

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0507993
Insp Area: 2
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 180 STONE VALLEY CR SAC
Parcel No: BROOKFIELD MEADOWS UNIT #2 LOT #28

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HEIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP1695 1 STORY 9RM 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 _____ License Number 492827 Date 6/13/05 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.)

PAID
CITY OF SACRAMENTO
JUN 13 2005

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 6/13/05 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 STATE FUND Policy Number 0401182004 Exp Date 04/01/2008

(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 6/13/05 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.

CERTIFICATION OF INSULATION

PART I GENERAL	TIM LEWIS LOT # 28 VISIONS® BROOKFIELD	SACRAMENTO BUILDING PRODUCTS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED
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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					
CT	OC	JM	CT	OC	JM	CT	OC	JM			
R - VALUE INSTALLED			APPLIED			R - VALUE INSTALLED			APPLIED THICKNESS		
13			3.5			19			5.8		
30			9-12"								
WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE			R VALUE			MANUFACTURER					
MATERIAL FIBERGLASS			FORM BATTS								
						CT	OC	JM			
AIR INFILTRATION SEALANT											
MATERIAL						MANUFACTURER					
Foam						HILTI HANDY FOAM					

PART III CERTIFICATION	THIS IS TO CERTIFY THAT CODES, MATERIAL STANDARDS, AND METHODS FOR SEALANT APPLICATIONS HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE	
	SIGNATURE — INSULATION CONTRACTOR	TITLE DATE B.G MANAGER 11/16/05
	SIGNATURE — GENERAL CONTRACTOR	TITLE DATE
REMARKS		

INSTALLATION CERTIFICATE

CF-6R

Site Address **TIM LEWIS - VISIONS**

FENESTRATION/GLAZING:
ALSIDE - ALPINE
7000 SERIES WINDOWS

Permit Number
PLAN 3 ELEV C

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.							
2. SLIDERS	.35	.32	2		141		
3.							
4. SINGLE HUNG	.35	.32	2		113		LOW-E GLASS
5.							
6. PICTURE WINDOWS	.34	.35	2		64		
7.							
8. PATIO DOORS	.35	.35	2		33		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

2, 4, 6, 8
 Item #s
 (if applicable)

Signature, Date

9-30-05

Y.T. GLASS & WINDOWS INC.
3200 DWIGHT RD STE 400

Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s
 (if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

Item #s
 (if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner
 OR Window Distributor

COPY TO: Building Department
 HERS Provider (if applicable)
 Building Owner at Occupancy

Compliance Forms

August 2001

A-24

Site Address

Tim Lewis - Visions @ Brookfield Meadows

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	29,167	80,000	Plan 1
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,809	80,000	Plan 2
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,744	80,000	Plan 3
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,986	80,000	Plan 4
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,081	80,000	Plan 5
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	36,099	80,000	Plan 6
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	27,428	80,000	Plan 7

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	23,872	27,800	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	24,083	27,800	Plan 2
Condenser	York H*RE038 *	1	14.0	Attic	R-6.0	26,661	31,800	Plan 3
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	33,348	38,800	Plan 4
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	32,249	38,800	Plan 5
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	31,708	38,800	Plan 6
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	20,264	23,900	Plan 7

TXV - Indicates Thermal Expansion Valve On Coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Tim Lewis 3-28-05
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

- (2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
- (3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

No. 1622 P. 1

CF-6R

Site Address _____

Permit Number _____

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date _____

Installing Subcontractor (Co. Name) _____

OR General Contractor (Co. Name) OR Owner _____

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	IF Recirculation Control Type	# of Identical Systems	Rated Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby Loss (%)	External Insulation R-value
GPS	A. O. SMITH GVR-50-100	STD	N/A	1	40,000	50	62	N/A	N/A

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.


Signature/Date _____

BIANCHI PLUMBING CO., INC.
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

**PLUMBING CERTIFICATE
OF GUARANTEE**

**BIANCHI PLUMBING
CERTIFIES AND GUARANTEES**

LOT#: 28

SUBDIVISION: IZCvisions

WASTE SYSTEM LINES HAVE BEEN TESTED AND VIDEOED. LINES ARE CLEAR
AND COMPLY WITH LOCAL PLUMBING CODES. LINES CONTAIN THE
PROPER FALL PER UPC.

Greg Strangio _____
Signature

11/10/06 _____
Date

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

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004
Date of Job Completion

11/16/05

Job Address

1111 JESSIE VISION
280 STONE VALLEY CIRCLE
LOT 28

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as issued by coating manufacturer:

Applicator # 318

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.

Signature of authorized representative or plastering contractor

[Handwritten Signature]

Date

11/16/05

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

FIGURE 3

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *LDG*
 CITY OF SAC PERMIT AND CALCULATION *6.3.05*

APPLICATION NO. _____ BLDG PERMIT NO. _____

GENERAL INFORMATION
 SWP 2005-00466
 SWP 2005-00088

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER
 PAID 3 JUNE 05

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF <input checked="" type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	COMMERCIAL USE		
SRCSD	<i>2,500</i>		
CONSTRUCTION			
IN-LIEU			

TOTAL FEE *2,500*

APN: *119-2080-028* *UNIT #2*

DESCRIPTION/
 SUBDIVISION *Brookfield Meadows LOT 20*


PROPERTY ADDRESS *180 Stone Valley Circle Sacto*

OWNER *Tim Lewis Communities*

MAILING ADDRESS *5750 Sunrise Blvd # 225*

CITY-STATE-ZIP *Crest Heights CA 95616* PHONE *916-804-7*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE 

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

**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 (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME TIM LEWIS COMMUNITIES
 OWNER'S ADDRESS 5750 SUNRISE BLVD #225 CITRUS HEIGHTS, CA 95610
 PROJECT ADDRESS 180 STONE VALLEY CIRCLE SACRAMENTO, CA
 PARCEL NUMBER 119-208-028 LOT NO. 28
 SUBDIVISION NAME BROOKFIELD MEADOWS
 NUMBER OF UNITS 1
 APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT _____
 DATE 6-1-05 PHONE NUMBER (916) 966-8047

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.

