

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102747
Insp Area: 4

Site Address: 1531 ARROWBROOK AV SAC
Parcel No: 225-1120-046
N

NORTHPOINTE PARK VIL 14 LOT 46

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

CONTRACTOR
FENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE CA. 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP202 1 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, 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 132348 Date 2-28-01 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 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 3-15-01 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 3-15-01 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.

#46

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

Wincrest, Steamere

ICBO Report #4004

Date of Job Completion 10/6/01

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.

11/6/01
Date

[Signature]
Signature of authorized representative of
Plastering Contractor

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

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other LOT# 46

Project Address: 1531 ARROW BROOK AVE Assessor Parcel # 225-112-046

OWNER INFORMATION: NORTHPONTE PARK VILLAGE #14 0102747

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 R/A Occupancy Group R3 Construction Type UM Fed Code 1A
No. of stories: 1 No. of rooms: _____ Street width: 40'
1st Floor Area 1803 2nd Floor Area _____ Basement N/A Roof Material TICK

AREA IN SQUARE FOOT OF:

EXISTING

NEW

Dwelling/Living	_____	<u>1803</u>
Garage/Storage	_____	<u>496</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION SFD

FOR OFFICE USE ONLY:

- Information above complete AR Flood Waiver required Planning Approval
- Violation files checked Flood Elevation Certificate Required Design Review Approval
- Standard setbacks Water Development Infill Area Special Fee Districts Apply : _____
- County Sewer

NEW STRUCTURES & ADDITIONS

❖ THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- 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.
- 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA
- Title 24 Energy Compliance documentation 11" x 17" copy of floor plan for County Assessor
- Grading and Erosion Control Questionnaire Plan Review Fees

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT # _____

CERTIFICATION OF INSULATION

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">WINNEBEST</div> <div style="font-size: 2em; font-family: cursive;">GLENMERE</div>	LOT # <div style="font-size: 2em; font-family: cursive;">0416</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
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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	3 5/8"	38 38	12 1/4" 14 3/4"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R-VALUE 19	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 9-27-01
SIGNATURE—GENERAL CONTRACTOR 	TITLE	DATE
REMARKS		

@lpha Inspections & Material Testing

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

DATE: 12/1/01
PROJECT NO. 1001
PROJECT: 3 / GLENMORE - 2000 46
LOCATION: 1531 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: NI 255 GAGE: 117 2104 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>MT-22 EPOXYED ANCHOR SET</u>	<u>5/8"</u>	<u>1</u>		<u>6853</u>	<u>2070</u>	<u>1</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: _____



