

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004500
Insp Area: 2

Site Address: 7756 RIVER LANDING DR SAC
Parcel No: 031-1360-045 LOT 57 RIVER LANDING

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

CONTRACTOR
NR HOMES
2443 FAIROAKS BL
SAC CA 95825

OWNER
NEIL RICHARDSON
7756 RIVER LANDING DR
SACRAMENTO, CA 95831

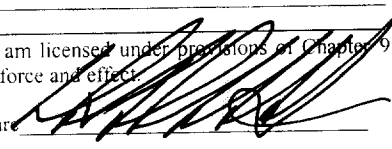
ARCHITECT

Nature of Work: NSFR 3683 SQ FT 2 STORY 9 RMS

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.

X License Class B License Number 528092 Date JUNE 21/00 Contractor 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):

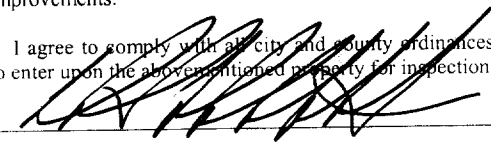
_____, I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code. The Contractors License Law does not apply to an owner of property who builds or improves thereon, 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 above-mentioned property for inspection purposes.

X Date JUNE 21/00 Applicant/Agent Signature 

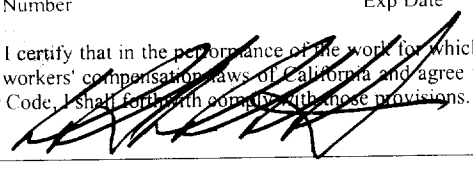
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

_____, 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 _____ Policy Number _____ Exp Date _____

X (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.

X Date JUNE 21 Applicant 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.

Date of Request: _____
By: _____

499.5

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 77056 RIVER LANDING DR.

Assessor's Parcel Number: 031-1360-045

Previous Use: - RAW LAND

Description of Request/Proposed Use: NEW SINGLE FAMILY RESIDENCE

Is This a Change of Use? NO

Zoning Designation: R-1

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

Comments: setbacks OK check
per R-1

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: W. J. BOYER 4/27/00

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

MICROFILM AFTER FINAL

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 7756 RIVER LANDINGS Dr
 PARCEL NUMBER _____ LOT NO. 45
 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 00-04500
 BUILDING TYPE
 RESIDENTIAL) APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 3083 600 7754
 SIGNATURE _____
 TITLE _____ DATE 4-27-00

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT _____
 DISTRICT CERTIFICATION NO. _____
 EXEMPT _____ COMMENTS _____

| | | | | | |
|-----------------------|--------------------|------------|-------------|------|---------------------|
| RESIDENTIAL/APT/CONDO | <u>3683</u> | SQ FT X \$ | <u>1.72</u> | = \$ | <u>6334.76</u> |
| COMMERCIAL/INDUSTRIAL | | SQ FT X \$ | | = \$ | |
| OTHER FEE | <u>MELLO TYPE</u> | | | = \$ | <u>(-907.00)</u> |
| | <u>POOS CREDIT</u> | SQ FT X \$ | | = \$ | <u>5427.76</u> |
| TOTAL FEES COLLECTED | | | | | = \$ <u>5427.76</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

INSULATION
CERTIFICATE

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 7756 River Landing

EXTERIOR WALLS:

MANUFACTURER _____ THICKNESS/TYPE 4 R-VALUE 19

CEILINGS:

BATTS:
MANUFACTURER _____ THICKNESS/TYPE 10 R-VALUE 30

BLOWN IN:

MANUFACTURER Wespac THICKNESS/TYPE 2 1/2 R-VALUE 30

SQUARE FOOTAGE COVERED 1115 NUMBER OF BAGS USED 24

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 _____

CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR WES PAC INSULATION, INC.

CALIFORNIA CONTRACTORS LICENSE # #487478 DATE 5/15/00

SIGNATURE _____ TITLE _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

00045000

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

7756 River Landing Dr
Area 2R

| | | |
|---|--|--|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME <u>Neil Richardson</u> | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>7756 River Landing Drive</u> | | Company NAIC Number |
| CITY <u>SACRAMENTO</u> | STATE <u>CALIFORNIA</u> | ZIP CODE <u>95831</u> |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN= C31-1360-005-0000</u> | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>Residential</u> | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.###" or ##.#####°) | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | |
|--|--------------------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>CITY of SACRAMENTO 060266</u> | B2. COUNTY NAME <u>SACRAMENTO</u> | B3. STATE <u>CA</u> |
| B4. MAP AND PANEL NUMBER <u>060266 0030</u> | B5. SUFFIX <u>F</u> | B6. FIRM INDEX DATE <u>July 6, 1998</u> |
| B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>MAY 22, 2000</u> | B8. FLOOD ZONE(S) <u>A-99</u> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10 1/2</u> |

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) _____ ft.(m)

b) Top of next higher floor _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

d) Attached garage (top of slab) _____ ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)

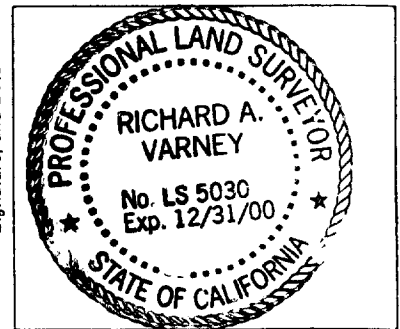
f) Lowest adjacent grade (LAG) _____ ft.(m)

g) Highest adjacent grade (HAG) _____ ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

| | |
|--|--|
| CERTIFIER'S NAME <u>Richard A. Varney</u> | LICENSE NUMBER <u>LS 5030</u> |
| TITLE <u>OWNER</u> | COMPANY NAME <u>Varney Land Surveys</u> |
| ADDRESS <u>2285 66th Ave</u> | CITY <u>SACRAMENTO</u> |
| SIGNATURE <u>Richard A. Varney</u> | DATE <u>7-18-2000</u> |
| | STATE <u>CA</u> |
| | ZIP CODE <u>95822</u> |
| | TELEPHONE <u>916-545-2822</u> |

| | | |
|--|-------------|----------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | For Insurance Company Use: |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2754 River Landing Dr | | Policy Number |
| CITY SACRAMENTO | STATE CA | ZIP CODE 95831 |
| | | Company NAIC Number |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
Top of Concrete Foundation = 16' 3" FEET

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1 Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2 The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.
- E3 For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

| | | | |
|--|------|-----------|----------|
| PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | DATE | TELEPHONE | |
| COMMENTS | | | |

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1 The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2 A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3 The following information (Items G4-G9) is provided for community floodplain management purposes.

| | | |
|------------------|------------------------|---|
| G4 PERMIT NUMBER | G5. DATE PERMIT ISSUED | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|------------------|------------------------|---|

- G7 This permit has been issued for: New Construction Substantial Improvement
- G8 Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9 BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

| | |
|-----------------------|-----------|
| LOCAL OFFICIAL'S NAME | TITLE |
| COMMUNITY NAME | TELEPHONE |
| SIGNATURE | DATE |
| COMMENTS | |

Check here if attachments