## 1231 I Street, Sacramento, CA 95814 Insp Area: Thos Bros: Site Address: 5011 TUCKERMAN WY SAC Sub-Type: NSFR Parcel No: 225-1510-039 NORTHPOINTE PARK VIL. 17 LOT 39 Housing (Y/N): CONTRACTOR JOHN LAING HOMES 1536 EUREKA RD STE 100 ROSEVILLE CA. 95661 Nature of Work: MP 1645/OPT 2 STORY 9 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 Number 687596 License Class 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes. Applicant/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: EAGLE PACIFIC INSURANCE COMPAN Carrier Policy Number 1S0002200 Exp Date 04/15/2002 (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. Applicant Signature WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO

0111997

Permit No:

CITY OF SACRAMENTO

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.



INSULATION CONTRACTORS
ASSOCIATION
OF AMERICA

CERTIFICATE

74062

| STREET 5011 | John LAINS         | THIS IS TO CERTIFY THAT INSULATION HAS BEEN IN CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINICALIFORNIA, IN THE BUILDING LOCATED AT: |   |
|-------------|--------------------|---|---|
| Twekenner   | 19 101# 39         | INSULATION HAS BEEN STIONS, CALIFORNIA ADMI   | 1, SOITE 303 * ALEXANDRI  |
| Ω ,         | 39 TRACT # CALVISO | INSTRATIVE CODE TITLE 24 STATE OF   | 1321 DONE STREET, SUITE 303 * ALEXANDRIA, VA 22314 * (703) /39-0356 |

| WIDTH OF INSULATION | MANUFACTURER   | MANUFACTURER   | SQUARE FOOTAGE COVERED / /// | BLOWN IN:   | BATTS: MANUFACTURER | MANUFACTURER + |
|---------------------|----------------|----------------|------------------------------|-------------|---------------------|----------------|
| INCHES              | THICKNESS/TYPE | THICKNESS/TYPE | 2/2 NUMBER OF BAGS USED_     | THICKNESS Z | THICKNESS/TYPE      | THICKNESS/TYPE |
|                     | VALUE          | VALUE          | 76                           | VALUE 30    | NALUE 30            | NALUE 13       |

CALIFORNIA CONTRACTORS LICENSE #263784

SIGNATURE

TITLE

DATE

INSULATION CONTRACTOR

**ARCADE INSULATION** 

TITLE

DATE

SIGNATURE

CALIFORNIA CONTRACTORS LICENSE #

GENERAL CONTRACTOR

MANUFACTURER FOUNDATION WALLS:

THICKNESS/TYPE

VALUE Ţ

## OMEGA PRODUCTS CORR.

| <b>HELSIS</b> | STACCO | INSULATING | MYTT | DIVNOND |  |
|---------------|--------|------------|------|---------|--|
|               |        |            |      |         |  |

| Signacure of suchorized representacive of Plascering Contractor Plascering Contractor  |                     |
|--|---------------------|
| that the exterior coeting eystem on the building exterior is has been installed in accordance with the evaluation over and the menutacturer eninetrucations. | This is to certify  |
| 96 913 System 2175   | Telephone No: 016   |
| 3900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826   | yqqteae:            |
| STUCCO WORKS INC.  | ) sase ;            |
| t mod  | PLASTERING CONTRACT |
|  | 5011 TOUGH          |
| A004% Progas GEDI  | 108 ADDRESS!        |



