

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9907490
Insp Area: 4

Site Address: 99 CAFARO CR SAC
Parcel No: GATEWAY WEST LOT 74

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

CONTRACTOR
BEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 2123 1 STORY 8 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 724191 Date 7/13/99 Contractor Signature Sheryl Van Maran

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 7/13/99 Applicant/Agent Signature Sheryl Van Maran

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 LIBERTY MUTUAL INS CO. Policy Number WA2-65D-004147-059 Exp Date 04/01/2000

____ (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 7/13/99 Applicant Signature Sheryl Van Maran

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.

COUNTY SANITATION DISTRICT NO. 1
 RAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO: _____ BLDG PERMIT NO: _____

GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

| FEE CALCULATION | BUILDING USE |
|------------------|---|
| INSPECTION | RESIDENTIAL SF <input type="checkbox"/> MF <input type="checkbox"/> |
| SEWER | COMMERCIAL USE UNITS |
| SRCSID | |
| CONSTRUCTION | |
| IN-USE | |
| TOTAL FEE | |

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER: _____

DATE: _____



No 18504

INSTALLATION CARD

Stucco System Trade Name: KWIK KOTE
Name Stucco Manufacturer: KWIK KOTE CORP.

KBC Evaluation Service, Inc.
Report No. 3607
Date of Job Completion

100-3607-05

John W. Kenyon III
John W. Kenyon III
100-3607-05

Stucco Contractor: Kenyon Construction
Name: John W. Kenyon III
Address: PO Box 207
North Highlands, LA 95660
Telephone Number: (916) 329-8191
Approved Contractor: Approved by the Stucco Manufacturer: 1

I hereby certify that the stucco system for the building exterior at the above address has been installed in accordance with the specifications and procedures listed above and the manufacturer's instructions.

Signature: *[Handwritten Signature]*
Name: John W. Kenyon III
Title: Contractor

Date: 8/24/99

CERTIFICATION OF INSULATION

PART I GENERAL

| | |
|---|--|
| ADDRESS OR TRACT <i>BLAZER</i> LOT # <i>711</i> <i>MEMORIES</i> | SACRAMENTO INSULATION CONTRACTORS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED |
|---|--|

PART II AREAS INSULATED

| WALLS | | CEILINGS | | | 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 ID | | MANUFACTURER'S PRODUCT ID | | | MANUFACTURER'S PRODUCT ID | |
| MANUFACTURER | | MANUFACTURER | | | MANUFACTURER | |
| OCF | | OCF | | | OCF | |
| R - VALUE INSTALLED | APPLIED THICKNESS | R - VALUE INSTALLED | APPLIED THICKNESS | MIN. INSTALLED WEIGHT PER SQUARE FOOT | R - VALUE INSTALLED | APPLIED THICKNESS |
| <i>13</i> | <i>3 5/8"</i> | <i>38</i> <i>38</i> | <i>12 1/4"</i> <i>14 3/4"</i> | | | |
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE | | | | | | |
| MATERIAL FIBERGLASS | | FORM BATTS | | | R VALUE OCF | |
| AIR INFILTRATION SEALANT | | | | | | |
| MATERIAL <i>FOAM</i> | | | | MANUFACTURER W R GRACE | | |

PART III CERTIFICATION

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

| | | |
|---|------------------|-----------------------|
| SIGNATURE INSULATION CONTRACTOR <i>[Signature]</i> | TITLE MANAGER | DATE <i>7-7-99</i> |
| SIGNATURE GENERAL CONTRACTOR | TITLE | DATE |
| REMARKS | | |

CERTIFICATION OF COMPLIANCE
SCHOOL DISTRICT DEVELOPMENT FEES

| | | | |
|---|--|-----------------------|--|
| PART I: TO BE COMPLETED BY APPLICANT | | | |
| Property Owner's Name | | | |
| Owner's Address | | | |
| Project Address | | | |
| Parcel Number | | | |
| Subdivision Name | | | |
| Number of Units | | | |
| Print Applicant's Name | | Applicant's Signature | |
| Title of Applicant | | Telephone Number | |
| Date | | | |
| PART II: TO BE COMPLETED BY BUILDING DEPARTMENT | | | |
| Plan Identification Number | | | |
| Building Type (Check One) | | | |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Apartment/Condominium | | <input type="checkbox"/> Commercial/Industrial |
| Square Feet of Chargeable Building Area | | | |
| Signature | | | |
| Title | | Date | |
| PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT | | | |
| District Certification Number | | | |
| Fees Collected: | | | |
| Residential: | Sq. Ft. X \$ | = | \$ |
| Apartment/Condominium: | Sq. Ft. X \$ | = | \$ |
| Commercial/Industrial: | Sq. Ft. X \$ | = | \$ |
| 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 or to another public entity authorized to collect them on behalf of the District, whichever is earlier. | | | |
| Applicant Signature: | | Date: | |

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 authorize Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 95995 have been complied with by the above signed applicant.

