

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110573

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3407 JUMILLA WY SAC

Parcel No: RIVERVIEW 2 VIL. 4-B LOT 45

CONTRACTOR

BEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP1509 1 STORY 8 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 724191

Date 9/7/01

Contractor Signature _____

Sheryl VanMaer

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 9/7/01

Applicant/Agent Signature _____

Sheryl VanMaer

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 LIBERTY MUTUAL INS CO.

Policy Number WA2-651-004147-080

Exp Date 04/01/2002

____ (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 9/7/01

Applicant Signature _____

Sheryl VanMaer

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.

CERTIFICATION OF INSULATION

BEAZER

LOT #
4045

- P.O. BOX 854, WEST SACRAMENTO, CA 95891 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

CLASSICS

DATE INSULATION COMPLETED

(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
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.
OCF	OCF	OCF
	BAGS	
13	3 5/8"	38 38
		12 1/4 14 1/4

MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER OCF
----------------------------	-------------------	---------	-------------------------

MATERIAL Foam	MANUFACTURER W R GRACE
----------------------	-------------------------------

SIGNATURE - INSULATION CONTRACTOR <i>Jeff Cable</i>	TITLE MANAGER	DATE 11-6-01
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

• HOMES •
BEAZER

www.beazer.com

LOT 45

December 12, 2001

Mr. Nick Buchberger
Chief Building Inspector
City of Sacramento
Building Inspection Division
1231 "I" Street, Room 200
Sacramento, CA 95814

Re: Classic Collections - All Lots

Dear Mr. Buchberger:

Due to current weather conditions and existing ground conditions, Beazer Homes is requesting a building final without established grade, landscape, or fencing on the above referenced project.

We fully understand that within sixty (60) days from final we will have all of the above conditions established. Beazer Homes will also make the Homeowners completely aware of the above conditions.

Thanks you for your cooperation. Please call if you have any questions or need additional information.

Sincerely,



Dan Scovill
Vice President of Construction

Cc: Tim Green, Building Inspector III
Tony Tonso
Roger Stanton
Rhonda Scangarello
Alan Newman
Sales
Superintendent

BZH
Beazer Homes Northern California

NYSE

3009 Douglas Boulevard, Suite 150 / Roseville California 95661
Phone (916) 773-3488 • Fax (916) 773-4971 • <http://www.beazer.com>



KwikKote

No. 200-003635

Stucco System Installation Card

Job Name: CLASSIC COLLECTION/RIVERVIEW
Address: 3407 JUMILLA WAY
SACRAMENTO,
Lot #: 0004045

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion:

Home Builder: BEAZER HOMES
Address: 3009 DOUGLAS BLVD #150
ROSEVILLE, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 08/20/2001

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of stucco contractor

Date

John Lyrell

11-9-01

LOT 45

RESIDENTIAL BUILDING PERMIT APPLICATION

- New Construction
 Addition
 Remodels
 Other

Project Address: 3107 Jumilla way Assessor Parcel # _____

OWNER INFORMATION:

Legal Property Owner: Beazer Homes Holdings Corp. Phone # 916-773-3888
 Owner Address: 3009 Douglas Blvd. 150 City Roseville State CA Zip 95661

CONTRACTOR INFORMATION:

Contractor: Beazer Homes Lic. # B724191 Phone # 916-773-3888 Fax# 916-773-0425

PROJECT INFORMATION:

Land Use Zone _____ Occupancy Group _____ Construction Type _____ Fed Code _____
 No. of stories: 1 No. of rooms: _____ Street width: _____
 1st Floor Area 1509 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1509</u>
Garage/Storage	_____	<u>398</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: Single Family Dwelling

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 # _____