| DATE:       | 175-02  | DS                                    | A FILE/APPI    | L. NO.                                |                      |                                       |              |           |          |
|-------------|---|---------------------------------------|----------------|---------------------------------------|----------------------|---------------------------------------|--------------|-----------|----------|
|             | ). 0953 /d  | 0.5                                   | OSHPD NO.      |                                       |                      |                                       |              |           |          |
| PROJECT:    | 5011 Tuekerman 3  | <b>9</b> PE                           | PERMIT NO.     |                                       |                      |                                       |              |           |          |
| LOCATION: < | SXI TUCKER MAN  | WI                                    | WEATHER: TEMP: |                                       |                      |                                       |              |           |          |
| ☐ PR        | ROOF LOAD TORG  Testing was performed on the following in | tems. All tests were                  |                | d with the                            | following ca         |                                       |              |           |          |
|             |   |                                       | TORQUE WRENCH: |                                       |                      |                                       |              |           |          |
|             | RAM:  | GAGE:                                 | 1              |                                       |                      | JE WRENC                              |              |           |          |
|             | LOCATION OF TEST  | TYPE / SIZE                           | TESTED         | % of<br>TOTAL                         | LOAD Ib<br>or Ft Lbs | GAGE (PSI)                            | ACC.         | #<br>REJ. | RETEST   |
|             |   | · · · · · · · · · · · · · · · · · · · |                |                                       |                      |                                       |              |           |          |
|             |   |                                       |                |                                       |                      |                                       |              |           |          |
|             |   |                                       |                |                                       |                      |                                       |              | -         |          |
|             |   |                                       |                |                                       |                      |                                       |              |           |          |
| ·           |   |                                       |                |                                       |                      |                                       |              |           |          |
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| <del></del> |   |                                       |                |                                       |                      |                                       |              |           |          |
| . : <u></u> |   |                                       | <u> </u>       |                                       |                      |                                       |              |           |          |
|             |   |                                       | ]              |                                       |                      |                                       |              |           |          |
|             |   |                                       | 1              |                                       |                      |                                       |              | }         |          |
|             |   |                                       |                |                                       | <del></del>          | <u> </u>                              |              |           |          |
|             | Type epoxy out used: SIMAS                                | ON SET 22                             | <u> </u>       | Method o                              | of application       | /cleaning:_                           | چار مخابر    | ^ / B     | £ 12, 51 |
| Ø.          | Visual inspection was performed on                        | 18 1814 CEN                           | 3 pt 145       | 2/0                                   | ME /                 | Wik.                                  | 1916         | قريم ومحر | ويسري عي |
|             | EMBEDMENT   | 10 Chami                              | (all Ma        | ital 1                                |                      | 1 15 7                                | 500          |           |          |
|             | EMBERIMEN   | <del>-</del>                          | ·              |                                       |                      |                                       |              |           |          |
|             |   |                                       |                |                                       |                      |                                       |              |           |          |
|             | Show up / Stand by time. Job Canceled                     |                                       |                |                                       |                      |                                       |              |           |          |
|             | All non-sempliance items were brought to the              | າມ allention <u>of:</u>               |                | <del>-</del>                          |                      |                                       | a            | t the i   | nh eita  |
| J NON-      | COMPLIANCE REPORT ATTACHED                                | ADDITIO                               |                |                                       |                      |                                       |              |           |          |
|             |   |                                       |                |                                       | CHED                 |                                       |              |           |          |
|             |   |                                       |                |                                       |                      |                                       | <del></del>  |           |          |
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| -           |   |                                       |                |                                       |                      |                                       | <del></del>  |           |          |
| <u> </u>    |   |                                       |                | · · · · · · · · · · · · · · · · · · · |                      |                                       |              |           |          |
| ١,          |   |                                       |                |                                       | <del></del>          |                                       |              |           |          |
| Super,      | my knowledge, the above WAS / YAS NOT perfo               | ormed in accordance                   | with the ap    | proved pla                            | ns. specificat       | ions, and rec                         | ulaton, i    | Foguire   | manta    |
| -F5//       | nt/Representative:  | Inspe                                 |                | . ,                                   | , . p = =            | o, and set                            | , and to 1 y | equiit    | ments.   |
| j           |   | mspi<br>/                             | æi∪r<br>       | No.                                   | 1                    |                                       |              |           |          |
| +           |   |                                       | 1              |                                       | -                    |                                       |              |           |          |
|             | 24.00   |                                       | 1 200          |                                       | <u> </u>             |                                       | -            |           |          |