SIGNATURE: _____ **DATE:** _____

TITLE: _____

POR. SEC. 15, T. 9N., R. 4E., M.D.B. &M.

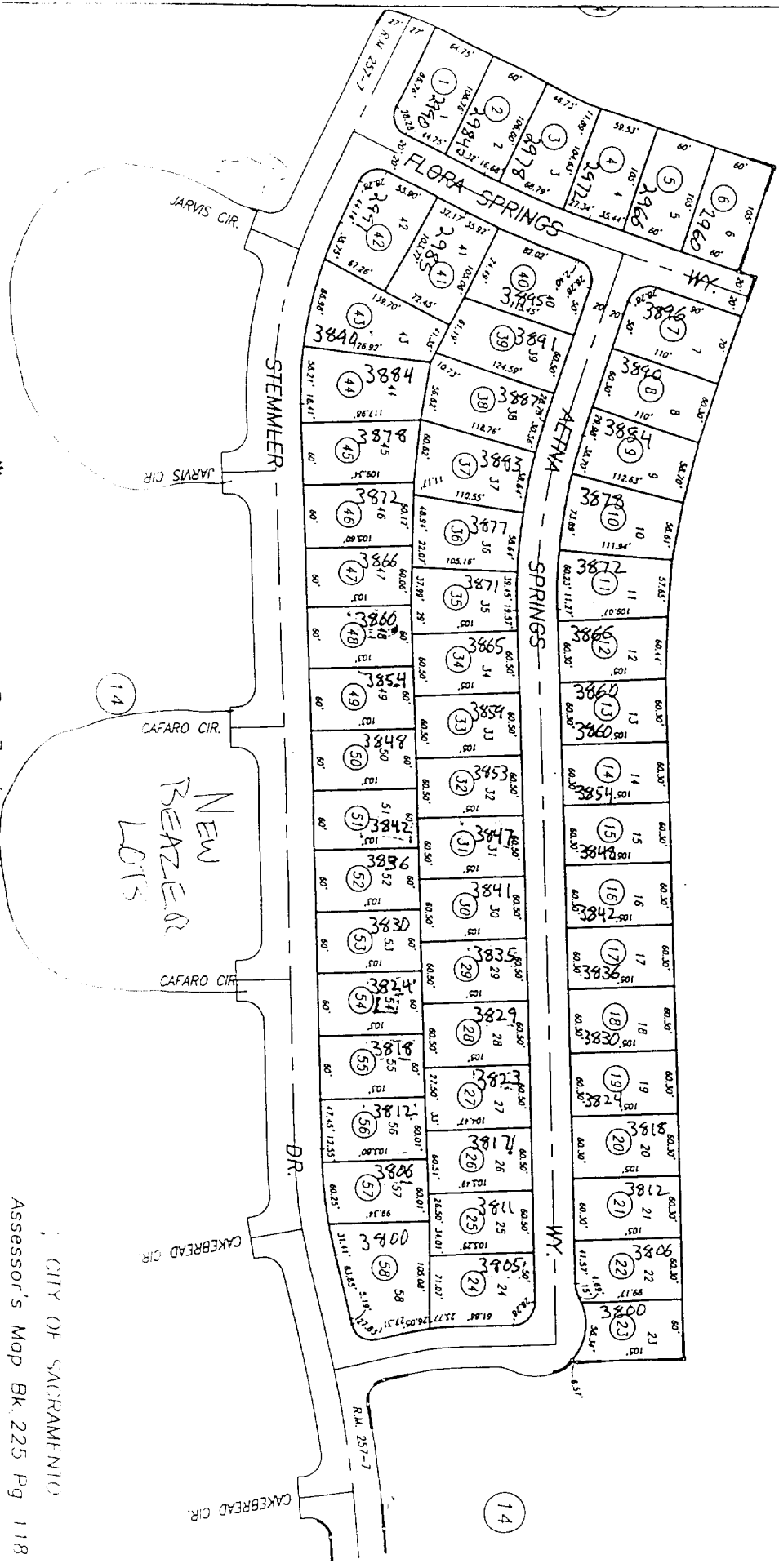
225-118

14



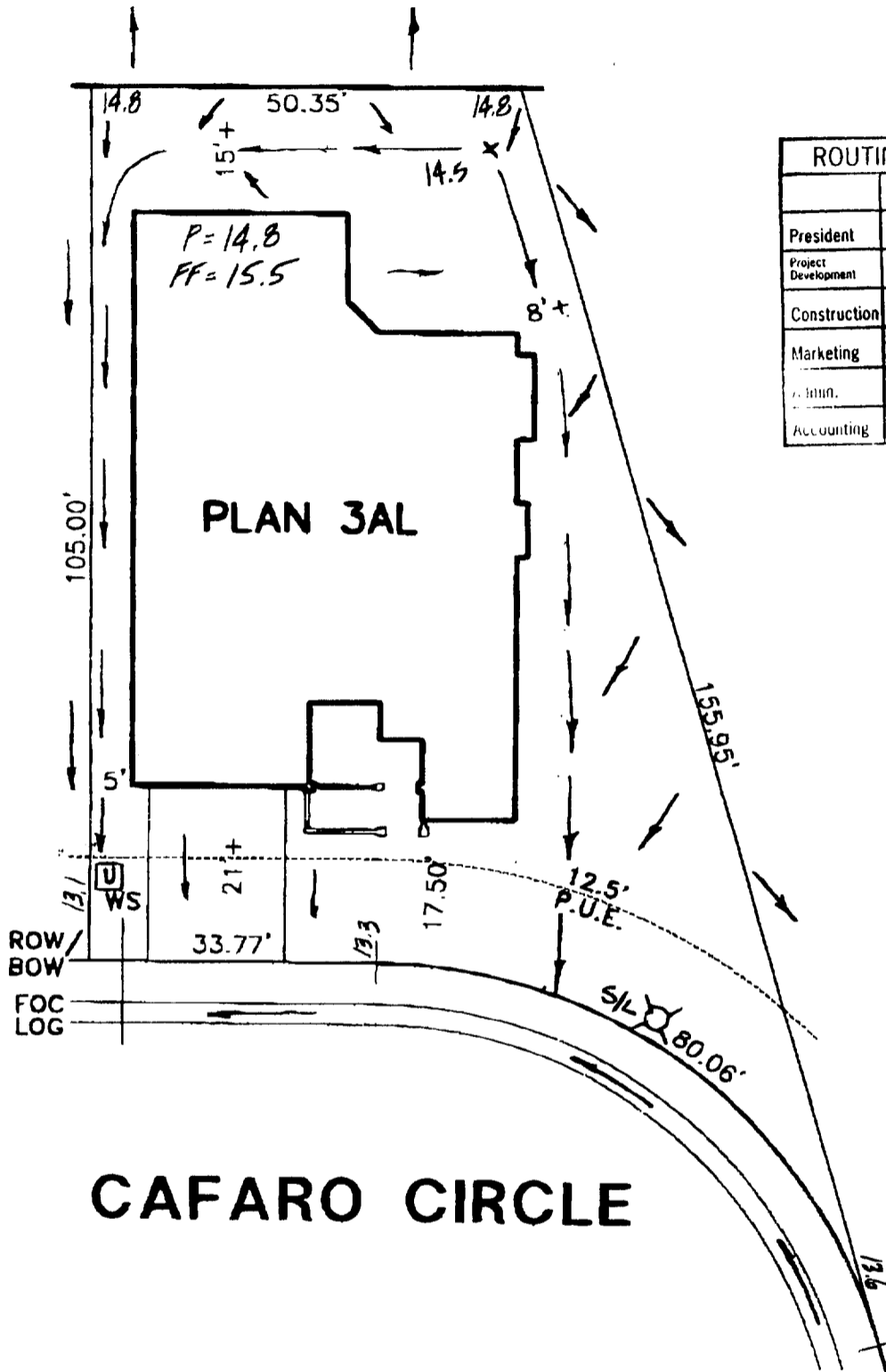
Por. Gateway West Village No. 1, R.M. Bk. 257, Pg. 7 (1-11-99)

CITY OF SACRAMENTO
Assessor's Map Bk. 225 Pg. 118
County of Sacramento, Calif.



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 VARY FROM THIS PLAN.

