

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0104806
Insp Area: 2

Site Address: 7541 WHITMORE ST SAC
Parcel No: 117-1380-043 LAGUNA V N 2 LOT 126

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

CONTRACTOR
D. R. HORTON INC
110 BLUE RAVINE RD STE. 209
FOLSOM CA. 95630

OWNER

ARCHITECT

Nature of Work: NSFR MP2124 9 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 750190 Date 04/20/01 Contractor Signature N. Collins

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 04/20/01 Applicant/Agent Signature N. Collins

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 ARGONAUT INS CO Policy Number WC62600115505 Exp Date 07/01/2000

____ (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 I 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 04/20/01 Applicant Signature N. Collins

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 SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 7541 Whitmore St
Lot Number: 126

Assessor Parcel # _____
Subdivision Laguna Vega

0104806

OWNER INFORMATION:

Legal Property Owner: D.R. HORTON Phone# 965-2200
Owner Address: 4401 Hazel Ave. #135, City Fair Oaks, State Ca Zip 95628

CONTRACTOR INFORMATION:

Contractor: DR HORTON Lic. # 750190 Phone # 965-2200 Fax 956-22

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A

No. of Stories: 2 No. of Rooms: 9 Street Width: _____

1st Floor Area 1060 2nd Floor Area 1064 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:

Dwelling/Living 2124
Garage/Storage 436
Decks/Balconies 75
Carpports _____

SCOPE OF WORK: _____

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

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

7541 WHITMORE ST
SAC CA 94213

ICBO Report #4004

Date of Job Completion 8/22/01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

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 specified above and the manufacturer's instructions.

Date _____


Signature of authorized representative of
Plastering Contractor

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

CERTIFICATION OF INSULATION

<p>ADDRESS OR TRACT</p> <p style="font-size: 2em; font-family: cursive;">D.A. HORTON</p> <p style="font-size: 1.5em; font-family: cursive;">LAGUNA VEGA</p>	<p style="text-align: center;">SACRAMENTO INSULATION CONTRACTORS</p> <p><input checked="" 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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WALLS		CEILING			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 I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
BAGS						
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13 19	3 1/8" 5 1/2"	30 30	9" 12"			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE						
MATERIAL FIBERGLASS		FORM BATTS		R VALUE	MANUFACTURER OCF	
AIR INFILTRATION SEALANT						
MATERIAL FOAM				MANUFACTURER W R GRACE		

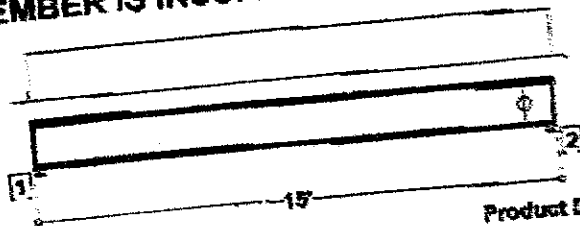
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE—INSULATION CONTRACTOR	TITLE	DATE
Bill Switzgo	MANAGER	8-3-07
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS:

14" TJI®/Pro™-250 JOIST @ 16.0" o/c

MEMBER IS INSUFFICIENT DUE TO LOAD



LOADS:

Analysis for Joist Member Supporting FLOOR - RES. Application. Load(s): 40 Live at 100% duration; 25 Dead; 0 Partition

SUPPORTS:	INPUT WIDTH	BEARING LENGTH	REACTIONS(Ds.) LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1 2x4 Plate	3.50"	2.25"	400 / 250 / 650	1	14.0"	Detail A3	1.25" LSL Rim
2 2x4 Plate	3.50"	2.25"	400 / 250 / 650	1	14.0"	Detail A3	1.25" LSL Rim

- See TJ SPECIFIERS / BUILDER'S GUIDES for detail(s): A3.

TJI HOLES:	DIA.	HEIGHT	WIDTH	LEFT END TO HOLE CENTER	SPAN	DESIGN CONTROL	CONTROL	COMMENT
Circular	4"			14' 1 13/16"	1	FAILED		4" hole near bearing

- Hole 1 is too close to a support location

LOCATION ANALYSIS:

USER LOCATION	"X" (HORIZ.) DIMENSION	COMMENT
1	14' 1 13/16"	stresses at 4" hole

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	632	625	1710	Passed(37%)	Rt. end Span 1 under Floor loading
Reaction(lb)	632	632	1171	Passed(54%)	Bearing 2 under Floor loading
Moment(ft-lb)	2304	2304	5418	Passed(43%)	MID Span 1 under Floor loading
Live Defl.(in)		0.120	0.365	Passed(L/999+)	MID Span 1 under Floor loading
Total Defl.(in)		0.195	0.729	Passed(L/999)	MID Span 1 under Floor loading
TJ-Pro Rating		55	Any	Passed	Span 1

