

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9908762
Inspr Area: 4

Site Address: 16 SILVERSHORE CT SAC
Parcel No: 225-1210-020 GATEWAY NORTH-1 LOT 20

Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR
MARCHBROOK BUILDING CO
PO BOX 7576
STOCKTON CA 95267

OWNER

ARCHITECT

Nature of Work: NEW HOME, MP2505, 9 ROOMS

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 740353 Date 11/5/99 Contractor Signature Paul Beck

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 an 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 11/5/99 Applicant/Agent Signature Paul Beck

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 SAFECO INSURANCE CO OF AMERICA Policy Number WC2342690B Exp Date 07/01/2000

(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 11/5/99 Applicant Signature Paul Beck

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.



WES PAC INSULATION, INC.

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Sundance Lk LOT # 20 TRACT # _____
STREET _____ CITY _____

EXTERIOR WALLS:

MANUFACTURER Jm THICKNESS/TYPE 3 1/2 R-VALUE 15

CEILING:

MANUFACTURER Jm THICKNESS/TYPE 12" R-VALUE 38

BLOWN IN: MANUFACTURER Greenstone THICKNESS/TYPE 10.3" R-VALUE 38

SQUARE FOOTAGE COVERED 1600 NUMBER OF BAGS USED 60

FLOORS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

SLAB ON GRADE: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

WIDTH OF INSULATION _____ INCHES

FOUNDATION WALLS: MANUFACTURER _____ THICKNESS/TYPE _____ R-VALUE _____

GENERAL CONTRACTOR _____
CALIFORNIA CONTRACTORS LICENSE # _____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR WES PAC INSULATION, INC.

CALIFORNIA CONTRACTORS LICENSE # #487478 DATE 5/25/10

SIGNATURE [Signature] TITLE [Signature]

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction
 Addition
 Remodels
 Other

Project Address: 16 Silvershore Pt. Assessor Parcel # _____

OWNER INFORMATION: LOT 20 MP 2505
 Legal Property Owner: Sundance Lake LLC, A Delaware Limited Liability Co. Phone # (209)473-6000
 Owner Address: P.O. Box 7576 City Stockton State CA Zip 95267

CONTRACTOR INFORMATION:
 Contractor: Marchbrook Building Co Lic. # 740353 Phone # (209)473-6000 Fax# (209)473-6044

PROJECT INFORMATION:
 Land Use Zone _____ Occupancy Group _____ Construction Type _____ Fed Code _____
 No. of stories: 2 No. of rooms: 9 Street width: _____
 1st Floor Area 1396 2nd Floor Area 1117 Basement _____ Roof Material _____

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>2513</u>
Garage/Storage	_____	<u>667</u>
Decks/Balconies	_____	<u>189</u>
Carports	_____	_____

SCOPE OF WORK: SFD

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

2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE ❖ *Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures.*
 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA

<input type="checkbox"/> Title 24 Energy Compliance documentation	<input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor
<input type="checkbox"/> Grading and Erosion Control Questionnaire	<input type="checkbox"/> Plan Review Fees

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT # _____