

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0507997
Insp Area: 2
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 250 STONE VALLEY CR SAC
Parcel No: BROOKFIELD MEADOWS UNIT#2 LOT #21

CONTRACTOR
TIM LEWIS COMMUNITIES
5750 SUNRISE BLVD
CITRUS HIGHTS 95610

OWNER

ARCHITECT

Nature of Work: MP2289 2 STORY 10RM 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 _____ License Number 492827 Date 6/13/05 Contractor Signature _____

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.)

PAID
CITY OF SACRAMENTO
JUN 13 2005
BUILDING PERMIT
CENTER

_____, 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 _____

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 above mentioned property for inspection purposes.

Date 6/13/05 Applicant/Agent Signature _____

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 STATE FUND Policy Number 0401182004 Exp Date 04/01/2006

(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 6/13/05 Applicant Signature _____

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.



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998
North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 250 Stone Valley PERMIT NO. 0507997

INSPECTION COMMENTS	PERMIT DOCUMENTS
7-19-05 B 10, 11 AP B40 CN HW	HW Sub Backs OK
7-21-05 B 12 CN HW	B40 not approved
7-27-05 B 12, 40 AP	Expose for inspection
9-2-05 B 42, 43 AP	
9-15-05 B 17 AP HW	
9-20-05 B 26 CN HW	
9-22-05 B 26 AP HW	
10-6-05 E 67-49-Tru 38273	
10-14-05 B 1881 CN HW	ok to 10/50
10-19-05 B 18, 814 AP HW	
12-13-05 B 9 CN	
12-14-05 B 9 CN	Ret inspection is due

FINAL APPROVALS	
BUILDING	12-15-05 [Signature]
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	

CITY OF SACRAMENTO

RE-INSPECTION PAYMENT FORM

PD: 12/14/2005 042 SMU
DATE: 12/14/2005 1:59PM 00000322
PMT#: 0507997 SHT RES BLD PT
0200BLDG PNT-RESID
\$75.00

CA CHANGE \$80.00
\$5.00

(916) 264-7619 (916) 264-7046 (fax)

DATE: 12/14/05
ADDRESS: 250 Stone valley CR
PERMIT NUMBER: 0507997

- Residential (if commercial, check discipline)
- Commercial
- Building
- Mech/Plumbing
- Electric
- Site
- Fire
- Sign

PAID
CITY OF SACRAMENTO
DEC 14 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

FEE: \$75 PER INSPECTION
TOTAL 75.00

Inspector's Name: Joseph 508-6243
APS Entry By: SANPRA Munoz Date: 12/14/05

cc: Field Inspection - Support Staff
Fax Permit Specialist

CERTIFICATION OF INSULATION

P A R T I G E N E R A L	ADDRESS OR TRACT	SACRAMENTO BUILDING PRODUCTS							
	<p style="font-size: 1.2em; margin: 0;">TIM LEWIS LOT # 21</p> <p style="margin: 0;">250 Stone Valley</p> <p style="margin: 0;">#8507997 Plan 5</p> <p style="font-size: 1.2em; margin: 0;">VISIONS BROOKFIELD</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							
P A R T II A R E A S I N S U L A T E D	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
	13 19		3.5 5.5		30	4-12"	19		5.5
	KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
	MATERIAL FIBERGLASS		FORM BATTS		R VALUE			MANUFACTURER	
							CT	OC	JM
AIR INFILTRATION SEALANT									
MATERIAL				MANUFACTURER					
<i>Foam</i>				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				TITLE			DATE		
<i>B.G.</i>				MANAGER			<i>10/19/05</i>		
SIGNATURE — GENERAL CONTRACTOR				TITLE			DATE		
REMARKS									

BUILDER COPY

Tim Lewis - Visions @ Brookfield Meadows

Site Address

750 STONE VALLEY CR SAC

Permit Number

0507997

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

Plan 5

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-8.0	29,167	80,000	Plan 1
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-6.0	31,809	80,000	Plan 2
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-8.0	31,744	80,000	Plan 3
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,988	80,000	Plan 4
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-6.0	37,081	80,000	Plan 5
Furnace	York LY8S080B16UH11	1	0.80	Attic	R-8.0	36,099	80,000	Plan 6
Furnace	York LY8S060A12UH11	1	0.80	Attic	R-8.0	27,428	80,000	Plan 7

