

Permit No: 0100581

Insp Area: 2

Sub-Type: NSFR

Site Address: 7738 LARAMORE WY SAC

Parcel No: 053-0160-058

ARCHITECT

OWNER

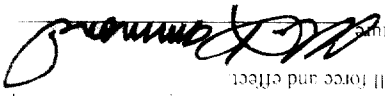
CONTRACTOR  
NEW FAZE DEVELOPMENT  
2377 GOLD MEADOW WY STE.270  
GOLD RIVER CA. 95670

Nature of Work: NSFR MP1900 8 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 7000 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect (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: 714601 Date: 6-1-01 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 thereof 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 Professions 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. 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, 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 permitted 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. Date: 6-1-01 Applicant/Agent Signature: 

WORKERS' 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: STATE FUND Policy Number: 1536963-98 Exp Date: \_\_\_\_\_

(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: 6-1-01 Applicant Signature: 

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS ENVIABLE 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.

**Certification of Compliance**  
School District Development

**Part I - To be completed by the APPLICANT**

Owner's Name/Address NEW FAZE DEVELOPMENT, INC  
Project Address 7738 LARAMORE WAY  
Parcel Number 053-0016-058 Lot No. 58  
Subdivision Name RAINBOW SPRINGS No. of Units 1  
Applicant's Signature [Signature] Title OWNER  
Phone No. (916) 924-9906 Date 6-1-2001

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II - To be completed by the BUILDING DEPARTMENT**

Plan Identification Number MP 1859  
Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
Square Feet of Chargeable Building Area 1859  
Signature/Title [Signature] Date 6-1-2001

**Part III - To be completed by the SCHOOL DISTRICT**

School District 25213 Certificate No. 712  
 Exempt Comments \_\_\_\_\_  
Residential/Apartment/etc. \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total fees collected..... = \$3197.48

*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 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.*

Signature [Signature] Date 6/1/01



INSTALLATION CARD  
WESTERN ONE KOTE STUCCO SYSTEM  
WESTERN STUCCO PRODUCTS CO. INC.



Job Address:

New Faze Development, Inc.Rainbow Springs, Lot - 58Sacramento, CAICBO Evaluation Service, Inc.  
Report No. 3899

Date of Job Completion \_\_\_\_\_

Plastering Contractor

Name: G. Glenn PlasteringAddress: 6330 Main Ave., #4, Orangevale, CA 95662Telephone Number (916) 539-8755

This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of plastering contractor

Date \_\_\_\_\_

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

NO \_\_\_\_\_

# CERTIFICATION OF INSULATION

PART I GENERAL

<p><b>ADDRESS OR TRACT</b></p> <p><i>New FAZE Dev. Painted SPRAY Sacto. CA</i></p> <p style="text-align: right;">LOT # <i>58</i></p>	<p style="text-align: center;"><b>SACRAMENTO INSULATION CONTRACTORS</b></p> <p><input type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
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PART II AREAS INSULATED

WALLS		CEILING			FLOORS	
( SQUARE FEET)		( SQUARE FEET)			( SQUARE FEET)	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL <b>FIBERGLASS</b>		MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>	
FORM <b>BATTS</b>		FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>	
MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
<b>OCF</b>		<b>OCF</b>			<b>OCF</b>	
		BAGS				
R-VALUE	APPLIED	R-VALUE	APPLIED	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE	APPLIED
<i>13</i>	<i>3 1/2"</i>	<i>38</i>	<i>38</i>			
		<i>38</i>	<i>38</i>			
		<i>38</i>	<i>38</i>			
<b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b>						
MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE	MANUFACTURER <b>OCF</b>	
AIR INFILTRATION SEALANT						
MATERIAL <b>FORM</b>				MANUFACTURER <b>W R GRACE</b>		

PART III CERTIFICATION

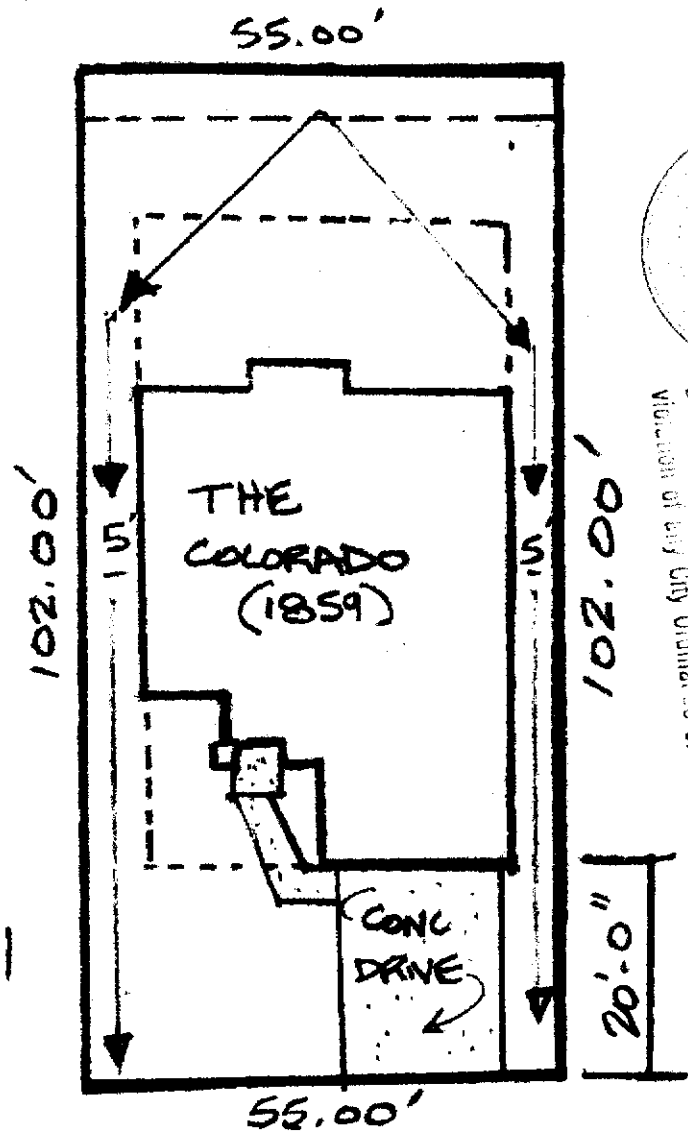
**THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.**

SIGNATURE—INSULATION CONTRACTOR	<i>Jeff Cully</i>	TITLE	DATE
		<b>MANAGER</b>	
SIGNATURE—GENERAL CONTRACTOR		TITLE	DATE
REMARKS			

NEW FAZE DEVELOPMENT, INC.  
3187 DEL PASO BLVD  
SACRAMENTO, CA 95815

OFFICE:  
(916) 924-9906  
FAX (916) 924-9936

SITE:  
(916) 421-2749  
FAX (916) 421-2741



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THE CITY OF SACRAMENTO  
PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT  
CITY ENGINEER'S OFFICE

THIS PLAN IS APPROVED FOR THE CITY OF SACRAMENTO AND SPECIFICATION SUBJECT TO THE CITY ENGINEER'S OFFICE. THE CITY ENGINEER'S OFFICE SHALL NOT BE HELD TO PUNISH OR APPROVE THE VIOLATION OF ANY CITY ORDINANCE OR STATE LAW.

RAINBOW SPRINGS  
LOT # 58 PLAN # 1859  
7738 LARAMORE WAY, SACTO  
APN: 053-0016-058