

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100255

Insp Area: 2

Site Address: 7898 SHASTA AV SAC

Parcel No: 117-1370-004

JACINTO N 2 LOT 4

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

BEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP2516 11 RMS 2 STORY

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, 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 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: 1898 Santa Avenue 104 Assessor Parcel # 1171370 004

OWNER INFORMATION:

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

CONTRACTOR INFORMATION:

Contractor: Same as above Lic. # B724191 Phone # 773-3888 Fax # 773-0425

PROJECT INFORMATION:

Land Use Zone _____ Occupancy Group _____ Construction Type _____ Fed Code _____
 No. of stories: _____ No. of rooms: _____ Street width: _____
 1st Floor Area 1255 2nd Floor Area 1188 Basement _____ Roof Material _____

| AREA IN SQUARE FOOT OF: | EXISTING | NEW |
|-------------------------|----------|-------------|
| Dwelling/Living | _____ | <u>2516</u> |
| Garage/Storage | _____ | <u>8000</u> |
| Decks/Balconies | _____ | _____ |
| Carports | _____ | _____ |

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 | * 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 # _____

KWIKKOTE
STUCCO SYSTEM
INSTALLATION CARD

#C30349
BEAZER HOMES
BELLEFLEUR II LOT 4
7898 SHASTA AVE SACRAMENTO

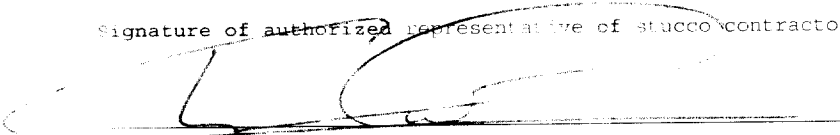
Stucco System Trade Name: KWIK KOTE
Name Stucco Manufacturer: KWIK KOTE CORP
ICBO Evaluation Service, Inc. Report No. 3607
Date of Job Completion _____

Stucco Contractor Kenyon Plastering, Inc.
Name John W. Kenyon, III
Address P.O. Box 2077
North Highlands, CA 95660
Telephone # (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:



Date: 3-30-01

Builder Copy

CERTIFICATION OF INSULATION

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

BEAZER

LOT # 0004

- P.O. BOX 854, 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
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

BELLE FLEUR

DATE INSULATION COMPLETED

4-12-01

PART I GENERAL

PART II AREAS INSULATED

PART III COMMENTS

| 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 |
| 13 | 3 9/8 | 30 | 9 11 | | | |
| | | 30 | 12 11 | | | |
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE | | | | | | |
| MATERIAL | | FORM | | | R VALUE | |
| FIBERGLASS | | BATTS | | | OCF | |
| AIR INFILTRATION SEALANT | | | | | | |
| MATERIAL | | | | | MANUFACTURER | |
| FOAM | | | | | 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 |
| <i>Bill Grayson</i> | MANAGER | 3/8/01 |
| SIGNATURE - GENERAL CONTRACTOR | TITLE | DATE |

REMARKS

Norman
Scheel
Structural
Engineer

cramento
22 Sunrise Blvd.
Oaks, CA 95628
t: 536-9585
f: 536-0260 (fax)

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TRACY HARRIS P.E.
Project Engineer
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DANIEL PEREIRA
Design Engineer
a/e: daniel@nsse.com

February 22, 2001

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

Re: Bellefleur (Job #20234)
MAS Anchors & Mud Sills

To Whom It May Concern:

This letter is to clarify that MAS anchors are not effective if the sill plate is more than 1/2" over the concrete. The repair for this condition is to install epoxy or wedge anchors. If wedge anchors are used, install 2 anchors per missing MAS at shear wall locations. This applies for HPAHD22 holdowns also. See epoxy fixes included with this letter.

If you have any questions, please call Rob Coon.


