CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 230 VISTA COVE CR SAC

Parcel No:

225-1610-013

WESTBR 6 LOT 13

Insp Area: Thos Bros:

4

Sub-Type: NSFR

Housing (Y/N): N

Permit No: 0113643

CONTRACTOR

OWNER

ARCHITECT

MORRISON HOMES 1130 IRON POINT RD STE 120 FOLSOM CA. 95630

Nature of Work: NSFR MP3262 2 STORY 11 RMS
CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance the work for which this permit is issued (Sec. 3097, Civ. C).
Lender's Namednder's Address
LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.
License Class 13 License Number 519465 Date 10-23 01 Contractor Signature
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the follow reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structuprior 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 Contract 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 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 fundred 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 sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, a 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 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 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 licensed pursuant to the Contractors License Law).
I am exempt under Sec. B & PC for this reason:
DateOwner Signature
IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of amprovement 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 building construction and herby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.
Date 10-23-01 Applicant/Agent Signature
WORKER'S COMPENSATION DECLARATION: I hereby aftirm 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 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 who this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier ZURICH-AMERICAN INS. CO. Policy Number WC2090701-03 Exp Date 11/01/2001
(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, Isl not employ any person in any manner so as we hereprose subject to the workers' compensation laws of California and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Idol Code. I shall forthwith comply with those provisions. Date 10-23-01 Applicant Signature 1000 or Less)
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER

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 ATTORNEYS FEE.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION Project Address: 230 Vista Cove Circlessessor Parcel # 225-1610-013 Subdivision Westborough Village #6 OWNER INFORMATION: Legal Property Owner: Morrison Homes Owner Address: 1130 Iron Point Rd #12Gity Folsom State CA 7: 95630 State CA Zip 95630 CONTRACTOR INFORMATION: Contractor: Morrison Homes Lic. # 519465 Phone # 355-8900 Fax 355-0100 PROJECT INFORMATION: Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A No. of Stories: 2 No. of Rooms: Street Width: 1st Floor Area 1584 2nd Floor Area 1674 Basement Roof Material AREA IN SQUARE FOOT OF: Dwelling/Living 3242 Garage/Storage 6/5 Decks/Balconies Carports SCOPE OF WORK: New Single Family Dwelling □ Information Above Complete

☐ Violation Files Checked☐ Standard Setbacks☐ County Sewer	☐ Flood Elevation Certificate Required ☐ Water Development Infill Area	☐ Planning Approval ☐ Design Review Approval ☐ Special Fee Districts Apply:
D 11 X 17 COPY OF FLOOR PLAN WIT a) Assessors Parcel Number b) New Floor Area	E PROVIDED IN ORDER TO SUBMIT FOR PERMI E & DRAWN TO SCALE H FOLLOWING INFORMATION c) Owners Name d) Project Address	Revd

Date:

Received by: (staff)

Permit #

PLANNING AND ZONING REVIEW to be filled out by Planning staff.....

ADDRESS: 230 Vista Cove Circle	·
APN: 225-1610-013	ZONING: R - 1
DESIGN REVIEW AREA: Expanded North	
PREVIOUS FILES RELATED TO SITE:	
	. •
EXISTING LAND USE: Vacant	
PROPOSED USE: Single fairly residence	<u> </u>
COMMENTS: Meets setbacks + lot a	verage.
DATE: <u>!</u>	1/27/01 PY: XILOU
DOES IT APPEAR THAT THE PROJECT WILL REQU	JIRE A PLANNING APPLICATION?
YES NO (If yes, circle applic	ations needed below)
StaffZAPlanning CommissionDesig	gn ReviewPreservation Review
CONCLUSION:	
Just correcting floor plan - no chan	se to actual
Just correcting floor plan - no chan footprint or floor plan from approx	
DATE: <u>//</u>	1/27/a1 BY: XI

MAILING ADDRESS CITY-STATE-ZIP PROPERTY SUBDIVISION DESTA APN: SRCSD CSD-1 SACRAMENT ACCT CONSOLIDATED UTILITY APPLICANT SIGNATURE ADDITIONAL FEES OWNER N-LIEU CONSTRUCTION INSPECTION APPLICATION NO: П П П GENERAL ADDRESS ALC MAY BE INFORMATION BILLING ULATION 3UG 8 Tie I ЭSП ONLY INPUT COMMERCIAL RESIDENTIAL Ì BLDG PERMIT NO: WD200 PRIO J/0/6 SHL JS. THIS PERMIT YEAR FROM INCREASE SEWER IMPAC 3SO PHONE J 6 6 <u>ان</u> GOOD ONLY WHEN START DATE OF SE ISSUANCE **≤** SLIND

CERTIFICATION OF INSULATION

230 Vista Con		P.O. BOX 854, WES 1309 MELODY ROA P.O. BOX 9651, FR P.O. BOX 1631, RE 3326 A PONDEROS DATE INSULATION COMP		691 LIC. #202026 901 LIC. #202026 C. #202026 75 / 89118 LIC. #10675
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FIBERGLASS	BATTS			OCF
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SIGNATURE—INSULATION CONTRACTOR		TITLE MANAGER	DATE	
SIGNATURE—GENERAL CONTRACTOR		TITLE	DATE	
REMARKS:				

