

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS	[Signature]	6-30-00
B11 USER GROUND	[Signature]	6-30-00
B12 CONCRETE SLAB FORMS	[Signature]	6-30-00
P40 PLUMB. UNDERFLOOR/SLAB	[Signature]	6-30-00
M30 MECH/UNDERFLOOR/SLAB	[Signature]	6-30-00
E61 ELECT. UNDERGROUND	[Signature]	
E62 ELECT. CONDUIT-SLAB	[Signature]	
B13 FLOOR JOISTS OR GIRDERS		
B14 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING	[Signature]	6-21-00
P42 TOP MECHANICAL/WALL/CEIL.	[Signature]	6-21-00
P43 ROUGH ELECTRICAL/WALL/CEIL.	[Signature]	6-21-00
B16 FRAME	[Signature]	6-21-00
B17 ROOF PLYWOOD NAIL, COMM. & APTS.	[Signature]	6-21-00
B18 EXTERIOR LATH/SIDING	[Signature]	6-21-00
B22 INT LATH OR WALL BD. NAILING	[Signature]	6-21-00
E66 SERVICE UNDERGRD CONDUIT	[Signature]	7-28-00
P43 SEWER SERVICE	[Signature]	7-28-00
P42 WATER SERVICE	[Signature]	7-28-00
P46 SPRINKLER SYSTEM	[Signature]	
E67 GAS TEST	[Signature]	7-20-00
E68 TEMP GAS	[Signature]	7-25-00
E69 POWER POLE	[Signature]	7-25-00
E67 TEMP POWER #	[Signature]	7-20-00

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

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SWIMMING POOLS ONLY

FINAL APPROVALS

← SK 11/8/00

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

THIS CARD TO BE POSTED ON JOB AT ALL

PERMIT INSPECTOR APPROVAL

BUILDING SITE ADDRESS: 16 Lewler Center Ct, SUITE 48

ASSESSOR PARCEL NO: 201 0380 060

NAME OF APPLICANT: Morrison

LICENSED CONTRACTOR: Morrison

PROPERTY OWNER: Morrison

ARCH. ENGR: Northb. A lot 60

NO. OF STORIES: 2

NO. OF ROOMS: 8

ROOF COVERING: MECHANICAL

AREA 1ST FLOOR: 1854

TOTAL AREA: 1854

GARAGE AREA: 474

PATIO AREA: 84

USE ZONE: [Blank]

STREET WIDTH: [Blank]

COMMUNITY PLAN CHECK NO: 60

ZIP CODE: [Blank]

PHONE NO.: [Blank]

INSR. AREA: 48

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191

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: [Blank]

Policy Number: [Blank]

(This section need not be completed if the permit is for one hundred dollars (\$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: [Blank]

Applicant: [Blank] (Signature)

VALUATION: \$122,899.74

ISSUED BY: [Signature]

DATE ISSUED: 5-26-00

BUILDING PERMIT FEE: [Blank]

PLAN CHECK PROC. FEE: [Blank]

S.M.I. FEE: [Blank]

CONST EXCISE TAX: [Blank]

CITY BUS LICENSE FEE: [Blank]

TECH FEE: [Blank]

WATER DEV FEE: [Blank]

CITY SEWER DEV FEE: [Blank]

REG. SEWER FEE: [Blank]

RESIDENTIAL CONST. TAX: [Blank]

TOTAL FEES: \$ [Blank]

PERMIT NO.	FED CODE	CONSTR. TYPE	STREET WIDTH	USE ZONE	PATIO AREA	GARAGE AREA	TOTAL AREA	ROOF COVERING	NO. OF ROOMS	NO. OF STORIES	FLOOD STATUS
48					84	474	1854	MECHANICAL	8	2	

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other

Project Address: 16 Lennox Court Assessor Parcel # 201-0380-060

OWNER INFORMATION:

Legal Property Owner: Morrison Home Phone # 355-8900
 Owner Address: 1130 + Ken Point Rd #126 City Folsom State Ca Zip 95630

CONTRACTOR INFORMATION:

Contractor: Morrison Home Lic. # 519465 Phone # 355-8900 Fax# 355-0100

PROJECT INFORMATION:

Land Use Zone R1.4 Occupancy Group R3 Construction Type VM Fed Code 1A
 No. of stories: 2 No. of rooms: 8 Street width: _____
 1st Floor Area 917 2nd Floor Area 937 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

EXISTING

NEW

Dwelling/Living	_____	<u>1854</u>
Garage/Storage	_____	<u>474</u>
Decks/Balconies	_____	<u>84</u>
Carports	_____	_____

SCOPE OF WORK: New single Family Dwelling

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

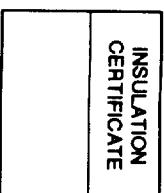
- | | |
|---|---|
| <input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE | ❖ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
| <input type="checkbox"/> 3 SETS 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 #

WES PAC

INSULATION, INC.