NORMAN SCHEEL
STRUCTURAL ENGINEER



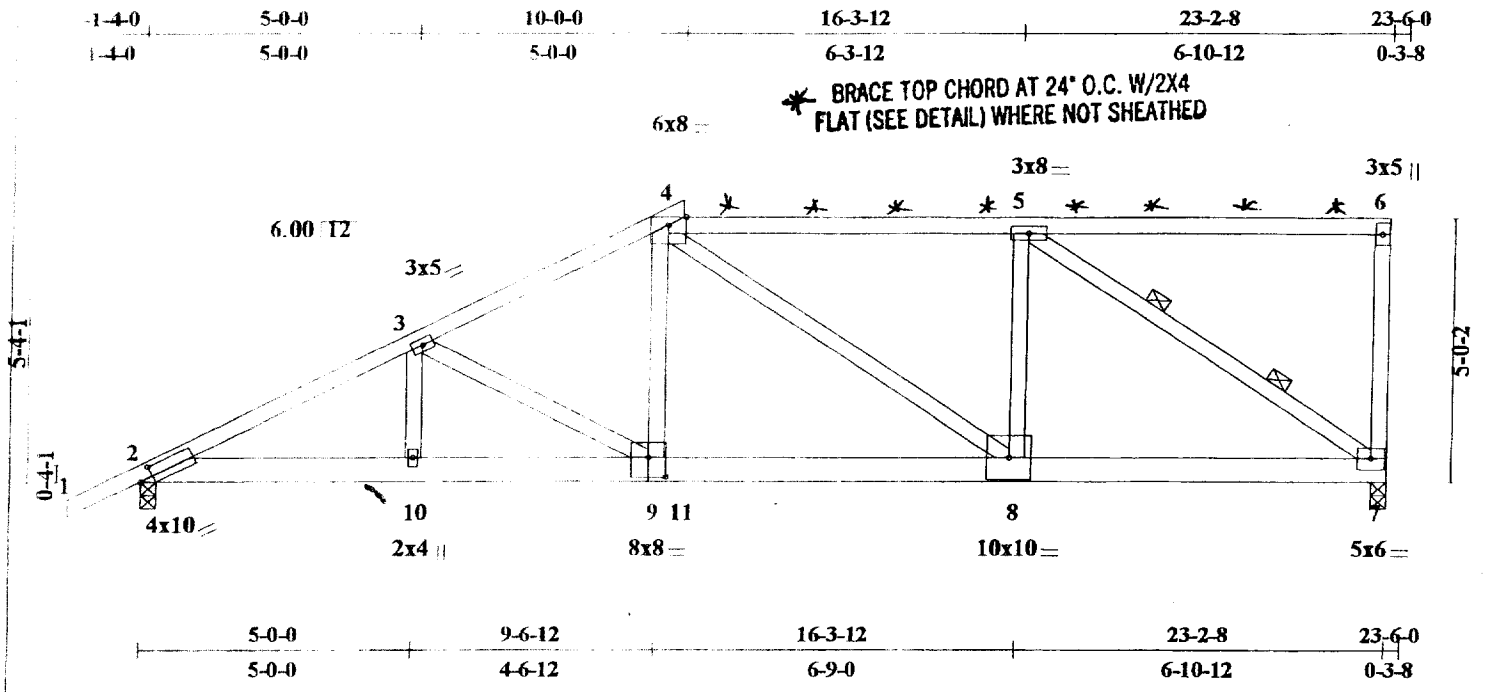


Plate Offsets (X,Y): [2:0-3-1,0-2-5], [9:0-4-0,0-4-8]

| | | | | |
|----------------------|----------------------|------------|-------------------------------|--------------------|
| LOADING (psf) | SPACING 2-0-0 | CSI | DEFL (in) (loc) l/defl | PLATES GRIP |
| TCLL 16.0 | Plates Increase 1.25 | TC 0.59 | Vert(LL) -0.11 8-9 >999 | M20 220/195 |
| TCDL 14.0 | Lumber Increase 1.25 | BC 0.88 | Vert(TL) -0.27 8-9 >999 | |
| BCLL 0.0 | Rep Stress Incr NO | WB 0.99 | Horz(TL) 0.06 7 n/a | |
| BCDL 7.0 | Code UBC97/ANSI95 | (Matrix) | 1st LC LL Min l/defl = 360 | Weight: 133 lb |

| | |
|----------------------------------|---|
| LUMBER | BRACING |
| TOP CHORD 2 X 4 DF No.1&Btr-G | TOP CHORD Sheathed or 3-2-1 on center purlin spacing, except end verticals. |
| BOT CHORD 2 X 6 DF SS-G *Except* | BOT CHORD 100000 on center bracing. |
| WEBS 2 X 4 DF Stud-G *Except* | WEBS 2 Rows at 1/3 pts 5-7 |
| 6-7 2 X 4 DF No.1&Btr-G | |

