

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0110784

Insp Area: 2

Site Address: 7748 DIXIE LOU ST SAC

Thos Bros:

Parcel No: 053-0016-033

LOT 33 MEADOWVIEW VILL 7

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

NEW FAZE DEVELOPMENT  
2377 GOLD MEADOW WY STE.270  
GOLD RIVER CA. 95670

OWNER

ARCHITECT

Nature of Work: NSFR MP1662 8 RMS 2 STORY

**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 714681 Date 5-08-03 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 above-mentioned property for inspection purposes.

Date 11-13-01 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 Fund Policy Number 1536963-98 Exp Date 7-15-02

\_\_\_\_\_, (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 forthwith comply with those provisions.

Date 11-13-01 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 ATTORNEYS FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**



INSTALLATION CARD  
**WESTERN ONE KOTE STUCCO SYSTEM**  
**WESTERN STUCCO PRODUCTS CO. INC.**



Job Address :

New Fa e DevelopmentRainbow Springs Lot: 33Meadow View & 24th St. SacramentoICBO Evaluation Service, Inc.  
Report No. 3899

Date of Job Completion \_\_\_\_\_

Plastering Contractor

Name: G. Glenn PlasteringAddress: 6330 Main Ave Suite #4 Orangevale, CA 95662Telephone Number (916) 989-8755

This is to certify that the plastering 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.

Gerald [Signature]  
 Signature of authorized representative of plastering contractor

Date \_\_\_\_\_

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

NO \_\_\_\_\_

# CERTIFICATION OF INSULATION

P A R T I  G E N E R A L	<b>ADDRESS OR TRACT</b>  <i>NEW FAZE</i> LOT # <i>33</i>	<b>SACRAMENTO BUILDING PRODUCTS</b>  <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
	<i>RAINBOW SPRINGS</i>	DATE INSULATION COMPLETED <i>6-3-02</i>

WALLS			CEILINGS			FLOORS			
(      SQUARE FEET)			(      SQUARE FEET)			(      SQUARE FEET)			
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION			
MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			
FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>			
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	R - VALUE INSTALLED		APPLIED THICKNESS	
<i>13</i>		<i>3 5/8</i>	<i>38 38</i>		<i>12 14 3/4</i>				
<b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b>									
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE			MANUFACTURER		
							CT	OC	JM
<b>AIR INFILTRATION SEALANT</b>									
MATERIAL <i>Foam</i>					MANUFACTURER				
					<b>HILTI</b>		<b>HANDY FOAM</b>		

<b>THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.</b>		
SIGNATURE — INSULATION CONTRACTOR <i>[Signature]</i>	TITLE <b>MANAGER</b>	DATE <i>6-10-02</i>
SIGNATURE — GENERAL CONTRACTOR <i>[Signature]</i>	TITLE	DATE
REMARKS		



CONSOLIDATED ENGINEERING  
LABORATORIES

201 Harris Avenue, Suite 14  
Sacramento, CA 95838-3283  
(916) 568-6700

PROOF LOAD TESTING  
INSPECTION REPORT

Project Name: Rainbow Springs Date: 3-25-02

Project Address: \_\_\_\_\_ Project No.: S1737

Inspector: Harold Fishen

1.  Reported to Tom at the jobsite.
2.  Performed proof load tests on HD8/8  
for Sismic HD8 bracing  
installed at building 33 Living room under window for right
3.  See attached data sheet(s) for location and quantity of anchors tested and the specified applied loads and results.
4.  100% of the total installed were tested.  
Total installed 2  
Quantity tested 2
5.  Each 2 was randomly selected and individually proof load tested to the specified load of 5400 pounds.
6.  Loads were applied in direct tension by using a calibrated load cell.  
Calibrated (Date) 6-11-01
7.  Loads were applied by use of a torque wrench. Calibrated to the equivalent specified direct tension load of \_\_\_\_\_ specified.
8.  Each \_\_\_\_\_ was randomly selected and individually checked for proper installation by applying a specified torque of \_\_\_\_\_ ft. lbs.
9.  All 2 tested were found to be satisfactory with no visible evidence of distress or failure.  
a.  Except as noted.
10.  Non-compliance Report left at the jobsite. (Lab copy attached.)
11.  \_\_\_\_\_ hours spent performing reinspection.

Unusual circumstances or problems?

Yes\*  No

\*Describe below:

Notified \_\_\_\_\_ at jobsite and \_\_\_\_\_ at CEL.

NOTES/COMMENTS:  Continued on attached page.

All tested appeared to comply with spec.

