

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0401525
Insp Area: 2
Thos Bros: 337-C4

Site Address: 11 MACCAN CT SAC
Parcel No: MEADOWVIEW ESTATES LOT 53A

Sub-Type: N1/2PLEX
Housing (Y/N): N

CONTRACTOR
JTS COMMUNITIES
401 WATT AV.
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: MP 1035 1 STORY 5 ROOM 1/2 PLEX

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 2/02/04 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 _____

PAID
CITY OF SACRAMENTO
FEB 02 2004

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 2/02/04 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 2/02/04 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.

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address JTS COMMUNITIES, INC., 401 WATT AVE, SAC, CA 95864
Project Address 11 MACCAN CT.
Parcel Number 052-0010-033 (MOTACK APN) Lot No. 53A
Subdivision Name MEADOWVIEW ESTATES UNIT #1 No. of Units 1
Applicant's Signature Ron Caldwell Title Permit Manager
Phone No. (916) 487-3434 Ext. 348 Date 1/26/04

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 155 UNIT #2
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 1,035
Signature/Title Gladys Roberts, Clerk Date 1/26/04

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 8075
 Exempt Comments CPD # 2-
 Residential/Apartment/etc. 1035 Square ft. x \$ 2.14 = \$ Ø
 Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ Ø

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 85995 and any other authorized requirements have been complied with by the above signed applicant.

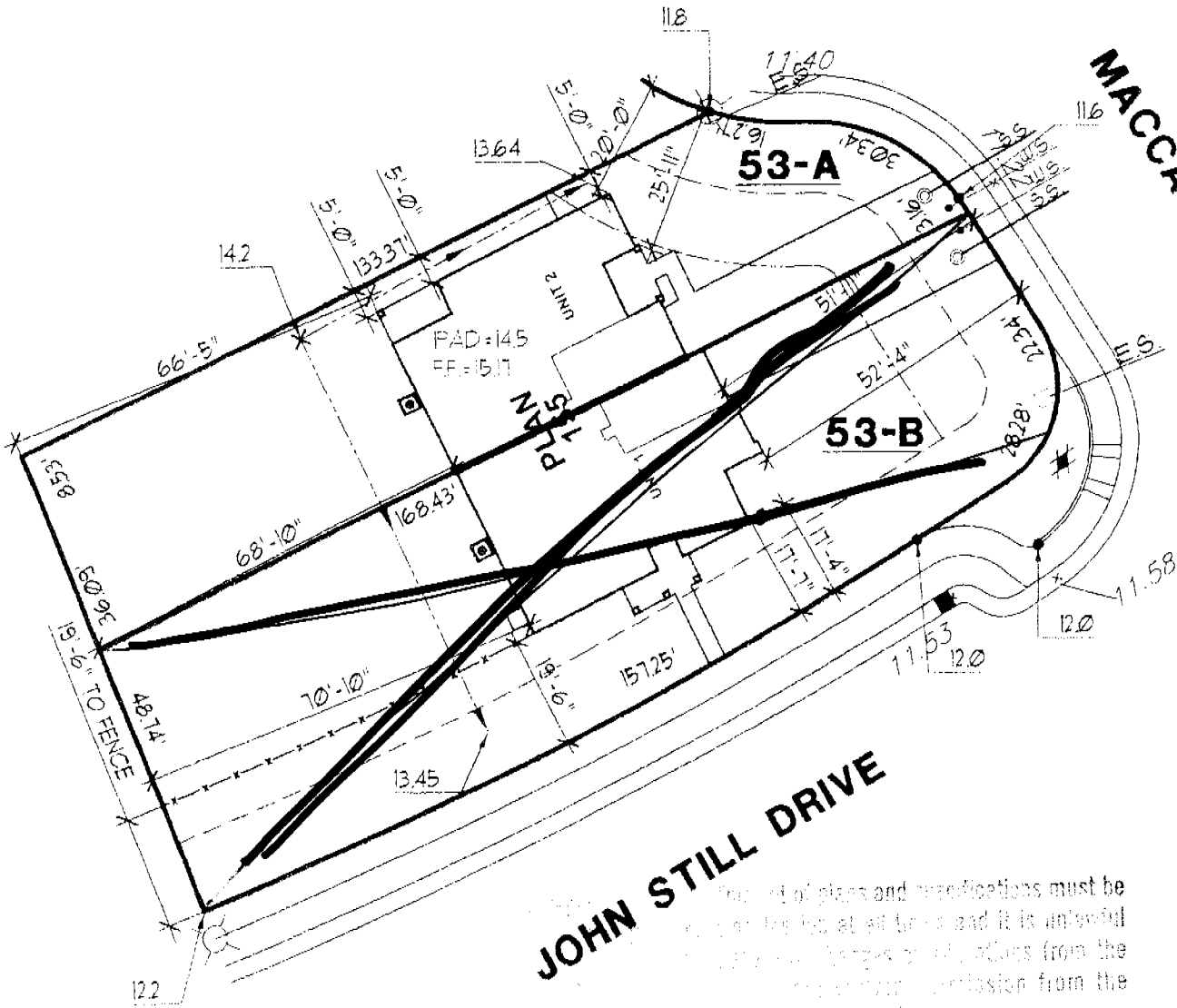
Signature [Signature] Date 2/10/04

White & Canary - School District • Pink - Building Department • Goldenrod - Applicant

MP 1035

ORIGINAL

JAN 20 2004

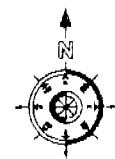


JOHN STILL DRIVE

MACCAN CT.

All copies of plans and specifications must be returned to the architect at all times and it is unlawful to use the same for any other purposes without the written permission from the architect.

The architect's liability is limited to the amount specified in the contract documents and shall not exceed the amount of the fee for the design services provided by the architect.



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
2	CAR GARAGE
APN #	

PROPOSED SITE PLAN

JTS Working Together in Architectural Excellence

401 Watt Avenue
Sacramento, CA 95821 (916) 487-3434

MEADOWVIEW ESTATES	
SCALE = 1" = 30'	DATE: JAN. 20, 2004

APPROVED FOR RELEASE	DATE	APPROVED FOR RELEASE	DATE
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INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

0901525

Project Address

11moccan ct 53A

ICBO Evaluation Service, Inc.
Report ER-4004

Date Completed 6-2-04

Plastering Contractor

Name:

J.T.S Stucco Dio.

Address:

11285 White Rock Road

Telephone No.

(916) 635-2800

Approved contractor number as issued by Omega Products Int'l, Inc. P.N. # 2227

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

6-2-04
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
PART II AREAS INSULATED
PART III CERTIFICATION

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">JTS</div> <div style="font-size: 2em; font-family: cursive;">Pleasant</div> <div style="margin-left: 200px;">LOT # 53</div> <div style="margin-left: 150px;">A+13</div>	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 <u>6-18-04</u>
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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
R - VALUE INSTALLED		APPLIED THICKNESS	R - VALUE INSTALLED		APPLIED THICKNESS	R - VALUE INSTALLED		APPLIED THICKNESS
<u>13/19</u>		<u>3 1/4 / 5 1/2</u>	<u>30</u>		<u>9</u> <u>12</u>			
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL FIBERGLASS		FORM BATTS	R VALUE			MANUFACTURER		
						CT	OC	JM
AIR INFILTRATION SEALANT								
MATERIAL <u>foam</u>					MANUFACTURER			
					HILTI		HANDY FOAM	

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

SIGNATURE — INSULATION CONTRACTOR <u>JK</u>	TITLE MANAGER	DATE <u>6-18-04</u>
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		