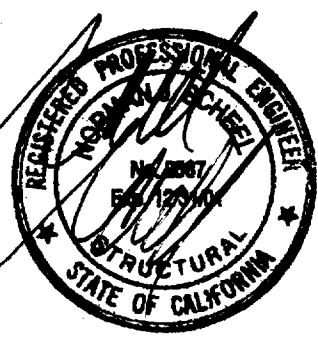
REACTIONS (lb/size) 7 = 2929/0-3-8, 2 = 1874/0-3-8

FORCES (lb) - First Load Case Only
 TOP CHORD 1-2 = 39, 2-3 = -3551, 3-4 = -3444, 4-5 = -3115, 5-6 = -120, 6-7 = -205
 BOT CHORD 2-10 = 3111, 9-10 = 3111, 9-11 = 3052, 8-11 = 3052, 7-8 = 3115
 WEBS 3-9 = -39, 4-9 = 783, 4-8 = 77, 5-8 = 1653, 5-7 = -3633, 3-10 = -107

- NOTES**
- 1) Except as shown below, special connection(s) required to support concentrated load(s). Design of connection(s) is delegated to the building designer.
 - 2) Provide adequate drainage to prevent water ponding.
 - 3) All plates are M20 plates unless otherwise indicated.
 - 4) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads per Table No. 16-B, UBC-97.
 - 5) A plate rating reduction of 20% has been applied for the green lumber members.
 - 6) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S) Standard
 1) Regular: Lumber Increase = 1.25, Plate Increase = 1.25
 Uniform Loads (plf)
 Vert: 1-2 = -60.0, 2-3 = -60.0, 3-4 = -60.0, 4-5 = -60.0, 5-6 = -60.0, 2-10 = -14.0, 9-10 = -14.0, 9-11 = -14.0, 8-11 = -226.0, 7-8 = -226.0
 Concentrated Loads (lb)
 Vert: 4 = -250

REPAIR: CHANGE TO 2 PLY GIRDER
 1) TAKE THE "B1" FROM LOT 2-7 AND
 INSTALL IT ON THE BACK SIDE TO THE
 B1 ON LOT 2-4
 2) FASTEN THE 2 "B1" TRUSSES TOGETHER
 WITH 16d AT 6" O.C ALONG THE TOP CHORD
 AND WEBS. ALONG THE BOTTOM 2 ROWS OF 16d @ 4" O.C.



