

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0404126
Insp Area: 4
Thos Bros: 256H3

Site Address: 270 GREG THATCH CR SAC
Parcel No: NATOMAS CREEK VIL. 1 LOT 275

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

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 135
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP1531 1 STORY 7 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 750190 Date 4-1-04 Contractor Signature [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.)

____ 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 4-1-04 Applicant/Agent Signature [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 AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2004

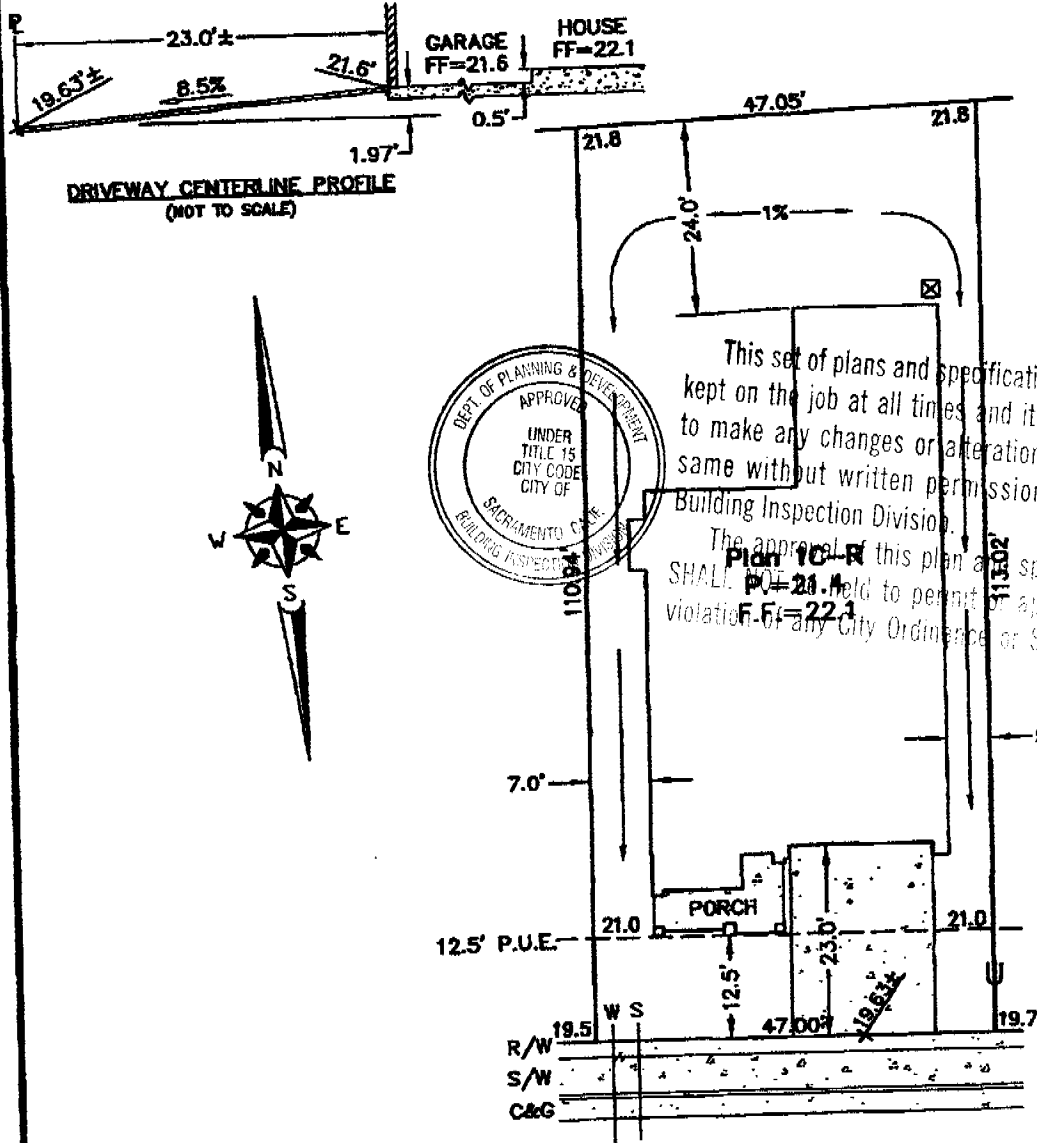
____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall comply with those provisions.

Date 4-1-04 Applicant Signature [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.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



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 a specification SHALL NOT be held to permit the violation of any City Ordinance or State Law.

Plan 10-R
NO=21.1
FF=22.1

Greg Thatch Circle

LEGEND

- U - - - - UTILITY LOCATION
- ⊠ - - - - AIR CONDITIONER
- S - - - - SEWER
- W - - - - WATER

NET LOT AREA = 5,263 SQ. FEET
 FOOTPRINT AREA = 1,946 SQ. FEET
 LOT COVERAGE = 37%

SCALE: 1" = 20'

PLOT PLAN
 LOT 275
 Natomas Creek Village 1
 Cornerstone - Phase 12
 City of Sacramento, State of California

