

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010106
Insp Area: 4

Site Address: 1531 BAINES AV SAC
Parcel No: 225-1120-078 NORTHPT PK 14 LOT 78

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

CONTRACTOR
L'ENNA RENAISSANCE INC.
2240 DOUGLAS BL.
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP202 1 STORY 9 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 732348 Date 2/28/01 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 9-20-00 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: TRANSCONTINENTAL INSURANCE CO Policy Number WC166792277 Exp Date 6/1/2001

(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 9-20-00 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 BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other

Project Address: 1531 BAINES AVE Assessor Parcel # 225-112-078 LOT 78

OWNER INFORMATION: NORTHPOINTE PARK VILLAGE 14
 Legal Property Owner: LENNAR RENAISSANCE Phone # (916) 773-7471
 Owner Address: 2240 DOUGLAS BLVD. City ROSEVILLE State CA Zip 95661

CONTRACTOR INFORMATION:
 Contractor: LENNAR RENAISSANCE Lic. # 732348 Phone # (916) 773-7471 Fax # (916) 773-4086

PROJECT INFORMATION:
 Land Use Zone R1A Occupancy Group R23 Construction Type UM Fed Code 1A
 No. of stories: ONE No. of rooms: _____ Street width: 40'
 1st Floor Area 1803 2nd Floor Area _____ Basement _____ Roof Material TILE

AREA IN SQUARE FOOT OF:	<u>EXISTING</u>	<u>NEW</u>
Dwelling/Living	_____	<u>1803</u>
Garage/Storage	_____	<u>496</u>
Decks/Balconies	_____	<u>150</u>
Carports	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION SFD

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 | | |

NEW STRUCTURES & ADDITIONS

*THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- | | |
|---|---|
| <input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE | * Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
| <input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA | |
| <input type="checkbox"/> Title 24 Energy Compliance documentation | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor |
| <input type="checkbox"/> Grading and Erosion Control Questionnaire | <input type="checkbox"/> Plan Review Fees |

Date _____ Received by (staff) _____

ACTIVITY/PERMIT #

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

Date of Job Completion 3/12/01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

This is to certify that the exterior coating 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.