Cooling Equipment

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	York H*RC030 *	1	13.0	Attic	R-8.0	23,872	27,800	Plan 1
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	24,093	27,800	Plan 2
Condenser	York H*RE038 *	1	14.0	Attic	R-8.0	26,661	31,800	Plan 3
Condenser	York H*RC042 *	1	13.0	Attic	R-8.0	33,348	38,800	Plan 4
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	32,249	38,800	Plan 5
Condenser	York H*RC042 *	1	13.0	Attic	R-6.0	31,708	38,800	Plan 6
Condenser	York H*RC030 *	1	13.0	Attic	R-6.0	20,264	23,900	Plan 7

TXV - Indicates Thermal Expansion Valve On Coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Tim Lewis 3-28-05
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

- (2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
- (3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

BY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

250 STONE VALLEY CR
Site Address U SAC

0507997
Permit Number

Plan 5

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-IR value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-IR value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-IR) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	IF Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value
GAS	A. O. SMITH GVR-50-100	STD	N/A	1	40,000	50	.62	N/A	N/A

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-IR) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Paul J. B...
Signature/Date

BIANCHI PLUMBING CO., INC
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
Building Owner at Occupancy

INSTALLATION CERTIFICATE

(Page 2 of 13)

CF-6R

Site Address **TIM LEWIS - VISIONS**

Permit Number

FENESTRATION/GLAZING:

ALSIDE - ALPINE

7000 SERIES WINDOWS

240 Stone Valley PLANS A 0507997 Plans

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.							
2. SLIDERS	.35	.32	2		193		LOW-E GLASS
3.							
4. SINGLE HUNG	.35	.32	2		173		
5.							
6. PICTURE WINDOWS	.34	.35	2		0		
7.							
8. PATIO DOORS	.35	.35	2		48		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

- ¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.
- ² Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

2, 4, 6, 8
Item #s
(if applicable)

[Signature] **9-30-05**
Signature, Date

Y.T. GLASS & WINDOWS INC.
3200 DWIGHT RD STE 400
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #s
(if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

Item #s
(if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner
OR Window Distributor

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

INSTALLATION CARD
Diamond Wall One Coat System
Omega Products International, Inc.

ICBO Evaluation Service, Inc.
Evaluation Report ER-4004

Date of Job Completion

11/1/05

Job Address

250 STORE VALLEY CIRCLE
BOY-21

VISIONS

Plastering Contractor

Name: Energelle Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

Telephone No.: (916) 488-8455

Approved contractor number as
Issued by coating manufacturer:

Applicator # 318

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's instructions.

Signature of authorized representative
or plastering contractor

[Signature]

11/30/05
Date

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

FIGURE 3

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
 CITY OF SACRAMENTO
SEWER IMPACT FEE 406
 PERMIT AND CALCULATION 3 JUNE 05

APPLICATION NO: _____ BLDG PERMIT NO. _____


GENERAL INFORMATION
 SWP 2005-00466
 MASTER AND FIRST PERMIT
 CSP-1 JWD 2005-00088
 10 LOTS
 10 x 6500 = 65,000
 THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE
 THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
 PAID 3 JUNE 05

FEE CALCULATION

INSPECTION	RESIDENTIAL	SF	MF
CSD-1			
SRCSD	10 x	2,500 =	25,000
CONSTRUCTION			
IN-LIEU			
TOTAL FEE			25,000

APN: 119-2080-021
 DESCRIPTION/SUBDIVISION: Brookfield Meadows LOT: 21-
 PROPERTY ADDRESS: 350 Stone Valley Circle

OWNER: Tim Lewis Communities
 MAILING ADDRESS: 5750 Sunrise Blvd #305
 CITY-STATE-ZIP: Crest Heights CA 95610 PHONE: 916-8047