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 1695
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA _____
 NAME (PRINTED) _____ SIGNATURE _____
 TITLE _____ PHONE NUMBER _____ DATE _____

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 48197
 EXEMPT _____ COMMENTS _____

RESIDENTIAL - LEVEL 1	1695 SQ FT X	\$ 2.24	= \$ 3796.80
RESIDENTIAL - LEVEL 2		\$ 1.71	= \$ 2848.45
TOTAL RESIDENTIAL		\$ 3.95	= \$ 6645.25
SENIOR RESIDENTIAL	SQ FT X	\$ _____	= \$ _____
COMMERCIAL/INDUSTRIAL	SQ FT X	\$ _____	= \$ _____

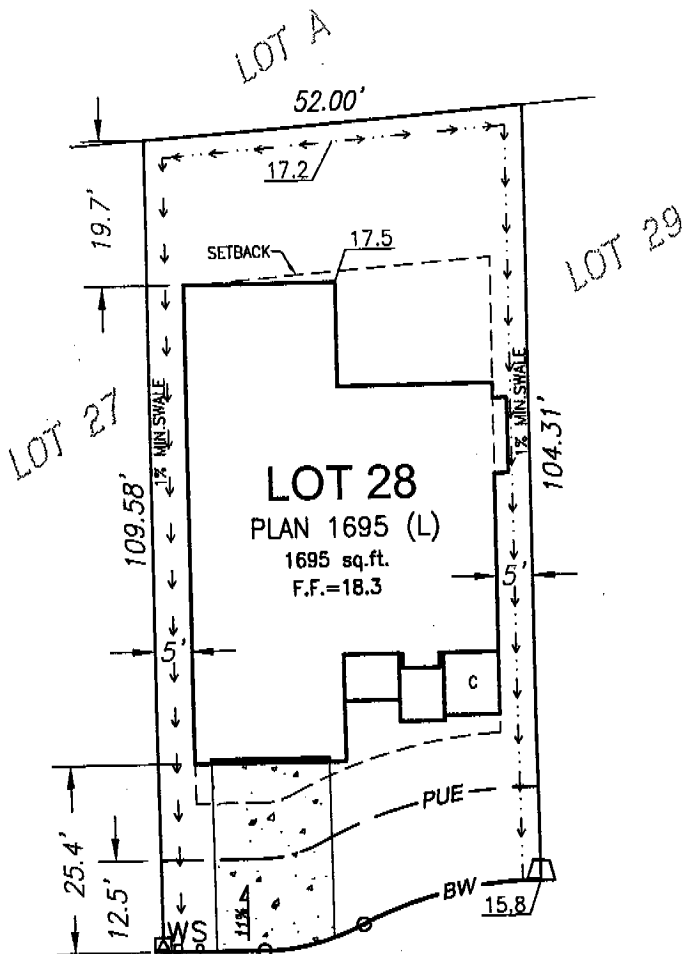
This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

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 [Signature] DATE JUN 03 2005
 TITLE _____

COPY
 JUN 03 2005

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



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.
 The approval of this plan and specification shall be held in permit or approval of the violation of any City Ordinance of Sacramento, California.

STONE VALLEY CIRCLE

PLOT PLAN

BROOKFIELD MEADOWS UNIT NO.2

APN: _____ ADDRESS: 180 STONE VALLEY CIRCLE
 HOME SITE #: 28 RESIDENCE: 1695 ELEV.: C
 ORIENTATION: L COLOR: 10 STYLE: FR
 HOME SITE: 5603 S.F. (.13ac.) COVERAGE: 40.2%

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

MINIMUM SETBACKS:

FRONT - 20'
 SIDE - 5'
 REAR - 20'

LEGEND:

- PROPERTY LINE
- PUE PUBLIC UTILITY EASEMENT
- RW RIGHT OF WAY
- SLOPE LINES
- SETBACK
- LP LOT PAD
- FF FINISHED FLOOR
- W WATER SERVICE
- S SEWER SERVICE
- SWALE (1% MIN.)
- ☐ STREET LIGHT
- ⊙ FIRE HYDRANT
- ⊠ TRANSFORMER
- △ DRY UTIL. SERV. NOTCH
- ⊞ DRY UTIL. PULLBOX

TIM LEWIS COMMUNITIES
 5750 SUNRISE BLVD., STE. 130
 CITRUS HEIGHTS, CALIFORNIA 95610
 (916) 966-8047
 LAST EDITED: 5/24/05

APPROVED: _____

REV.1 _____

REV.2 _____

REV.3 _____

SIGNED (BUYER) _____ DATE: _____

SIGNED (BUYER) _____ DATE: _____