

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0317925
Insp Area: 2
Thos Bros: 337-D4

Site Address: 7752 MANORSIDE DR SAC
Parcel No: MEADOWVIEW ESTATES UNIT 3 LOT 130

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

CONTRACTOR
JTS COMMUNITIES
401 WATT AV.
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: MP 1800 1 STORY 9 ROOM SFR

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 767107 Date 11/18/03 Contractor Signature Ronald Caldwell

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 11/18/03 Applicant/Agent Signature Ronald Caldwell

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 INSURANCE CO Policy Number WC367556101

PAID
CITY OF SACRAMENTO
NOV 18 2003
Exp Date 11/18/2003
NORTH PERMIT

(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 11/18/03 Applicant Signature Ronald Caldwell

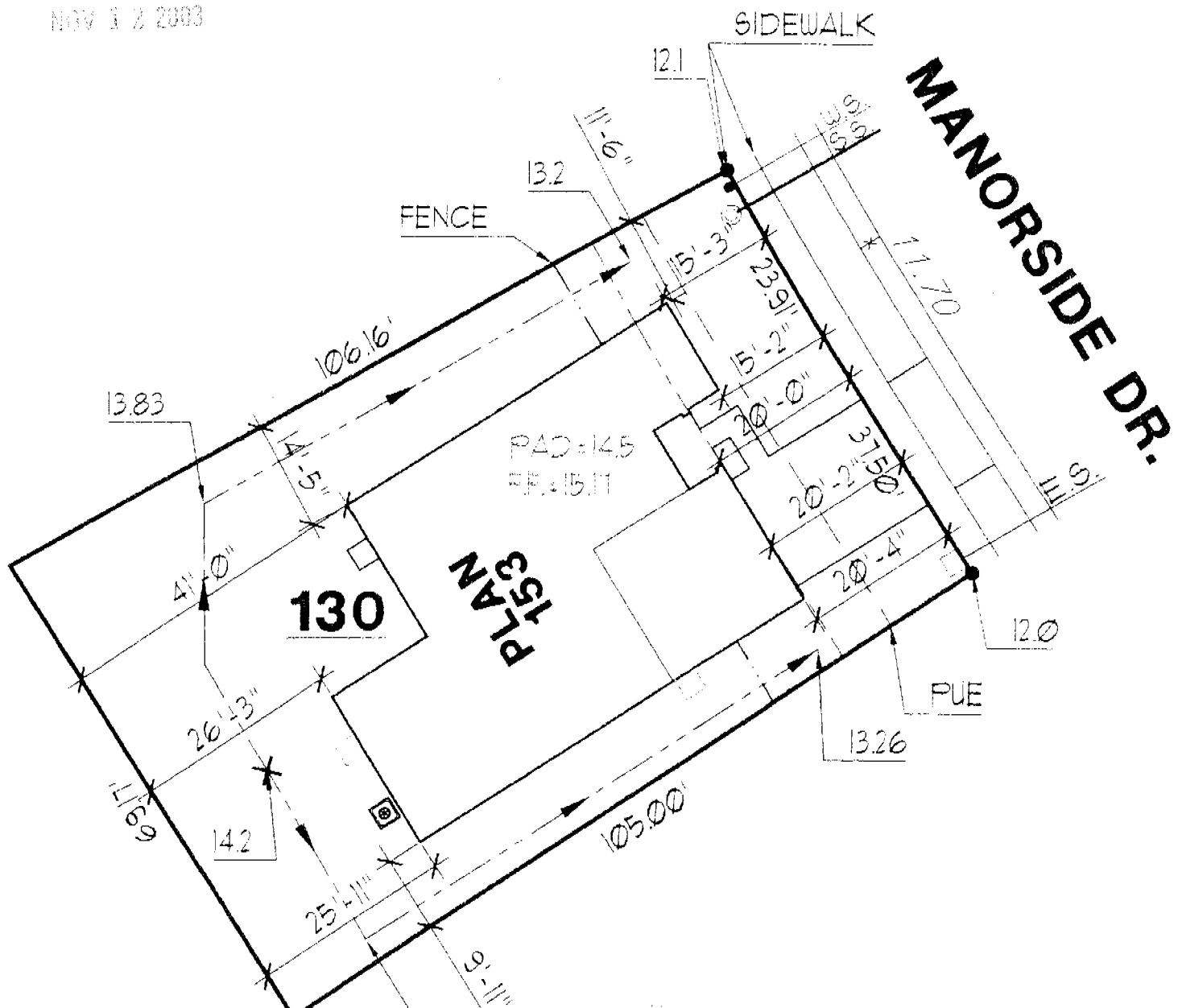
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

