

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	<i>[Signature]</i>	6-15-00
60/B11 USER GROUND	<i>[Signature]</i>	6-22-00
B12 CONCRETE SLAB FORMS	<i>[Signature]</i>	6-22-00
P40 PLUMB UNDERFLOOR/SLAB	<i>[Signature]</i>	6-22-00
M30 MECH UNDERFLOOR/SLAB	<i>[Signature]</i>	6-24-00
E61 ELECT UNDERGROUND	<i>[Signature]</i>	6-22-00
E62 ELECT CONDUIT-SLAB	<i>[Signature]</i>	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDETS	<i>[Signature]</i>	6-24-00
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
M415 INSULATION/WALL/CEILING	<i>[Signature]</i>	8-10-00
P41 TOP PLUMBING	<i>[Signature]</i>	8/10
M31 TOP MECHANICAL/WALL/CEL	<i>[Signature]</i>	8/10
E63 ROUGH ELECTRICAL/WALL/CELL	<i>[Signature]</i>	8/10
B19 FRAME	<i>[Signature]</i>	
B17 ROOF PLYWOOD NAIL COMM & APTS	<i>[Signature]</i>	7-25-00
B18 EXTERIOR PART/SIDING	<i>[Signature]</i>	8-10-00
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT LATH OR WALL BD NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT	<i>[Signature]</i>	6-22-00
P43 SEWER SERVICE	<i>[Signature]</i>	6-22-00
P42 WATER SERVICE	<i>[Signature]</i>	6-22-00
P46 SPRINKLER SYSTEM	<i>[Signature]</i>	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
M47M33 GAS TEST	<i>[Signature]</i>	7-15-00
P48 TEMP GAS	<i>[Signature]</i>	EXPIRES
E68 POWER POLE	<i>[Signature]</i>	
E67 TEMP POWER #	<i>[Signature]</i>	7-30-00
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

FINAL APPROVALS

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

BUILDING SITE ADDRESS: 96 Sola Southlite Cir SUITE 2R INSP AREA PLAN CHECK NO.

ASSESSOR PARCEL NO. 031 0330 077 ADDRESS COMMUNITY PLAN NO. ZIP CODE PHONE NO.

NAME OF APPLICANT: [Signature] ADDRESS: [Signature]

LIENSED CONTRACTOR: [Signature] ADDRESS: [Signature]

PROPERTY OWNER: [Signature] ADDRESS: [Signature]

ARCH. ENGR. ADDRESS: [Signature]

NO. OF STORIES: 2 NO. OF ROOMS: 10 ROOF COVERING: MECHANICAL AREA 1ST FLOOR: 1532 TOTAL AREA: 2515 GARAGE AREA: 111 RATIO AREA: 111 USE ZONE: STREET WIDTH:

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: [Signature]

FLOOD STATUS: (FR (14)) SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191 INSPECTIONS

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: Policy Number:

(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: Applicant: [Signature]

VALUATION \$179076.36

ISSUED BY: [Signature]

DATE ISSUED: [Signature]

BUILDING PERMIT FEE \$

PLAN CHECK/PROC FEE \$

S.M.I. FEE \$

CONST. TYPE

FIRE SP

FEED CODE

PERMIT NO.

00

0

5

0

4

3

TOTAL \$

FFFS

3

4

5

0

0

0

0

0

0

0

0

Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME _____
 OWNER'S ADDRESS _____
 PROJECT ADDRESS 96 Southlita Cir
 PARCEL NUMBER _____ LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE _____
 TITLE OF APPLICANT _____
 DATE _____ PHONE NUMBER _____

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0003 04/2 12
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 4613
 SIGNATURE _____
 TITLE _____ DATE 6/6/00

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT _____
 DISTRICT CERTIFICATION NO. _____

EXEMPT	COMMENTS			
RESIDENTIAL/APT/CONDO	<u>2683</u> SQ FT X \$ <u>1.72</u>	= \$	<u>4614.76</u>	
COMMERCIAL/INDUSTRIAL	SQ FT X \$	= \$		
OTHER FEE TYPE	SQ FT X \$	= \$		
TOTAL FEES COLLECTED		= \$	<u>4614.76</u>	

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 authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE _____
 TITLE _____ DATE 6/6/00

Original - School District 1st copy - School District 2nd copy - Building Department 3rd copy - Applicant

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 96 Southlife Cir

Assessor's Parcel Number: 031-0330-029

Previous Use: Vacant

Description of Request/Proposed Use: SFR

Is This a Change of Use? _____

Zoning Designation: R-1

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: check per R-1 zone

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

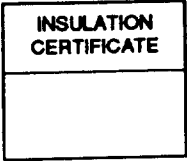
* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: WT 1604R 5/11/00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

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:

LOT # _____ TRACT # _____

STREET 96 South Life Cir CITY _____

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 13

CEILINGS:

BATTS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 30

BLOWN IN:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 30

SQUARE FOOTAGE COVERED _____ NUMBER OF BAGS USED _____

FLOORS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE 19

SLAB ON GRADE:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS:
MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____

DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR WES PAC INSULATION, INC.

CALIFORNIA CONTRACTORS LICENSE # _____ #487478 DATE 5/5/00

SIGNATURE _____ TITLE _____

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 96 Southlite Circle A.P.N. 031-0330-029

Applicant Information

Name N. R. Homas, Inc.
Address 2443 Fair Oaks Blvd Emeryville CA 94625
Phone 916-979-0283

Project Information (Check One)

Single Family Dwelling
Duplex
Triplex
Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N

Does the site front on a paved road? Y N *

Is the site higher than the crown of adjacent road? Y N *

Is the proposed building site higher than the back of the sidewalk or curb? Y N *

Describe existing frontage improvements along road.

Ditch * Curb and Gutter Curb, Gutter, and Sidewalk

The direction of drainage on this site is:

Front to Rear * Rear to Front Side to Side *

Does an adjacent site drain across this parcel? Y * N

Does this site have an existing low area or drainage swale? Y * N

Will construction require cut or fill on site? (* >50FT3 or >2FT) Y N

- How much cut? _____ Yards Depth
- How much fill? _____ Yards Depth

Has building site been previously been filled? Y * N

Will existing drainage be re-routed? Y * N

Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name N. R. Homas, Inc. Title Pres.

Signature [Signature] Date 5/10/00
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? 0.18 Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is the parcel to be built on part of a larger subdivision? Y N
Subdivision Name: _____

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: [Signature] Date: 6/7/00

Building permit #: 0005043R

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1614 - 19th St Permit No. 00-01953

Building Use: Office Occupancy: B

Building Owner: Lucy & Ty Eidam Construction Type: V-N

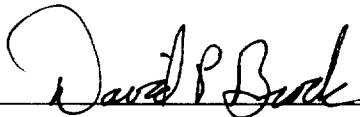
Owner Address: 932 - 44TH ST SAC Sprinkled? [] Yes [] No

Portion of Building Occupied: OFFICE Area: 3172 Sq. Ft.

10/20/00

Date

By:Print



Sign

DENNIS RICHARDSON

CHIEF BUILDING OFFICIAL

[Finaled By:GTD,JZB,JRM,AL,GRS]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE