

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0316986
Insp Area: 2
Thos Bros: 337-D4

Site Address: 7848 19TH ST SAC
Parcel No: MEADOWVIEW ESTATES UNT 2 LOT 87

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

CONTRACTOR
JTS COMMUNITIES
401 WATT AV.
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: MP 1638 1 STORY 7 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 767107 Date 11/06/03 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 _____

PAID
CITY OF SACRAMENTO
NOV 06 2003

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 11/06/03 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:

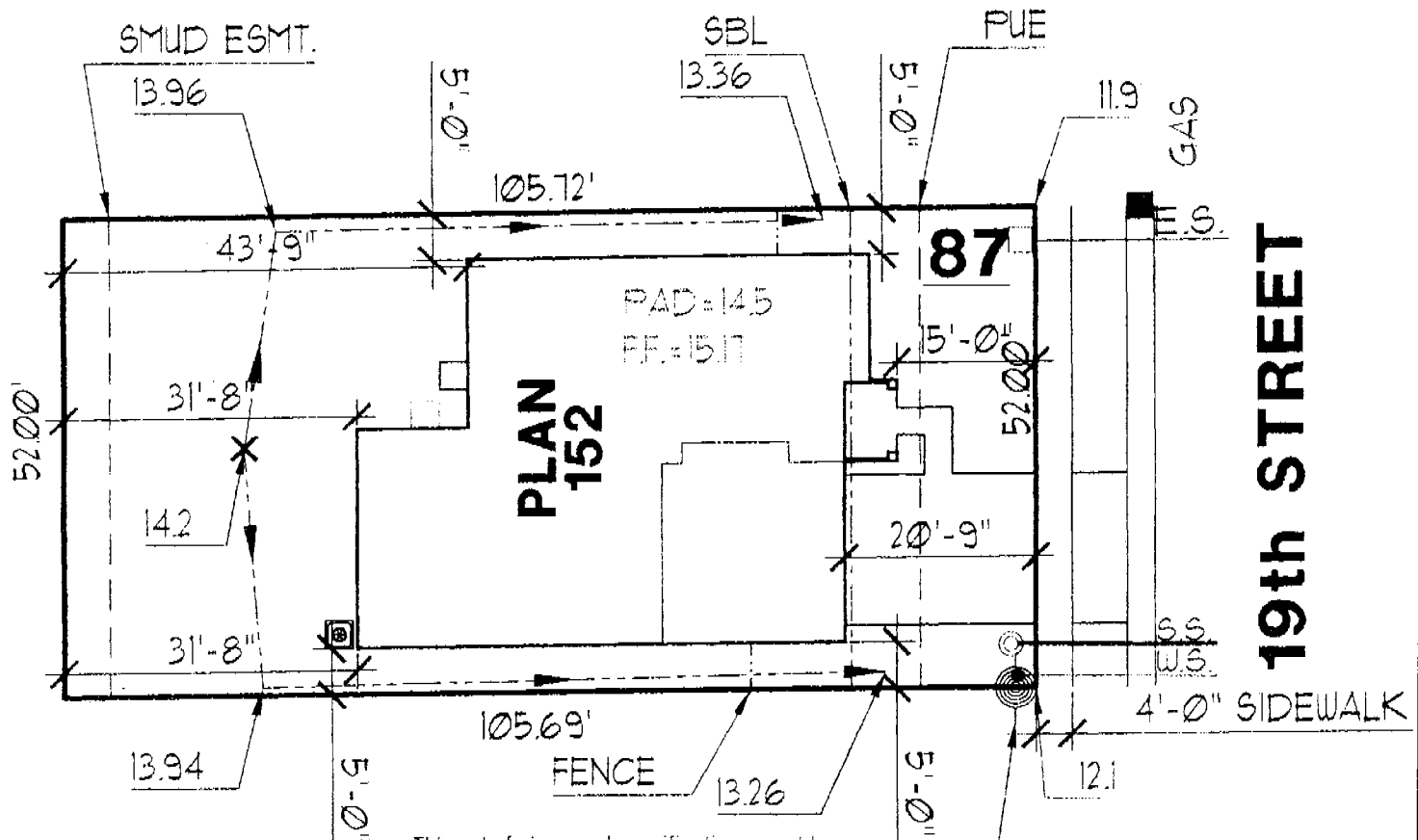
Carrier ZURICH INSURANCE CO Policy Number WC367556101 Exp Date 11/18/2003

____ (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 11/06/03 Applicant Signature [Signature]

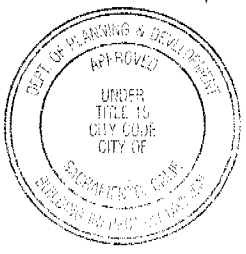
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



