

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

Permit No: 0507996

Insp Area: 2

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 150 STONE VALLEY CR SAC  
Parcel No: BROOKFIELD MEADOWS UNIT # LOT #31

CONTRACTOR  
TIM LEWIS COMMUNITIES  
5750 SUNRISE BLVD  
CITRUS HIGHTS 95610

OWNER

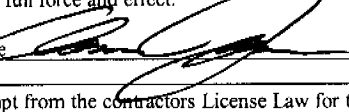
ARCHITECT

Nature of Work: MP2189 2 STORY 9RM 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 Professions 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

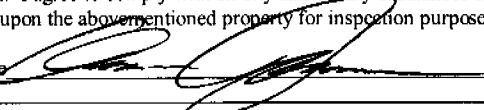
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 abovementioned 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.**

# CERTIFICATION OF INSULATION

PART I GENERAL	TIM LEWIS LOT # 31  VISIONS @ BROOKFIELD		SACRAMENTO BUILDING PRODUCTS <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	WALLS			CEILINGS			FLOORS				
	(                      SQUARE FEET)			(                      SQUARE FEET)			(                      SQUARE FEET)				
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION				
	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.				
	MANUFACTURER			MANUFACTURER			MANUFACTURER				
	CT	OC	JM	CT	OC	JM	CT	OC	JM		
	BAGS										
	R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS				
	13 19	3.5 5.5	30	9-12"	—	—					
	KING WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE										
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE			MANUFACTURER		
									CT	OC	JM
AIR INFILTRATION SEALANT											
MATERIAL <b>Foam</b>						MANUFACTURER					
						<b>HILTI</b>			<b>HANDY FOAM</b>		
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>B.G.</i>						TITLE <b>MANAGER</b>			DATE <i>11/18/05</i>		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											

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

ICBO Evaluation Service, Inc.  
Evaluation Report ER-4004

Date of Job Completion

12/15/05

Job Address

Tim Lewis Union's  
150 Stone Valley Circle  
Lot 31

Plastering Contractor

Name: Energetic Lath & Plaster, Inc.

Address: 3030 Orange Grove Avenue North Highlands, CA 95660

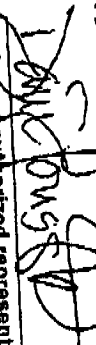
Telephone No.: (916) 488-8455

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



Date 1/17/06

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

FIGURE 3

INSTALLATION CERTIFICATE

CF-6R

Tim Lewis - Visions @ Brookfield Meadows

Site Address

Permit Number

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

Table with 8 columns: 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), and Plan number. Rows include Furnace units for Plans 1 through 7.

Cooling Equipment

Table with 8 columns: 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), and Plan number. Rows include Condenser units for Plans 1 through 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.

Handwritten signature and date: 3-28-05

Beutler Corporation

OR General Contractor ( Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: 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 (%), and 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

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

**INSTALLATION CERTIFICATE**

(page 1 of 4)

CF-6R

Site Address \_\_\_\_\_

Permit Number \_\_\_\_\_

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.) <sup>1</sup> [≥CF-1R value]	Duct Location (atls, 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.) <sup>1</sup> [≥CF-1R value]	Duct Location (atls, 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) 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 \_\_\_\_\_

**WATER HEATING SYSTEMS:**

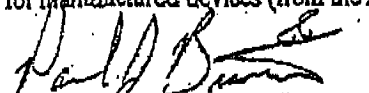
Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value
GAS	A. O. SMITH GVR-50-700	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-1R) 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.

  
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

**PLAN 4 ELEV. C**

**FENESTRATION/GLAZING:**

**ALSIDE - ALPINE**

**7000 SERIES WINDOWS**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (s CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (s CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.							
2. <b>SLIDERS</b>	<b>.35</b>	<b>.32</b>	<b>2</b>		<b>87</b>		<b>LOW-E GLASS</b>
3.							
4. <b>SINGLE HUNG</b>	<b>.35</b>	<b>.32</b>	<b>2</b>		<b>151</b>		
5.							
6. <b>PICTURE WINDOWS</b>	<b>.34</b>	<b>.35</b>	<b>2</b>		<b>40</b>		
7.							
8. <b>PATIO DOORS</b>	<b>.35</b>	<b>.35</b>	<b>2</b>		<b>48</b>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> 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.

<sup>2</sup> 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, Date

9-30-05

**Y.T. GLASS & WINDOWS INC.**  
3200 DWIGHT RD STE 400  
ELK GROVE, CA 95758-6461  
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

**PLUMBING CERTIFICATE  
OF GUARANTEE**

BIANCHI PLUMBING

CERTIFIES AND GUARANTEES

LOT#: 31

SUBDIVISION: TCC VISIONS

WASTE SYSTEM LINES HAVE BEEN TESTED AND VIDEOED. LINES ARE CLEAR  
AND COMPLY WITH LOCAL PLUMBING CODES. LINES CONTAIN THE  
PROPER FALL PER UPC.