ADDITIONAL FEES MAY BE DUE Y CHANGES IN USE INCREASE SEWER IMPACT.
 APPLICANT SIGNATURE: 
 CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME TIM LEWIS COMMUNITIES
 OWNER'S ADDRESS 5750 SUNRISE BLVD #225 CITRUS HEIGHTS, CA 95610
 PROJECT ADDRESS 250 STONE VALLEY CIRCLE SACRAMENTO, CA
 PARCEL NUMBER 119-208-021 LOT NO. 21
 SUBDIVISION NAME BROOKFIELD MEADOWS
 NUMBER OF UNITS 1
Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.
 APPLICANT'S SIGNATURE
 TITLE OF APPLICANT _____
 DATE 6.1.05 PHONE NUMBER (916) 966-8047

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 2289
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA _____
 NAME (PRINTED) _____ SIGNATURE _____
 TITLE _____ PHONE NUMBER _____ DATE _____

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 48200
 EXEMPT _____ COMMENTS _____

RESIDENTIAL - LEVEL 1	2289 SQ FT X	\$ <u>2.24</u>	= \$ <u>5127.36</u>
RESIDENTIAL - LEVEL 2		\$ <u>1.74</u>	= \$ <u>3914.19</u>
TOTAL RESIDENTIAL		\$ <u>3.98</u>	= \$ <u>9041.55</u>
SENIOR RESIDENTIAL	_____ SQ FT X	\$ _____	= \$ _____
COMMERCIAL/INDUSTRIAL	_____ SQ FT X	\$ _____	= \$ _____

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 district official, I hereby certify that the requirements of Government Code Section 995 and any other authorized requirements have been complied with by the above signed applicant.

COPY

PAID

JUN 03 2005

SIGNATURE DATE _____
 TITLE _____

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

PLOT PLAN

BROOKFIELD MEADOWS UNIT NO.2

APN: _____ ADDRESS: 250 STONE VALLEY CIRCLE
 HOME SITE #: 21 RESIDENCE: 2289 ELEV.: A
 ORIENTATION: R COLOR: 3 STYLE: IT
 HOME SITE: 6991 S.F. (.16ac.) COVERAGE: 21.3%

NOTE: THIS PLOT IS PREPARED TO SHOW THE DIMENSIONAL RELATIONSHIP FROM BUILDING FOUNDATIONS TO PROPERTY LINE, DESIGN OF DRAINAGE CONTROL ELEVATIONS AND DIRECTION OF DRAINAGE FLOW TO CONFORM WITH LOCAL ORDINANCES FOR THE PURPOSE OF BUILDING PERMIT ISSUANCE ONLY. ANY DEVIATIONS FROM SLOPES SHOWN, GRADING ON LOT, AND SETBACK DIMENSIONS MADE BY THE PROPERTY OWNER MUST BE APPROVED BY THE CITY OF SACRAMENTO. THIS INFORMATION SHOWN IS APPROXIMATE, EXCEPT FOR SETBACKS, WHICH ARE MINIMUMS REQUIRED BY ORDINANCE. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITIONS WHICH MAY VARY FROM THIS PLAN.

MINIMUM SETBACKS:

- FRONT - 20'
- SIDE - 5'
- REAR - 20'

LEGEND

- PROPERTY LINE
- PUE PUBLIC UTILITY EASEMENT
- RW RIGHT OF WAY
- XX SLOPE LINES
- SETBACK
- L.P. LOT PAD
- FF FINISHED FLOOR
- W WATER SERVICE
- S SEWER SERVICE
- SWALE (1% MIN.)
- STREET LIGHT
- ▲ FIRE HYDRANT
- ▢ TRANSFORMER
- △ DRY UTIL. SERV. NOTCH
- DRY UTIL. PULLBOX

TIM LEWIS COMMUNITIES 5750 SUNRISE BLVD., STE. 130 CITRUS HEIGHTS, CALIFORNIA 95810 (916) 966-8047 LAST EDITED: 5/24/05	APPROVED: _____	REV.1 _____	SIGNED (BUYER) _____ DATE: _____
		REV.2 _____	
		REV.3 _____	SIGNED (BUYER) _____ DATE: _____