Natomas Unified School District

1515 Sports Drive, #1 • Sacramento, CA 95834-1905 Phone 916/641-3300 • Fax 916/928-1629

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

DADE SA TOODE COMPLETED DV ADDITION		
PART 1: TO BE COMPLETED BY APPLICANT		
Property Owner's Name /// Sont /46/1100		
Owner's Address 1130 Translation of the Address 1130 Translati		
Project Address 230 VISIA CVE CVE		
Parcel Number 225 //c/0 0/3		
Subdivision Name West process (6) 11/1/16 # 16		
Number of Units /		
Print Applicant's Name OR Applicant's Signature Applicant's Signature	ghappy and any .	
Title of Applicant Formula test		
Date $10/10/01$ Telephone Number $723-994$	<u>6 </u>	
PARTIE TO BE COMPLETED BY BUILDING DEPARTMENT		
Plan Identification Number $4 > 10^{-2}$		
Building Type (Check One)		
Residential Apartment/Condominium Commercial/Indu	ıstrial	
Square Feet of Chargeable Building Area 3262		
Signature 7		
Title B Insp Date 10/72		
PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRI	CT	
District Certification Number		
Fees Collected:		
Residential: 3242 Sq. Ft. X\$ 3.35 =\$ 10,927, 76	<u>.</u>	
Apartment/Condominium: Sq. Ft. X\$ =\$		
Commercial/Industrial: Sq. Ft. X \$ = \$		
NOTICE TO APPLICANT: Pursuant to government code section 66020 (d), this will serve to notify yo	u that	
the 90-day approval period in which you may protest the fees, or other payment identified above, will beg	in 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, or to another public entity authorized to collect them on behalf of the District, whichever is earlie	r.	
Applicant Signature: Date: 10-10-01		
Applicant Signature:Date:		
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.		
TO BE LOT LIBERAL SECURITIES IN A MANAGEMENT AND A SECURITIES OF		
As the authorize Natomas Unified School District official, I hereby certify that the requirements of		
Government Code Section 95995 have been complied with by the above signed applicant.		
SIGNATURE: Mucles Morror DATE: 10/23/ Michael Morman Facilities Planning Director	(z1)	
Michael Morman	,	
TITLE: Michael Morman / / Facilities Planning Director		

YELLOW-SCHOOL DISTRICT

WHITE-SCHOOL DISTRICT

FM/lg X/BusServ/Doc/Frank/Dev Fees/Form

PINK-BUILDING DEPARTMENT GOLD-APPLICANT

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

Date of Job Completion AN 11 TH 2002 PLASTERING CONTRACTOR: Name: \(1000000000000000000000000000000000000	JOB ADDRESS:	ICRO D
PLASTERING CONTRACTOR: Name: \(\square \text{OL(O (\lambda OR) +) /\lambda C} \) Address: \(\square \text{DOO} \) (\lambda \text{DIP} +) /\lambda C \) Telephone No: \(\lambda \text{II} \) \(\lambda \text{SS} \) \(\lambda \text{DIP} \) Contractor Number of Diamond Wall System \(\lambda \text{DIP} \) 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 specified above and the manufacturer instructions \(\lambda \text{DIP} \) Signature \(\text{DI} \) authorized \(\text{Peresenvalue of } \)	230 VISTA COUR CIR	ICBO Report #4004
Name: TUCCO (NORT) INC. Address: 5900 (NORT) INC. Telephone No: (916) 383 66 99 Contractor Number of Diamond Wall System 2/75 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 specified above and the manufacturer instructions. 2-5-02 Signature of authorized percentarium of		Date of Job Complexion
Address: 5900 (N) ATE 11003 C. MAY SACKINGENTO C. Telephone No: (916) 383 66 99 Contractor Number of Diamond Wall System 2175 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 specified above and the manufacturer instructions. 2-5-00 Signature of authorized perceentative of	PLASTERING CONTRACTOR:	
Address: 5900 (N) ATE 11003 C. MAY SACKINGENTO C. Telephone No: (916) 383 66 99 Contractor Number of Diamond Wall System 2175 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 specified above and the manufacturer instructions. 2-5-00 Signature of authorized perceentative of	Name: STUCCO (CONT)	1010
Contractor Number of Diamond Wall System 2/5 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 specified above and the manufacturer instructions. 2-5-01 Signature of authorized perceentatives of	Address: 5900 (1) AME 113050	11/11/
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 specified above and the manufacturer instructions. Date Signature of authorized perceentatives of	Telephone No: (916) 383 66	99 CHAMENTO C
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 specified above and the manufacturer instructions. Date Signature of authorized perceentatives of	Contractor Number of Diamond Wall System	2175
Plastering Contractor	report specified above and the manufacture	er' instructions.
	Plastering Con	ntractor

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

