

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

1

Project Address: 421 Summer Garden<sup>wy</sup> Assessor Parcel # \_\_\_\_\_  
Lot Number: 53 Subdivision Garden Oaks

OWNER INFORMATION:

Legal Property Owner: Tim Lewis Communities Phone# 966-8047  
Owner Address: 5750 Sunrise Blvd #225 City Citrus Heights State Ca Zip 95610

CONTRACTOR INFORMATION:

Contractor: Tim Lewis Construction Lic. # 492827 Phone # 966-8047 Fax 723-1082

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A

No. of Stories: 1 No. of Rooms: \_\_\_\_\_ Street Width: \_\_\_\_\_

1<sup>st</sup> Floor Area 1504 2<sup>nd</sup> Floor Area \_\_\_\_\_ Basement \_\_\_\_\_ Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:

Dwelling/Living 1504

Garage/Storage 413

Decks/Balconies 108

Carports \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

#0319452

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

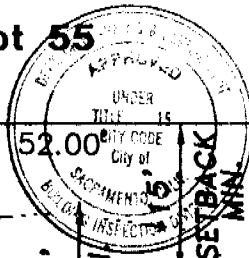
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
  - a) Assessor's Parcel Number
  - b) New Floor Area
  - c) Owners Name
  - d) Project Address

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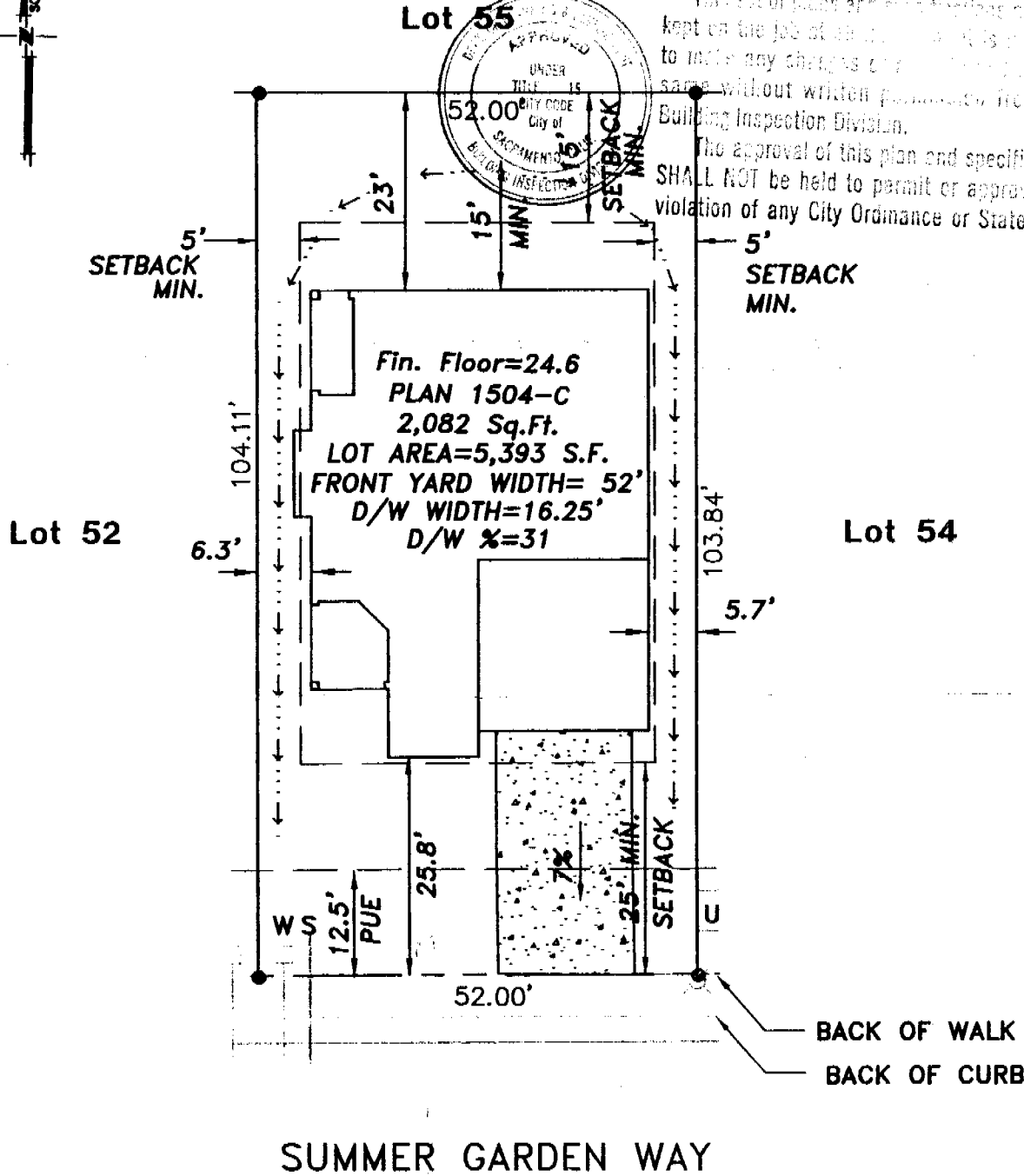
Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_ Permit # \_\_\_\_\_



