

CITY OF SACRAMENTO

Permit No: 0009012

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 9 BREELAND CT SAC

Sub-Type: NSFR

Parcel No: 201-0390-038

NORTHBR 6-2 LOT 35

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

MORRISON HOMES
11344 COLOMA RD
GOLD RIVER CA 95670

Nature of Work: NSFR MP 2364 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 519465 Date 9-8-2000 Contractor Signature [Signature]

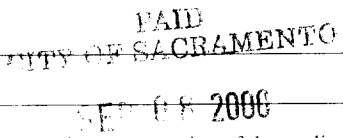
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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: CITY OF SACRAMENTO

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 improvements 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 9-8-00 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 ZURICH-AMERICAN INS. CO Policy Number WC2815412-01 Exp Date 11/1/1999

(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 9-8-00 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.

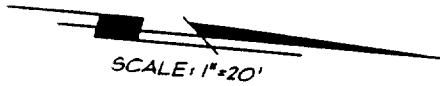
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Plot Plan

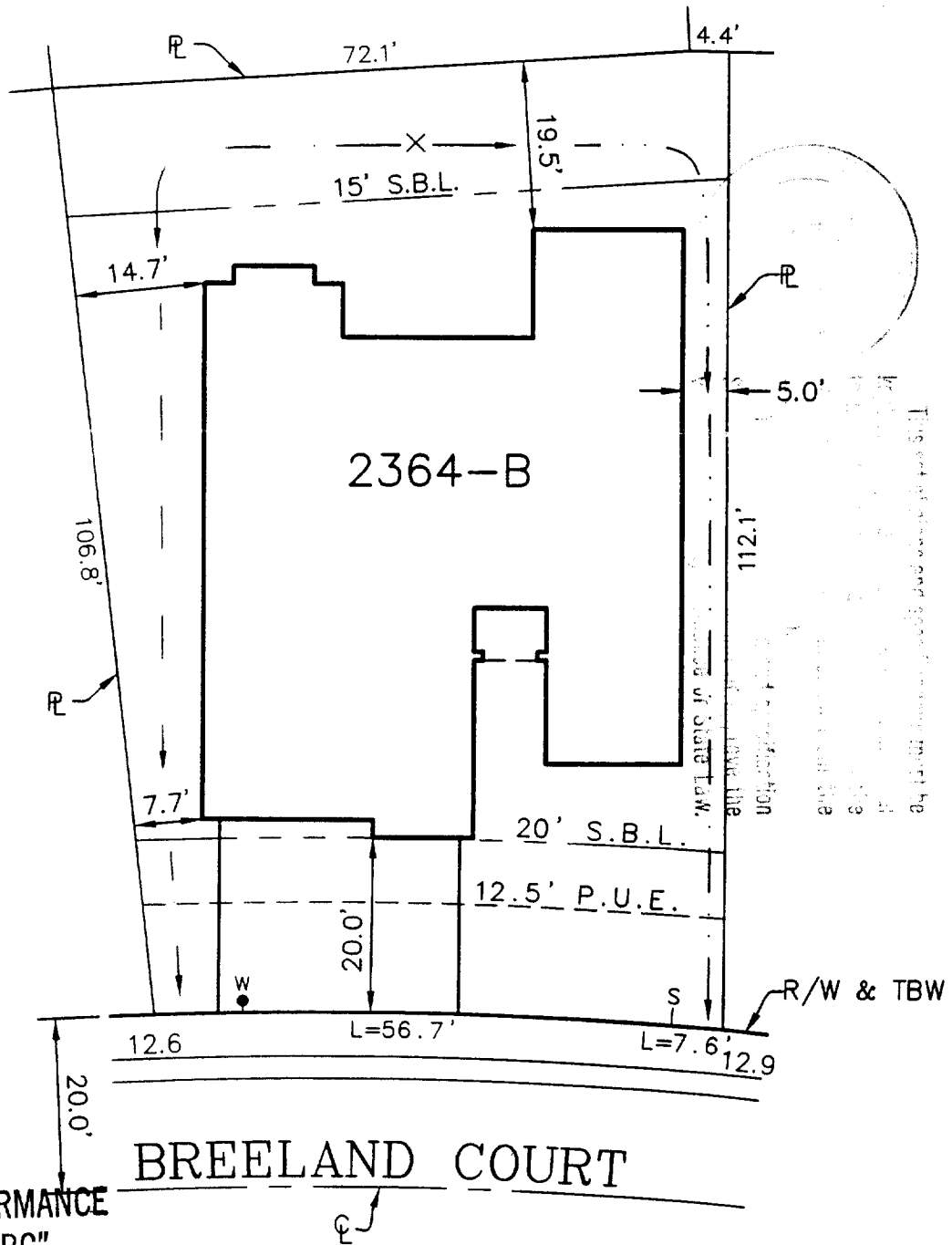
PAD: 14.6

F.F.: _____

Lot conditions dictate custom development of each lot in relation to existing contours, adjacent lots and street improvements. Therefore, the contours of ungraded areas, the slopes and flat pads of graded areas, and the setback dimensions, as shown on the Plot Plan, are approximate and may vary when field construction is completed.



FOR INFORMATIONAL PURPOSES ONLY
TITLE RECORDS SHOULD BE CONSULTED
FOR LOCATION OF EASEMENTS AND
BOUNDARIES AND EXACT DIMENSIONS
THIS PLAN DOES NOT REFLECT THE
LOCATION OF UNDERGROUND UTILITIES



"BUILT IN CONFORMANCE
WITH 1997 UBC"

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 9 Birchland Court Assessor Parcel # 301-0390-038
Lot Number: 35 Subdivision Northborough Village Hacienda
6-2

OWNER INFORMATION:

Legal Property Owner: Morrison Homes Phone# (916) 355-8900
Owner Address: 1130 Iron Point Rd #120 City Folsom State CA Zip 95630

CONTRACTOR INFORMATION:

Contractor: Morrison Homes Lic. # 519465 Phone # 355-8900 Fax 355-0100