Job Truss Truss Type
 PL-4 F1 MONO SCISSOR

Qty Ply BEAZER/BELA FLEUR/PLAN-9
 1 1

ANDERSON TRUSS, DIXON, CA. 95620

4.0-32 s Feb 18 1999 M&T Tek Industries, Inc. Mon Apr 03 11:35:41 2000 Page 1

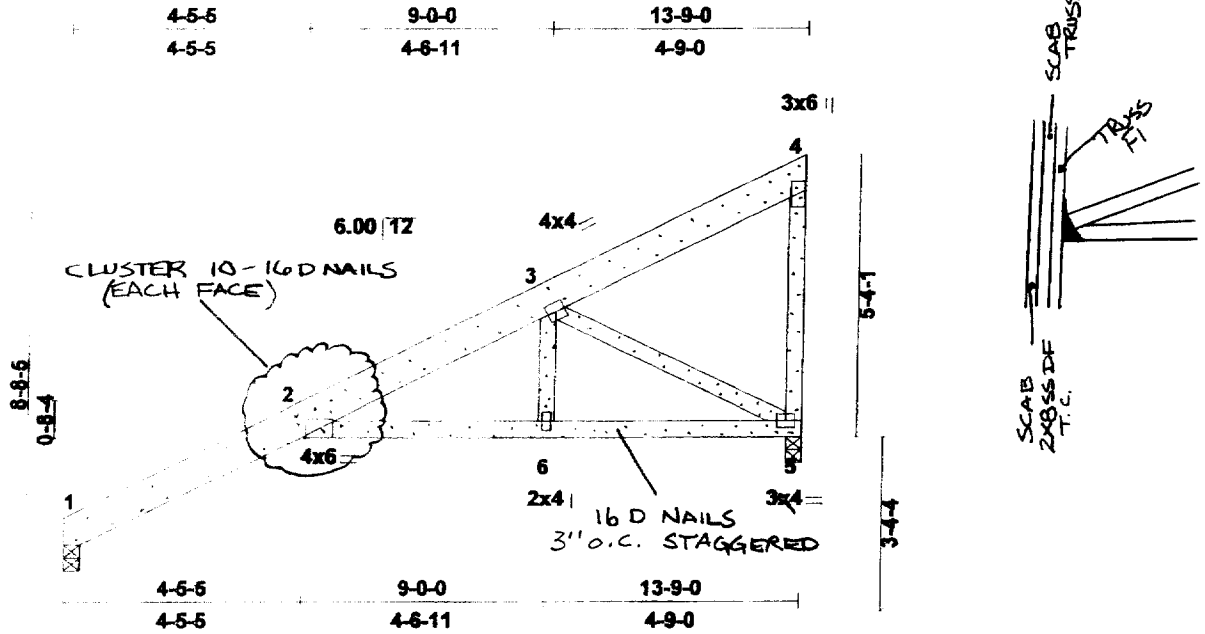


Plate Offsets (X,Y): [2:0-0-10,edge]

| | | | | | | |
|---------------|-----------------|--------------|----------|----------------------------|--------|---------------|
| LOADING (psf) | SPACING | 2-0-0 | CSI | DEFL (in) (loc) | l/defl | PLATES GRIP |
| TCLL 16.0 | Plates Increase | 1.25 | TC 0.87 | Vert(LL) -0.15 2-6 | >899 | M20 220/195 |
| TCDL 14.0 | Lumber Increase | 1.25 | BC 0.37 | Vert(TL) -0.34 2-6 | >474 | |
| BCLL 0.0 | Rep Stress Incr | YES | WB 0.42 | Horz(TL) 0.16 5 | n/a | |
| BCDL 7.0 | Code | UBC97/ANSI95 | (Matrix) | 1st LC LL Min l/defl = 360 | | Weight: 72 lb |

LUMBER
 TOP CHORD 2 X 8 DF No.2-G
 BOT CHORD 2 X 4 DF No.1&Btr-G
 WEBS 2 X 4 DF Stud-G

BRACING
 TOP CHORD Sheathed or 5-0-12 on center purlin spacing, except end verticals.
 BOT CHORD 100000 on center bracing.

REACTIONS (lb/size) 1=498/0-3-8, 5=498/0-3-8

FORCES (lb) - First Load Case Only
 TOP CHORD 1-2=187, 2-3=777, 3-4=100, 4-5=57
 BOT CHORD 2-6=783, 5-6=783
 WEBS 3-5=887, 3-6=130

- NOTES**
- 1) All plates are M20 plates unless otherwise indicated.
 - 2) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads per Table No. 16-B, UBC-97.
 - 3) A plate rating reduction of 20% has been applied for the green lumber members.
 - 4) Bearing at joint(s) 1 considers parallel to grain value using ANSI/TPI 1-1995 angle to grain formula. Building designer should verify capacity of bearing surface.
 - 5) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S) Standard