Greg STRANGIO

Signature

11/8/05

Date

COUNTY SANITATION DISTRICT 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE *LP6*

CITY OF *SK* PERMIT AND CALCULATION *6.3.05*

APPLICATION NO: \_\_\_\_\_ BLDG PERMIT NO. \_\_\_\_\_

GENERAL INFORMATION  
*Swp 2005-00466* THIS PERMIT GOOD ONLY WHEN  
*Swp 2005-00088* PAID VALIDATED BY THE CASHIER  
*3 JUNE 05*

THIS PERMIT TO CONNECT EXPIRES  
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION BUILDING USE

INSPECTION	RESIDENTIAL	SF	MF	MF
CSD-1			<input checked="" type="checkbox"/>	
SRCSD				
CONSTRUCTION				
IN-LIEU				
<b>TOTAL FEE</b>				<i>2500-</i>

APN: *119-008-031*

DESCRIPTION/ SUBDIVISION: *BROOKFIELD MEADOWS UNIT # 31*

PROPERTY ADDRESS: *150 Stone Valley Circle Sacto*

OWNER: *Tim Lewis Communities*

MAILING ADDRESS: *5750 Sunrise Blvd #295*

CITY-STATE-ZIP: *CITRUS HEIGHTS CA 95610* PHONE: *916-867-8047*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE: *[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 5700 SUNRISE BLVD #225 CITRUS HEIGHTS, CA 95611  
 PROJECT ADDRESS 150 STONE VALLEY CIRCLE SACRAMENTO, CA  
 PARCEL NUMBER 119-208-031 LOT NO. 31  
 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 [Signature]  
 TITLE OF APPLICANT \_\_\_\_\_  
 DATE 6/05 PHONE NUMBER (916)966-8047

**PART II To be completed by BUILDING DEPARTMENT**

PLAN IDENTIFICATION NUMBER 2189  
 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. 48198  
 EXEMPT \_\_\_\_\_ COMMENTS \_\_\_\_\_  

RESIDENTIAL - LEVEL 1	2189 SQ FT X	\$ 2.24	= \$ 4903.36
RESIDENTIAL - LEVEL 2		\$ 1.71	= \$ 3743.19
TOTAL RESIDENTIAL		\$ 3.95	= \$ 8646.55
SENIOR RESIDENTIAL	_____ SQ FT X	\$ _____	= \$ _____
COMMERCIAL/INDUSTRIAL	_____ SQ FT X	\$ _____	= \$ _____

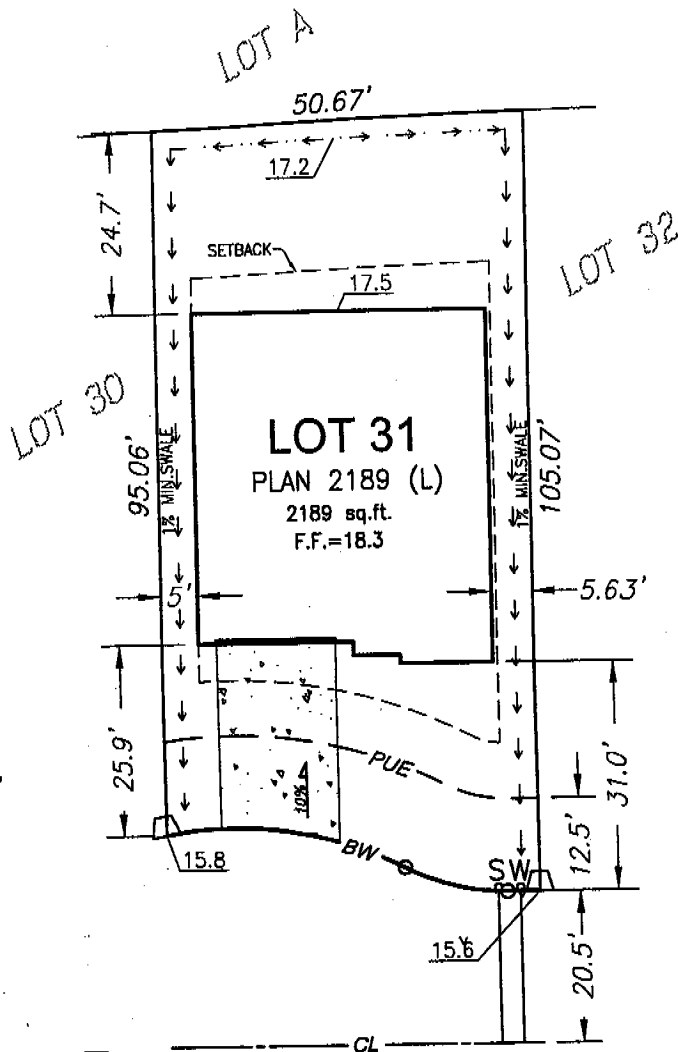
This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

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

**AUTHORIZED SCHOOL DISTRICT OFFICIAL**

SIGNATURE [Signature] DATE \_\_\_\_\_

Original: School District    1st copy: School District    2nd copy: Building Department    3rd copy: Applicant    REVISED 4/24/03



This set of plans and specifications shall be the basis of 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 specifications 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: 150 STONE VALLEY CIRCLE  
 HOME SITE #: 31 RESIDENCE: 2189 ELEV.: B  
 ORIENTATION: L COLOR: 5 STYLE: CO  
 HOME SITE: 5010 S.F. (.12ac.) COVERAGE: 36.5%

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
- SW 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 95610  
 (916) 966-8047  
 LAST EDITED: 5/24/05

APPROVED: \_\_\_\_\_

REV.1 \_\_\_\_\_

REV.2 \_\_\_\_\_

REV.3 \_\_\_\_\_

SIGNED (BUYER) \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED (BUYER) \_\_\_\_\_ DATE: \_\_\_\_\_