

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0003423

Insp Area: 4

Site Address: 2875 FLORA SPRINGS WY SAC

Parcel No: 225-1380-098

LOT 98 GATEWAY WEST 6

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTORBEAZER HOMES
3009 DOUGLAS BL #150
ROSEVILLE CA 95661**OWNER****ARCHITECT**

Nature of Work: NSFR MP1441 7 RMS

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 724191 Date 4/6/00 Contractor Signature Sheryl Van Maeren**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 _____

CITY OF SACRAMENTO
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**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 4/6/00Applicant/Agent Signature Sheryl Van Maeren**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 LIBERTY MUTUAL INS CO.

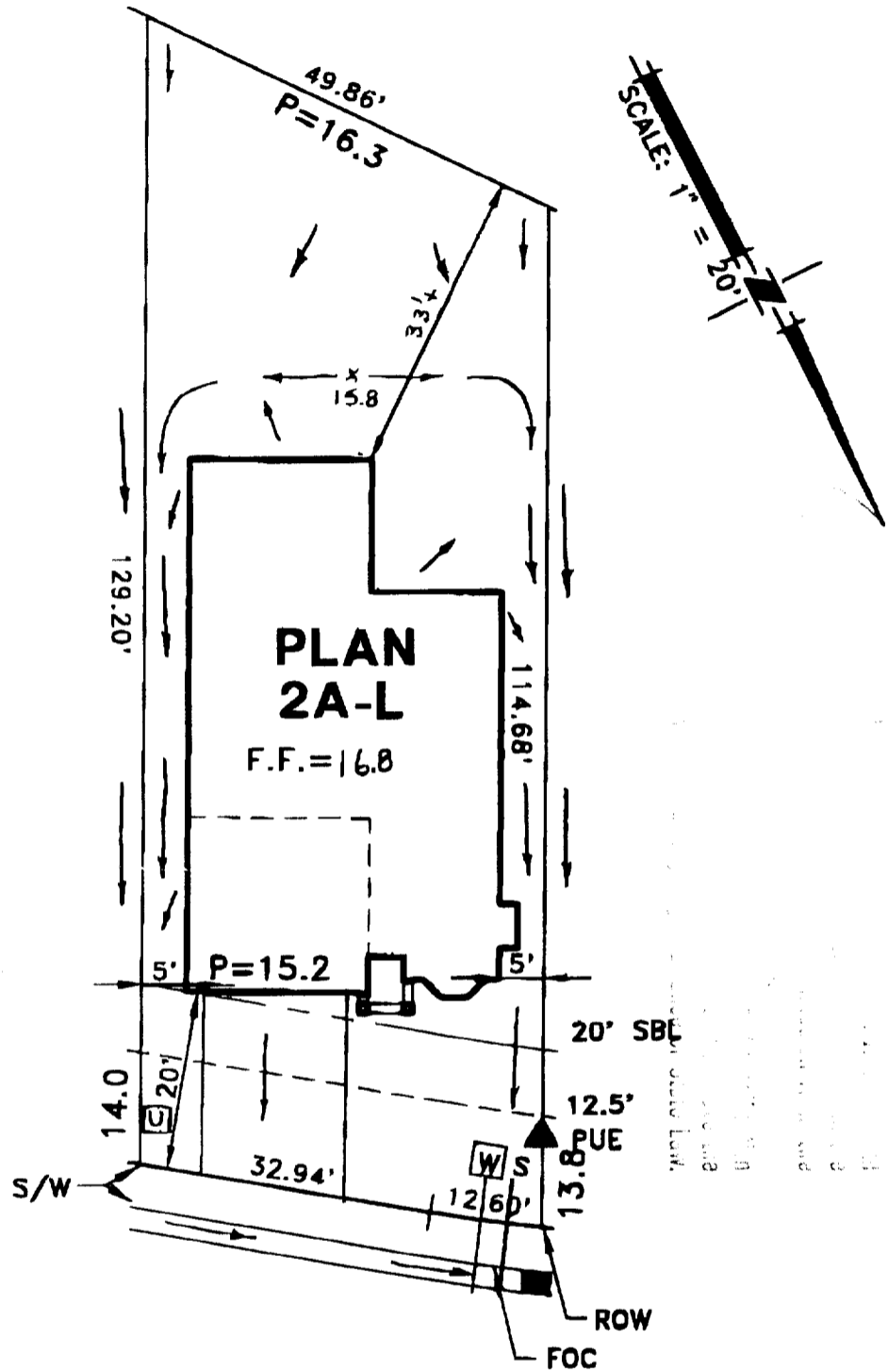
Policy Number WA2-65D-004147-059

Exp Date 4/1/2000

____ (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 4/6/00Applicant Signature Sheryl Van Maeren**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.**