ORIGINAL

NOV 17 2003

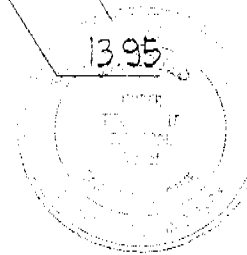
MP 1800



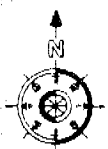
130

PLAN 153


MANORSIDE DR.



This drawing is the property of JTS COMMUNITIES INC. and is not to be used for any other project without the written consent of JTS COMMUNITIES INC. The information contained herein is for informational purposes only and does not constitute an offer of any financial product or service. The information is subject to change without notice. The information is not to be used for any other purpose.



DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

| | | | |
|-------------------------------|-------------------------------|--|-------------------------------|
| 1 STORY HOUSE 2 CAR GARAGE | PROPOSED SITE PLAN |  <p>Working Together to Achieve Excellence</p> <p>401 Watt Avenue Sacramento, CA 95821 (916) 487-3434</p> | MEADOWVIEW ESTATES |
| APN # | | SCALE - 1" = 20' | DATE NOV. 10, 2003 |
| APPROVED FOR RELEASE | DATE | APPROVED FOR RELEASE | DATE |

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

Project Address

7757 Mansionside Dr
Meadow View Estates
Unit 3, Lot 130

ICBO Evaluation Service, Inc.
Report ER-4004

Date Completed 3-1-04

Plastering Contractor

Name: J.T.S. Stucco Div.
Address: 11285 White Rock Road
Telephone No. (916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc. P.N. # 2227

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 and the manufacturer's instructions.

Don Richels
Signature of authorized representative of
plastering contractor

Date

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

CERTIFICATION OF INSULATION

JTS Comm.
Premier @ Meadowview

LOT # 130

- P.O. BOX 864, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3325 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

| WALLS (SQUARE FEET) | | | CEILING (SQUARE FEET) | | | FLOOR (SQUARE FEET) | | |
|-----------------------------|--------|----|-----------------------------|----|----|-----------------------------|----|----|
| 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. | | |
| CT | OC | JM | CT | OC | JM | CT | OC | JM |
| 13 | 3 1/2" | 30 | 12" | 9" | | | | |

| MATERIAL | FORM | R VALUE | MANUFACTURER | | |
|------------|-------|---------|--------------|------------|----|
| FIBERGLASS | BATTS | | CT | OC | JM |
| MATERIAL | | | MANUFACTURER | | |
| | | | HILTI | HANDY FOAM | |

I HEREBY CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL STANDARDS AND REGULATIONS.

| | | |
|-----------------------------------|---------|---------|
| SIGNATURE — INSULATION CONTRACTOR | TITLE | DATE |
| J.C. | MANAGER | 2/24/09 |
| SIGNATURE — GENERAL CONTRACTOR | TITLE | DATE |
| | | |

REMARKS

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

(MOTHER APN)

Project Address: 7752 MANORSIDE DR. Assessor Parcel # 052-0010-033
Lot Number: 130 Subdivision MEADOWVIEW ESTATES UNIT # 3

OWNER INFORMATION:

Legal Property Owner: JTS Communities, Inc. Phone# 487-3434
Owner Address: 401 WATT AVE. City Sacto State CA Zip 95864

CONTRACTOR INFORMATION:

Contractor: JTS Communities Lic. # 767107 Phone # 487-3434 Fax 487-3815

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 1 No. of Rooms: _____ Street Width: _____
1st Floor Area 1800 2nd Floor Area 0 Basement _____ Roof Material _____
AREA IN SQUARE FOOT OF:
Dwelling/Living 1800
Garage/Storage 390
Decks/Balconies _____
Carports _____
SCOPE OF WORK: New SFD Plan: 153

FOR OFFICE USE ONLY

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

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)