

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0012894

Insp Area: 4

Site Address: 1767 IVERSON WY SAC
Parcel No: 225-1090-046 NORTHPT PK 4 LOT 46

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

CONTRACTOR
JOHN LAJNG HOMES
2150 PROFESSIONAL DR. #120
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: MP 1973/OPT 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 687596 Date 11/3/00 Contractor Signature D. Collins

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 11/3/00 Applicant/Agent Signature D. Collins

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 EAGLE PACIFIC INSURANCE COMPAN Policy Number 1S0002200 Exp Date 4/15/2001

____ (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 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 11/3/00 Applicant Signature D. Collins

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

1973 +

New Construction
 Addition
 Remodels
 Other

Project Address: 1787 Wilbur Way Assessor Parcel # 225-1090-046

OWNER INFORMATION:

Lot 46

Legal Property Owner: John Laing Homes Phone # 780-1222
 Owner Address: 1536 Eureka Rd. #100, City Bosville, State Ca. Zip 95661

CONTRACTOR INFORMATION:

Northpointe Park Unit #4

Contractor: John Laing Homes Lic. # 687596 Phone # 780-1222 Fax# 780-1333

PROJECT INFORMATION:

Land Use Zone _____ Occupancy Group _____ Construction Type VN Fed Code A1
 No of stories: 1 No of rooms: 10 Street width: _____
 1st Floor Area _____ 2nd Floor Area _____ Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>2073</u>
Garage/Storage	_____	<u>617</u>
Decks/Balconies	_____	<u>93</u>
Carports	_____	_____

SCOPE OF WORK: _____

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 | ❖ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
| <input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA | |
| <input type="checkbox"/> Title 24 Energy Compliance documentation | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor |
| <input type="checkbox"/> Grading and Erosion Control Questionnaire | <input type="checkbox"/> Plan Review Fees |

Date: _____

Received by: (staff) _____

ACTIVITY/PERMIT #

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

1767 Emerson Way

Lot 410

Date of Job Completion

5/15/01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

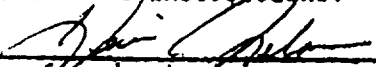
Telephone No: 016) 383-6699

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 report specified above and the manufacturer's instructions.

Date

5/15/01


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.

INSULATION CERTIFICATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATION CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

SITE ADDRESS: LOT 46 PAGEANTRY SACRAMENTO, CA
NUMBER STREET CITY STATE

CEILING:

BLOW: MANUFACTURER GREENSTONE THICKNESS 8.1" R/VALUE 30
SQUARE FEET 1490 # BAGS/LBS PER BAGS 50

BATTS: MANUFACTURER JOHNS MANVILLE THICKNESS 10.25" R/VALUE 30
JOHNS MANVILLE

EXTERIOR WALLS:

MANUFACTURER JOHNS MANVILLE THICKNESS 3.5" R/VALUE 13
JOHNS MANVILLE

FLOOR INSULATION:

MANUFACTURER JOHNS MANVILLE THICKNESS 3.5" R/VALUE 13

AIR INFILTRATION: (TITLE 24)

