

**CALL 264-5191 FOR INSPECTIONS**

PERMIT SERVICES: 808-2534 FIELD OFFICE: 264-5716  
HOUSING/DANGEROUS BLDG: 264-5404

ONCE THE PERMIT IS ISSUED YOU MUST CALL FOR AT LEAST ONE INSPECTOR EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE.

J/D  
JFF

**NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE**

| INSPECTION  | INSPECTOR       | DATE            |
|---|-----------------|-----------------|
| B10 FOUNDATION FORMS  | GDD             | 06/03/03        |
| E60/B11 UFER GROUND   |                 |                 |
| B12 CONCRETE SLAB FORMS   |                 |                 |
| P40 PLUMB. UNDERFLOOR/SLAB  | GDD             | 06/03/03        |
| M30 MECH/UNDERFLOOR/SLAB  |                 |                 |
| E61 ELECT. UNDERGROUND  |                 |                 |
| E62 ELECT. CONDUIT-SLAB   |                 |                 |
| B13 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED           |                 |                 |
| FLOOR JOISTS OR GIRDERS   |                 |                 |
| B14/15 DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED         |                 |                 |
| INSULATION/WALL/FLOOR   |                 |                 |
| P41 TOP PLUMBING  |                 |                 |
| M31 TOP MECHANICAL/WALL/CEILING                                     |                 |                 |
| E63 ROUGH ELECTRICAL/WALL/CEILING                                   |                 |                 |
| B19 FRAME   |                 |                 |
| B17 ROOF PLYWOOD NAIL. CON. <i>1/2" x 4" @ 12" O.C.</i>             |                 |                 |
| B18 EXTERIOR LATH/SIDING  |                 |                 |
| B22 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED           |                 |                 |
| INT. LATH OR WALL BD. NAILING                                       |                 |                 |
| E66 DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED          |                 |                 |
| SERVICE UNDERGRD CONDUIT  |                 |                 |
| P43 SEWER SERVICE   | GDD             | 06/03/03        |
| P42 WATER SERVICE   | GDD             | 06/03/03        |
| P46 SPRINKLER SYSTEM  |                 |                 |
| P47/483 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED       |                 |                 |
| GAS TEST  |                 |                 |
| P48 TEMP GAS  | ISSUED          | EXPIRES 9/9/03  |
| E68 POWER POLE  |                 |                 |
| E67 TEMP. POWER #   | MSK             | 07/16/03        |
| <b>SWIMMING POOLS ONLY</b>  |                 |                 |
| P47 GAS TEST  |                 |                 |
| P51 PLUMBING PRE-GUNITE   |                 |                 |
| P52 PLUMBING PRE-DECK   |                 |                 |
| E70 ELECTRICAL PRE-GUNITE   |                 |                 |
| E71 ELECTRICAL PRE-DECK   |                 |                 |
| E72 ELECTRICAL UNDERGRD   |                 |                 |
| <b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>        |                 |                 |
| ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL |                 |                 |
| DATE: _____ SIGNED: _____   |                 |                 |
| B29 BUILDING  | FINAL INSP. NO. | FINAL APPROVALS |
| E79 ELECTRICAL  |                 |                 |
| P59 PLUMBING  |                 |                 |
| M39 MECHANICAL  |                 |                 |
| F94 FIRE  |                 |                 |
| S92 SITE  |                 |                 |

BUILDING SITE ADDRESS: **5036 Kokomo Dr** SU  
INSR AREA: **4R**

ASSESSOR PARCEL NO. \_\_\_\_\_ NAME OF APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ COMMUNITY PLAN NO. \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

LICENSED CONTRACTOR: \_\_\_\_\_ PROPERTY OWNER: \_\_\_\_\_ ARCH. ENGR: \_\_\_\_\_

NO. OF STORIES: \_\_\_\_\_ NO. OF ROOMS: \_\_\_\_\_ ROOF COVERING AREA: \_\_\_\_\_ 1ST FLOOR: \_\_\_\_\_ TOTAL AREA: \_\_\_\_\_ GARAGE AREA: \_\_\_\_\_ PATIO AREA: \_\_\_\_\_ USE ZONE: \_\_\_\_\_ STREET WIDTH: \_\_\_\_\_

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

NATURE OF WORK IN DETAIL: **MP 1877 1 SDRY & ROOM OFR**

FLOOD STATUS: **OVERSIDE 1** SPECIAL CONDITIONS ATTACHMENTS: **DUP. 08/12/03**

CITY OF SACRAMENTO INSPECTIONS 264-5191

**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: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

WARNING: FAILURE TO SECURE WORKERS' 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

|             |                           |            |
|-------------|---------------------------|------------|
| ISSUED BY:  | VALUATION \$              | FIRE SP.   |
| DATE ISSUED | BUILDING PERMIT FEE \$    | FED CODE   |
|             | PLAN CHECK/PROC. FEE \$   | PERMIT NO. |
|             | S.M.I. FEE \$             |            |
|             | CONST. EXCISE TAX \$      |            |
|             | CITY BUS LICENSE \$       |            |
|             | TECH. FEE \$              |            |
|             | WATER DEV. FEE \$         |            |
|             | CITY SEWER DEV. FEE \$    |            |
|             | REG. SEWER FEE \$         |            |
|             | RESIDENTIAL CONST. TAX \$ |            |