3121 Diab, Venue Hayward CA 4545

4741 Pell Drive #8 Sacramento CA 95838

520 Mercantile Street #A Cotati, CA 94931

310 W 5th Street #203 Santa Ana CA 92701



| DATE: 2-1-02                    |  | DS            | A FILE/APPL     | NO.           |               |               |          |            | 1                                     |
|---------------------------------|--|---------------|-----------------|---------------|---------------|---------------|----------|------------|---------------------------------------|
| PROJECT NO. 9953                |  |               | HPD NO.         | ١             |               |               |          |            | <del></del>                           |
| PROJECT: J.B. / CACYPSO'S       | 47#39                                  | PE            | PERMIT NO.      |               |               |               |          |            |                                       |
| LOCATION: 50/1 TUCKERMAN        |  |               | WEATHER:        |               |               | TEMP:         |          |            |                                       |
| ☐ PROOF LOAD ☐                  | TORQUE                                 | Ø             | WITN            | ESSI          | NG.           |               |          |            |                                       |
| Testing was performed on the    |  |               |                 |               |               |               |          | ;          |                                       |
| RAM:                            | GAG                                    |               |                 |               |               |               |          |            |                                       |
| LOCATION OF TEST                | 4                                      | TYPE / SIZE   | TESTED          | % of<br>TOTAL | LOAD Ib       | GAGE (PSI)    | ACC.     | #<br>REJ.  | #<br>RETEST                           |
|                                 |  |               |                 |               |               |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            |                                       |
| <i></i>                         |  |               |                 |               |               |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            | !                                     |
|                                 |  |               |                 |               |               |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            |                                       |
| 10,000                          | ed on 77/6 /                           | CHAN<br>HOZ C | en l            | to Le         | 59"           | o / cleaning: | 1-74     | 4 C. E. L. | 10                                    |
| Show up / Stand by time. Jo     | b Canceled / Del                       | ayed due to:_ | ( <u>\$ 4</u> ) |               |               |               | -        |            |                                       |
| ☐ All non-compliance items were | •                                      |               |                 |               |               |               |          | at the i   | ob eite                               |
| NON-COMPLIANCE REPORT ATTA      |  | ADDITIO       |                 |               |               |               |          | at the j   | OD SITE!                              |
| NOTES:                          |  | טווופפא ב     | WAL IEG         | IS ALIA       | CHED          |               |          |            |                                       |
|                                 |  |               |                 |               |               |               |          |            |                                       |
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|                                 |  | <u>.</u>      | -               |               | ·             | ····-         |          |            | i                                     |
|                                 |  |               |                 |               |               |               |          |            |                                       |
| To the best c                   |  | •             |                 |               |               |               |          |            |                                       |
| Superintendent/h, resentative:  | AS NOT performed                       | in accordance | with the ap     | proved pla    | ns, specifica | tions, and re | gulatory | requir     | ements.                               |
| resentative:                    |  | Insp          | ector:          |               |               |               |          |            | : : : : : : : : : : : : : : : : : : : |
|                                 |  | (             |                 |               | (Tal)         |               |          |            |                                       |

3121 Diablo Âvenue Hayward CA 94545

4741 Pell Drive #8 Sacramento CA 95838 520 Mercantile Street #A Cotati, CA 94931 310 W 5th Street #203 Santa Ana CA 92701