Date 3/9/01

[Signature]
Signature of authorized representative of
Plastering Contractor

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

CERTIFICATION OF INSULATION

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

Winncrest Homes 00-078

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC #10675

GIMMERE

DATE INSULATION COMPLETED

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 ID

MANUFACTURER'S PRODUCT ID

MANUFACTURER'S PRODUCT ID

MANUFACTURER

MANUFACTURER

MANUFACTURER

OCF

OCF

OCF

R - VALUE
INSTALLED

APPLIED
THICKNESS

R - VALUE
INSTALLED

APPLIED
THICKNESS

MIN. INSTALLED
WEIGHT PER
SQUARE FOOT

R - VALUE
INSTALLED

APPLIED
THICKNESS

13

3 5/8

38

12 1/4

38

14 3/4

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL

FORM

R VALUE

MANUFACTURER

FIBERGLASS

BATTS

OCF

AIR INFILTRATION SEALANT

MATERIAL

MANUFACTURER

W R GRACE

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

DATE

Bill Gray
SIGNATURE - GENERAL CONTRACTOR

MANAGER

2/20/01

TITLE

DATE

REMARKS

772 Miss Fix

LUMBER SPECIFICATIONS

SIZE	SPECIE	GRADE	PANEL (S)
2x4	DF	STRUT	1-4
2x4	DF	STUDS	1-3
2x4	DF	STAND	1-4

TO LATERAL SUPPORT < 12" OC. UOM
OR LATERAL SUPPORT < 12" OC. UOM

TRUSS SPAN 24'-1.00"
LOAD DURATION INCREASE = 1.25
SPANED 24.0' 0.00

LOADING

LL (15.0) + DL (14.0) ON TOP CHORD = 30.0 PSF
DL ON BOTTOM CHORD = 7.0 PSF
TOTAL LOAD = 37.0 PSF

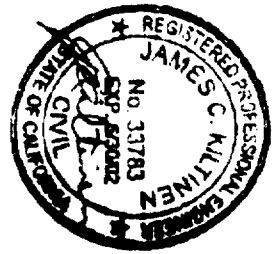
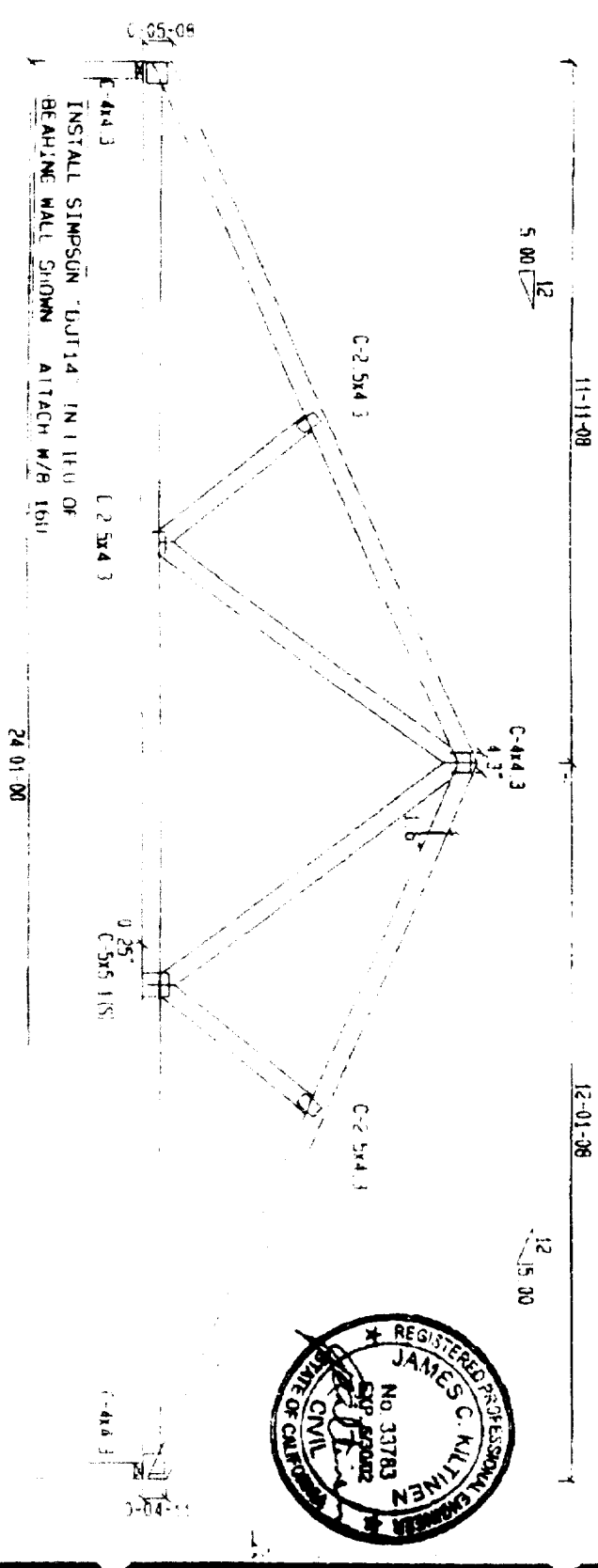
BOTTOM CHORD CHECKED FOR 100% LIVE LOAD TOP
AND BOTTOM CHORD LIVE LOADS ACT NON-CONCURRENTLY.

ANGI/PI	STINGL #	MEMBER	FORCES	AMK/D
1-1	-1542	B 1-	390	279
1-2	-1314	B 2-	980	412
1-3	-1746	B 3-	1429	434
1-4	-1563	B 4-		300

LEFT = 891; RIGHT = 891

BEARING AREA REQUIRED ISO (M)

JOINT	1	1.43	DF	2.20	WF	2.10	SF
JOINT 5	1.43	DF	2.20	WF	2.10	SF	



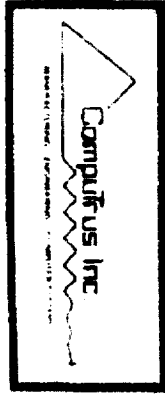
Scale: 3/8"
JOB NAME: RENAISSANCE RIDGES PLAN 202 (219)
THIS DESIGN IS DERIVED FROM COMPUTER INPUT BY EDICORSON BUILDING COMPONENTS
DESIGN CONFORMS TO UBC-97 ANVER 1:05 (ILL)