- Allowable moment was increased for repetitive member usage.
- Deflection Criteria: STANDARD(LL: L/480, TL:L/240).
- Deflection analysis is based on composite action with single layer of the appropriate span-rated, GLUED & NAILED wood decking.
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- Capacity is controlled by hole 1

TJ-Pro™ RATING SYSTEM

The TJ-Pro (USA) Rating System value provides additional floor performance information and is based on a Glued & Nailed 25/32 OSB decking. The controlling span is supported by walls. Additional considerations for this rating include: Ceiling - None. A structural analysis of the deck has not been performed by the program.

PROJECT INFORMATION

No Project Information available

OPERATOR INFORMATION:

NSSE
 Rob Coca
 6939 Sunrise Blvd., Suite 123
 Citrus Heights, CA 95610
 (916) 726-0512
 (916) 726-3189

Norman

Scheel

Structural

Engineer

Sacramento
5022 Sunrise Blvd.
Fair Oaks, CA 95628
(916) 536-9585
(916) 536-0260 (fax)

NORMAN SCHEEL
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Davis
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Davis, CA 95616
(530) 753-5300
(530) 753-5380 (fax)

TRACY HARRIS P.E.
Project Engineer
Email: tracy@nsse.com

DARRELL PEREIRA
Design Engineer
Email: darrell@nsse.com

July 9, 2001

Micro films

D.R. Horton
4401 Hazel Avenue #135
Fair Oaks, CA 95628

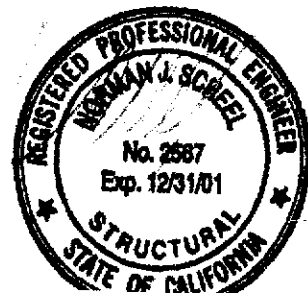
**Re: Laguna Vega (Job #99406)
Shot Pins**

To Whom It May Concern:

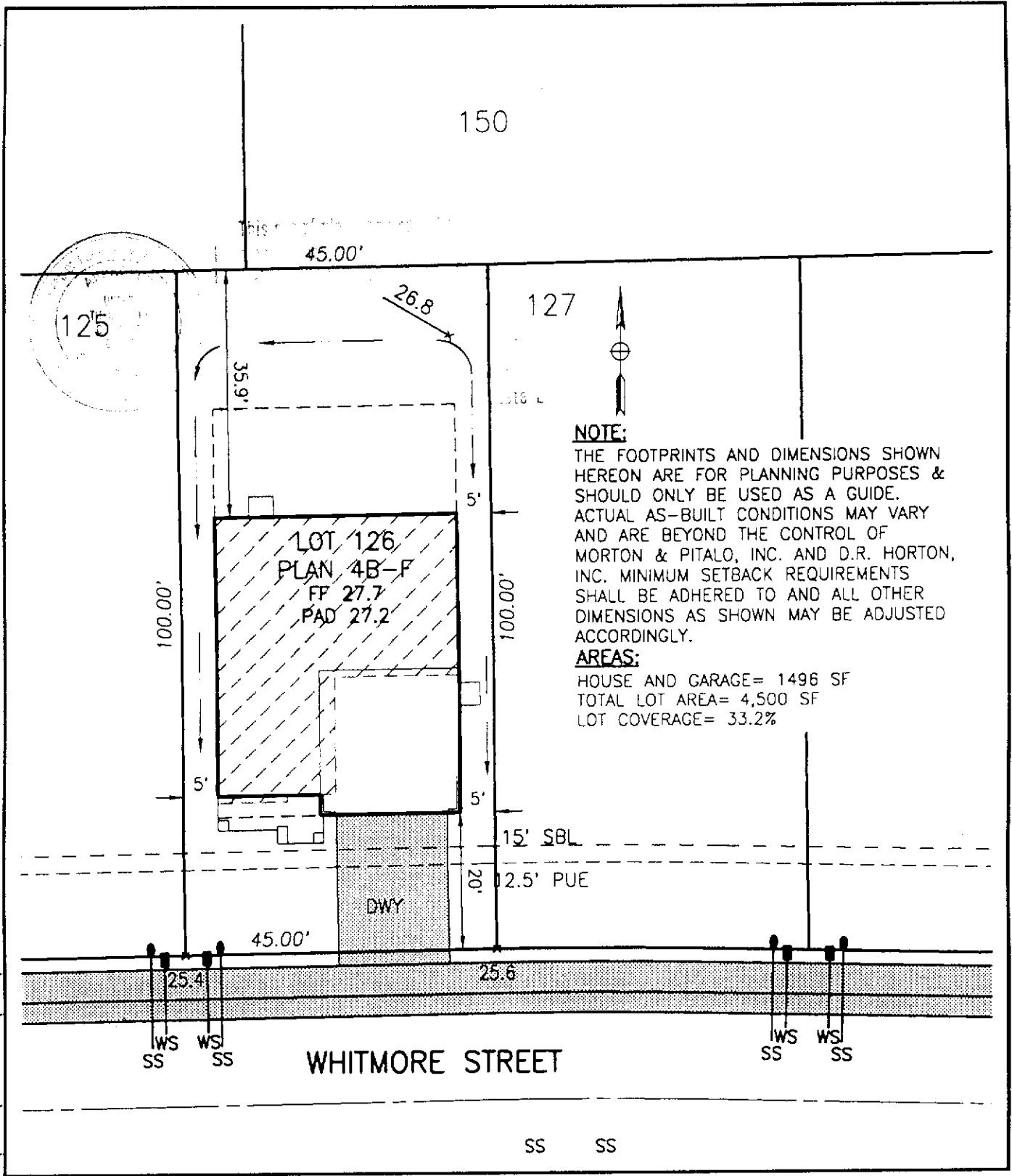
This letter is to clarify that shot pins are acceptable at non-bearing and non-shear wall bearing walls. Anchor bolts are required at all exterior walls and shear wall locations.

