

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102751
Insp Area: 4

Site Address: 1569 ARROWBROOK AV SAC
Parcel No: 225-1120-039
N

NORTHPOINTE PARK VIL 14 LOT 39

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

CONTRACTOR
FENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP204X 2 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, C.R.S.).

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 15111 Date 3/28/01 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 Professions 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 3-28-01 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 TRANSCONTINENTAL INSURANCE CO Policy Number WC166792277 Exp Date 06/01/2001

(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 3-28-01 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 BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other LOT #39

Project Address: 1569 ARROWBROOK AVE Assessor Parcel # 225-112-039

OWNER INFORMATION: NORTHPOINTE PARK VILLAGE #14 010751

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) 773-747 Fax# (916) 773-4086

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type UM Fed Code 1A
 No. of stories: 2 No. of rooms: _____ Street width: 40'
 1st Floor Area 1252 2nd Floor Area 1112 Basement N/A Roof Material TILE

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>2364</u>
Garage/Storage	_____	<u>621</u>
Decks/Balconies	_____	_____
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 # _____

#39

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

Wincoast, Glenmore

ICBO Report #4004

Date of Job Completion 8/10/01

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 11/6/01

[Signature]
Signature of authorized representative of
Plastering Contractor

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

CERTIFICATION OF INSULATION

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">WINNCREST</div> <div style="margin-left: 200px;">LOT # 039</div> <div style="font-size: 2em; font-family: cursive;">GLENMERE</div>	SACRAMENTO INSULATION CONTRACTORS <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 <div style="font-size: 1.5em; font-family: cursive;">9-07-01</div>
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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	
OCF		OCF			OCF	
BAGS						
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13 19	3 1/8" 5 1/2"	38	12 1/4"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE	MANUFACTURER OCF	
AIR INFILTRATION SEALANT						
MATERIAL FOAM				MANUFACTURER W R GRACE		

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 9-12-01
SIGNATURE - GENERAL CONTRACTOR 	TITLE	DATE
REMARKS		

@lpha Inspections
 & Material Testing

70 Rancho Del Sol • Camino, CA 95709
 (530) 644-6726 • (916) 825-7733

DATE: 8-20-01
 PROJECT NO. 2001
 PROJECT: JB/Glenmere lot# 40
 LOCATION: 1570 ARROW BROOK

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: AI-255 GAGE: AI-1004 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>HT22 epoxied anchor bolts</u>	<u>5/8</u>	<u>3</u>		<u>6855</u>	<u>2670</u>	<u>3</u>	<u>0</u>	<u>0</u>

Type of epoxy / grout used: _____ Method of application / cleaning: _____

Visual inspection was performed on _____

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: Bruce Jones

August 20, 2001

Wyncrest Homes
2240 Douglas Boulevard, Suite 250
Roseville, California 95661

Subject: Residences, Natomas Park, Glenmere, Plan 204
Double-framed Wall at Kitchen
RJA Job No. 99004

Dear Brent:

You informed this office that on the residence of the above noted plan on Lot 39, a wall which is shown on the drawings to be 8" thick was framed as two separate 2x4 stud walls. Since this is a double-sheathed braced wall, there is a need to fasten the two sets of framing together so that it will function as one wall. The wall in question is located adjacent to the end of the kitchen cabinets near the family room. You stated that Simpson LTP4 clips were added at the end members of the two walls to fasten the framing together, but that the top plates and sill plates had not been connected to each other. The connection of the end members with the clips at 16" o.c. is acceptable. On top of the top plates, add two Simpson LTP4 clips spanning from one plate to the other, nailed as required with 12-8d nails. On top of the sill plates, add two LTP4 clips as well, with 12-8d 1 1/2" nails. At the sill plates, exercise care to make sure that the plates are not split by the nailing; it might be best to pre-drill to assure that this is not a problem.

Please call if you require additional assistance.

