

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0315191
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N):

Site Address: 101 ODELL CR SAC
Parcel No: 201-0810-057
N

NORTHPOINTE PARK VIL. 21 LOT 106

CONTRACTOR
FORECAST HOMES
1796 TRIBUTE RD. STE 100, SAC. CAL.
95815

OWNER

ARCHITECT

Nature of Work: SFR MP 1765 1 STORY 7 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 685513 Date _____ 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 abovementioned property for inspection purposes.

Date 10-23-03 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 STATE FUND Policy Number 1659383 Exp Date 01/10/2004

____ (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 forthwith comply with those provisions.

Date 10-23-03 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.

PAID
NOV 23 2003
CITY OF SACRAMENTO
PERMIT CENTER

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other **LOT# 106**

Project Address: 101 ODELL CIRCLE Assessor Parcel # 201-0810-057

OWNER INFORMATION: NORTHPOINTE PARK VILLAGE 21

Legal Property Owner: Forecast Homes Phone # (916) 920-0200
 Owner Address: 1796 Tribute Rd. #100 City Sacramento State CA Zip 95815

CONTRACTOR INFORMATION: 0315191

Contractor: Forecast Homes Lic. # 606862 Phone # 920-0200 Fax# 920-0379

PROJECT INFORMATION:

Land Use Zone R/A Occupancy Group R3 Construction Type 1/1/1 Fed Code 1A

No. of stories: ONE No. of rooms: 7 Street width: 40'

1st Floor Area 1765 2nd Floor Area 0 Basement H/A Roof Material TILE

AREA IN SQUARE FOOT OF:	EXISTING	NEW
Dwelling/Living	_____	<u>1765</u>
Garage/Storage	_____	<u>451</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: New SFD
MP# 462A

FOR OFFICE USE ONLY

- Information above complete
- Violation files checked
- Standard setbacks
- County Sewer
- AR Flood Waiver required
- Flood Elevation Certificate Required
- Water Development Infill Area
- Planning Approval
- Design Review Approval
- Special Fee Districts Apply

NEW STRUCTURES & ADDITIONS

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

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

Date: _____ Received by: (staff) _____

ACTIVITY/PERMIT # _____



**INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA**

INSULATION
CERTIFICATE
49232

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

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

Forecast LOT # 2166 TRACT # CA 1100000

101 Odell Circle CITY SACRAMENTO

EXTERIOR WALLS:

MANUFACTURER FG THICKNESS/TYPE 3 1/2 R- VALUE 13

CEILING:

BATTS: MANUFACTURER FG THICKNESS/TYPE 1 R- VALUE 30

BLOWN IN: MANUFACTURER Insulation THICKNESS/TYPE MINIMUM R- VALUE 30

MANUFACTURER Insulation THICKNESS/TYPE 12 R- VALUE 30

SQUARE FOOTAGE COVERED 1685 NUMBER OF BAGS USED 30

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

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

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

WIDTH OF INSULATION _____ INCHES

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

MANUFACTURER _____ THICKNESS/TYPE _____ R- VALUE _____

GENERAL CONTRACTOR _____ CALIFORNIA CONTRACTORS LICENSE # _____

INSULATION CONTRACTOR **ARCADE INSULATION** _____ DATE _____

CALIFORNIA CONTRACTORS LICENSE #815286 _____ DATE 2/6/64
NEVADA CONTRACTORS LICENSE #55201 _____
Insulation _____ TITLE Insulator
SIGNATURE _____

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY-SANITATION DISTRICT

SEWER IMPACT FEE 696
PERMIT AND CALCULATION 21 OCT 03

APPLICATION NO: SAC 0173 BLDG PERMIT NO: 02005-00 943

GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

PAID
21 OCT 03

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION BUILDING USE

INSPECTION	RESIDENTIAL	SFA	MF
CSD-1	(1853)		
SRCSD	(5255)		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	(7108)		

APN: 201-0810-057

DESCRIPTION/ SUBDIVISION: Mountain View Village 21-106

PROPERTY ADDRESS: 101 ODELL CIRCLE

OWNER: FORECAST HOMES

MAILING ADDRESS: 1796 TRIBUTA ROAD

CITY-STATE-ZIP: SACRAMENTO CA 95811 PHONE: 920-0200

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

PART 1 To be completed by APPLICANT

Owner's Name & Address Forecast Homes 1796 Tribute Rd. #100 Sacto, CA 95815
 Project Address 101 DELL CIRCLE
 Parcel Number 20' 0810-007 Lot No. 106
 Subdivision Name NORTHPOINTE PARK VILLAGE #1 Number of Units ONE
 Applicant's Signature & Title [Signature] / PROCESSOR
 Date 9/20/03 Phone No. 916-920-0200

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(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 467 P Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Square Feet of Chargeable Building Area 1765
 Signature [Signature] Date 10/10/03
 Title Blody Tech

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 01-712
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
1765 Sq.Ft. x \$ 2.14 = \$ 3777.10
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 3777.10

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

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.

