| 1231 I Street, Sacramento, CA 95814 | Insp Area: | 4 |
|---|--|--|
| Site Address: 180 ALCANTAR CR SAC Parcel No: RIVERVIEW 2-3A LOT 25 Housing (Y/N): | Sub-Type: N | NSFR |
| CONTRACTOR D. R. HORTON INC. 10 BLUE RAVINF RD STE. 209 50 USOM CA. 95630 | ARCHITECT | |
| Nature of Work: MP 1430 - 1 STORY 6 ROOM SFR | | |
| CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is at the work for which this permit is issued (Sec. 3097, C.v. C.). | a construction lending ag | ency for the performance |
| cnder's Name Lender's Address | | |
| LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury commencing with section 7000) of Division 3 of the Business and Professions Code and my license is License Class Date 3/27/C/ Contractor S | in full force and effect | |
| OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am oblowing reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a perany structure, prior to its issuance, also requires the applicant for such permit to file a signed statement of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Brexempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any appointly of not more than five hundred dollars (\$500.00): | exempt from the contract mit to construct, alter, im that he or she is licensed pusiness and Professions C | ors License Law for the prove, demolish, or repair bursuant to the provisions ode) or that he or she is |
| I, as a owner of the property, or my employees with wages as their sole compensation, will do the for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply thereon, and who does such work himself or herself or through his/her own employees, provided that sale. If, however, the building or improvement is sold within one year of completion, the owner-building build or improve for the purpose of sale.) If as owner of the property, am exclusively contracting with licensed contractors to construct | to an owner of property such improvements are no der will have the burden of the project (Sec. 7044, E | who builds or improves of intended or offered for if proving that he/she did Business and Professions |
| Code: The Contractors Excense Law does not apply to an owner of property who builds or improves the contractor(s) licensed pursuant to the Contractors License Law) | | |
| Lam 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 represent all measurements and locations shown on the application or accompanying drawings and that the improvement agreement relating to permissible or prohibited locations for such improvements. This building improvement or the violation of any private agreement relating to location of improvements. | ovement to be constructed | does not violate any law |
| I certify that I have read this application and state that all information is correct. I agree to comply relating to building construction and herby authorize representative(s) of this city to enter upon the above | with all city and county overnentioned property for i | ordinances and state laws inspection purposes. |
| Date 3/27/C/ Applicant/Agent Signature N · CC | Clin | |
| WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury of have and will maintain a certificate of consent to self-insure for workers' compensation as proverformance of work for which the permit is issued. | one of the following declar ided for by Section 3700 o | ations: If the Labor Code, forthe |
| I have and will maintain workers' compensation insurance, as required by Section 3700 of the which this permit is issued. My workers' compensation insurance carrier and policy number are: | Labor Code, for the perf | formance of the work for |
| Carrier ARGONAUTINS CO. Policy Number WC6260011550 | 5 Exp Date | 07/01/2000 |
| (This section need not be completed if the permit is for \$100 or less) I certify that in the perfor shall not employ any person in any manner so as no become subject to the workers' compensation la subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith co | mance of the work for who | e that if I should become |
| Date 3/2/1/1 Applicant Stenant Col | lins | |
| WARNING. FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFU | | |

CITY OF SACRAMENTO

Permit No: 0103587

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

DRH 1430 R

| roject Address: 180 alcan | ar Circle Assessor Parc | cel#RiveRview # | -0 /hoit #3-1 |
|---|--|-----------------------|---|
| of Number: | Subdivision _ | NIVERUIE W | K, UIII JA |
| WNER INFORMATION: Legal Property Owner: 0, R, 1 | Jaa tan | Dhane# 945 | - 7200 |
| Owner Address: | | State | Zip |
| CONTRACTOR INFORMA | TION | | |
| Contractor: DR HORTON | | Phone # 965-220 | 00 Fax 956-22' |
| PROJECT INFORMATION: | | | |
| Land Use Zone RIA Occur | pancy Group R3 Constr | uction Type <u>VN</u> | Fed Code 1A |
| No. of Stories: / | No. of Rooms: 6 | Street Width: _ | , |
| 1st Floor Area2nd Floor | r Area Basement | Roof Ma | terial |
| AREA IN SQUARE FOOT OF: | velling/Living <u>1430</u> | | |
| | rage/Storage 473 | | |
| · · · · · · · · · · · · · · · · · · · | cks/Balconies 40 | · | |
| + * | rports | | |
| · Ca | | | |
| GOODE OF WORK | | | |
| SCOPE OF WORK: | | - | |
| | | | |
| | | | |
| ☐ Information Above Complete ☐ Violation Files Checked ☐ Standard Setbacks ☐ County Sewer | ☐ AR Flood Waiver Requir☐ Flood Elevation Certifica☐ Water Development Infil | ate Required Design | g Approval Review Approval Fee Districts Apply: |
| • | E PROVIDED IN ORDER TO SUBMI | T FOR PERMIT | |
| 2 COMPLETE PLOT PLANS, LEGIBL DZ 11 X 17 COPY OF FLOOR PLAN WIT | E & DRAWN TO SCALE | | |
| a) Assessors Parcel Number b) New Floor Area | c) Owners Name d) Project Address | | |
| | | Permit = | |

Feb, 04 2001 10:20AM P1

Received by: (staff) ______

FROM : D.C.C.C.S.

