

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0404328
Insp Area: 2
Thos Bros: 337D4

Site Address: 251 HIGHFIELD CR SAC
Parcel No: MEADOWVIEW ESTATES LOT 200

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

CONTRACTOR
JTS COMMUNITIES
401 WATT AV.
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: JTS MP114 1 STORY 9 ROOM 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 B License Number 767107 Date 4/02/04 Contractor Signature Rona J. Caldwell

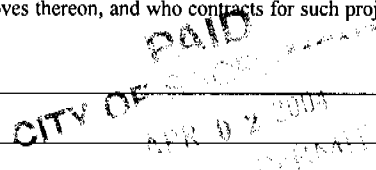
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 4/02/04 Applicant/Agent Signature Rona J. Caldwell

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 ZURICH INSURANCE CO Policy Number WC367556101 Exp Date 03/01/2004

_____, (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 4/02/04 Applicant Signature Rona J. Caldwell

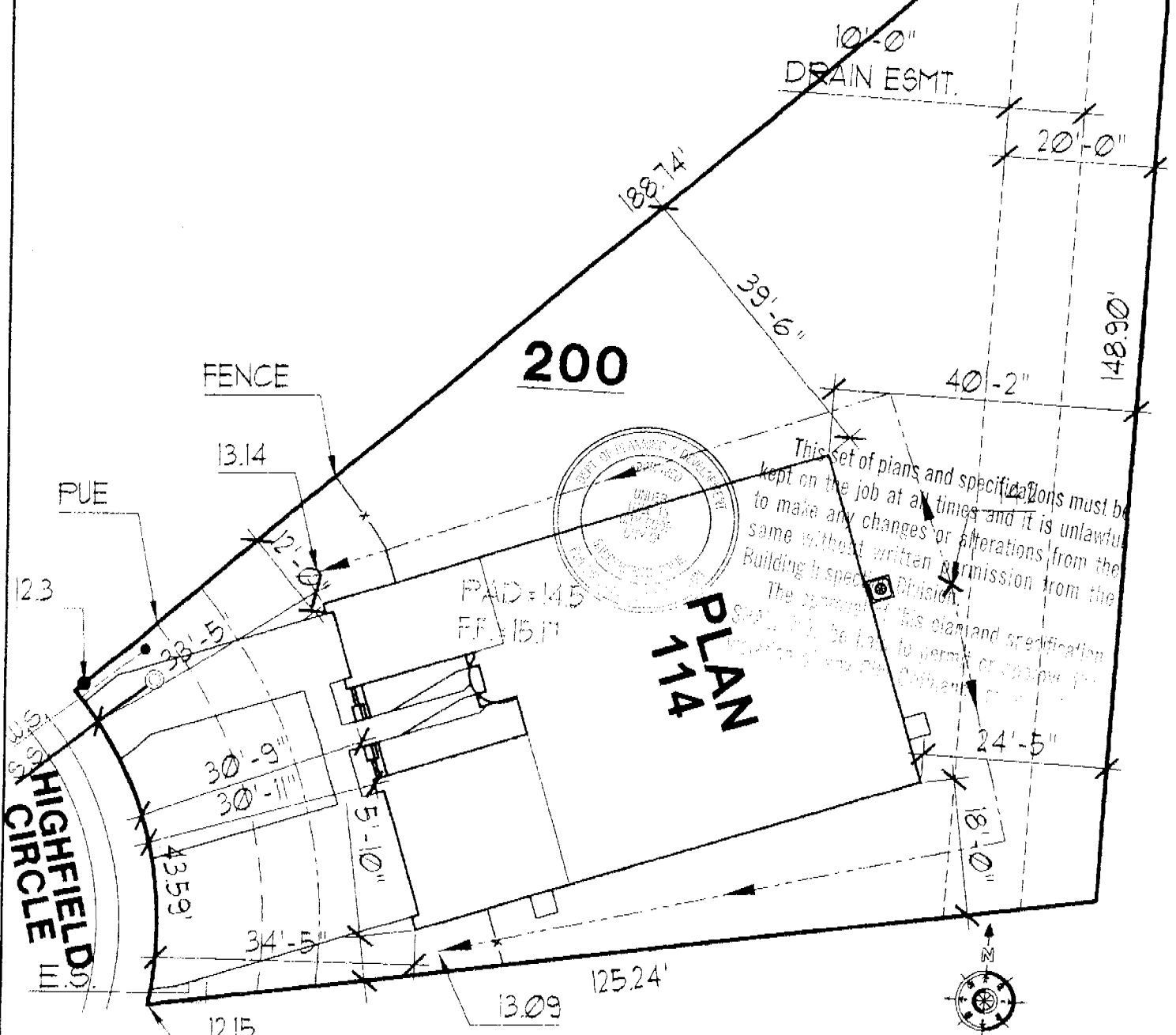
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Push House Back \$ 2,700.00