**WECKER
 SURVEYS**

1111 KENNEDY PLACE
 SUITE 4
 DAVIS, CA 95616
 530-792-7252
 FAX 530-758-2775

CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT <div style="font-size: 1.2em; font-weight: bold;">D.R. HORTON</div> <div style="font-size: 1.2em; font-weight: bold;">CORNER STONE @ CREEKSIDE</div> <div style="margin-left: 200px;"> LO# 1275 </div>	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 <div style="font-size: 1.5em; font-weight: bold;">6-24-04</div>
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PART II AREAS INSULATED

WALLS			CEILINGS			FLOORS		
SQUARE FEET)			SQUARE FEET)			SQUARE FEET)		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL			MATERIAL			MATERIAL		
FIBERGLASS			FIBERGLASS			FIBERGLASS		
FORM			FORM			FORM		
BATTS			BATTS & BLOW			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			R - VALUE INSTALLED			R - VALUE INSTALLED		
APPLIED THICKNESS			APPLIED THICKNESS			APPLIED THICKNESS		
MIN. INSTALLED WEIGHT PER SQUARE FOOT			MIN. INSTALLED WEIGHT PER SQUARE FOOT			MIN. INSTALLED WEIGHT PER SQUARE FOOT		
13/19			3 1/2 / 5 1/2			38		
14 3/4								
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE								
MATERIAL			FORM			R VALUE		
FIBERGLASS			BATTS					
CT			OC			JM		
AIR INFILTRATION SEALANT								
MATERIAL						MANUFACTURER		
Foam						HILTI		
						HANDY FOAM		

PART III CERTIFICATION

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE -- INSULATION CONTRACTOR	<div style="font-size: 1.5em; font-weight: bold;">J.C.</div>	TITLE	MANAGER	DATE	<div style="font-size: 1.5em; font-weight: bold;">6-24-04</div>
SIGNATURE -- GENERAL CONTRACTOR		TITLE		DATE	
REMARKS					

KwikKote

No. 200-920893

**Stucco System
Installation Card**

Job Name: CREEKSIDE - CORNERSTONE
Address: GREG THATCH CIRCLE

Lot #: 0001275

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion: 6/15/04

Home Builder: D.R. HORTON INC.
Address: 4401 HAZEL AVE. SUITE 225
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

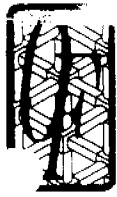
Card Print Date: 07/07/2004

This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative of stucco contractor

7/7/04

Date



O'Connor Freeman & Associates, Inc.

Structural Engineering Services

July 26, 2002

Rich Coyle

D.R. Horton

4401 Hazel Avenue, Suite 135

Fair Oaks, CA 95628

Re: Simpson Wedge Anchor Repair for missing MAS or Shear Wall anchor bolts
O'Connor Freeman Job Number: E020105 CORNKA STOWIE

Dear Rich:

This letter is to verify that the Simpson Wedge Anchors or equivalent may be used to repair missing mudsill anchor bolts for the following situations.

Type "A" Shear Wall:

(Allow: 260 plf)

- Install $\frac{1}{2}$ " Wedge-All anchor spaced at 24" on center for missing or incorrectly installed anchor bolts. Please note that a minimum edge distance of two inches (2") from the outside of the foundation to the centerline of the bolt must be obtained. In addition, the edge distance from the centerline of the bolt to the inside face of the wall plate must be greater than one inch (1"). Anchors must have a 2 $\frac{1}{4}$ " embedment into the concrete slab.

Type "B" Shear Wall:

(Allow: 380 plf)

- Install $\frac{1}{2}$ " Wedge-All anchor spaced at 16" on center for missing or incorrectly installed anchor bolts. Please note that a minimum edge distance of two inches (2") from the outside of the foundation to the centerline of the bolt must be obtained. In addition, the edge distance from the centerline of the bolt to the inside face of the wall plate must be greater than one inch (1"). Anchors must have a 2 $\frac{1}{4}$ " embedment into the concrete slab.

Type "C" Shear Wall:

(Allow: 490 plf)

- Install $\frac{5}{8}$ " Wedge-All anchor spaced at 24" on center for missing or incorrectly installed anchor bolts. Please note that a minimum edge distance of two inches (2") from the outside of the foundation to the centerline of the bolt must be obtained. In addition, the edge distance from the centerline of the bolt to the inside face of the wall plate must be greater than one inch (1"). Anchors must have a 2 $\frac{3}{4}$ " embedment into the concrete slab.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 270 Grey Hatch circle Assessor Parcel #: 101-0300-026/027/028/029
 Lot Number: 275 Subdivision: NATOMAS CREEK

OWNER INFORMATION:

Legal Property Owner: DR HORTON Phone# 916 965 2200
 Owner Address: 4411 HAZEL AVE STE 125 City FAIR OAKS State CA Zip 95628

CONTRACTOR INFORMATION:

Contractor: DR HORTON Lic. # 750190 Phone # 965 2200 Fax 965 2280

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A
 No. of Stories: 1 No. of Rooms: 3 Street Width: _____
 1st Floor Area 1531 2nd Floor Area 0 Basement 0 Roof Material CONCRETE TILE
AREA IN SQUARE FOOT OF:
 Dwelling/Living 1531
 Garage/Storage 414
 Decks/Balconies 0
 Carports 0
 SCOPE OF WORK: _____

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		

—THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT—

2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION

a) Assessor's Parcel Number	c) Owners Name
b) New Floor Area	d) Project Address

Date:

Received by: (staff)

Permit #