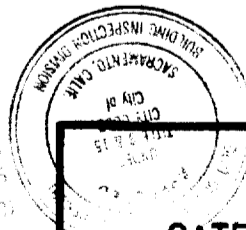
SCALE: 1" = 20'



| ROUTING/APPROVAL | | |
|---------------------|---|----------|
| | ✓ | INITIALS |
| President | | |
| Project Development | | |
| Construction | ✓ | RD |
| Marketing | ✓ | RL |
| Admin. | | |
| Accounting | | |

CAFARO CIRCLE

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 VARY FROM THIS PLAN.



U = UTILITY SERVICE BOX

LOT COVERAGE = 35% (WITH FLEX SPACE)

| | | |
|--|--------|--------------|
| <p>PLOT PLAN LOT 74 GATEWAY VILLAGE 2 FOR BEAZER HOMES</p> | | |
| SACRAMENTO | | CALIFORNIA |
| <p>WOOD-RODGER INC.</p> | | |
| DATE: | DRAWN: | PROJECT NO.: |
| MAY, 1999 | P.D.M. | 99BEZ-022 |

JWH 5-28-99

SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO. 252930 CITY 91114

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
 DEPT 26 \$2,414.00
 TRAN 392870 07/07/99
 RECEIPT 707820 C#1 \$2,414.00

252930 7/7/99
 THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

| | | | | | | |
|------------|-------|----------------|----|-------------------------------------|----|--------------------------|
| INSPECTION | 29.00 | RESIDENTIAL | SF | <input checked="" type="checkbox"/> | MF | <input type="checkbox"/> |
| CSD-1 | | COMMERCIAL USE | | | | UNITS |
| SRCSD | | | | | | |

| | | | | | | |
|-----------|----------|--|--|--|--|--|
| TOTAL FEE | 2,414.00 | | | | | |
|-----------|----------|--|--|--|--|--|

APN: 225-0140-019

DESCRIPTION Gateway West (Memories) LOT: 74

PROPERTY ADDRESS 99 Cafaro Circle

OWNER Beazer Homes

MAILING ADDRESS 3009 Douglas Blvd., Ste. 150

CITY-STATE-ZIP Roseville, CA. 95661 PHONE 773-3888

ADDITIONAL FEES MAY BE DUE IF CHANCES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE Shawn Van Horn

CONSOLIDATED UTILITY BILLING USE ONLY



No 18504

INSTALLATION CARD

Job Address: Beazer-Memories
lot 73 90 Cafaro Cir
91114

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 Construction
 Name John W. Kenyon, III
 Address P.O. Box 2077
North Highlands, CA 95660
 Telephone Number (916) 349-8191
 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 stucco contractor [Signature]

Date 8/24/99

Natomas Unified School District

1515 Sports Drive, #1 • Sacramento, CA 95834-1905

Phone 916/641-3300 • Fax 916/928-1629

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

| | | | |
|--|---|-----------------------|------------------|
| Property Owner's Name | Beazer Homes | | |
| Owner's Address | 3009 Douglas Blvd., Ste. 150, Roseville, CA. 95661 | | |
| Project Address | 99 CAFARO CIR | Lot 74 | |
| Parcel Number | 225-0140-019 | | |
| Subdivision Name | Gateway West (Memories) | | |
| Number of Units | 1 | | |
| Print Applicant's Name | Sheryl Van Maren | Applicant's Signature | Sheryl Van Maren |
| Title of Applicant | Starts Coordinator | | |
| Date | 6/7/99 | Telephone Number | 773-3888 |
| Plan Identification Number | 2123 | | |
| Building Type (Check One) | <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Commercial/Industrial | | |
| Square Feet of Chargeable Building Area | 2123 | | |
| Signature | | | |
| Title | Date 7-8-99 | | |
| District Certification Number | 00-018 | | |
| Fees Collected: | | | |
| Residential: | 2123 Sq. Ft. X \$ 4.57 | = \$ | 9702.11 |
| Apartment/Condominium: | Sq. Ft. X \$ | = \$ | |
| Commercial/Industrial: | Sq. Ft. X \$ | = \$ | |
| 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, or to another public entity authorized to collect them on behalf of the District, whichever is earlier. | | | |
| Applicant Signature: | Sheryl Van Maren | | Date: 6/7/99 |

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 authorize Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 95995 have been complied with by the above signed applicant.

SIGNATURE: Sheryl Van Maren DATE: 7/8/99

TITLE: FP Dir