

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0312289

Insp Area: 4

Thos Bros: 256-J6

Site Address: 2947 HOLDREGE WY SAC

Parcel No: 225-1810-083

CREEKSIDE 2 LOT 83

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

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

OWNER

ARCHITECT

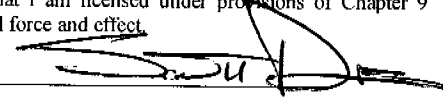
Nature of Work: MP2494 2 STORY 10 ROOM SFR

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 750190 Date 9/3/03 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.)

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

PAID
CITY OF SACRAMENTO
SEP 03 2003

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

Aplicant/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 AMERICAN CASULTY CO

Policy Number WC247856876

Exp Date 07/01/2003

(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

Aplicant 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.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 2947 HOLDREGE WAY Assessor Parcel # 225-1810-083-0000
 Lot Number: 83 Subdivision GREENSIDE MEADOWS

OWNER INFORMATION:

Legal Property Owner: D. P. HORTON Phone# 916 965 2200
 Owner Address: 4401 HAZEL AVE STE 135 City FAIR OAKS State CA Zip 95628

CONTRACTOR INFORMATION:

Contractor: D. P. HORTON Lic. # 750190 Phone # 916 965 2200 Fax 965 2201

PROJECT INFORMATION:

Land Use Zone RIA Occupancy Group R3 Construction Type VN Fed Code 1A

No. of Stories: 2 No. of Rooms: 5 Street Width: _____

1st Floor Area 1273 2nd Floor Area 1221 Basement X Roof Material CONCRETE

AREA IN SQUARE FOOT OF:

Dwelling/Living 2494

Garage/Storage 581

Decks/Balconies X

Carports X

TILE

SCOPE OF WORK: NEW HOME CONSTRUCTION

- | | | |
|-----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| <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

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE
PERMIT AND CALCULATION

APPLICATION NO:

BLDG PERMIT NO.

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
VALIDATED BY THE CASHIER

CITY

SUD 2003-00544

ISSUED 6-27-03
THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION

RESIDENTIAL

ST

MF U

CSD-1

(720)

COMMERCIAL USE

SRCS

(5255)

CONSTRUCTION

IN-LEU

TOTAL FEE

(5975)

APN: 225-1810-083-0000

DESCRIPTION: A ECKSIDE WAY 2

LOT: 83

SUBDIVISION

PROPERTY ADDRESS 2947 Hildrethway Sac, CA 95835

OWNER D.R. Hutton

MAILING ADDRESS

4901 Hazel Ave Sutter Butte

CITY STATE ZIP Fair Oaks CA 95628 PHONE 916-965-2200

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

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT

INPUT

START

Natomas Unified School District

1901 Arena Blvd. • Sacramento, CA 95834

Phone 916/567-5468 • Fax 916/567-5470

CERTIFICATION OF COMPLIANCE**SCHOOL DISTRICT DEVELOPMENT FEES****PART I: TO BE COMPLETED BY APPLICANT**

Property Owner's Name D.R. HORTON
Owner's Address 4401 HAZEL AVE. STE 135 F.O. CA 95628
Project Address 2947 HOLDREGE WAY
Parcel Number 225-1810-083-0000
Subdivision Name CREEKSIDE VILLAGE 2
Number of Units 1
Print Applicant's Name DEL Applicant's Signature _____
Title of Applicant SUPER
Date 8-26-03 Telephone Number 416-2227

PART II: TO BE COMPLETED BY BUILDING DEPARTMENT

Plan Identification Number _____
Building Type (Check One)
☒ Residential ☐ Apartment/Condominium ☐ Commercial/Industrial
Square Feet of Chargeable Building Area 2494
Signature _____ Date 8-26-03
Title BI

PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT

District Certification Number 047222
Fees Collected:
Residential: 2494 Sq. Ft. X \$ 3.22 = \$ 8,030.68 ✓
Apartment/Condominium: _____ Sq. Ft. X \$ _____ = \$ _____
Commercial/Industrial: _____ Sq. Ft. X \$ _____ = \$ _____

NOTICE TO APPLICANT: Pursuant to government code section 66020 (d), this will serve to notify you that the 90-day approval period in which you may protest the fees, or other payment identified above, will begin to run on the date in which the building or installation permit for this project is issued, or on which they are paid to the District, or to another public entity authorized to collect them on behalf of the District, whichever is earlier.

Applicant Signature: [Signature] Date: 9/3/03

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 Natomas Unified School District official, I hereby certify that the requirements of Government Code Section 65995 have been complied with by the above signed applicant.

SIGNATURE: _____

Michael Morman

DATE: _____

7/3/03

TITLE: _____

Michael Morman
Facilities Planning Director

KwikKote

No. 200-917512

**Stucco System
Installation Card**

Job Name: MEADOWS @ CREEKSIDE

Address: 2947 HOLDREGE WAY

Lot #: 0000083

Stucco System Trade Name: KWIK KOTE

Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.