19

DATE: 3/1/1994
DES BY: L8
SFD: 5923320

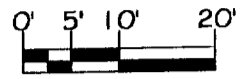
1. Read all General Notes and Building Code provisions of section 1704 and special provisions related to addition of or removal from and
2. This design is based on the information provided by the client and is not a guarantee of performance.
3. All dimensions are in feet and inches unless otherwise specified.
4. All loads are based on the information provided by the client and are not a guarantee of performance.
5. The design is based on the information provided by the client and is not a guarantee of performance.
6. The design is based on the information provided by the client and is not a guarantee of performance.
7. The design is based on the information provided by the client and is not a guarantee of performance.
8. The design is based on the information provided by the client and is not a guarantee of performance.
9. The design is based on the information provided by the client and is not a guarantee of performance.
10. The design is based on the information provided by the client and is not a guarantee of performance.
11. The design is based on the information provided by the client and is not a guarantee of performance.

1. Design to meet minimum code requirements.
2. Design to meet minimum code requirements.
3. Design to meet minimum code requirements.
4. Design to meet minimum code requirements.
5. Design to meet minimum code requirements.
6. Design to meet minimum code requirements.
7. Design to meet minimum code requirements.
8. Design to meet minimum code requirements.
9. Design to meet minimum code requirements.
10. Design to meet minimum code requirements.
11. Design to meet minimum code requirements.

