

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0401515  
Insp Area: 2  
Thos Bros: 337-C4

Site Address: 1911 JOHN STILL DR SAC  
Parcel No: MEADOWVIEW ESTATES UNIT 1 LOT 59

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

CONTRACTOR  
JTS COMMUNITIES  
401 WATT AV.  
SACRAMENTO CA. 95864

OWNER

ARCHITECT

Nature of Work: MP 1302 1 STORY 6 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 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  
NORTH PERMIT CENTER

**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/Agcnt 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 95264  
Project Address 1911 JOHN STILL DR.  
Parcel Number 052-0010-033 (MOTHER APN) Lot No. 59  
Subdivision Name MEADOWVIEW ESTATES UNIT #1 No. of Units 1  
Applicant's Signature John A. 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 151  
Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
Square Feet of Chargeable Building Area 1,302  
Signature/Title [Signature] Date 1-25-04

**Part III—To be completed by the SCHOOL DISTRICT**

School District SCUSD Certificate No. 2004  
 Exempt Comments CFD # 2  
 Residential/Apartment/etc. 1,302 Square ft. x \$ 0.14 = \$ Ø  
Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total fees collected..... = \$ Ø

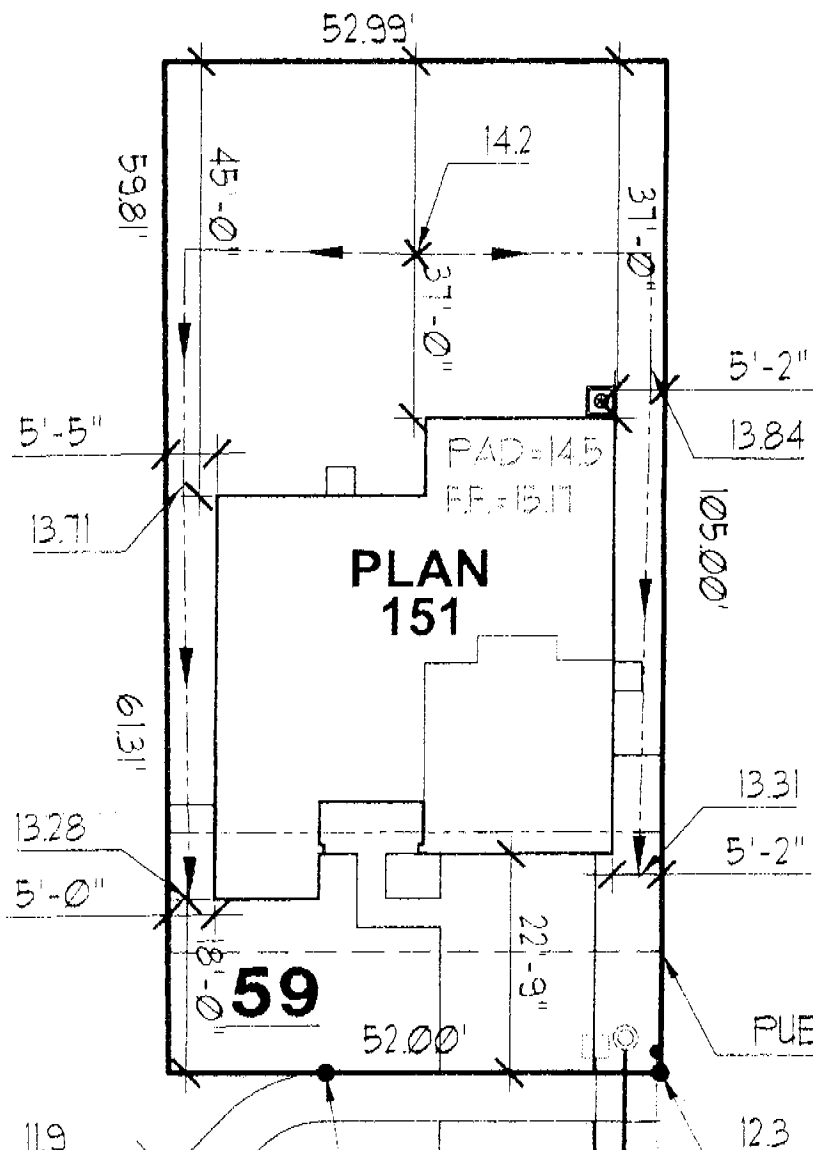
*This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.*

*As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.*

Signature [Signature] Date 2/5/04

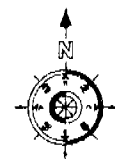
CH. 151

MP 1302



This set of plans and specifications must be kept on the lot at all times and it is unlawful to take any alterations from the plans without written permission from the City of Sacramento.

# JOHN STILL DRIVE



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.

<p>1 STORY HOUSE 2 CAR GARAGE</p> <p>APN #</p> <p>APPROVED FOR RELEASE</p>	<p><b>PROPOSED SITE PLAN</b></p>	<p><b>JTS</b> <small>CONSTRUCTORS INC.</small></p> <p>Working Together to Achieve Excellence</p> <p>401 Watt Avenue Sacramento, CA 95821 (916) 487-3434</p>	<p><b>MEADOWVIEW ESTATES</b></p> <p>SCALE = 1" = 20'</p>	<p>DATE: DEC. 15, 2003</p> <p>DATE</p>
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# CERTIFICATION OF INSULATION

PART I GENERAL	<b>ADDRESS OR TRACT</b>	<b>SACRAMENTO BUILDING PRODUCTS</b>
	<p style="font-size: 24px; margin: 0;">JTS</p> <p style="margin: 0;">LOT # 59</p> <p style="font-size: 24px; margin: 0;">Premier</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