Report No. 3607

Date of Job Completion: 2/21/04

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: 03/02/2004

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.

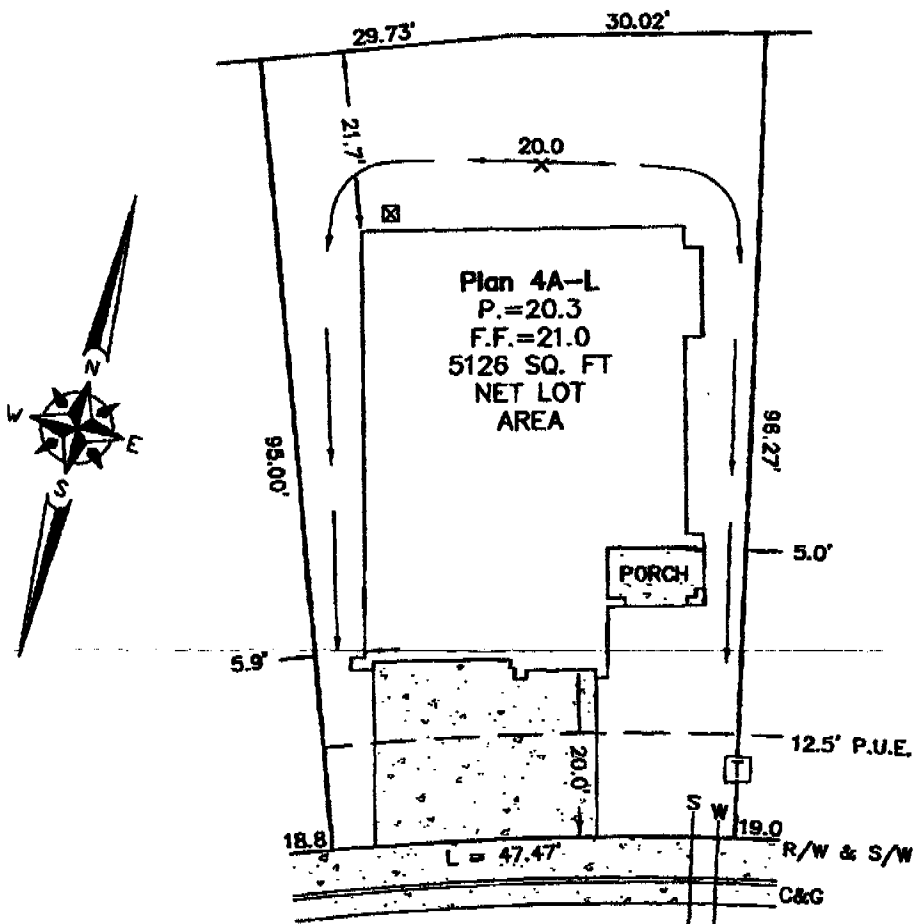

Signature of authorized representative of stucco contractor3/2/04
Date

CERTIFICATION OF INSULATION

P A R T I G E N E R A L	ADDRESS OR TRACT			SACRAMENTO BUILDING PRODUCTS							
	DR HORTON CRICKSIDE MEADOWS			LOT # 83			<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 3-4-04		

WALLS				CEILINGS			FLOORS							
(SQUARE FEET)				(1348 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				
				BAGS										
R - VALUE INSTALLED		APPLIED THICKNESS		R - VALUE INSTALLED		APPLIED THICKNESS		MIN. INSTALLED WEIGHT PER SQUARE FOOT		R - VALUE INSTALLED		APPLIED THICKNESS		
13/14		3 1/2 / 5 1/2		30		12								
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE														
MATERIAL FIBERGLASS				FORM BATTS		R VALUE			MANUFACTURER					
									CT		OC		JM	
AIR INFILTRATION SEALANT														
MATERIAL Foam						MANUFACTURER								
						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					
J.C.						MANAGER			3-4-04					
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE					
REMARKS														

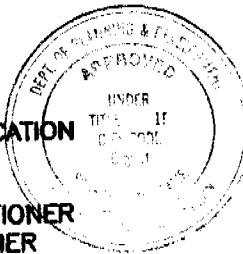
THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL,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



Holdrege Way

LEGEND

- U - - - - UTILITY LOCATION
- S - - - - SEWER
- W - - - - WATER
- ☒ - - - - AIR CONDITIONER
- T - - - - TRANSFORMER



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 Inspector.

The approval of this plan and specification shall not be held in lieu of or substitute the violation of any City Ordinance or State Law.

SCALE: 1" = 20'

PLOT PLAN
LOT 83
Creekside Village 2
City of Sacramento, State of California

**WECKER
SURVEYS**

1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-792-7171