

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0104937

Insp Area: 4

Site Address: 200 AINGER CR SAC

Sub-Type: NSFR

Parcel No: 225-1460-019

NORTHPT PK 9 LOT 19

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

LENNAR RENAISSANCE INC
2240 DOUGLAS BL
ROSEVILLE CA 95661

Nature of Work: MP 134X 2 STORY 10 ROOM 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 B License Number 132348 Date 5/31/01 Contractor Signature C. H. Gochmiller

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 _____

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. **FAIL CITY OF SACRAMENTO MAY 3, 2001**

I certify that I have read this application and state that all information is correct. I agree to the ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the property for inspection purposes. **NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES**

Date 5/31/01 Applicant/Agent Signature C. H. Gochmiller

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 TRANS-CONTINENTAL INSURANCE CO Policy Number WC166792277 Exp Date 06/01/2001 **FAIL CITY OF SACRAMENTO**

(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 file a certificate of consent to self-insure. **NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES**

Date 5/31/01 Applicant Signature C. H. Gochmiller

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.

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction
 Addition
 Remodels
 Other

Project Address: 200 Linger Cir Assessor Parcel # 225-146-019-000

OWNER INFORMATION:

Legal Property Owner: Lennar Renaissance Inc. Phone # (916) 773-4083
 Owner Address: 2240 Douglas Blvd. #250 City Roseville State CA Zip 95661

CONTRACTOR INFORMATION:

Contractor: Same Lic. # 732348 B Phone # 773-4083 Fax# 773-4086

PROJECT INFORMATION:

Land Use Zone R/A Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of stories: 2 No. of rooms: 10 Street width: 40
 1st Floor Area 1382 2nd Floor Area 1000 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	2382
Garage/Storage	_____	403
Decks/Balconies	_____	116
Carports	_____	_____

SCOPE OF WORK: MP 2382/ 134X

FOR OFFICE USE ONLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Information above complete | <input type="checkbox"/> AR Flood Waiver required | <input type="checkbox"/> Planning Approval |
| <input type="checkbox"/> Violation files checked | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval |
| <input type="checkbox"/> Standard setbacks | <input type="checkbox"/> Water Development Infill Area | <input type="checkbox"/> Special Fee Districts Apply : _____ |
| <input type="checkbox"/> County Sewer | | |

NEW STRUCTURES & ADDITIONS

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

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

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT #

#19

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

Renaissance SANDWOOD

ICBO Report #4004

Date of Job Completion 11/2/01

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6699

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's instructions.

12/20/01
Date

[Signature]
Signature of authorized representative of
Plastering Contractor

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

CERTIFICATION OF INSULATION

<p>ADDRESS OR TRACT</p> <p><i>Renaissance San Salvador Sacto. CA</i></p> <p style="text-align: right;">LOT # <i>19</i></p>	<p style="text-align: center;">SACRAMENTO INSULATION CONTRACTORS</p> <p><input type="checkbox"/> P.O. BOX 954, WEST SACRAMENTO, CA 95691 LIC. #202026</p> <p><input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 9851, FRESNO, CA 93793-9851 LIC. #202026</p> <p><input type="checkbox"/> P.O. BOX 1691, RENO, NV 89505 LIC. #10675</p> <p><input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675</p> <p>DATE INSULATION COMPLETED</p>
---	---

WALLS		CEILING			FLOOR		
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 OCF		MANUFACTURER OCF			MANUFACTURER OCF		
R-VALUE INSTALLED <i>13 19</i>		APPLIED THICKNESS <i>3 1/2" 6 1/2"</i>		R-VALUE INSTALLED <i>30 30 3/4</i>		APPLIED THICKNESS	

KNEE WALLS (R-VALUES OTHER THAN WALLS ABOVE)

MATERIAL FIBERGLASS	FORM BATTS	R-VALUE <i>19</i>	MANUFACTURER OCF
-------------------------------	----------------------	----------------------	----------------------------

