

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100239

Insp Area: 2

Site Address: 7892 SHASTA AV SAC

Parcel No: 117-1370-003

JACINTO N 2 LOT 3

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

BEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP1232 5 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 724191 Date 1/10/01 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: _____

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 1/10/01 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 LIBERTY MUTUAL INS CO Policy Number WA2-651-004147-080 Exp Date 04/01/2001

(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 become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 1/10/01 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.

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction
 Addition
 Remodels
 Other

Project Address: 1912 Shasta Avenue Lot 3 Assessor Parcel # 117 1370 003

OWNER INFORMATION:

Legal Property Owner: <u>Beazer Homes Holdings Corp.</u>	Phone # <u>916-773-3888</u>
Owner Address: <u>3009 Douglas Blvd. 150</u> City <u>Roseville</u> State <u>CA</u> Zip <u>95661</u>	

CONTRACTOR INFORMATION:

Contractor: <u>Same as above</u> Lic. # <u>B724191</u> Phone # <u>773-3888</u> Fax # <u>773-0425</u>
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PROJECT INFORMATION:

Land Use Zone _____	Occupancy Group _____	Construction Type _____	Fed Code _____
No. of stories: <u>1</u>	No. of rooms: _____	Street width: _____	
1 st Floor Area <u>1232</u>	2 nd Floor Area _____	Basement _____	Roof Material _____

AREA IN SQUARE FOOT OF:

	<u>EXISTING</u>	<u>NEW</u>	
Dwelling/Living	_____	<u>1232</u>	_____
Garage/Storage	_____	<u>42.6</u>	_____
Decks/Balconies	_____	_____	_____
Carpools	_____	_____	_____

SCOPE OF WORK: Single Family Homes

FOR OFFICE USE ONLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Information above complete | <input type="checkbox"/> AR Flood Waiver required | <input type="checkbox"/> Planning Approval |
| <input type="checkbox"/> Violation files checked | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval |
| <input type="checkbox"/> Standard setbacks | <input type="checkbox"/> Water Development Infill Area | <input type="checkbox"/> Special Fee Districts Apply : _____ |
| <input type="checkbox"/> County Sewer | | |

NEW STRUCTURES & ADDITIONS

*THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- | | |
|---|---|
| <input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE
<input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA

<input type="checkbox"/> Title 24 Energy Compliance documentation
<input type="checkbox"/> Grading and Erosion Control Questionnaire | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor
<input type="checkbox"/> Plan Review Fees

♦ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
|---|---|

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT #

KWIKKOTE
STUCCO SYSTEM
INSTALLATION CARD

#C30347
BEAZER HOMES
BELLEFLEUR II LOT 3
7892 SHASTA AVE SACRAMENTO

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
Name
Address

Kenyon Plastering, Inc.
John W. Kenyon, III
P.O. Box 2077
North Highlands, CA 95660
(916) 349-8191

Telephone # _____
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:

Date: 3-30-01

Builder Copy

CERTIFICATION OF INSULATION

<p style="text-align: center;">ADDRESS OR TRACT</p> <p style="font-size: 2em; font-family: cursive;">BEAZER</p> <p style="text-align: right; margin-right: 50px;">LOT # 0003</p> <p style="font-size: 2em; font-family: cursive; margin-top: 20px;">BELLE FLEUR</p>	<p style="text-align: center;">SACRAMENTO INSULATION CONTRACTORS</p> <p><input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p style="margin-top: 10px;">DATE INSULATION COMPLETED</p>
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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 I D		MANUFACTURER'S PRODUCT I D			MANUFACTURER'S PRODUCT I D	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
BAGS		BAGS			BAGS	
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
13	3 5/8	38	12 1/4			
		38	14 3/4			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE	MANUFACTURER OCF	
AIR INFILTRATION SEALANT						
MATERIAL FOAM				MANUFACTURER W R GRACE		

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

SIGNATURE - INSULATION CONTRACTOR	TITLE	DATE
Bill George	MANAGER	3/5/01
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

Norman

Scheel

Structural

Engineer

Sacramento
5022 Sunrise Blvd.
Fair Oaks, CA 95628
(916) 536-9385
(916) 536-0260 (fax)

NORMAN SCHEEL
Structural Engineer
Email: norm@nsse.com

ROBERT COON
Project Manager
Email: rob@nsse.com

PAULO IBAÑEZ
Project Manager
Email: paulo@nsse.com

TIM SLOAN
Project Manager
Email: tim@nsse.com

STEVE COOKSEY
CAD Supervisor
Email: steve@nsse.com

STACY MARLIN
Office Manager
Email: stacy@nsse.com

Davis
213 E Street Suite B
Davis, CA 95616
(530)753-5300
(530)753-5380(fax)