GRANT	ROBLA
Authorized School District Official	
Signature <u>[Signature]</u>	Signature _____
Title <u>Secretary</u>	Title _____
Date <u>10-22-03</u>	Date _____



BASALITE®
 PACIFIC STUCCO SYSTEMS

4290 Roseville Road
 North Highlands, CA 95660-5710
 (916) 486-4094
 Fax (916) 486-4187

Installation Card
 Fiber Reinforced Stucco

Job Name and Address : CANTERBURY
LOT 7106
101 ODELL CIRCLE

ICBO# 5269

1/29/04
 Date of job completion

Plastering Contractor

Name: Vision Plastering

Address: 8974 Greenback Lane Orangevale, Ca. 95662

Telephone No. 916 987-3324

Approved contractor as issued by Basalite/Pacific Stucco

#117

This is to certify the exterior coating system at the above address, has been installed in accordance with the evaluation report specified above and the manufacturers instructions.

[Signature]
 Signature of authorized representative of
 plastering contractor

2/4/04
 Date

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



Att: Rick

WALLACE • KUHL & ASSOCIATES INC.
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.
 PO Box 1137
 West Sacramento
 California 95691
 916-372-1434

pg 1 of 2

DATE	12-24-03	JOB NO	4345.24	WEATHER	TEMP	" H	AM
PROJECT	Forecast Homes Canterbury			Technician I	<input type="checkbox"/>	Site E/G	<input type="checkbox"/>
LOCATION	Lot # 102-106			Technician II	<input type="checkbox"/>	Project E/G	<input type="checkbox"/>
TYPE OF WORK	Pull Test			Technician III	<input type="checkbox"/>	Senior E/G	<input type="checkbox"/>
Inside 50 mi. radius	<input checked="" type="checkbox"/>	Outside 50 mi. radius	<input type="checkbox"/>	Nuclear Densities	<input type="checkbox"/>	Principal E/G	<input type="checkbox"/>
PERSONNEL	REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE	MILES
Jose Madamez						# 51	20

OBSERVATIONS:
 Tested 5/8" All thread anchor bolts for
 14 #22 Hollows to 3250 Pounds of Tension (2100 PSI
 grade II) & PHD to 5860 Pounds of Tension
 (2400 PSI grade II) per Simpson Book.

Lot #	#Bolts & Ties	Location	PASSED / FAILED
102	3 #11 22	Lounging Room	PASSED
102	1 #11 22	Bedroom #1	PASSED
103	4 PHD	Dinning Room	PASSED
103	2 #11 22	Bedroom 1	PASSED
104	2 #11	Bedroom 1	PASSED
104	2 PHD	Bedroom 2	PASSED
104	1 #11	Garage	PASSED
105	2 #11	Bedroom 2	PASSED
105	1 #11	Bedroom 1	PASSED

FIELD REPORT

Signed Jose



WALLACE • KUHL & ASSOCIATES INC.
 GEOTECHNICAL ENGINEERING • CONSTRUCTION TESTING

3050 Industrial Blvd.
 PO Box 1137
 West Sacramento
 California 95691
 916-372-1434

DATE 12-24-03		JOB NO. 4345.2V			WEATHER		TEMP. °F °C		AM PM	
PROJECT Forecast Canterbury					Technician I <input type="checkbox"/>		Staff E/G <input type="checkbox"/>			
LOCATION Lot # 102-106					Technician II <input type="checkbox"/>		Project E/G <input type="checkbox"/>			
TYPE OF WORK Pull Test					Technician III <input type="checkbox"/>		Senior E/G <input type="checkbox"/>			
Inside 50 mi. radius <input type="checkbox"/>			Outside 50 mi. radius <input type="checkbox"/>			Nuclear Densities <input type="checkbox"/>		Principal E/G <input type="checkbox"/>		
PERSONNEL		REG. HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE		MILES	

OBSERVATIONS:

Lot #	# Bolts # Type	Location	PASSED/FAILED
105	1 HT 22	Living Room	PASSED
106	2 HT	Bedroom 1	PASSED
106	2 HT	Garage	PASSED
All Tested Painted GREEN			

FIELD REPORT

Signed _____ *[Signature]*