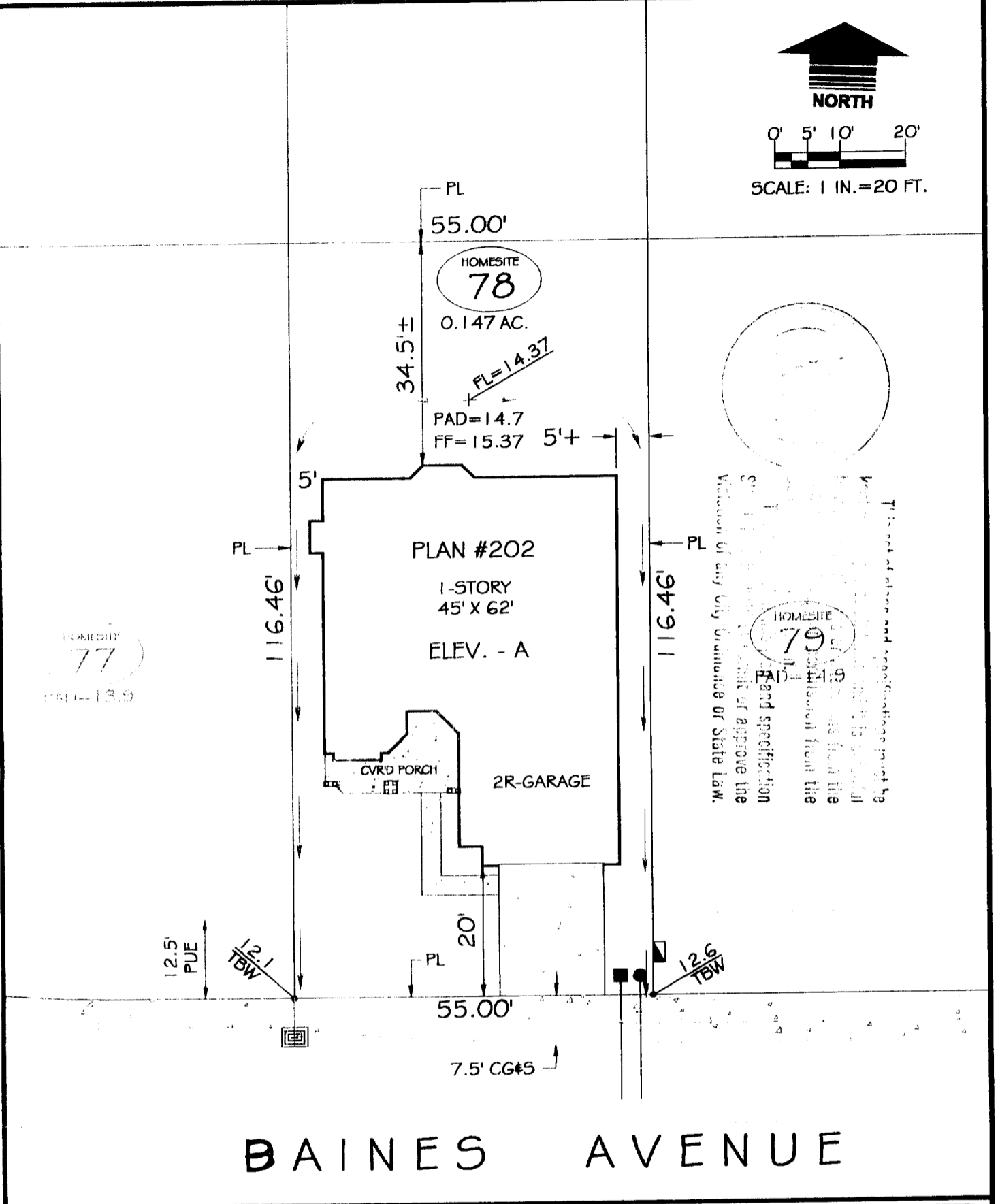


plot plan

THIS PLOT PLAN IS FOR THE PURPOSE OF SHOWING THE HOUSE TO BE CONSTRUCTED ON THE LOT AND MAY NOT REPRESENT THE FINAL AS-BUILT CONFIGURATION OF THE PROPERTY OR IMPROVEMENTS THEREON. THE ACCURACY OF THIS PLOT PLAN IS NOT GUARANTEED, NOR IS IT A PART OF ANY POLICY, REPORT OR GUARANTEE TO WHICH IT MAY BE ATTACHED. ACTUAL DIMENSIONS, OTHER THAN MINIMUM ORDINANCE, MAY VARY OR CHANGE WITHOUT PRIOR NOTICE, DUE TO ACTUAL SITE CONDITIONS.



SCALE: 1 IN. = 20 FT.



BAINES AVENUE

lot coverage

LOT AREA: 6405 S.F.
 BUILDING: 2467 S.F.
 BLDG./
 LOT AREA: 39 %

retaining wall

HEIGHT: _____
 LENGTH: _____
 DISTANCE
 FROM P.L.: _____

symbols legend

- DROP INLET:
- ELECTRIC SERVICE BOX:
- FIRE HYDRANT:
- FLOW LINE HIGH POINT: FL=23.4
- GAS SERVICE:
- PAD-MOUNT TRANSFORMER:
- SEWER SVC.:
- STREET LIGHT:
- TOP-BACK OF SIDEWALK ELEV.: 123.4 TBW
- SWALE (FLOW DIRECTION):
- WATER SVC.:
- EXTENTS OF UPPER STORY LEVEL:



Glenmere

a Northpointe Park Village Community

home site #78

1531 Baines Avenue

NORTHPOINTE PARK VILLAGE 14
 CITY OF SACRAMENTO, CALIFORNIA
 A.P.N.: 225-112-078-000

general notes

1. MEASUREMENTS ALONG CURVED LINES ARE CHORD LENGTHS, U.O.N.
2. SETBACK DIMENSIONS ARE ROUNDED DOWN TO NEAREST HALF UNIT, U.O.N.
3. MAXIMUM ALLOWABLE LOT COVERAGE IS 45% FOR 1-STORY AND 40% FOR 2-STORY.

2.2	BARTH	8/14/00	20:1
phase	drawn by	date	scale

DATE 1-15-01
STL # _____
PROJECT: WINNCREST LOT #78, #79
LOCATION: 1531 Baines Ave

DSA FILE/APPL. NO. _____
OSHPD NO. _____
PERMIT NO. _____
WEATHER: Clear TEMP: _____

PROOF LOAD **TORQUE TESTING** **STRESSING**

Testing was performed on the following items. 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 Method of application / cleaning: AIR BRUSH
 Visual inspection was performed on THE PLACEMENT OF ONE 12" LONG X 5" DIA. ALL-THESS
AS MISSED A.B. AT H.D. THE DIA. OF THE HOLE WAS 3/4" TAE
MINIMUM DEPTH OF EMBED WAS 7"

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]