| CITY OF  | F SACRAMENTO   |  | Permit No: 0100254  |
|--|--|--|---|
| 1231 I Stre  | et, Sacramento, CA   | 95814  | Insp Area: 2  |
| Site Addres Parcel No:   | s: 18 MARLA CT SAC   | JACINTO N 2 LOT 7  | Sub-Type: NSFR Housing (Y/N): N   |
| CONTRACTOR<br>BEAZER HOME<br>3009 DOUGLAS<br>ROSEVILLE CA  | ES<br>S-BL #150  | <u>OWNER</u>   | ARCHITECT   |
| Nature of Wo   | ork: NSFR MP2516 11 R  | MS 2 STORY   |   |
| CONSTRUCT of the work for w  | ION LENDING AGENCY hich this permit is issued (Sec. 3  | I hereby affirm under penalty of perjury that ther 097, Civ. C).   | e is a construction lending agency for the performance  |
| Lender's Name  |  | Lender'sAddress  |   |
| commencing wit   | h section 7000) of Division 3 of   | ATION: I hereby affirm under penalty of perjuthe Business and Professions Code and my license  Date //o/6 Contracted   |   |
| ollowing reason<br>any structure, pric<br>of the Contractors<br>exempt therefrom                                       | (Sec. 7031.5, Business and Profesor to its issuance, also requires the<br>s License Law (Chapter 9 (com-   | essions Code; any city or county which requires a period applicant for such permit to file a signed statement mencing with Section 7000) of Division 8 of the emption. Any violation of Section 7031.5 by any  | m exempt from the contractors License Law for the permit to construct, alter, improve, demolish, or repairent that he or she is licensed pursuant to the provision Business and Professions Code) or that he or she is applicant for a permit subjects the applicant to a civil   |
| or sale (Sec. 704 hereon, and who ale. If, however, tot build or impro  l, as owne  ode: The Contra ontractor(s) licen | 44, Business and Professional C<br>does such work himself or hers,<br>the building or improvement is<br>over for the purpose of sale.)<br>r of the property, am exclusivel<br>actors License Law does not app<br>sed pursuant to the Contractors I | ode: The Contractors License Law does not appel or through his/her own employees, provided the sold within one year of completion, the owner-buy contracting with licensed contractors to constructive to an owner of property who builds or improve | the work, and the structure is not intended or offered by to an owner of property who builds or improve at such improvements are not intended or offered foulder will have the burden of proving that he/she did not the project (Sec. 7044, Business and Professions is thereon, and who contracts for such projects with a  |
|  |  | Owner Signature  |   |
| If measurements a<br>r private agreeme<br>ny improvement of<br>certify that I have                                     | and locations shown on the applent relating to permissible or prolor the violation of any private agove read this application and state groundstruction and herby authorization.   | ication or accompanying drawings and that the im<br>hibited locations for such improvements. This buil<br>reement relating to location of improvements.  | esentation of the applicant, that the applicant verified provement to be constructed does not violate any law ding permit does not authorize any illegal location of y with all city and county ordinances and state laws overnentioned property for inspection purposes.   |
| VORKER'S CO  |  | ATION: I hereby affirm under penalty of perjury  |   |
| I have and vertormance of wo   | will maintain a certificate of consork for which the permit is issued  | sent to self-insure for workers' compensation as pro   | ovided for by Section 3700 of the Labor Code, forthe  |
| hich this permit i   | s issued. My workers' compensa   | ation insurance, as required by Section 3700 of the tion insurance carrier and policy number are:  | ne Labor Code, for the performance of the work for  |
|  | LIBERTY MUTUAL INS CO.   | Policy Number WA2-651-004  | A CONTRACT OF THE PARTY OF THE |
| iall not employ a  | my person in any manner so as  | ermit is for \$100 or less). I certify that in the perform<br>to become subject to the workers' compensation. I<br>Section 3700 of the Labor Code, I shall forthwith c   | ormance of the work this virtual this permit is issued, I aws of Californ and anguiree that if I should become comply with those provisions.  |
| ate   // <i>0</i> /  | 101  | Applicant Signature  |   |
| RIMINAL PENA   | ALTIES AND CIVIL FINES U   | S COMPENSATION COVERAGE IS UNLAWF<br>P TO ONE HUNDRED THOUSAND DOLLAR<br>OR IN SECTION 3706 OF THE LABOR CODE, I   | UL AND SHALL SUBJECT AN EMPLOYER TO<br>S (\$100,000) IN ADDITION TO THE COST OF<br>NTEREST AND ATTORNEY'S FEE.  |

