

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

1

Project Address: 421 Summer Garden^{wy} 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: _____
1st Floor Area 1504 2nd 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

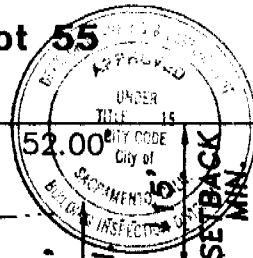
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
 - a) Assessor's Parcel Number
 - b) New Floor Area
 - c) Owners Name
 - d) Project Address

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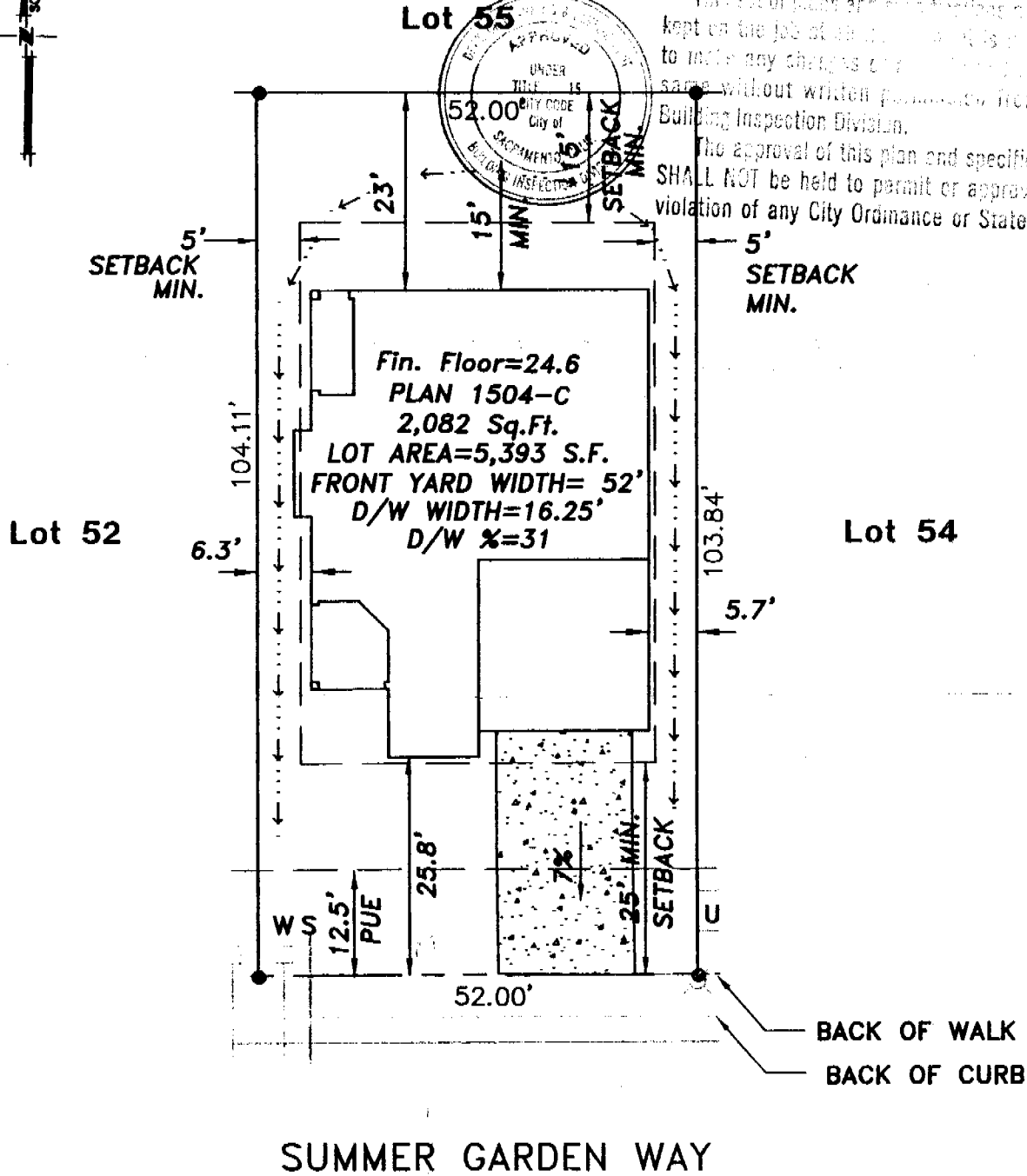
Date: _____ Received by: (staff) _____ Permit # _____



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



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

November 7, 2003

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998

North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 421 SOMMER GARDEN PERMIT NO. 0319492

INSPECTION COMMENTS	PERMIT DOCUMENTS
2-24-04 B10,11,P-40,42,43/A.P. K.L.C.	S.B. O.K.
3-4-04 B12/C.N. K.L.C.	
3-5-04 B12/A.P. K.L.C.	
3-25-04 B17 AP RLB	
3-29-04 B67 RLB 28460	
3-31-04 B-26 C/N SAE	
4-1-04 B-26 AP SAE	
4-14-04 B81 C/N JRB	
4-15-04 B18181 AP DPL	
4-16-04 B14 AP JRB	
4-20-04 B47 RLB	
6/4/04 - FINAL C/N JRB	
6/8/04 - FINAL AP JRB	

FINAL APPROVALS	
BUILDING	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 6/8/04 <i>G. Aull</i> </div>
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

CERTIFICATION OF INSULATION

<p style="text-align: center;">ADDRESS OR TRACT</p> <p style="font-size: 2em; font-family: cursive;">TIM LEWIS</p> <p style="font-size: 2em; font-family: cursive;">Garden Oaks</p> <p style="font-size: 2em; font-family: cursive;">421 Summer Garden Way</p> <p style="text-align: right; font-size: 1.5em;">LOT # 53</p>	<p style="text-align: center;">SACRAMENTO BUILDING PRODUCTS</p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
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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 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	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS		
13	3 1/2"	30	9"	12"				
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS			FORM BATTS			R VALUE		
						CT	OC	JM
AIR INFILTRATION SEALANT								
MATERIAL						MANUFACTURER		
						HILTI	HANDY 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 MANAGER	DATE 4/23/04
[Signature]	Asst Super	6/8/04
SIGNATURE — GENERAL CONTRACTOR		
[Signature]		
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 LAKE 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: _____