# CERTIFICATION OF INSULATION

|  |   |
|--|---|
| <p><b>SACRAMENTO BUILDING PRODUCTS</b></p> <p>DATE INSULATION COMPLETED</p> <p> <input type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026<br/> <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026<br/> <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026<br/> <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675<br/> <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675         </p> | <p style="text-align: center;"><b>ADDRESS OR TRACT</b></p> <p style="font-size: 2em; text-align: center;">D.R. HORTON</p> <p style="text-align: center;">LOT # 3</p> <p style="font-size: 2em; text-align: center;">GREEKSIDE (CORNERSTONE)</p> |
|--|---|

| WALLS   |                   |                   | CEILINGS  |                                       |                   | FLOORS  |                   |                   |
|---|-------------------|-------------------|---|---------------------------------------|-------------------|---|-------------------|-------------------|
| MATERIAL  |                   |                   | MATERIAL  |                                       |                   | MATERIAL  |                   |                   |
| FORM  |                   |                   | FORM  |                                       |                   | FORM  |                   |                   |
| MANUFACTURERS PRODUCT I.D.                      |                   |                   | MANUFACTURERS PRODUCT I.D.                      |                                       |                   | MANUFACTURERS 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                               | MIN. INSTALLED WEIGHT PER SQUARE FOOT | R-VALUE INSTALLED | APPLIED THICKNESS                               | R-VALUE INSTALLED | APPLIED THICKNESS |
| 13  | 3 1/2"            | 30                | 30  | 9"                                    |                   | 12"   |                   |                   |
| 19  | 3 1/2"            | 30                | 30  | 9"                                    |                   | 12"   |                   |                   |
| FIBERGLASS                                      |                   |                   | FIBERGLASS                                      |                                       |                   | FIBERGLASS                                      |                   |                   |
| BATS  |                   |                   | BATS & BLOW                                     |                                       |                   | BATS  |                   |                   |
| MANUFACTURER                                    |                   |                   | MANUFACTURER                                    |                                       |                   | MANUFACTURER                                    |                   |                   |
| CT  |                   |                   | CT  |                                       |                   | CT  |                   |                   |
| OC  |                   |                   | OC  |                                       |                   | OC  |                   |                   |
| JM  |                   |                   | JM  |                                       |                   | JM  |                   |                   |
| APPLIED THICKNESS                               |                   |                   | APPLIED THICKNESS                               |                                       |                   | APPLIED THICKNESS                               |                   |                   |
| R-VALUE INSTALLED                               |                   |                   | R-VALUE INSTALLED                               |                                       |                   | R-VALUE INSTALLED                               |                   |                   |
| MIN. INSTALLED WEIGHT PER SQUARE FOOT           |                   |                   | MIN. INSTALLED WEIGHT PER SQUARE FOOT           |                                       |                   | MIN. INSTALLED WEIGHT PER SQUARE FOOT           |                   |                   |
| KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |                   |                   | KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |                                       |                   | KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE |                   |                   |
| MANUFACTURER                                    |                   |                   | MANUFACTURER                                    |                                       |                   | MANUFACTURER                                    |                   |                   |
| FORM  |                   |                   | FORM  |                                       |                   | FORM  |                   |                   |
| BATS  |                   |                   | BATS  |                                       |                   | BATS  |                   |                   |
| FIBERGLASS                                      |                   |                   | FIBERGLASS                                      |                                       |                   | FIBERGLASS                                      |                   |                   |
| TYPE OF INSULATION                              |                   |                   | TYPE OF INSULATION                              |                                       |                   | TYPE OF INSULATION                              |                   |                   |
| (   |                   |                   | (   |                                       |                   | (   |                   |                   |
| SQUARE FEET)                                    |                   |                   | SQUARE FEET)                                    |                                       |                   | SQUARE FEET)                                    |                   |                   |
| MATERIAL  |                   |                   | MATERIAL  |                                       |                   | MATERIAL  |                   |                   |
| FIBERGLASS                                      |                   |                   | FIBERGLASS                                      |                                       |                   | FIBERGLASS                                      |                   |                   |
| BATS  |                   |                   | BATS  |                                       |                   | BATS  |                   |                   |
| AIR INFILTRATION SEALANT                        |                   |                   | AIR INFILTRATION SEALANT                        |                                       |                   | AIR INFILTRATION SEALANT                        |                   |                   |
| MANUFACTURER                                    |                   |                   | MANUFACTURER                                    |                                       |                   | MANUFACTURER                                    |                   |                   |
| HILTI   |                   |                   | HILTI   |                                       |                   | HILTI   |                   |                   |
| MATERIAL  |                   |                   | MATERIAL  |                                       |                   | MATERIAL  |                   |                   |
| FOAM  |                   |                   | FOAM  |                                       |                   | FOAM  |                   |                   |
| HANDY FOAM                                      |                   |                   | HANDY FOAM                                      |                                       |                   | 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 | TITLE    |
| <i>[Signature]</i>                | MANAGER  |
| SIGNATURE - GENERAL CONTRACTOR    | TITLE    |
| <i>[Signature]</i>                | DATE     |
| REMARKS                           | DATE     |
|                                   | 10/14/02 |

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

No. 200-916454

**KwikKote**

Stucco System

Installation Card

Job Name: CREEKSIDE - CORNERSTONE

Address:

*5236 Kokomo Dr.  
Lot #63*

Stucco System Trade Name: KWIK KOTE  
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.  
Report No. 3607  
Date of Job Completion:

Home Builder: D.R. HORTON INC.

Address: 4401 HAZEL AVE. SUITE 135  
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.  
Address: PO BOX 2077  
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as  
Issued by the Stucco Manufacturer: 1001

Card Print Date: 07/21/2003

This is to certify that the stucco system on the building exterior at the above address had been installed  
in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of stucco contractor

Date  
*10-1-03*