ORIGINAL

AS BUILT



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 claim and modification shall not be taken to permit or approve the construction of any other structure.

DIMENSIONS SHOWN ARE APPROXIMATE AND ARE FOR THE SOLE PURPOSE OF COUNTY/CITY APPROVAL. ADDITIONAL INFORMATION REFLECTED ON THIS DOCUMENT SUCH AS FENCE, WALL, UTILITY, AND MAILBOX LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION TO BUYER. THIS PLOT PLAN MAY NOT REFLECT ALL "AS BUILT" CONDITIONS WHICH MIGHT VARY FROM THIS PROPOSED PLOT PLAN.

1 STORY HOUSE 3 CAR GARAGE	PROPOSED SITE PLAN	JTS COMMERCIAL 401 Watt Avenue Sacramento, CA 95821 (916) 487-3434	MEADOWVIEW ESTATES
APN #	APPROVED FOR RELEASE	DATE	SCALE = 1" = 20' DATE: FEB. 24, 2004
APPROVED FOR RELEASE	DATE	APPROVED FOR RELEASE	DATE

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

ICBO Evaluation Service, Inc.
Report ER-4004

Project Address

251 Highfield Cr. Ste

Date Completed

7-30-04

Plastering Contractor

Name:

J. T. S. Stucco Div.

Address:

11285 White Rock Road

Telephone No.

(916) 635-2800

P.N. # 2227

Approved contractor number as issued by Omega Products Int'l, Inc.

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 and the manufacturer's instructions.

Don Rickels
Signature of authorized representative of
plastering contractor

7-30-04
Date

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

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">JTS</div> <div style="font-size: 1.5em; font-family: cursive;">The Masters</div> <div style="font-size: 1.5em; font-family: cursive;">Meadowview</div>	SACRAMENTO BUILDING PRODUCTS <input 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
	LOT # <i>200</i>	DATE INSULATION COMPLETED

PART II AREAS INSULATED	WALLS			CEILINGS			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		
	BAGS			BAGS			BAGS				
	R - VALUE INSTALLED	APPLIED THICKNESS		R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS			
<i>13</i>	<i>3 1/2</i>		<i>30</i>	<i>10 1/4</i>							
<i>19</i>	<i>5 1/2</i>										
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE											
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER		
									CT OC JM		
AIR INFILTRATION SEALANT											
MATERIAL						MANUFACTURER					
						HILTI			HANDY FOAM		

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 <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;"><i>[Signature]</i></div>	TITLE MANAGER	DATE
	SIGNATURE — GENERAL CONTRACTOR <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;"><i>[Signature]</i></div>	TITLE	DATE <i>8-3</i>
REMARKS			

BUILDER COPY



WALLACE - KUHL & ASSOCIATES INC.
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.
 PO Box 1137
 West Sacramento
 California 95691
 916-372-1434