Sincerely,

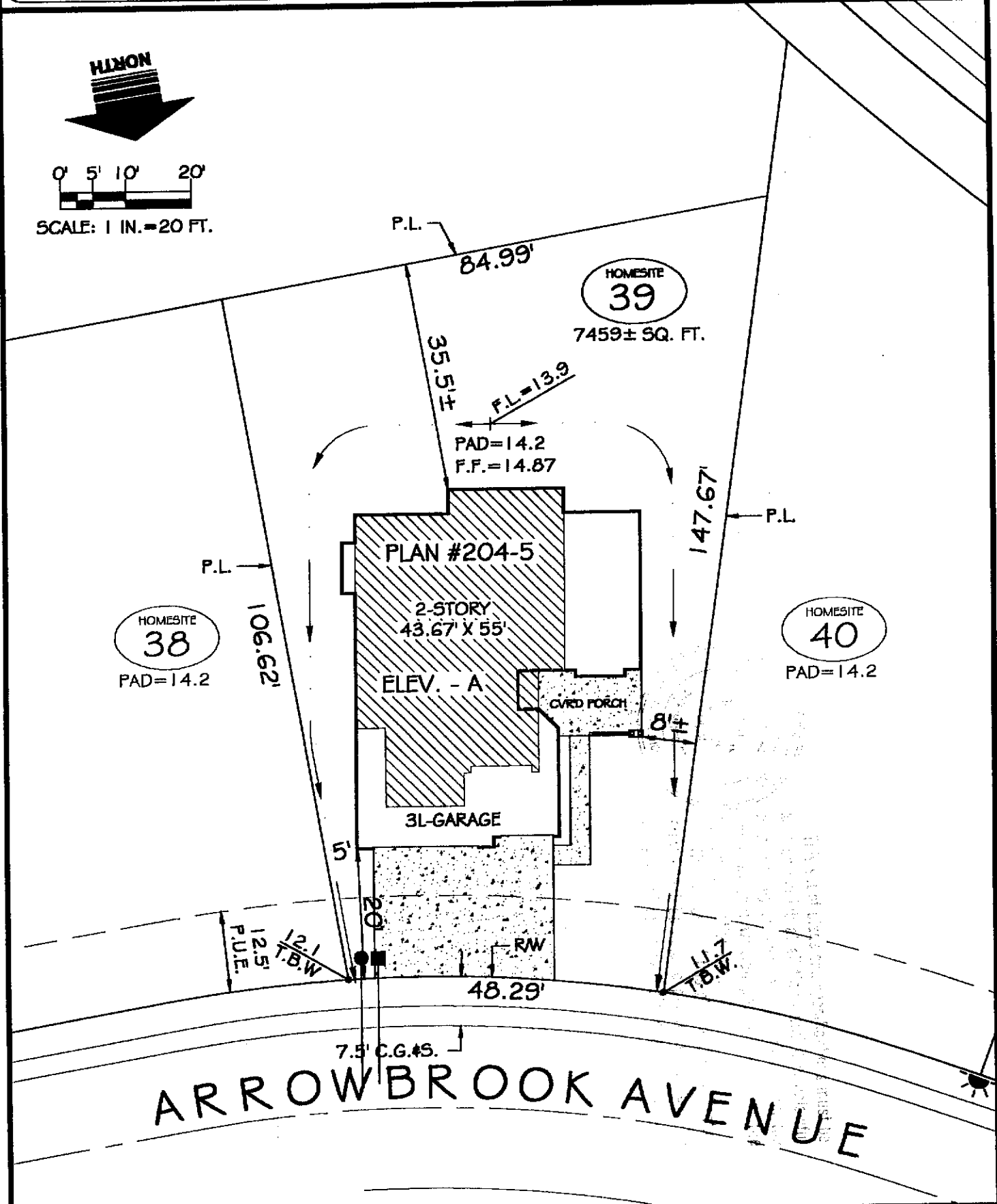
Douglas F. Recher
RECHER/DUTRA & ASSOCIATES,
Structural Engineering, Incorporated

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.



lot coverage
 LOT AREA: 7459 S.F.
 BUILDING: 2050 S.F.
 BLDG./ LOT AREA: 27 %

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

- symbols legend**
- DROP INLET:
 - ELECTRIC SERVICE BOX:
 - FIRE HYDRANT:
 - FLOW LINE HIGH POINT:
 - GAS SERVICE:
 - PAD-MOUNT TRANSFORMER:
 - SEWER SVC.:
 - STREET LIGHT:
 - TOP OF BACK OF WALK ELEV.:
 - SWALE (FLOW DIRECTION):
 - WATER SVC.:
 - EXTENTS OF UPPER STORY LEVEL:



Glenmere
 a Northpointe Park Village Community

home site #39
 1569 Arrowbrook Avenue

NORTHPOINTE PARK VILLAGE 14
 CITY OF SACRAMENTO, CALIFORNIA
 A.P.N.: 225-112-039-000

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.

4.1	BCB	1/30/01	20:1
phase	drawn by	revision	scale