INSULATION SEALANT

MATERIAL <i>FORM</i>	MANUFACTURER W R GRACE
-------------------------	----------------------------------

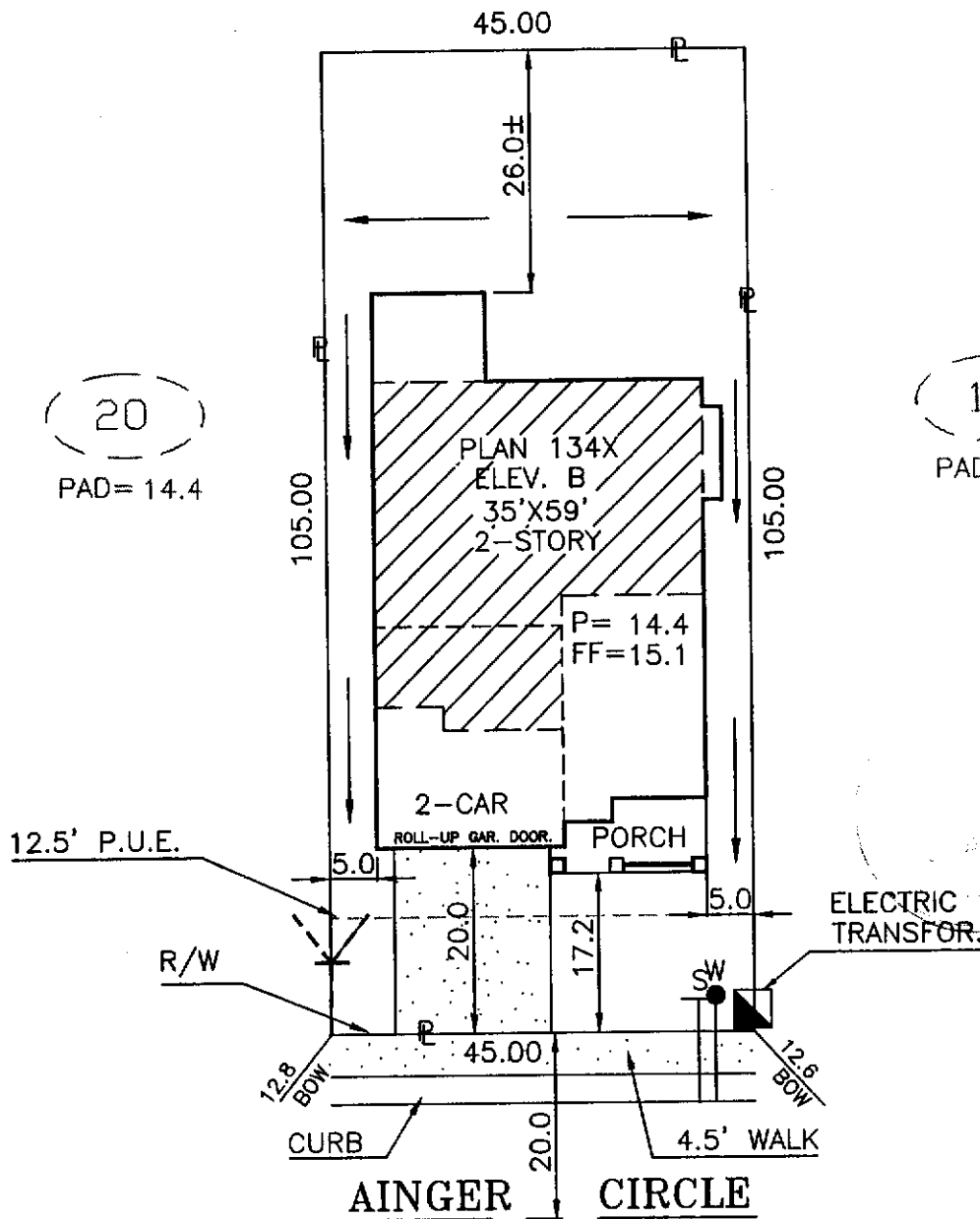
THIS IS TO CERTIFY THAT INSULATION AND SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH ALL APPLICABLE MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE - INSULATION CONTRACTOR <i>Jose C. Lopez</i>	TITLE MANAGER	DATE <i>12-27-01</i>
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

20
PAD= 14.4

18
PAD= 14.2



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE.
THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

RENAISSANCE
H O M E S

2240 DOUGLAS BLVD. SUITE 250 ROSEVILLE, CA. 95661
PHONE (916) 773-4083 FAX (916) 773-4086

SANDALWOOD

NORTHPOINTE PARK UNIT 9
CITY OF SACRAMENTO
SACTO. COUNTY, CALIFORNIA

PLOT PLAN

NOTES:
CURVED LINES ARE
CHORD MEASUREMENTS.

ADDRESS: 200 AINGER CIRCLE

LOT COV: 38.2 %

PLAN NO.: 134X-B

LOT SQ. FT.: 4,725

APN:

DRAWN BY: R.P.

APPROVED BY: *[Signature]*

DATE: 3/23/01

SCALE: 1"=20'

LOT 19