**Certification of Compliance**  
School District Development

**Part I—To be completed by the APPLICANT**

Owner's Name/Address NEW FAZE SAU INC 5177 DEL MAR BLVD SACRAMENTO CA 95815  
Project Address RAINBOW SPRINGS - 7490 HAVIL HILL ST. SACRAMENTO CA  
Parcel Number C93-0011-033 Lot No. 33  
Subdivision Name RAINBOW SPRINGS No. of Units 69  
Applicant's Signature [Signature] Title Asst Super.  
Phone No. 925-5203 Date 9/4/01

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II—To be completed by the BUILDING DEPARTMENT**

Plan Identification Number 151002  
Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
Square Feet of Chargeable Building Area 452  
Signature/Title [Signature] Date 10-23-01

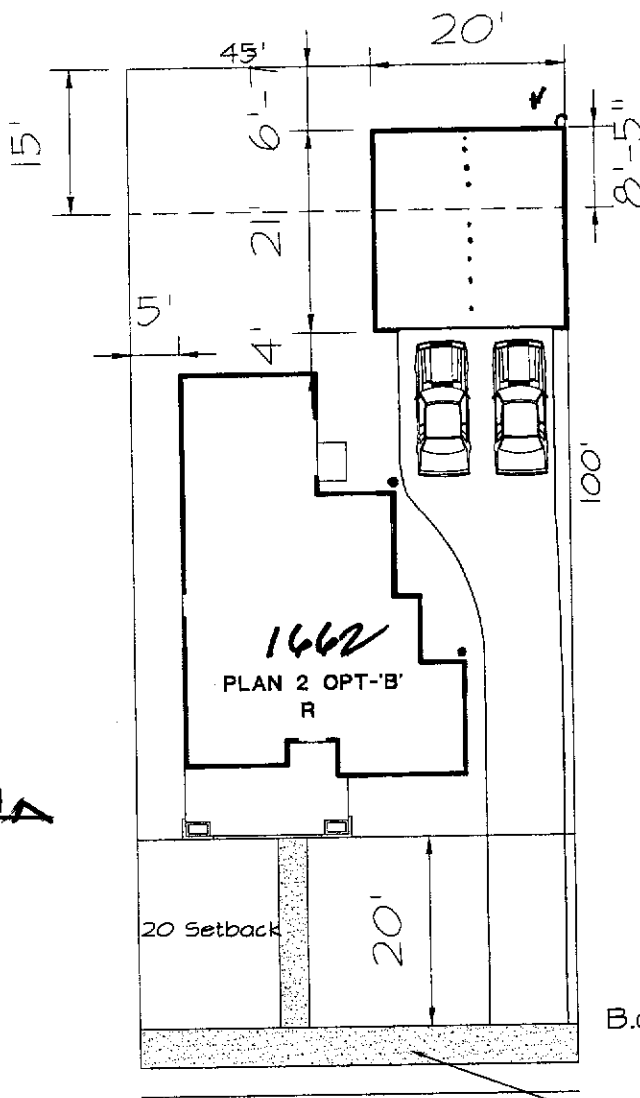
**Part III—To be completed by the SCHOOL DISTRICT**

School District SACRAMENTO Certificate No. 1000  
 Exempt Comments \_\_\_\_\_  
Residential/Apartment/etc. 1000 Square ft. x \$ 1.90 = \$ 1900.00  
Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total fees collected..... = \$ 1900.00

*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.*

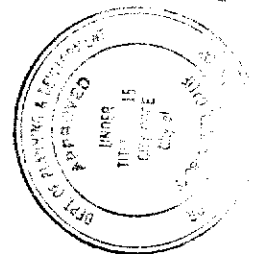
*As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.*

Signature [Signature] Date 10/2/01



This set of plans and specifications must be kept on the job at all times and it is understood that the contractor shall be responsible to make any changes or additions to the plans without written permission of the architect. The architect shall not be held responsible for any errors or omissions on this plan.

**Rear Yard Coverage**  
 (25% Max @ rear 15')  
 $15' \times 45' = 675 \text{ sq-ft}$   
 $675 \text{ is } 25\% \text{ of } 675$   
 $8'5" \times 20' = 168$



**NORTH**

DATE : Jan 22, 00  
 A.P.N. :  
 ADDRESS :

House - 897 S.F. (Coverage)  
 Garage - 420 S.F. (Coverage)  
 Porch - 129 S.F. (Coverage)

LOT AREA : 4,500 S.F.  
 LOT COVERAGE : 32.1%

Scale 1"=20'



MOGAVERO  
 NOTESTINE  
 ASSOCIATES

2229 J ST.  
 SACRAMENTO, CA.  
 PHONE: (916)443-1033  
 FAX: (916)443-7234

Rainbow Springs  
 NEW FAZE Development, Inc  
 PLAN 2B R

Rainbow Springs  
 LOT # 33  
 APN: 053-0016-033