TRACY HARRIS P.E.
Project Engineer
Email: tracy@nsse.com

DARRELL PEREIRA
Design Engineer
Email: darell@nsse.com

February 12, 2001

Beazer Homes
3009 Douglas Blvd. Suite 150
Roseville, CA 95661

**Re: Bellefleur (Job #20234)
Inspection Clarifications**

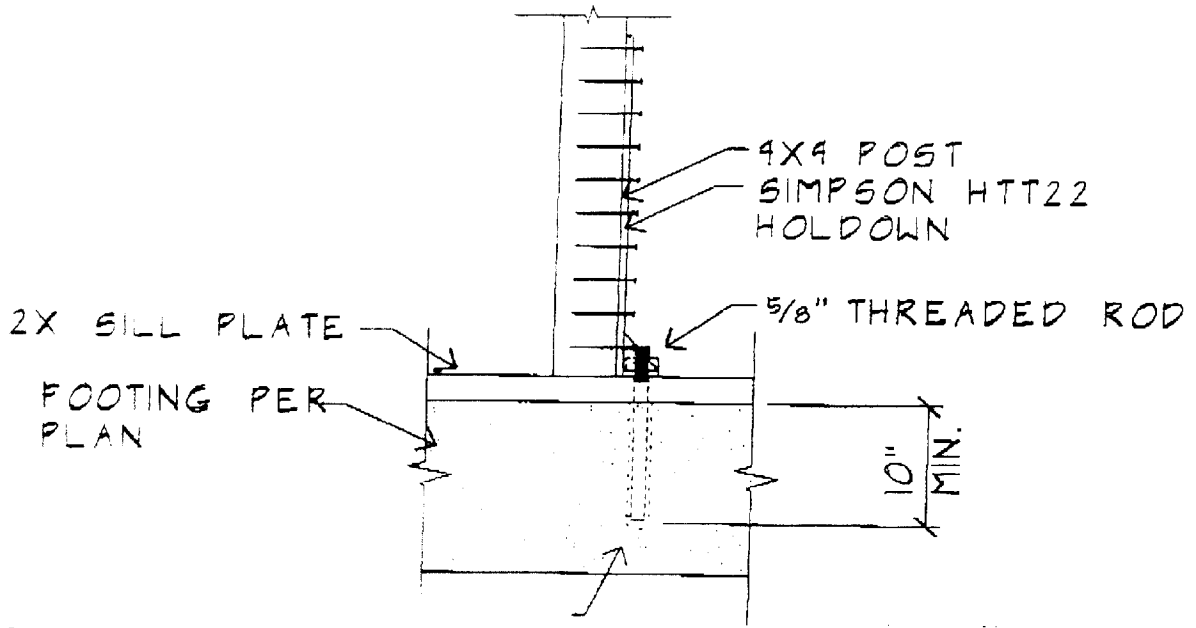
1. In our opinion, the MAS anchors may be installed on 3x sill plates for the lateral loads. However, you may consider installing a few wedge anchors for the overall stability of the wall.
2. 6" plus or minus on shear walls over 8'-0" long is acceptable with the same hardware and nailing specified on the plans.
3. Anchor bolts may be repaired or replaced with either wedge anchors or epoxy bolts. The only condition with wedge anchors is that when they are at the edge of the slab, they require 2 bolts per each existing anchor bolt at the shear walls.

If you have any questions, please call Rob Coon.

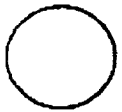

NORMAN SCHEEL
STRUCTURAL ENGINEER



PLAN ADDENDUM



DRILLED 3/4" ϕ HOLE AND EPOXY WITH SIMPSON SET EPOXY SYSTEM PER MANUFACTURES SPECIFICATIONS

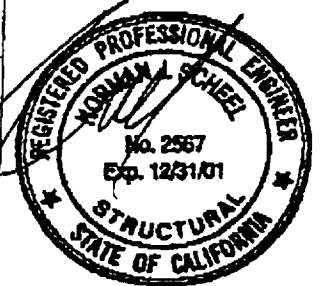


HTT22 HOLDOWN REPAIR DETAIL WITH EPOXY SYSTEM

HTT22 EPOXY FIX

NORMAN SCHEEL
STRUCTURAL ENGINEER
5022 SUNRISE BLVD
FAIR OAKS, CA 95628
VOICE (916) 536-9585
FAX (916) 536-0260

PROJECT BELEFLUER II
CLIENT BELZER HOMES
JOB NO. 20234
PROJECT MGR. ROB
DATE 2/9/01
PAGE 1 OF 1





CAPITOL ENGINEERING LABORATORIES, INC.

631 Commerce Drive, Suite #200 • Roseville, California 95678 • (916) 786-2488

JOB REPORT

PROJECT NAME: Belle Fleur II - BLAZER PAGE: _____

INSPECTOR: Harold Lyden FILE NO. 5222

PERSONS CONTACTED: CVC DATE: 2-20-01

REFERENCE DOCUMENTS: ICBO REPORT # 4945 PERMIT #: _____

WEATHER: CLOUDY

SERVICE PROVIDED: CONCRETE (INSP/SAMPLE ONLY/PU) MASONRY WELDING (SHOP/FIELD) SOILS

OTHER KEYWAY BOLTS

1000 Lanes going back to 150% of Newell
via ICBO 4945 or to 6015 1/2 inch 5/8"

- Lane 3 - Lanes 2 - 5/8" with movement
- Lane 12 - Lanes 2 - 5/8" " "
- Lane 27 - Lanes 1 - 5/8" " "
- Lanes 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