YES XX NO

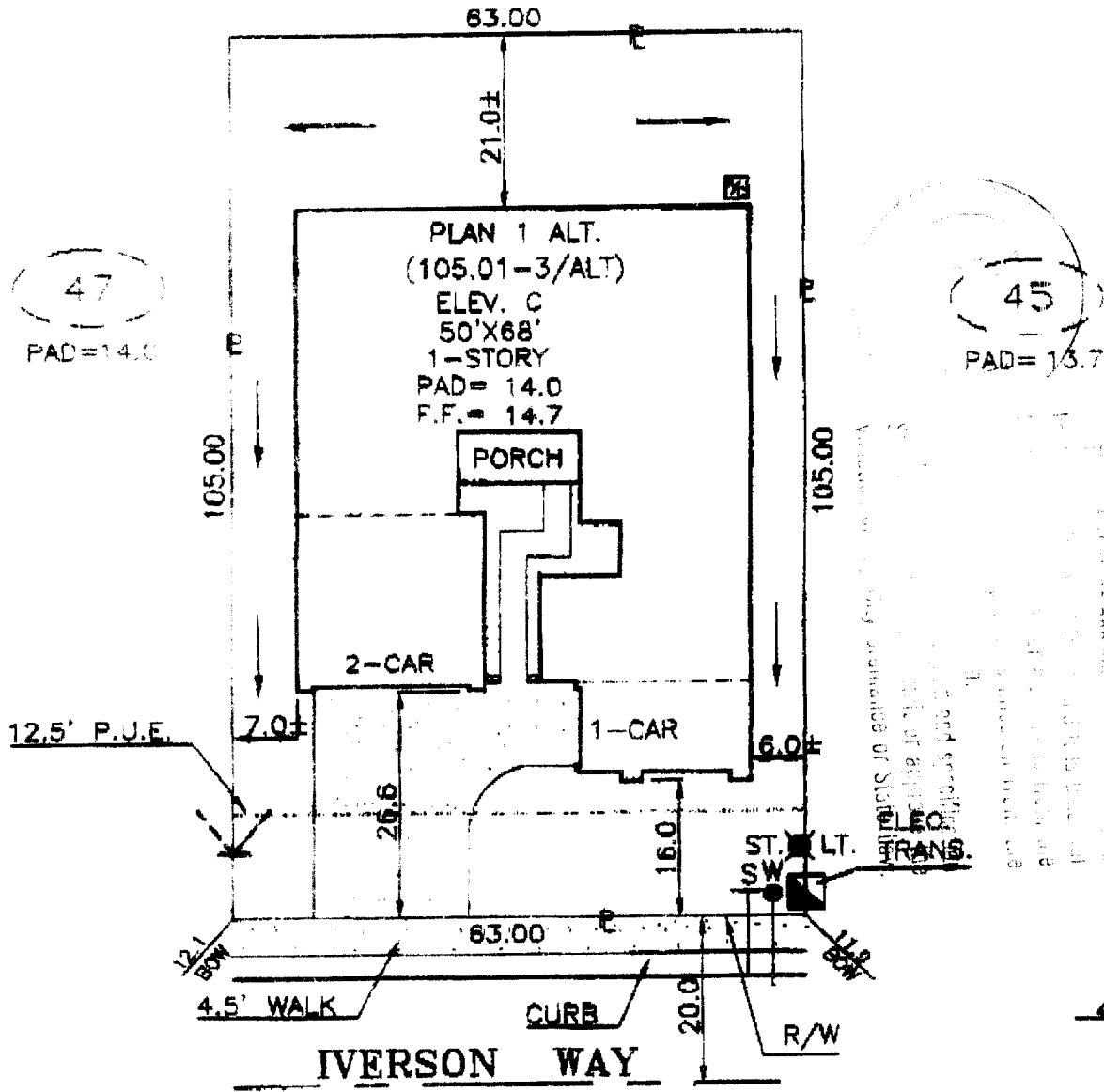
OTHER:

GENERAL CONTRACTOR: JOHN LAING HOMES LICENSE#

BY: TITLE: DATE

INSULATION CONTRACTOR: WESTERN INSULATION L.P. LICENSE 794484

BY: TAWNYA PERCE TITLE: AUTH. AGENT DATE 6/13/01



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE.
THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

John Laing Homes 1586 EUREKA ROAD SUITE 100 ROSSVILLE, CALIFORNIA 95861 (TEL.) 916-780-1222 (FAX.) 916-780-1888		PAGEANTRY		PLOT PLAN	
		NORTHPOINTE PARK UNIT 4 CITY OF SACRAMENTO CALIFORNIA		NOTES: CURVED LINES ARE CHORD MEASUREMENTS.	
ADDRESS: 1767 IVERSON WAY		LOT COV: 40.7 %		APN:225-109-046	
PLAN NO.: 1ALT-C		LOT SQ. FT.: 6,615		REAR YARD COVERAGE: %	
DRAWN BY: R.P.		APPROVED BY:		DATE: 10/18/00 SCALE: 1"-20'	
LOT 46					

SIGNET

Testing Labs, Inc.

DATE: 3-16-01
 PROJECT NO. _____
 PROJECT: J.B. / PADGENTRY
 LOCATION: 1767 IVERSON LOT # 41

DSA FILE/APPL. NO. 0012894
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: _____ TEMP: _____

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: POWER TEAM RH/21 GAGE: ENERPAC SN1009 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
1-HD2A	5/8"	1		3700		1	0	
3-HT122	5/8	3		3700		3	0	

Type of epoxy / grout used: _____ Method of application / cleaning: _____

Visual inspection was performed on _____

Show up / Stand by time. Job Canceled / Delayed due to: _____

All non-compliance items were brought to the attention of: _____ at the job site.

NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above **WAS / WAS NOT** performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____

Inspector: _____

Pat P