| New Construct  | RESIDENTIAL BUILDI                      |                               |  | 0111997            |
|--|---|-------------------------------|--|--------------------|
|  |   | ☐ Remodels                    |  | •                  |
| Project Address: <u>SO//</u>                         | Tuckerman We                            | Asses:                        | sor Parcel # <u>225</u>                            | -1510-039          |
| OWNER INFORMATION:                                   | ×.                                      | A 39                          |  |                    |
| Legal Property Owner: J<br>Owner Address: 1536 E     | chn Jaing Homes<br>weeks kel #100;      | Phoni<br>City <i>Bosculle</i> | s# <u>780-/222</u><br>State <u>Ca</u>              | Zip <u>9566</u> /  |
| CONTRACTOR INFORMAT                                  | TION: Yorthorn                          | to fort                       | 11mit #  |                    |
| Contractor: John Lair                                | 9 Homes Lic. # 6875                     | 96 Phone :                    | # <u>780-1222</u> Fa                               | x# <u>780-1333</u> |
| PROJECT INFORMATION:                                 | ]                                       |                               |  |                    |
| Land Use Zone  | Occupancy Group                         | Construction                  | Type VN Fed  | Code A /           |
| No. of stories;                                      | No. of rooms:                           | Stree                         | et width:  |                    |
| 1" Floor Area <u>/895</u> 2                          | Toor Area                               | Basement                      | Roof Materia                                       | i                  |
| AREA IN SQUARE FOOT                                  | <u>.</u>                                | STING NEW                     |  |                    |
| <b>-</b> Dw  | elling/Living                           |                               | 825  |                    |
| Ga   | age/Storage                             |                               | 417  |                    |
| Dec  | ks/Balconies                            |                               | 104  |                    |
| Car  | ports                                   |                               |  |                    |
| SCOPE OF WORK:                                       |   |                               |  |                    |
|  |   |                               |  |                    |
|  |   |                               |  |                    |
|  | FOR OFFIC                               | E-USE ONLY                    |  |                    |
| O Information above complete                         |   |                               | ing Approval                                       |                    |
| ☐ Violation files checked☐☐ Standard setbacks        | ☐ Flood Elevation Certifica             | te Required 🛛 Desig           | Review Approval                                    | ı                  |
| □ County Sewer                                       | ☐ Water Development Infill              | Area 🔾 Speci                  | al Fee Districts Apply                             | <b>:</b>           |
|  | • NEW STRUCTUR                          | FC & ADDETTO                  | TO   |                    |
| *Thi   | FOLLOWING MUST BE PROVIDED              | IN ORDER TO SUBMIT FO         | NO<br>IR PLAN REVIEW                               |                    |
|  | LEGIBLE & DRAWN TO SCA                  |                               |  |                    |
| ☐ 3 SETS IF PROJECT IS                               | IN A DESIGN REVIEW AREA                 | roof/ceiling                  | lude: site plan, floor p<br>plan, foundation and : | Structural framing |
| :  |   | conforming.                   | structural calculations                            | s for non-         |
| Title 24 Energy Compliance Grading and Erosion Contr |   | 7" copy of floor plan fo      |  |                    |
| ate:   | Received by: (staff)                    | A UNIO                        |  |                    |
|  | * · · · · · · · · · · · · · · · · · · · | .5                            | ACTIVITY/PEDMIT                                    | - Land             |
| esidentialapp {rev 3/09/99]                          |   |                               | ACTIVITY/PERMIT                                    |                    |

ADDRESS:

PLAN NO.: 1-C

DRAWN BY: R.P.

5011 TUCKERMAN

WAY

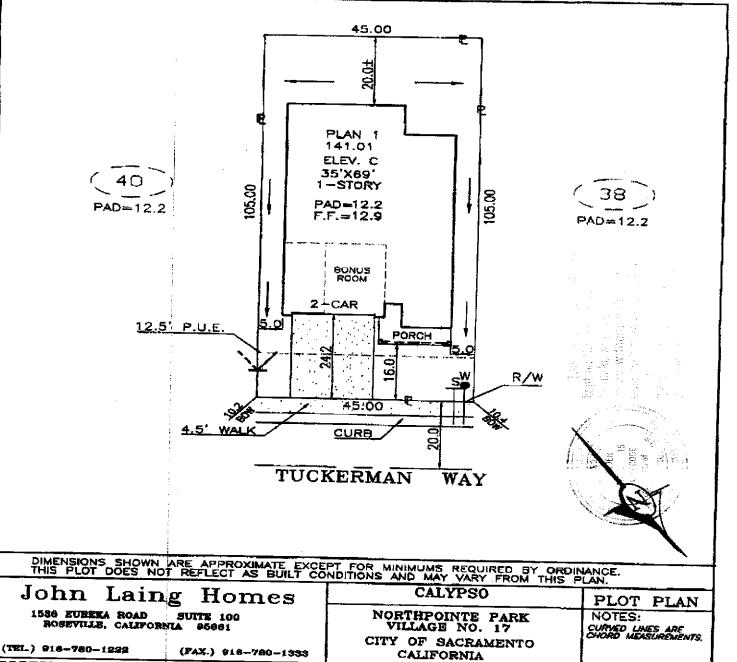
LOT SQ. FT.: 4,725

APPROVED BY:

816 852 6462;

Aug-20-01 11:49AM;

Page 12/13



LOT COV: 39.2 % APN: 225-151-39

%

SCALE: 1"=20'

LOT 39

REAR YARD COVERAGE:

DATE: 8/14/01