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALL ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



FLORA SPRINGS WAY

- ▲ = UTILITY TRANSFORMER
- ◻ = UTILITY SERVICE BOX

| ROUTING / APPROVAL | | INITIALS |
|--------------------|---|-------------|
| President | ✓ | |
| Secretary | ✓ | (Signature) |
| Director | ✓ | (Signature) |

LOT COVERAGE=34%

| | | | |
|---|--------|----------------|-------------|
| PLOT PLAN LOT 98 GATEWAY WEST VILLAGE NO.6 FOR BEAZER HOMES SACRAMENTO COUNTY CALIFORNIA | | | |
| WOOD-RODGER <small>INC.</small> | | | |
| DATE: | DRAWN: | CHECKED: | PROJECT NO: |
| MAR.2000 | DPB | JWA 3-21-00 | 1031.021 |

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other

Project Address: 2875 Flora Springs Way

Assessor Parcel # 225-138-098

OWNER INFORMATION:

Legal Property Owner: Beazer Homes Phone # 773-3888
Owner Address: 3009 Douglas Blvd #150 City Roseville State CA Zip 95661

CONTRACTOR INFORMATION:

Contractor: Beazer Homes Lic. # 724191 Phone # 773-3888 Fax # 773-0425

PROJECT INFORMATION:

Land Use Zone _____ Occupancy Group _____ Construction Type _____ Fed Code _____

No. of stories: 1 No. of rooms: _____ Street width: _____

1st Floor Area 1441 2nd Floor Area 0 Basement 0 Roof Material _____

| AREA IN SQUARE FOOT OF: | EXISTING | NEW |
|-------------------------|----------|-------------|
| Dwelling/Living | _____ | <u>1441</u> |
| Garage/Storage | _____ | <u>439</u> |
| Decks/Balconies | _____ | _____ |
| Carports | _____ | _____ |

SCOPE OF WORK: New SFD

FOR OFFICE USE ONLY

- Information above complete
- Violation files checked
- Standard setbacks
- County Sewer
- AR Flood Waiver required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply : _____

NEW STRUCTURES & ADDITIONS

◆ THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE
- 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA
- Title 24 Energy Compliance documentation
- Grading and Erosion Control Questionnaire
- Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures.
- 11" x 17" copy of floor plan for County Assessor
- Plan Review Fees

Date: _____

Received by: (staff) _____

ACTIVITY/PERMIT # _____

CERTIFICATION OF INSULATION

PART I GENERAL

BEAZER

LOT # *6088*

2875 Flora Springs

GATEWAY WEST

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART II AREAS INSULATED

| WALLS | | CEILING | | | 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 | |
| OCF | | OCF | | | OCF | |
| OCF | | BAGS | | | OCF | |
| 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 5/8"</i> | <i>30</i> <i>30</i> | <i>9"</i> <i>12"</i> | | | |

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

| | | | |
|-------------------------------|----------------------|---------|----------------------------|
| MATERIAL FIBERGLASS | FORM BATTS | R VALUE | MANUFACTURER OCF |
|-------------------------------|----------------------|---------|----------------------------|

AIR INFILTRATION SEALANT

| | |
|-------------------------|----------------------------------|
| MATERIAL FOAM | MANUFACTURER W R GRACE |
|-------------------------|----------------------------------|

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

| | | |
|---|------------------|-----------------------|
| SIGNATURE - INSULATION CONTRACTOR <i>Bell Howard</i> | TITLE MANAGER | DATE <i>8-3-00</i> |
| SIGNATURE - GENERAL CONTRACTOR | TITLE | DATE |

REMARKS



19437



INSTALLATION CARD

Job Address:

Beazer
Reflection of Sarto Lot # 6098
2875 Flora Springs. SAC

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

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

Stucco Contractor: Kenyon Construction
Name: John W. Kenyon III
Address: P.O. Box 2077
North Highlands, CA 95660
Telephone Number: (916) 349-8191

System or brand of product installed by the Stucco Manufacturer:

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 contractor:

Date:

8/1/00