19th STREET

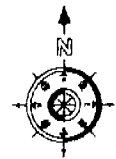
MP 1638



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

HOUSE SIDE UTIL.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

<p>1 STORY HOUSE 2 CAR GARAGE</p>	<p>PROPOSED SITE PLAN</p>	<p>JTS Working Together to Achieve Excellence 401 Watt Avenue Sacramento, CA 95821 (916) 487-3434</p>	<p>MEADOWVIEW ESTATES</p>	<p>SCALE = 1" = 20' DATE: AUG. 20, 2003</p>
<p>APN # APPROVED FOR RELEASE DATE</p>		<p>APPROVED FOR RELEASE DATE</p>		

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

(MOTHER APN)

Project Address: 7848 19th
 Lot Number: 87

Assessor Parcel # 052-0010--033
 Subdivision MEADOWVIEW ESTATES UNIT #2

OWNER INFORMATION:

Legal Property Owner: JTS Communities, Inc. Phone# 487-3434
 Owner Address: 401 WATT AVE. City Sacto State CA Zip 95864

CONTRACTOR INFORMATION:

Contractor: JTS Communities Lic. # 767107 Phone # 487-3434 Fax 487-3815

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 1 No. of Rooms: _____ Street Width: _____
 1st Floor Area 1638 2nd Floor Area 0 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

Dwelling/Living 1638
 Garage/Storage 413
 Decks/Balconies _____
 Carports _____

SCOPE OF WORK: New SFD Plan: 152

FOR OFFICE USE ONLY

- Information Above Complete
- Violation Files Checked
- Standard Setbacks
- County Sewer
- AR Flood Waiver Required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply:

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
- 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
 - a) Assessor's Parcel Number
 - b) New Floor Area
 - c) Owners Name
 - d) Project Address



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998
North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 7848 19th St PERMIT NO. 0316986

12-16-03
12-30-03

INSPECTION COMMENTS	PERMIT DOCUMENTS
B-17 + B26 CN, OCAmp	
Frame CN MW	
11-10-03 AP 310, 11 & 240 NLS	
11-17-03 AP B12 & 562 NLS	
12-19-03 AP B17 & 26 MCW	
12-31-03 AP B18, 81 ULS	
1-6-04 AP B14 ULS	
12-15-03 AP P42 & 43 SLG	
2-5-04 CN P47 & 467 LMS	
2-6-04 AP Temp Pur Coy	
2-9-04 AP P-47 S. Homan	
2-3-04 FINAL/CN P30-	
3-3-04 CN FINAL LMS (ITS REINSPECTOR FEE)	
3-9-04 NO FINAL	

FINAL APPROVALS	
BUILDING	
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

Project Address

7848 19th St
Meadowview Estates Unit 2
Lot 87

ICBO Evaluation Service, Inc.
Report ER-4004

Date Completed 1-16-04

Plastering Contractor

Name: J. T. S Stucco Dio.
Address: 11285 White Rock Road
Telephone No. (916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc. P.N. # 2227

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 and the manufacturer's instructions.

Don Richards
Signature of authorized representative of
plastering contractor

Date _____

This installation card must be presented to the building inspector after completion of work and before final inspection.

DESCRIPTION OF INSULATION

375 Contra UDI # *47*
Primo B. Madon
San Jo
7898-19 SE

- P.O. BOX 654 WEST SACRAMENTO, CA 95691 LIC #200228
- 1304 MELODY ROAD, MARTISVILLE, CA 95971 LIC #200226
- P.O. BOX 9661, FRESNO, CA 93789-9651 LIC #200225
- P.O. BOX 1091, RENO, NV 89505 LIC #10675
- 1006 A PONDOSA WAY, LAS VEGAS, NV 89115 LIC #10675

DATE INSULATION COMPLETED _____

SQUARE FEET			SQUARE FEET			SQUARE FEET		
MATERIAL			MATERIAL			MATERIAL		
FORM			FORM			FORM		
MANUFACTURER'S PRODUCT			MANUFACTURER'S PRODUCT			MANUFACTURER'S PRODUCT		
CT	OC	JM	CT	OC	JM	CT	OC	JM
R-VALUE			R-VALUE			R-VALUE		
MATERIAL			MATERIAL			MATERIAL		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
TITLE			TITLE			TITLE		
FIBERGLASS			FIBERGLASS			FIBERGLASS		
BATT			BATT & BATT			FIBERGLASS		
MANUFACTURER'S PRODUCT			MANUFACTURER'S PRODUCT			MANUFACTURER'S PRODUCT		
13	3 1/2"	30	9"	12	12	---	---	---
FIBERGLASS			BATT			FIBERGLASS		
MATERIAL			MATERIAL			MATERIAL		
Foam			FILT			HANDY FOAM		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
TITLE			TITLE			TITLE		
MANAGER			MANAGER			MANAGER		