OMEGA PRODUCTS CO

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS: ICBO Report #4004

PLASTERING CONTRACTOR;

STUCCO NORKS INC. Name:

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CAL FORNIA 95826

Telephone Not (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

eport specified above and the manufacturer's instructions

Signature of authorized representative of · Plastering Contractor

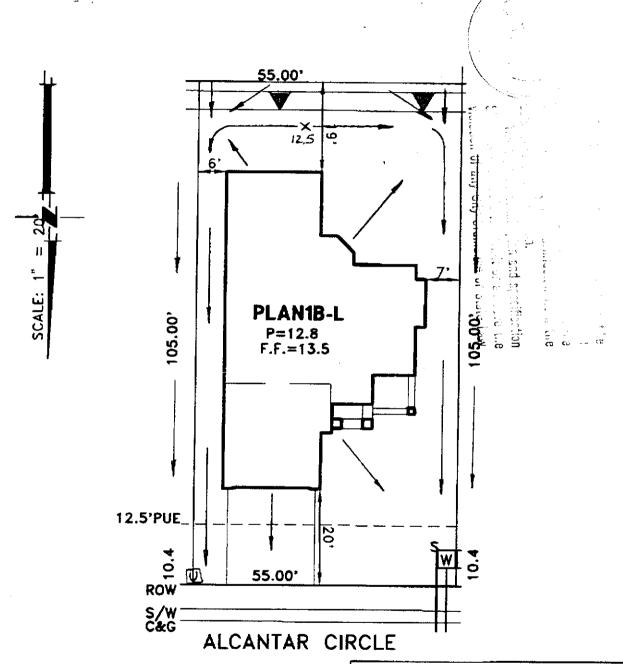
This installation card must be presented to the building inspector after completion of work and before final inspection.

Date of Job Completion

CERTIFICATION OF INSULATION

| P | ADDRESS OR TRACT | | | SACRAMENTO INSULATION CONTRACTORS | | | | |
|--|--------------------------------|------------------------|------------------------|---|--|--|----------------------|--|
| DR. Hor | ton | LOT # 25 | > <u> </u> | P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 | | | | |
| G. | | | | .O. BOX 9651, FR | ESNO, CA 937 | 93-9651 LI | C. #202026 | |
| Ε | | | | .O. BOX 1631, RE | | | | |
| Pack We | 上 | | 📙 3 | 326 A PONDEROS | SA WAY, LAS V | /EGAS, NV | 89118 LIC. #10675 | |
| Park we | 251 | | DATE | DATE INSULATION COMPLETED | | | | |
| WA | LLS | | CEILINGS FLOORS | | | ORS | | |
| (| SQUARE FEET) | (| so | UARE FEET) | (SQUARE FEET) | | | |
| TYPE OF II | NSULATION | MATERIAL TY | PE OF INSULA | TION | MATERIAL | TYPE OF | INSULATION | |
| FIBER | GLASS | | FIBERGLAS | S | FIBERGLASS | | | |
| | TTS | | ATTS & BLO | | | | BATTS | |
| MANUFACTURER'S PROD | RODUCT I.D. MANUFACTURER'S PRO | | S PRODUCT I.D | ÖDÜCT I.D. MANUFACTURER'S PRODUCT I.D. | | | UCT I.D. | |
| MANUFA | CTURER | IRER MANUF | | R | | MANUFA | ACTURER | |
| A R . Ot | CF | | OCF | | OCF | | | |
| E A S | BAGS | | | | | | | |
| R - VALUE INSTALLED | APPLIED THICKNESS | R - VALUE INSTALLED | APPLIED THICKNESS | MIN. INSTALLED WEIGHT PER SQUARE FOOT | R - VALUE APPLIED THICKNESS | | APPLIED THICKNESS | |
| S U L L L L L L L L L L L L L L L L L L | 35/8 | 30 | 9# 131 ¹ | | ٠. | | | |
| E L | KN | EE WALLS IF R-VA | 1 47 | THAN WALLS A | A COLUMN TO THE PARTY OF THE PA | | | |
| D MATERIAL | FORM | | RVALU | E | MANUFACTURER | | | |
| FIBERGLAS | SS | BATTS | | | | 45 - 177 - 187 - 197 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 | OCF | |
| MATERIAL | | AIR INF | ILTRATION S | EALANT ACTURER | | | | |
| FOAM | W R GRACE | | | | | | | |
| THIS IS TO CERTIFY MATERIAL STANDAR | THAT INSULATION A | ND/OR SEALANT NS. | HAS BEEN I | NSTALLED IN C | ONFORMAN | CE WITH | APPLICABLE CODES. | |
| SIGNATURE—INSULATION | | | TITLE | | | DATE | -0.44 | |
| R Bull GERAL CO | NUMBACTOR | | TITLE | MANAGER | | DATE 6/ | [2][1 | |
| III | ng nacion | | | | | | , | |
| C REMARKS: E R T C C C C C C C C C C C C C C C C C C | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | |

THIS PLAN IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATION TO PROPERTY LINE, DESIGN DRAINAGE CONTROL ELEVATIONS, AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE, INFORMATION SHOWN IS APPROXIMATE EXCEPT FOR THOSE SETBACKS WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS WHICH WILL LIKELY YARY FROM THIS PLAN.





SACRAMENTO

FEB 2001

JOBS RIVER VIEW DWG CIVIL PLOT PLANS SAMPLER V3A3B 34-10725. DWG 02/28/01

17: 22

SURVEYING PLANNING WOOD DGERS TEL: 916/341

DATE DRAWN: CHECKED: MJG

PROJECT NO: mre 1055.014