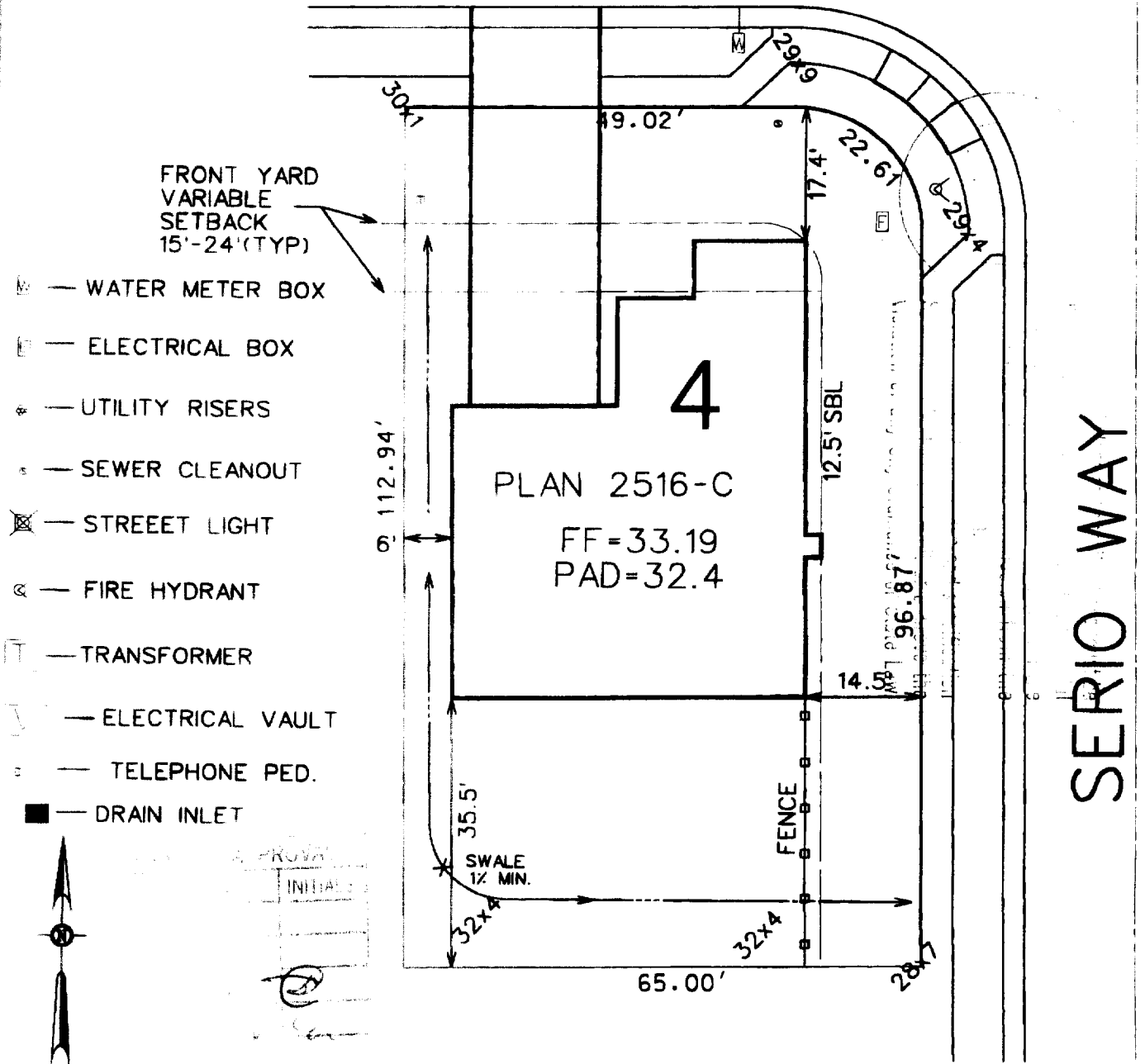
CONVERT F1 TRUSS TO GIRDER, REPAIR: C/O# 12,939.

- 1- PLACE F1-REP SCAB TRUSS AGAINST F1, ON THE OPPOSITE SIDE OF HUNG TRUSSES ,MAKING SURE TO REMOVE DEFLECTION, BEFORE ATTACHING SCAB.ATTACH USING 16D NAILS AT 3 INCHES O.C. (STAGGERED) ON ALL CHORDS, DIAGONALS AND VERTICALS. ALSO CLUSTER 10-16D NAILS AT JOINT 2 (FROM BOTH SIDES).
- 2- PLACE PRECUT TOP CHORD SCAB AGAINST BACK SIDE OF SCAB TRUSS, ATTACH USING 16D NAILS AT 3 INCHES O.C. (STAGGERED).



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

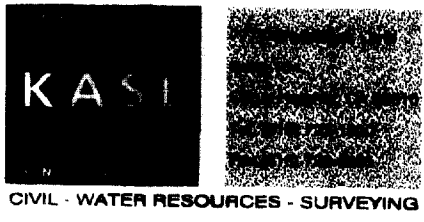
SHASTA AVE.



SERIO WAY

SCALE: 1"=20'

7283 SQUARE FEET



PLOT PLAN FOR
LOT 4
JACINTO VILLAGE NORTH
A.P.N.
ADDRESS:
COUNTY: SACRAMENTO

SCALE: 1"=20'
DATE: 12-19-00
REVISED:
DRAWN BY: PWG
CHK'D. BY: LK
W.O. 0434-02