

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0503845**
Insp Area: **4**
Thos Bros: **277F6**

Site Address: **223 WEST EL CAMINO AV SAC**
Parcel No: **262-0262-018**

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

CONTRACTOR
NEW HAVEN HOMES INC
371 WEST EL CAMINO AVE #2
SACRAMENTO CA 95833

OWNER
MARTINEAU STEVE
223 W EL CAMINO AVE 2
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: NEW SFR - LIVING 2068 SQ FT, PORCH 63 SQ FT, GARAGE 487 SQ FT - 1 STORY

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 817452 Date 6-2-05 Contractor 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 abovementioned property for inspection purposes.

Date 6-2-05 Applicant/Agent 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 STATE FUND Policy Number 161678 Date 06/25/2005

_____, (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 6-2-05 Applicant 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.

PAID
CITY OF SACRAMENTO
PERMIT CENTER
06/25/2005

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 223 WEST EL CAMINO AVENUE	APN: 262-0262-018
DRPB AREA / PUD / SPD: EXPANDED NORTH AREA	ZONING: R-1
EXISTING LAND USE: VACANT	
PROPOSED USE: NEW SFR	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input checked="" type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER X DR PB Required Planning application must be submitted before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) IN PROGRESS: ER04-237 (11-12-2004 INCOMPLETE APP) Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input type="checkbox"/>	Application(s) COMPLETED Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards prior to issuance of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: SITE: 9372 SQ FT. 51 X 55 = 2805 / 9372 = 30% LOT COVERAGE. FRONT SETBACK OKAY AT 51'. OWNER OWNS LOT TO WEST ALSO AT 51'. ALL SETBACKS OKAY. DOESN'T EXCEED 40% MAXIMUM FRONT YARD PAVING. INTERIOR GARAGE D&W MUST BE 10' X 20'. Building permit must conform to approved plans and comply with all conditions of approval.	
DATE: 11-22-2004	BY: PCALDWELL



Sacramento Regional County Sanitation District
10545 Armstrong Ave., Ste. 101
Mather, California
95655

August 9, 2004
RECEIVING FAX: 916-920-2653
SENDING FAX: 916-876-6161

TO: Steve Martineau
Ph: 916-920-4357/600-2399

FROM: Fred R. Wingfield
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES APN: 262-0262-018
223 W. El Camino Avenue
Sacramento, CA 95833

There are NO SEWER IMPACT FEES DUE for this parcel, based on record of prior sewer connection and billing for this address and parcel.

If you have any questions regarding the above, please feel free to call me at 876-6073.

Fees are subject to adjustment if the data supplied is changed.
www.srcsd.com / www.csd-1.com
e-mail: wingfieldf@SacCounty.NET

SUBDIVISION & FRONTAGE IMPROVEMENT PROJECTS CASH RECEIPT

PROJECT NAME: <u>NEW HAVEN HONUS</u> <u>223 W. EL CAMINO</u>	PROJECT NO. <u>7358</u>
RECEIVED FROM: <u>STEFAN D. MARTINEAU</u>	JOB NO. <u>EN-110</u>
I understand that fees may be required if the cost to process the application is greater than the minimum fee. Also, on some applications, additional processing charges may be required after the requested entitlements are approved.	
SIGNATURE: <u>[Signature]</u>	Description: <u>Plan Check</u> <u>ENCROACHMENT</u>

Applicants address for mailing receipt:		TOTAL AMOUNT PAID: <u>2800.00</u>
Name <u>New Haven Honus</u>	Prepared by / Date: <u>DBMVI-9/5/05</u>	
Address <u>371 W. EL CAMINO AVE #2</u>	Check No. <u>23035</u>	
City, State, Zip <u>Sac, CA 95833</u>	Paid by CASH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address STEVEN W. MARTINEAU
 Project Address 223 W. EL CAMINO AVE # 2 SAND, CAL. 92833
 Parcel Number _____ Lot No. _____
 Subdivision Name _____ No. of Units _____
 Applicant's Signature [Signature] Title CONTRACTOR
 Phone No. (916) 920-4357 Date 5-5-05