COMPLIANCE OF WORK: _____

ATTACHMENTS: _____

EQUIPMENT/SUPPLIES USED: _____

NEXT VISIT: _____

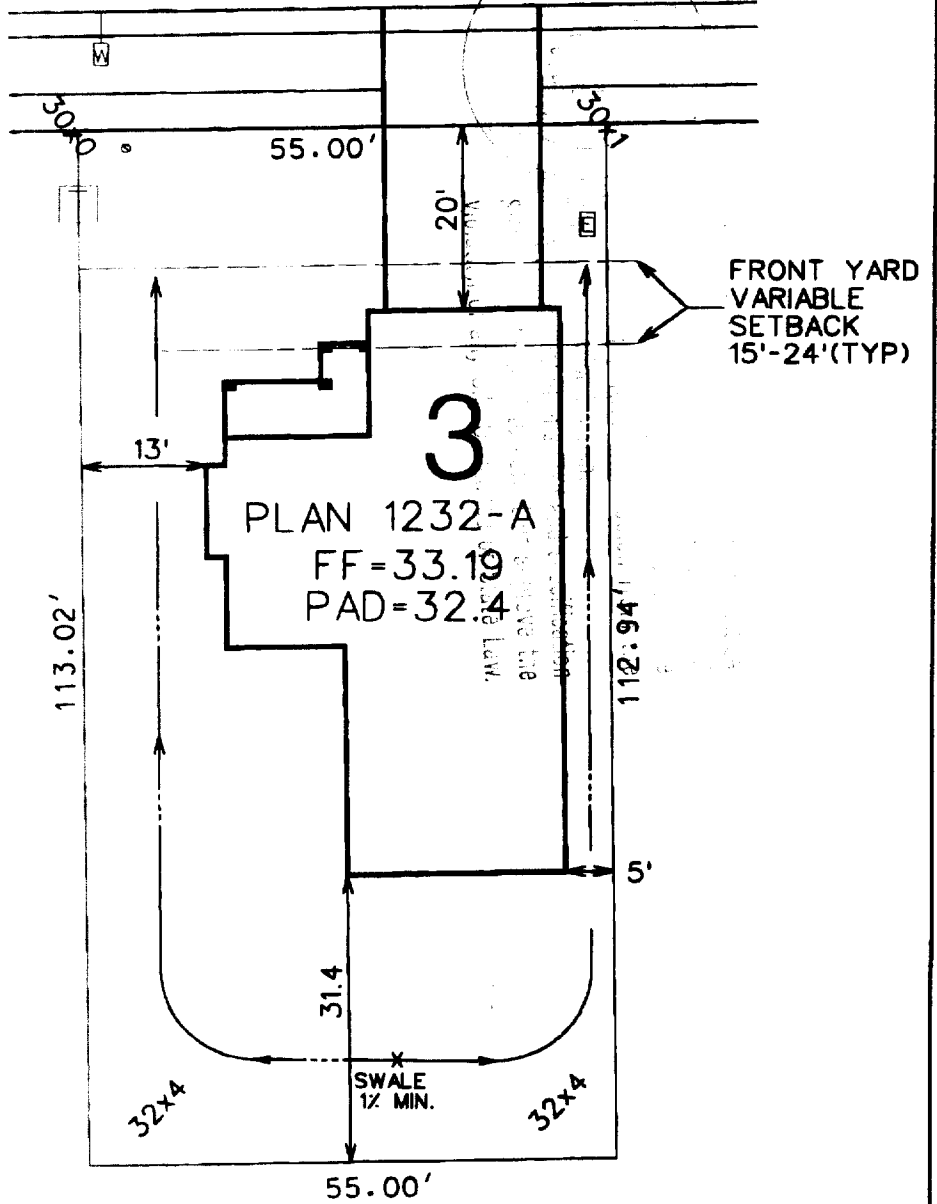
REMARKS: _____

REVIEWED BY: Harold Lyden DATE: _____

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION. RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.

SHASTA AVE.

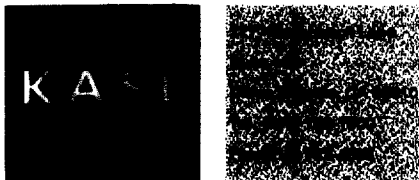
- Ⓜ — WATER METER BOX
- ⓔ — ELECTRICAL BOX
- ⊕ — UTILITY RISERS
- ⦿ — SEWER CLEANOUT
- ⊠ — STREET LIGHT
- ⦿ — FIRE HYDRANT
- ⓧ — TRANSFORMER
- ⓧ — ELECTRICAL VAULT
- ⓧ — TELEPHONE PED.
- — DRAIN INLET



CHECKING/APPROVAL	
✓	INITIALS
✓	W
✓	Q

SCALE: 1"=20'

6214 SQUARE FEET



PLOT PLAN FOR
LOT 3
JACINTO VILLAGE NORTH
A.P.N.
ADDRESS:
COUNTY: SACRAMENTO

SCALE: 1"=20'
DATE: 12-05-00
REVISED:
DRAWN BY: PWG
CHK'D. BY: LK
W.O. 0434-02