If you have any questions, please contact Rob Coon.

NORMAN SCHEEL
STRUCTURAL ENGINEER



X:\PROJ\000077.01\DWG\00077126.DWG 0.3-05-01 10:30 am



nmp MORTON & PITALO, INC.
CIVIL ENGINEERING • PLANNING • SURVEYING
1788 TRIBUTE ROAD • SUITE 200 • SACRAMENTO, CA 95815
PHONE: 916/927-2400 • FAX: 916/567-0120

DRAWN:	GBH	JOB NO:	000077.01
CHECKED:	GBH	DATE:	MAR 2001
SCALE:	1"=20'	SHEET:	1 of 1

PLOT PLAN
LAGUNA VEGA NORTH
VILLAGE 2
LOT 126
SACRAMENTO, CALIFORNIA



14" TJI®/Pro™-250 JOIST @ 16.0" o/c

TJ-Beam™ v3.05 Serial Number: 700715542
BEAMUSA 1001 6/8/01 2:40:41 PM
Page 2 of 2 Build Code: 145

MEMBER IS INSUFFICIENT DUE TO LOAD

ADDITIONAL NOTES:

- **IMPORTANT!** The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
- **THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.**
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

PROJECT INFORMATION

No Project Information available

OPERATOR INFORMATION:

NSSE
Rob Coon
6939 Sunrise Blvd., Suite 123
Citrus Heights, CA 95610
(916) 726-0612
(916) 726-3188



TJ-Beam v6.55 Serial Number: 700112042

BEAMUSA 1001 8/18/01 2:40:51 PM

Page 1 of 1

Supplemental Report for

14" TJI®/Pro™-250 JOIST @ 16.0" o/c

MEMBER IS INSUFFICIENT DUE TO LOAD

Member Information:

Project Information:

Operator Information:

MSSE
Rob Coon
6933 Sunrise Blvd., Suite 123
Circus Heights, CA 95620
(916) 729-6612
(916) 726-3189

24' - 7.50"

Max. Vertical Reaction Total(lb) 650 650
Live(lb) 400 400
Selected Seaming Length(in) 2.25(W) 2.25(W)
Max. Unbraced Length(in) 17

Floor loading on all members, LDF = 1.00

Shear(lb) 635 -632
Reaction(lb) 650 650
Moment(ft-lb) 2104
Live Defl.(in) 0.120
Total Defl.(in) 0.153

Dead load, LDF = 0.90

Shear(lb) 243 -243
Reaction(lb) 250 250
Moment(ft-lb) 884

Location analysis: critical values at location 1 (horizontal distance from left end) = 14' 1 11/16"
Comment: stresses at 4" hole

Table with 4 columns: Design, Control, Shear(lb), Moment(ft-lb), Live Defl.(in), Total Defl.(in). Values include -576, 1710, 358, 5418, 0.02, 0.03.

The actual values above may be different than the design values used for the member design.

**NORMAN SCHEEL
STRUCTURAL ENGINEER**

6939 Sunrise Blvd. Suite 123
Citrus Heights, CA 95610

JOB LAGUNA LEGA PLAN 4

CLIENT P.R. HERRON

DATE 8/6/01

JOB NO. 99406 BY ROB

SHEET NO. 1 of 1

