

CITY OF SACRAMENTO

Permit No: 0215963

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Thos Bros: 337 H3

Site Address: 109 CREEKSIDE CR SAC

Sub-Type: NSFR

Parcel No: 119-0460-005

Housing (Y/N): N

CONTRACTOR

RHEMA CONSTRUCTION
PO BOX 340-143
SAC CA 95834

OWNER

ROBERT NGUYEN
104 CREEKSIDE CIRCLE
SACRAMENTO 95823

ARCHITECT

Nature of Work: NSFR 1843 LIV, 484 GAR, 70 PATIO

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 _____ License Number 791801 Date 11/19/02 Contractor Signature *By Robert Nguyen for Michael Anastasio*

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 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 _____

PAID
CITY OF SACRAMENTO
NOV 19 2002
NORTH PERMIT CENTER

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date November 19, 2002 Applicant/Agent Signature *Robert Nguyen*

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 COMPENSATION FUND Policy Number 1656206-02 Exp Date

(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 November 19, 2002 Applicant Signature *Robert Nguyen*

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.

PLANNING AND ZONING REVIEW

..... filled out by Planning staff

ADDRESS:	109 Creekside Circle		
APN:	119-0460-005	ZONING:	R-1A
DESIGN REVIEW AREA:	None		
PREVIOUS FILES RELATED TO SITE:	Z02-111; P88-212		
EXISTING LAND USE:	Vacant residential lot		
PROPOSED USE:	New SFR		
COMMENTS:	Minor modification for enclosed patio, alteration to originally approved house plans.		
		DATE:	BY:
DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?			
(Enter an "X" next to those that apply)			
	YES	XXX	NO
Staff:	Planning Commission:	Design Review:	
ZA:	X	Preservation Review:	
CONCLUSION:	Z02-111 app'd 8/14/02 with MOU (attached).		
Must comply with all conditions of approval on Z02-111 and otherwise conform to plans approved under original application P88-212.			
		DATE:	BY:
		11/4/02	Phil Reed



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND BUILDING DEPT.
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

MEMORANDUM OF UNDERSTANDING
RELATED TO MITIGATION MEASURES, PLANNING CONDITIONS,
ZONING ORDINANCE PROVISIONS, AND/OR SIGN ORDINANCE PROVISIONS

In order to proceed with construction/occupancy of the project located at 34, 35, 36, 103, 105, 107, 109, 111, 115, 117 Creekside Circle

I agree that the following Mitigation Measures, Planning Conditions, Zoning Ordinance Provisions, and/or Sign Ordinance Provisions associated with project Z02-111 will be fully implemented to the satisfaction of the City of Sacramento by FINAL INSPECTION.

(Date)

LIST OF MEASURES/CONDITIONS/PROVISIONS:

1. Size and location of the proposed house plan changes shall conform to the plans submitted.
2. The applicant shall obtain all necessary building permits prior to commencing construction.
3. Any other changes or additions shall require additional Planning review and approval.
4. The proposed change to the house plans shall match the exterior materials and colors.

The above language shall not be deemed a waiver by the City of Sacramento of any Mitigation Measure, Planning Condition, Zoning Ordinance Provision, and/or Sign Ordinance Provision applicable to the project whether or not the measure, condition, or provision is listed above.

Signature Thoa Thi Pham

Name & Title: owner

Address: 104 Creekside circle

Phone Number: 916-719-0844

CITY OF SACRAMENTO
NORTH PERMIT
CENTER

NOV 04 2002

RECEIVED

Reviewed by: Lindsey Alagozian, Assistant Planner L.A.

Date: 14, August 2002

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

OK
 11/15/02

SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO: _____ BLDG PERMIT NO: **SWD 2002-00854**

GENERAL INFORMATION
 City of Sac

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

PAID
NOV 15 2002
 3222 0110 0000 14720
 cost 002
 THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	<input checked="" type="checkbox"/> MF <input type="checkbox"/>
CSD-11006 CF		COMMERCIAL USE	
SRCS	\$ 1300		
CONSTRUCTION			
W-LIEU			
TOTAL FEE	12300		

PN: 119-0400-005
 DESCRIPTION/DIVISION: Creekside Park LOT: 48
 PROPERTY ADDRESS: 109 Creekside Cir.
 OWNER: R. NGUYEN
 BILLING ADDRESS: 104 Creekside Circle
 CITY-STATE-ZIP: SACRAMENTO, CA 95823 PHONE: 714-204-4444
 ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.
 APPLICANT SIGNATURE: [Signature]

SOLIDATED UTILITY BILLING USE ONLY
 INPUT _____ START _____

RECEIPT

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME Robert Nguyen
 OWNER'S ADDRESS 104 Creekside Circle Sacramento, CA 95823
 PROJECT ADDRESS 109 Creekside Circle
 PARCEL NUMBER 119-0460-005 LOT NO. 48
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE Robert Nguyen
 TITLE OF APPLICANT _____
 DATE 11-15-02 PHONE NUMBER 719-8044

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0215963
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 1843 #
 SIGNATURE Beth Maynard
 TITLE Building Tech DATE 11-4-02

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT 215
 DISTRICT CERTIFICATION NO. 215
 EXEMPT _____ COMMENTS How long from 11/25/01 to 11/15/02