PART II AREAS INSULATED	<b>WALLS</b>			<b>CEILINGS</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					
	<b>R - VALUE INSTALLED</b>	<b>APPLIED THICKNESS</b>		<b>R - VALUE INSTALLED</b>	<b>APPLIED THICKNESS</b>	<b>MIN. INSTALLED WEIGHT PER SQUARE FOOT</b>	<b>R - VALUE INSTALLED</b>		<b>APPLIED THICKNESS</b>
	13	3 1/2		30	2				
	<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 <b>FOAM</b>					MANUFACTURER				
					<b>HILTI</b>		<b>HANDY FOAM</b>		

PART III CERTIFICATION	<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	TITLE	DATE
	<p style="font-size: 24px; margin: 0;">JCO</p>	<p style="font-size: 24px; margin: 0;">MANAGER</p>	
	SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS			

## JTS QUALITY ASSURANCE - CONCRETE INSPECTION REPORT

Community: <i>Meadows (P)</i> Lot: <i>59</i>	TYPE OF INSPECTION		TYPE OF INSPECTION	
Plan: <i>151</i> Release: <i>Ph 6</i>	CQAI		CQAR	
Elevation: <i>C</i>	INSPECTOR: <i>Seth Brown</i>		INSPECTOR:	
Address: <i>1911 John Still Dr.</i>	DATE: <i>3-10-04</i>		DATE:	
Garage Location: <i>right</i>	<b>ACCEPTED</b>	DENIED	ACCEPTED DENIED	
Start Time: <i>2:40</i> End Time: <i>2:50</i>				
Total Time: <i>10 min.</i>				
	Acceptable	Not Acceptable	Does Not Apply	Issues / Comments
Options Per Features List Verified: Elevation:				
Lot sign on lot with correct information	X			
Back of electrical panel box marked with lot, plan, elevation and address			X	N/A
UFER rebar is in place with copper wire attached	X			
Flatwork installed at time of slab inspection	X			
Slab as per plot plan	X			
Gas riser and water service installed in correct location and plumb	X			
All forms removed from slab, stem walls and footings	X			
Water pressure test installed	X			
Bollard in proper size and place, free of any excess concrete (36" off garage floor +/- 3" tolerance)	X			
Plumbing capped and free of concrete	X			
Sleepers installed in proper place and in leveled plane with slab	X			
Slab edges are all straight to 1/4" within 6'	X			
Raised foundation height within 1/4"			X	N/A
All anchor and hold down bolts straight and plumb	X			
All embedments A. B. PA strap, and HD are free of excess concrete and tape (mark A.B.'s with orange paint)	X			
Stem walls cleaned and level	X			
All foundation walls, stem walls and raised floor areas are free of voids	X			
Proper hold downs in proper placement (including PA straps)	X			
Anchor bolts in correct location and correct size with proper embedment 2x plate 2 1/2" high 3x plate 3 1/2" high	X			
Major slab lengths are within tolerance (tolerance 1/2" maximum)	X			
Garage door openings are in proper place and proper size	X			
Slab is in proper square form (tolerance 1/2" maximum)	X			
Slab is level and flat, checked with laser (tolerance 1/4" maximum)	X			
Any apparent cracks greater than an 1/8"	X			
Additional Comments:				

# JTS QUALITY ASSURANCE - FLATWORK INSPECTION REPORT

TYPE OF INSPECTION

CQAI

CQAR

FLATWORK

ACCEPTED

DENIED

Inspector: Seth Brown

Date: 3-8-04

Community: Meadows Premier

Lot: 59 Plan: 151

Start Time: 1:45 End Time: 2:00

Release: Ph-6 Elevation: C

Total Time: 15 min.

Address: 1911 John still Dr.

	Acceptable	Not Acceptable	Does Not Apply	Issues / Comments
Flatwork as per plot plan	X			
Compressor pad in proper place, height, and size (not connected to slab 3" below top of slab)	X			
Stoops: 3 1/2" below slab & slope away from slab		X		Right side stoop down below slab 2 1/4"
All flatwork crack and chip free within tolerances	X			
JTS Plaque installed per layout and reads from correct direction (Estate series only)			X	N/A
Drainage piping, irrigation piping installed under driveway and walkways	X			
Water and sewer boxes installed in flatwork with metal lids and square	X			
Forms removed	X			
Forms and debris cleaned up	X			
Excess gravel, rebar, and other materials removed	X			
Rough grade is completed with swells cut and earth below slab surface( 4"minimum)		X		NOT completed.
Rough grade slopes away from slab		X		

0401515

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

(MOTHER APN)

Project Address: 1911 JOHN STELL DR. Assessor Parcel # 052-0010-033  
Lot Number: 59 Subdivision MEADOWVIEW ESTATES UNIT #1

OWNER INFORMATION:

Legal Property Owner: JTS Communities, Inc. Phone# 487-3434  
Owner Address: 401 WATT AVE. City Sacto State CA Zip 95864

CONTRACTOR INFORMATION:

Contractor: JTS Communities Lic. # 767107 Phone #487-3434 Fax 487-3815

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: 1 No. of Rooms: Street Width:  
1st Floor Area 1302 2nd Floor Area 0 Basement Roof Material  
AREA IN SQUARE FOOT OF:  
Dwelling/Living 1302  
Garage/Storage 410  
Decks/Balconies  
Carports  
SCOPE OF WORK: New SFD Plan: 151

FOR OFFICE USE ONLY

- Information Above Complete AR Flood Waiver Required Planning Approval  
Violation Files Checked Flood Elevation Certificate Required Design Review Approval  
Standard Setbacks Water Development Infill Area Special Fee Districts Apply:  
County Sewer

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 c) Owners Name  
b) New Floor Area d) Project Address