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

**CITY OF SACRAMENTO** 

## RESIDENTIAL BUILDING PERMIT APPLICATION

| M New Construction  | ☐ Remodels ☐ Other  |                   |
|---|---|-------------------|
| Project Address: 19 Mar la Court La   | 7+ 7 Assessor Parcel # 117 1370                             | 2 007             |
| OWNER INFORMATION:  |   |                   |
| Legal Property Owner: Beazer Homes Holdings Cor   | Phone # 916-773-3888  |                   |
| Legal Property Owner: Beazer Homes Holdings Cor<br>Owner Address: 3009 Douglas Blvd. 150  | CityRoseville State CA Zip 95661                            |                   |
| CONTRACTOR INFORMATION:   |   |                   |
| Contractor: Same as above Lic. # B72419   | 1 Phone # 773-3888 Fax#73-042                               | <u>!5</u>         |
| PROJECT INFORMATION:  | :   |                   |
| Land Use Zone Occupancy Group   | Construction Type Fed Code                                  |                   |
| No. of stories: No. of rooms:   | Street width:   |                   |
| 14 Floor Area 1214 2nd Floor Area 1238  | Basement Roof Material                                      | ·                 |
| AREA IN SQUARE FOOT OF:   | STING NEW   |                   |
| Dwelling/Living   | 1516  |                   |
| Garage/Starage  | 1516<br>2516<br>808   |                   |
| Decks/Balconies   |   |                   |
| Carports  |   |                   |
| SCOPE OF WORK: Single Family Homes  |   |                   |
| FOR OFF   | CE USE ONLY   |                   |
| ☐ Information above complete ☐ AR Flood Waiver required ☐ Violation files checked ☐ Flood Elevation Certification Standard setbacks ☐ Water Development Inficial County Sewer | cate Required Design Review Approval                        |                   |
|   | RES & ADDITIONS   |                   |
|   | D IN ORDER TO SUBMIT FOR PLAN REVIEW                        |                   |
| □ 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SO<br>□ 3 SETS IF PROJECT IS IN A DESIGN REVIEW AR   |   | uions,<br>framing |
|   | x 17" copy of floor plan for County Assessor<br>Review Fees |                   |
| Date: Received by: (staff)  |   |                   |
|   | ACTIVITY/PERMIT #   |                   |
| residentialapp (rev 3/09/99)  |   |                   |

## KWIKKOTE

## STUCCO SYSTEM INSTALLATION CARD

| #C30352          |            |
|------------------|------------|
| BEAZER HOMES     |            |
| BELLEFLEUR II LO | OT 7       |
| 18 MARLA CT S    | SACRAMENTO |

Stucco System Trade Name: KWIK KOTE
Name Stucco Manufacturer: KWIK KOTE CORP
ICBO Evaluation Service, Inc. Report No. 3607
Date of Job Completion

Stucco Contractor

Kenyon Plastering, Inc.

Name

John W. Kenyon, III

Address

P.O. Box 2077

North Highlands, CA 95660

Telephone =

(916) 349-819<u>1</u>

Approved Contractor Number as issued by the Stucco Manufacturer: \_1

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 stude centractor:

Date: 3-30-0/

Builder Copy

## **CERTIFICATION OF INSULATION**

|                  | ADDRESS OR TRACT   |   |  |   | SACRAMENTO INSULATION CONTRACTORS |                            |          |                  |  |
|------------------|--|---|--|---|-----------------------------------|----------------------------|----------|------------------|--|
| 1                | BEAZER   | or <b>≠</b> Č(.                           |  | O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026<br>309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026<br>O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 |                                   |                            |          |                  |  |
| G<br>E           |  | P.O. BOX 1631, RENO, NV 89505 LIC. #10675 |  |   |                                   |                            |          |                  |  |
| 7                |  |   | 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675            |   |                                   |                            |          |                  |  |
| N<br>E<br>R<br>A | BELLE  | TENN                                      |  |   |                                   |                            |          |                  |  |
| Ĺ                | I have been been   | DATE INSULATION COMPLETED  + 23/0/        |  |   |                                   |                            |          |                  |  |
|                  | A <b>/</b> V   |   | CEILINGS FLOORS  |   |                                   |                            |          |                  |  |
|                  | · · ·  |   |  |   |                                   |                            |          |                  |  |
|                  |  | SQUARE FEET                               | -  |   | UARE FEET)                        | ( SQUARE FEET)             |          |                  |  |
|                  | and the second s | NSULATION                                 | TYPE OF INSULATION   |   | TYPE OF INSULATION  MATERIAL      |                            |          |                  |  |
| M                | FIBER  | GLASS                                     | FIBERGLASS   |   | 6                                 | FIBERGLASS                 |          |                  |  |
| F                | FORM BATTS   |   | BATTS & BLOW   |   | W                                 | FORM                       |          |                  |  |
| A<br>R<br>T      | MANUFACTURER'S PRODUCT D   |   | MAN IFACTURER'S PRODUCT + D                                      |   |                                   | MANUFACTURER'S PRODUCT I D |          |                  |  |
|                  | MANUFA   | CTURER                                    | M  | ANUFACTURE  | R                                 | MANUFACTURER               |          |                  |  |
| A<br>R<br>E      | OCF  |   | OCF<br>BA (  |   | and an area of the                | OCF                        |          |                  |  |
| 4S -Z            | R - VALUE APPLIED THICKNESS  |   | R - VALUE APPLIED MIN. INSTALLED INSTALLED THICKNESS SQUARE FOOT |   |                                   | INSTALLED THICKNESS        |          |                  |  |
| S<br>U<br>L      | 1.2  | 55/8                                      | 30   | 911<br>1211   |                                   |                            |          |                  |  |
| A<br>T           | _12  | KN  | EE WALLS IF R-VA   |   | THAN WALLS A                      | BOVE                       |          |                  |  |
| D A              | MATERIAL   | FORM                                      | 77 T   | RVALUI  |                                   |                            | MANUFACT | URER             |  |
|                  | FIBERGLA   | SS  | BATTS  |   |                                   |                            |          | OCF              |  |
|                  |  |   | AIR INF  | ILTRATION SE  | ALANT<br>ACTURER                  |                            |          | <u> </u>         |  |
|                  | ATERIAI  FOR AND   |   |  | FWANOF  | AC TORER                          | W R GI                     | RACE     |                  |  |
|                  | THIS IS TO CEADIFY   | THAT INSULATION A                         | ND/OR SEALANT  | HAS BEEN I  | NSTALLED IN C                     | ONFORMAN                   | ICE WITH | APPLICABLE CODES |  |
|                  | IGNATURE - INSULATION  |   |  | TITLE   |                                   |                            | DATE     | •                |  |
| A<br>Fi          | Bell Gu  |   | MANAGE   |   | ₹<br>                             | 3/3                        | 401      |                  |  |
| S                | SIGNATURE -GENERAL CONTRACTOR  |   | TITLE  |   |                                   | DATE                       | ,        |                  |  |
|                  | REMARKS  |   |  |   |                                   |                            | L        |                  |  |
| E<br>fe          |  |   |  |   |                                   |                            |          |                  |  |
|                  |  |   |  |   |                                   |                            |          |                  |  |
|                  |  |   |  |   |                                   |                            |          |                  |  |
| i<br>A           |  |   |  |   |                                   |                            |          |                  |  |
|                  |  |   |  |   |                                   |                            |          |                  |  |
| ٠,               |  |   |  |   |                                   |                            |          |                  |  |
|                  |  |   |  |   |                                   |                            |          |                  |  |
|                  | and the second s |   |  |   |                                   |                            |          |                  |  |

огшап

Scheel

Structura

Engineer

cramento 22 Suncise Blvd. 5 Oaks, CA 95628 6) 536-9585 6) 536-0260 (fax)

IRMAN SCHEEL
JOHNAL Engineer
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ULO IBANEZ ject Manager ail paulo@nsse.com

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ice Manager
ail: statew@nsse.com

vis E Street Suite B vis, CA 95616 0)753-5300 0)753-5380(fax)

ACY HARRIS P.E. ject Engineer sti: mucy@nsse.com

RRELL PEREJRA
ign Engineer
air darreil@nsse.com

February 22, 2001

Beazer Homes 3009 Douglas Blvd. Suite 150 Roseville, CA 95661

Re: Bellefleur (Job #20234)
MAS Anchors & Mud Sills

To Whom It May Concern:

This letter is to clarify that MAS anchors are not effective if the sill plate is more than ½" over the concrete. The repair for this condition is to install epoxy or wedge anchors. If wedge anchors are used, install 2 anchors per missing MAS at shear wall locations. This applies for HPAHD22 holdowns also. See epoxy fixes included with this letter.

If you have any questions, please call Rob Coon.

XORMAN SCHEEL STRUCTURAL ENGINEER