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 1 No. of Rooms: 8 Street Width: _____
1st Floor Area 2364 2nd Floor Area _____ Basement _____ Roof Material _____
AREA IN SQUARE FOOT OF:
Dwelling/Living 2364
Garage/Storage 646
Decks/Balconies 214
Carports _____
SCOPE OF WORK: New Single Family Dwelling

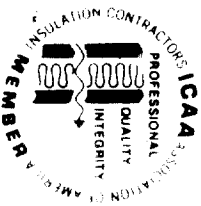
FOR OFFICE USE ONLY

- 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

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

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



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

INSULATION CERTIFICATE
60552

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

STREET BRELLANCI LOT # 35 TRACT # _____
CITY BRAL

EXTERIOR WALLS

MANUFACTURER _____ THICKNESS/TYPE _____ VALUE _____

CEILINGS

BATTS _____ THICKNESS TYPE _____ VALUE _____

MANUFACTURER _____ THICKNESS TYPE _____ VALUE _____
BLOWN IN C/T MINIMUM THICKNESS 15 VALUE 30

MANUFACTURER _____ THICKNESS TYPE _____ VALUE _____
SQUARE FOOTAGE COVERED 20003 NUMBER OF BAGS USED 50

FLOORS _____ THICKNESS TYPE _____ VALUE _____

MANUFACTURER _____ THICKNESS TYPE _____ VALUE _____
SLAB IN PHASE _____ THICKNESS TYPE _____ VALUE _____

MANUFACTURER _____ THICKNESS TYPE _____ VALUE _____

FOUNDATION WALLS _____ THICKNESS TYPE _____ VALUE _____

GENERAL CONTRACTOR _____ DATE _____

SIGNATURE _____ TITLE _____

ARCADIE INSULATION

INSULATION CONTRACTOR LICENSE #263784

DATE 1/30 DATE 1/30
SIGNATURE [Signature] SIGNATURE [Signature]

A 35

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND BRAND INSULATING STUCCO SYSTEM

JOB ADDRESS

ICBO Report #4004

Northern Homes
HACIENDA

Date of Job Completion *1/17/01*

PLASTERING CONTRACTOR:

Name: *Stucco Works INC*
Address: *5900 Warehouse Way Sacramento Ca*
Telephone No: *(916) 382 66 99*
Contractor Number of Diamond Brand 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.

Date *1/30/01*

Michael R.
Signature of authorized representative of
Plastering Contractor

This installation has been inspected to the building inspector after completion of the work.