DATE 06-24-91		JOB NO. S11107		WEATHER Sunny		TEMP. ° at AM ° at PM	
PROJECT ITS Homes Dev. Northshore				Technician I <input checked="" type="checkbox"/>		Staff E/G <input type="checkbox"/>	
LOCATION Lot 200 @ Highland				Technician II <input type="checkbox"/>		Project E/G <input type="checkbox"/>	
TYPE OF WORK Pull Test				Technician III <input type="checkbox"/>		Senior E/G <input type="checkbox"/>	
Inside 50 mi. radius <input checked="" type="checkbox"/>		Outside 50 mi. radius <input type="checkbox"/>		Nuclear Densities <input type="checkbox"/>		Principal E/G <input type="checkbox"/>	
PERSONNEL	REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE	MILES
Jose Malave						451	30
OBSERVATIONS: 14 test 9 1/2" All found same ball (111122) Maximum to 5250 Tons of tension (200) (111122) (E) per Simpson Book. # Balls lot location passed / failed 14 test 9 1/2 200 Garage at lot PASSED - All tested passed fine							
FIELD REPORT				Signed			

INSTALLATION CERTIFICATE

CF-6R

LOT - PLAN JTS Communities - The Meadows Permit Number

Site Address

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-IR value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	PLAN
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	26,065	60,000	103
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	29,452	60,000	104
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	36,474	80,000	108
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	37,762	80,000	114
FURNACE	York #P4HUC20L080	1	80%	ATTIC	4.2	43,093	100,000	115
FURNACE	York #P4HUC20L080	1	80%	ATTIC	4.2	40,199	100,000	116
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	42,336	80,000	119
FURNACE	York #P4HUC20L080	1	80%	ATTIC	4.2	35,914	100,000	134
FURNACE	York #P4HUA12L032	1	80%	ATTIC	4.2	44,950	40,000	151
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	24,199	60,000	152
FURNACE	York #P4HUA12L048	1	80%	ATTIC	4.2	30,299	60,000	153
FURNACE	York #P4HUB16L064	1	80%	ATTIC	4.2	39,865	80,000	154
FURNACE	York #P4HUA12L032	1	80%	ATTIC	4.2	20,477	40,000	155 U1
FURNACE	York #P4HUA12L032	1	80%	ATTIC	4.2	20,477	40,000	155 U2

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-IR value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	PLAN
A/C	York #H*RA030	1	10.0	ATTIC	4.2	23,615	28,400	103
A/C	York #H*RA030	1	10.0	ATTIC	4.2	26,104	28,400	104
A/C	York #H*RA048	1	10.0	ATTIC	4.2	33,975	44,000	108
A/C	York #H*RA036	1	10.0	ATTIC	4.2	30,577	33,400	114
A/C	York #H*RA048	1	10.0	ATTIC	4.2	35,417	44,000	115
A/C	York #H*RA048	1	10.0	ATTIC	4.2	40,080	44,000	116
A/C	York #H*RA036	1	10.0	ATTIC	4.2	31,747	33,400	119
A/C	York #H*RA048	1	10.0	ATTIC	4.2	39,518	44,000	134
A/C	York #H*RA024	1	10.0	ATTIC	4.2	21,687	23,200	151
A/C	York #H*RA030	1	10.0	ATTIC	4.2	25,605	28,400	152
A/C	York #H*RA030	1	10.0	ATTIC	4.2	27,282	28,400	153
A/C	York #H*RA042	1	10.0	ATTIC	4.2	25,092	42,000	154
A/C	York #H*RA024	1	10.0	ATTIC	4.2	19,817	23,200	155 U1
A/C	York #H*RA024	1	10.0	ATTIC	4.2	19,817	23,200	155 U2

(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 homes (from the Manufacture Efficiency Regulations or Part 6), where applicable.

[Signature]

 Signature, Date

BEUTLER CORPORATION
 Installing Subcontractor (Co. Name)
 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
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