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

Manders LOT # 60 TRACT # 18521

STREET The Palms CITY ~~Palmdale~~

EXTERIOR WALLS:

MANUFACTURER JM THICKNESS/TYPE 3.5" R-VALUE 13

CELLINGS:

BATTS: JM THICKNESS/TYPE 10 R-VALUE 30

MANUFACTURER cyberfiber THICKNESS/TYPE 81 R-VALUE 30

MANUFACTURER 958 NUMBER OF BAGS USED 29

FLOORS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: _____

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____ DATE _____

CALIFORNIA CONTRACTORS LICENSE # _____ TITLE _____

SIGNATURE

INSULATION CONTRACTOR WES PAC INSULATION, INC.
CALIFORNIA CONTRACTORS LICENSE # _____

#487478

DATE 11/2/00

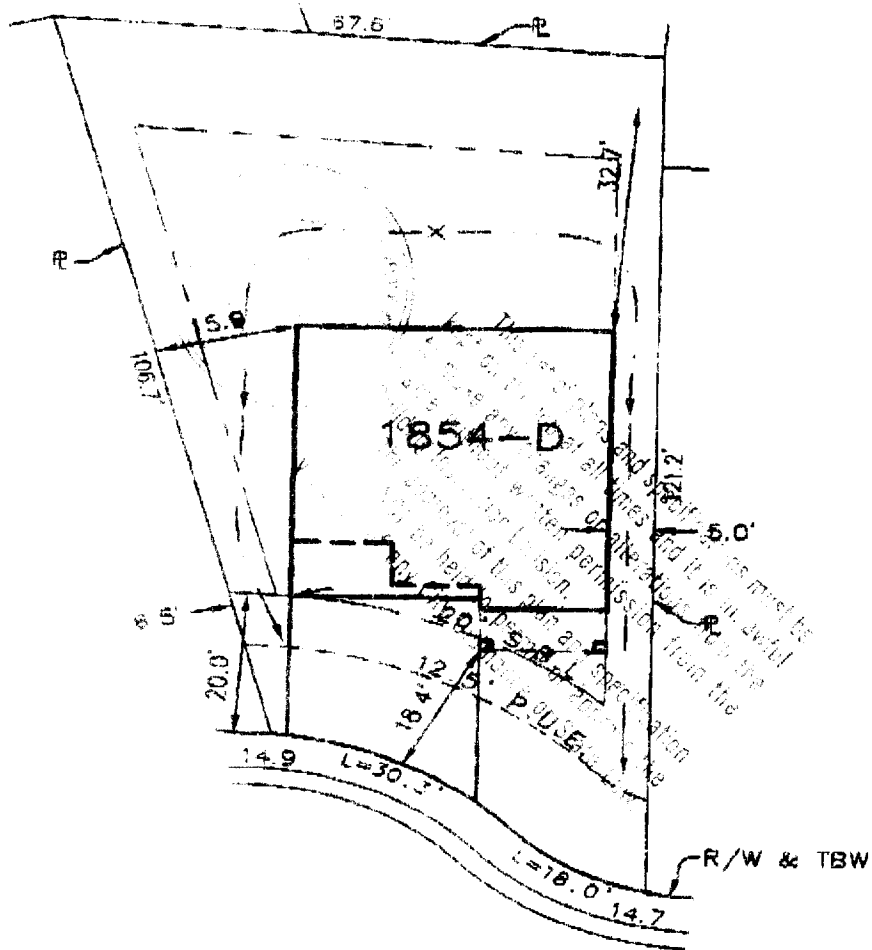
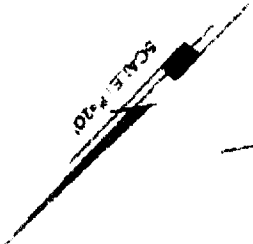
Tom West
SIGNATURE

efc
TITLE

Plot Plan

PAD: 16.5
F.F.: _____

Lot conditions dictate custom development of each lot in relation to existing contours, adjacent lots and street improvements. Therefore, the contours of ungraded areas, the slopes and flat pads of graded areas, and the setback dimensions, as shown on the Plot Plan, are approximate and may vary when field construction is completed.



LENMAR COURT

ASSESSOR'S PARCEL NO. 201-0380-060
ADDRESS 16 Lenmar Court

NOTE: It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plot Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS.

LOT AREA = 5,901 SF
ALLOWED LOT COVERAGE = 40% = 2,360 SF
ACTUAL LOT COVERAGE = 24% = 1,391 SF

MORRISON HOMES
VILLA COLLECTION
LOT# 80

Morrison Homes Rec. _____ Date _____

Owner _____ Date _____

APPROVAL: [Signature] 5-4-00
Morrison Homes Rep. _____ Date _____

NOTE: All setback dimensions and elevations as shown may be subjected to field conditions.

CITY OF SACRAMENTO SACRAMENTO COUNTY

2222 River Oaks Sacramento CA 95827
916 366-3300 Fax 916 366-3303
R.E.Y. ENGINEERS, Inc.
Civil Engineers / Land Surveyors



APPROVAL	DATE
CHECKED BY	DATE
SCALE	CURT