Lot 55



This set of plans and specifications shall be kept on the job at all times and shall be used to make any changes or alterations to the same without written permission from the Building Inspection Division.  
 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



SUMMER GARDEN WAY

**NOTICE TO BUYER:** THIS PLOT PLAN IS PROVIDED AS A GENERAL LAYOUT OF THE PROPERTY, AND ALL INFORMATION ON THIS PLAN, INCLUDING TREE LOCATIONS AND SIZES, SETBACK DIMENSIONS, DRIVEWAY GRADES, AND WALL HEIGHTS AND LOCATIONS, ARE APPROXIMATE AND MAY VARY OR CHANGE WITHOUT PRIOR NOTICE.

**Plot Plan for  
 421 SUMMER GARDEN WAY**

Lot 53

- LEGEND:**  
 W - WATER  
 S - SEWER  
 SL - STREET LIGHT  
 U - UTILITY SERVICE  
 T - ELEC. TRANSFORMER

**CLAYBAR ENGINEERING**  
 9354 ELK GROVE-FLOREN ROAD  
 ELK GROVE, CA 95624  
 PH: 916-684-7301  
 FAX: 916-684-2627



# CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT	SACRAMENTO BUILDING PRODUCTS
	<p style="font-size: 1.5em; margin: 0;">TIM LEWIS</p> <p style="margin: 0;">Garden Oaks</p> <p style="margin: 0;">421 Summer Garden Way</p>	<p style="margin: 0;">LOT # 53</p> <p style="margin: 0;"><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p style="margin: 0;"><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p style="margin: 0;"><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p style="margin: 0;"><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p style="margin: 0;"><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p style="margin: 0;">DATE INSULATION COMPLETED</p>

PART II AREAS INSULATED	WALLS			CEILING			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			
	R - VALUE INSTALLED			APPLIED THICKNESS			R - VALUE INSTALLED			APPLIED THICKNESS		
	13			3 1/2"			30			9" 12"		
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE												
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE			MANUFACTURER			
CT			OC			JM						
AIR INFILTRATION SEALANT												
MATERIAL						MANUFACTURER						
HILTI						HANDY FOAM						

PART III CERTIFICATION	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
	<p style="font-size: 1.5em; margin: 0;"><i>[Signature]</i></p>	<p style="margin: 0;">MANAGER</p>	<p style="font-size: 1.5em; margin: 0;">4/23/04</p>
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE	
<p style="font-size: 1.5em; margin: 0;"><i>[Signature]</i></p>	<p style="margin: 0;">Asst Super</p>	<p style="font-size: 1.5em; margin: 0;">6/8/04</p>	
REMARKS			

**@lpha Inspections**  
 & Material Testing

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

DATE: 4-1-04  
 PROJECT NO. 2006  
 PROJECT: D.B. / TIM LEWIS  
 LOCATION: HERITAGE LANE LOT #53

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-1007    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>HTI-22 EPOXYED ANCHOR BOLTS</u>	<u>5/8</u>	<u>2</u>		<u>6855</u>	<u>2670</u>	<u>2</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: \_\_\_\_\_