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0503845
 Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 2068 SQ FT.
 Signature/Title Jay G. [Signature] Building Inspector Date 4-14-05

Part III - To be completed by the SCHOOL DISTRICT

School District Grant Joint Union HSD Certificate No. 05-1264

Exempt Comments _____
 Residential/Apartment/etc. 2068 Square ft. x \$ 2.24 = \$ 4632.32
 Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
 Total fees collected..... = \$ 4632.32

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature [Signature] Date 5/5/05

White & Canary - School District • Pink - Building Department • Goldenrod - Applicant

INSTALLATION CERTIFICATE

(Page 1 of 8)

CF-6R

223 W. E. Camino Ave
Site Address

0503845
Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
FURNACE	RHEEM QUIET 80 RCBA 3765 GH1701	1	0.80	Attic	4.2	8016	8016

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
A/C SPLIT	RHEEM DARB 036 J42	1	10 SEER	Attic	4.2	80	80

1. \geq reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
GAS	RHEEM GUARDIAN H2 VR 50 40F	STAND	N	1	0.58	50	RE	1	NA

- For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

January 4, 2001

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1. <u>MERLIER</u>	<u>0.440</u>	<u>0.310</u>	<u>2</u>	<u>0</u>	<u>2068</u>	<u>12"</u>	<u>NO</u>
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature, Date <u>[Signature]</u> <u>1-19-06</u>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date <u>[Signature]</u> <u>1-19-06</u>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date <u>[Signature]</u> <u>1-19-06</u>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor <u>New Haven Homes</u>

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

CERTIFICATION OF INSULATION

PART I GENERAL
PART II AREAS INSULATED
PART III CERTIFICATION

New Haven
 223 W El Camino
 LOT #

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93789-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3328 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

WALLS	ROOFS	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		
CT	OC	JM	CT	OC	JM

R-VALUE	R-VALUE	R-VALUE	R-VALUE	R-VALUE	R-VALUE
13	19	38	14	14	14

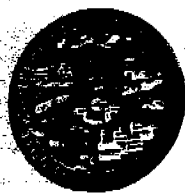
MATERIAL	R-VALUE	MANUFACTURER		
FIBERGLASS	BATTS	CT	OC	JM

MATERIAL	MANUFACTURER
<i>Foam</i>	HILTI HANDY FOAM

THIS IS TO BE USED IN CONFORMANCE WITH APPLICABLE CODES AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE 9/19/63
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE

REMARKS



Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 262 - 0262 - 018 PERMIT # 0503845
 SITE ADDRESS 223 West El Camino ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | | |
|--|------------------------------------|------------------------------------|--------------------------------------|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | Y | <input checked="" type="radio"/> N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | *N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | *N | |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | N | |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | N | |
| 8. Is the curb at the street square? | *Y | <input checked="" type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> N | N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | *N | |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> N | |
| 13. Does another lot drain across this parcel? | *Y | <input checked="" type="radio"/> N | |
| 14. Does the lot drain from side to side? | *Y | <input checked="" type="radio"/> N | |
| 15. Does the site have an existing low area or drainage swale? | *Y | <input checked="" type="radio"/> N | |
| 16. Does the drainage swale drain to an adjacent parcel? | *Y | N | <input checked="" type="radio"/> N/A |
| 17. Does the drainage swale drain to the street? | Y | *N | <input checked="" type="radio"/> N/A |
| 18. Will existing drainage be re-routed? | *Y | <input checked="" type="radio"/> N | |
| 19. Will drainage ditches or culverts be constructed or modified? | *Y | N | <input checked="" type="radio"/> N/A |
| 20. Did this project require approval from the Zoning Administrator? | *Y | <input checked="" type="radio"/> N | |
| 21. Did the project require approval from the Planning Administrator? | *Y | <input checked="" type="radio"/> N | |