kimball Hill Homes sales agreement. The actual placement and measurements demonstrated on this diagram are subject to change without notice.

Signature _____

KHH California, Inc. (916)714-1153
 10535 E.Stockton Blvd. Ste.K, Elk Grove, CA 95624



Job# 3063 49 **Plan#** 4073
Date Oct 28 03 **Draft** 1
Plan YORKSHIRE **Elev** D
Project Parkview **Unit** 3
Lot 49
Address 121 Orcutt Cir
City Sacramento County CA
APN

PLOT PLAN
 Scale 1"=20'



**F. RODGERS INSULATION
RESIDENTIAL, INC.**

Thermal Insulation Contractors
Residential

INSULATION
CERTIFICATE

7391

7775 LAS POSITAS ROAD • LIVERMORE, CA 94550
(925) 294-9400 • FAX (925) 294-9475

1300 S. RIVER RD. #125 • W. SACRAMENTO, CA 95691
(916) 386-9400 • FAX (916) 386-9446

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATION, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Kimball Hill LOT # 49 TRACT # Parkview

STREET _____ CITY *Soe*

EXTERIOR WALLS:

MANUFACTURER *Oc* THICKNESS/TYPE _____ R- VALUE *13*

CEILING:

BATS: MANUFACTURER *Oc* THICKNESS/TYPE _____ R- VALUE *30*

BLOWN IN:

MANUFACTURER *Oc* THICKNESS/TYPE _____ R- VALUE *30*

SQUARE FOOTAGE COVERED

FLOORS & OVERHANGS *2520* NUMBER OF BAGS USED *40*

MANUFACTURER

Oc THICKNESS/TYPE _____ R- VALUE *13*

OTHER:

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR F. RODGERS INSULATION RESIDENTIAL
CALIFORNIA CONTRACTORS LICENSE #771285

[Signature] DATE *3-18-09*
SIGNATURE _____ TITLE *installer*

White - Customer Copy Yellow - Invoice Copy Pink - Field Copy Gold - Office Copy

SIGNET

Testing Labs, Inc.

DATE: 1-30-04
 PROJECT NO. 2031
 PROJECT: J.B. / KIMBALL HILL
 LOCATION: "PARKVIEW" Lot # 349

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: _____ GAGE: _____ TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST

Type of epoxy grout used: SIMPSON SAT-22 Method of application / cleaning: 1 2 3 4 5
 Visual inspection was performed on THE REPAIRMENT OF ONE 5" DIA. CAP AND ONE 4" DIA. PRE-DRILLED AND REMANED HOLE IN 12" DIA. CAP REPAIRMENT OF A PVD2 CONNECTION.

Show up / Stand by time. Job Canceled / Delayed due to: _____
 All non-compliance items were brought to the attention of: _____ at the job site.

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: [Signature]

INSTALLATION CARD

OMEGA DIAMOND WALL INSULATING ONE COAT SYSTEM
OMEGA PRODUCTS INTERNATIONAL, INC.

Job Address:

121 ORCUTT CIRCLE

ICBO Evaluation Service, Inc.
Report 4004

April 9, 2004
Date of Job Completion

Plastering Contractor:

Name: Mid Valley Plastering, Inc.

Address: 4807 S. Airport Way, Unit # D
Stockton, CA 95206-4924

Telephone: (209) 234-2671

Approved Contractor Number as Issued by the Coating Manufacturer Omega Diamond Wall No. 2315

This is to certify that the exterior 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

[Signature]
Signature of Plastering Contractor

[Signature]
Date

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



Planning and Building Department
 Building Division

CITY OF SACRAMENTO
 CALIFORNIA

Downtown Permits Center
 1231 I Street, #200
 Sacramento, CA 95814-2998

 North Permits Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

ADDRESS 1210 Grant PERMIT NO. 0312481

INSPECTION COMMENTS	PERMIT DOCUMENTS

FINAL APPROVALS	
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	