RESIDENTIAL/APT/CONDO	SQ FT X \$	<u>214</u>	= \$	<u>894.00</u>
COMMERCIAL/INDUSTRIAL	SQ FT X \$	<u>1.77</u>	= \$	<u>236.86</u>
OTHER FEE	TYPE	SQ FT X \$	= \$	
TOTAL FEES COLLECTED		<u>341</u>	= \$	<u>1425.21</u>

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 authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE _____ DATE 11/11/02
 TITLE _____

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>TAMMY HOANG</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>109 CREEKSIDE CIRCLE</u>		Company NAIC Number
CITY <u>SACRAMENTO</u>	STATE <u>CA</u>	ZIP CODE <u>95823</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 48 APN 119-0460-005</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>CITY OF SACRAMENTO 060266</u>	B2. COUNTY NAME <u>SACRAMENTO</u>	B3. STATE <u>CA.</u>
B4. MAP AND PANEL NUMBER <u>0030</u>	B5. SUFFIX <u>F</u>	B6. FIRM INDEX DATE <u>7-6-1998</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>7-6-1998</u>	B8. FLOOD ZONE(S) <u>AH</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>17.0</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH/A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion

Datum _____ Conversion/Comments _____

Elevation reference mark used 18.63 Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 18 . 00 ft. (m)

b) Top of next higher floor _____ . _____ ft. (m)

c) Bottom of lowest horizontal structural member (V zones only) _____ . _____ ft. (m)

d) Attached garage (top of slab) _____ . _____ ft. (m)

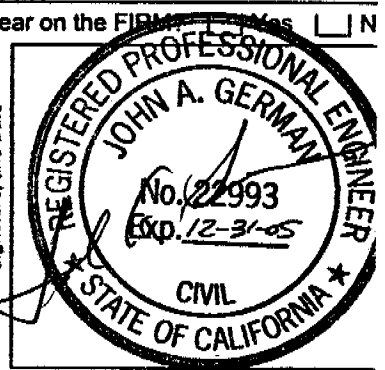
e) Lowest elevation of machinery and/or equipment servicing the building _____ . _____ ft. (m)

f) Lowest adjacent grade (LAG) 15 . 3 ft. (m)

g) Highest adjacent grade (HAG) 15 . 6 ft. (m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>JOHN A. GERMAN</u>	LICENSE NUMBER <u>C.E. 22993</u>
TITLE <u>CIVIL ENGR</u>	COMPANY NAME <u>GERMAN ENGINEERING</u>
ADDRESS <u>3000 FRANKLIN BLVD</u>	CITY <u>SACRAMENTO</u>
SIGNATURE <u>[Signature]</u>	STATE <u>CA.</u>
	ZIP CODE <u>95818</u>
	DATE <u>9-25-02</u>
	TELEPHONE <u>(916) 455-3000</u>

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME <i>Robert Binh Nguyen</i>			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 109 CREEKSIDE CIRCLE			Company NAIC Number
CITY SACRAMENTO	STATE CA	ZIP CODE 95823	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 48, APN 119-0460-005			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) 0 RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##-### or ###.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF SACRAMENTO 060266		B2. COUNTY NAME SACRAMENTO		B3. STATE CA	
B4. MAP AND PANEL NUMBER 060266-0030	B5. SUFFIX F	B6. FIRM INDEX DATE JULY 6, 98	B7. FIRM PANEL EFFECTIVE/REVISED DATE JULY 6, 98	B8. FLOOD ZONE(S) AH	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 17.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a) below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NGVD 1929 Conversion/Comments _____

Elevation reference mark used CITY 1C-20 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 19. 07 ft.(m)
- o b) Top of next higher floor _____ ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- o d) Attached garage (top of slab) 16. 20 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 18. 2 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 15. 5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 16. 0 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 13
- o i) Total area of all permanent openings (flood vents) in C3.h 1,824.00 sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME JOHN A. GERMAN LICENSE NUMBER RCE22993

TITLE <u>CIVIL ENGINEER</u>	COMPANY NAME <u>GERMAN ENGINEERING</u>		
ADDRESS <u>3000 FRANKLIN BLVD</u>	CITY <u>SACRAMENTO</u>	STATE <u>CA</u>	ZIP CODE <u>95818</u>
SIGNATURE <i>John A. German</i>	DATE <u>02/19/04</u>	TELEPHONE <u>916-455-3000</u>	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 109 CREEKSIDE CIRCLE			Policy Number
CITY SACRAMENTO	STATE CA	ZIP CODE 95823	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

AC COMPRESSOR PAD

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ___ (Select the building diagram most similar to the building for which this certificate is being completed -- see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

COMMENTS _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 109 Creekside Cir. Sacramento, Ca.
Number Street City State

Ceilings:

Blow: Manufacturer _____ Thickness _____ R / Value _____
Square Feet _____ # Bags / Lbs. Per Bag _____

Batts: Manufacturer Johns Manville Thickness 12.5" R / Value 38

Exterior Walls:

Manufacturer Johns Manville Thickness 3.5" R / Value 13

Floor Insulation:

Manufacturer Johns Manville Thickness 6.5" R / Value 19

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: _____ Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Goldstar Insulation, Inc. Lic. # 797510

By: [Signature] Title: Office Manager Date: 11/17/03

