

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0509309

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

N

Site Address: 7529 MUIRFIELD WY SAC  
Parcel No: BUENA PARK LOT #46 Housing (Y/N):

CONTRACTOR  
TIM LEWIS COMMUNITIES  
5750 SUNRISE BLVD  
CITRUS HIGHTS 95610

OWNER

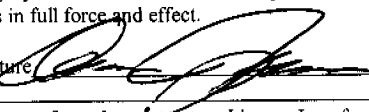
ARCHITECT

Nature of Work: MP2289 2 STORY 10RM 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 7/11/05 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.)

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  
JUL 11 2005

**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 7/11/05 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 04/01/2005

(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 7/11/05 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

<b>P A R T I  G E N E R A L</b>	<b>ADDRESS OR TRACT</b>	<b>SACRAMENTO BUILDING PRODUCTS</b>							
	<p style="font-size: 1.2em; margin: 0;">TIM Lewis      LOT # 46</p> <p style="font-size: 1.2em; margin: 0;">7529 MURFIELD</p> <p style="font-size: 1.2em; margin: 0;">0509309 PERMIT</p> <p style="font-size: 1.2em; margin: 0;">LEBAU</p>	<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							
<b>P A R T II  A R E A S  I N S U L A T E D</b>	<b>WALLS</b>		<b>CEILING</b>			<b>FLOORS</b>			
	(      SQUARE FEET)		(      SQUARE FEET)			(      SQUARE FEET)			
	<b>TYPE OF INSULATION</b>		<b>TYPE OF INSULATION</b>			<b>TYPE OF INSULATION</b>			
	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.			
	<b>MANUFACTURER</b>		<b>MANUFACTURER</b>			<b>MANUFACTURER</b>			
	CT	OC	JM	CT	OC	JM	CT	OC	JM
			BAGS						
	R - VALUE INSTALLED	APPLIED THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS	
	13	3.5		38	12"-14.75"	—	—	—	
	<b>KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE</b>								
	MATERIAL <b>FIBERGLASS</b>		FORM <b>BATTS</b>		R VALUE		MANUFACTURER		
							CT	OC	JM
	<b>AIR INFILTRATION SEALANT</b>								
MATERIAL				MANUFACTURER					
Foam				HILTI		HANDY FOAM			
<b>THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.</b>									
SIGNATURE — INSULATION CONTRACTOR			B.G.	TITLE <b>MANAGER</b>		DATE <b>9/12/05</b>			
SIGNATURE — GENERAL CONTRACTOR				TITLE		DATE			
REMARKS									