

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0213228
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

Site Address: 2949 MAHASKA WY SAC
Parcel No: 225-1810-017 CREEKSIDE 2 LOT 17

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

OWNER

ARCHITECT

Nature of Work: NSFR MP1645 6 RMS

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 _____ License Number 750190 Date 10-17-02 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 10-17-02 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 CASUALTY 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 10-17-02 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.

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE
 PERMIT AND CALCULATION

APR 02
 10-21-02

APPLICATION NO: _____ BLDG PERMIT NO: 5000 2002-0023

GENERAL INFORMATION
 Please refer to

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

1100 focus
 46,980.00

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF <input checked="" type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	COMMERCIAL USE	<u>720</u>	
SRCSD		<u>4500</u>	
CONSTRUCTION			
INLIEU			

TOTAL FEE

5220 \$ 0

APN: 225-1810-017-0000

DESCRIPTION/ SUBDIVISION: CREVIERE VILLAGE 2 LOT 17

PROPERTY ADDRESS: 2914 NIMBUSWAY SAC, CA 95835

OWNER: D.R. HATHORN

MAILING ADDRESS: 4101 HAZEL AVE SUITE 125

CITY-STATE-ZIP: FAIRFAX CA 95627 PHONE: 916-965-2700

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

APPLICANT SIGNATURE

[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 DR Horton
 Owner's Address 4401 Hazel ave suite 135 Fl 0 95628
 Project Address 2949 Mahaska way
 Parcel Number 225-1810-017-0000
 Subdivision Name Creekside - 11111111
 Number of Units 1
 Print Applicant's Name W. HILD Applicant's Signature _____
 Title of Applicant WVLR
 Date _____ Telephone Number 416 3227

PART II: TO BE COMPLETED BY BUILDING DEPARTMENT

Plan Identification Number MP 1145
 Building Type (Check One)
 Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 11645
 Signature _____
 Title Sup Bldg Insp Date 9/13/02

PART III: TO BE COMPLETED BY NATOMAS UNIFIED SCHOOL DISTRICT

District Certification Number 03.592
 Fees Collected:
 Residential: 1645 Sq. Ft. X \$ 3.00 = \$ 4935.00
 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: _____ Date: 10/1/02

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: Mark Progen DATE: 10/1/02
 TITLE: Act Tech

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT		SACRAMENTO BUILDING PRODUCTS								
	DR Horton 2949 Mahaska		LOT # 17	<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									
PART II AREAS INSULATED	WALLS			CEILING			FLOORS				
	(SQUARE FEET)			(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	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	3 1/2		30 30	9 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 JC						TITLE MANAGER			DATE 2-8-03		
SIGNATURE — GENERAL CONTRACTOR						TITLE			DATE		
REMARKS											

KwikKote

No. 200-913458

Stucco System Installation Card

Job Name: MEADOWS @ CREEKSIDE

Address: 2949 MAHASKA WAY

Lot #: 0000017

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

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion:

Home Builder: D.R. HORTON INC.

Address: 4401 HAZEL AVE. SUITE 135
FAIR OAKS, CA

Stucco Contractor: KENYON PLASTERING, INC.

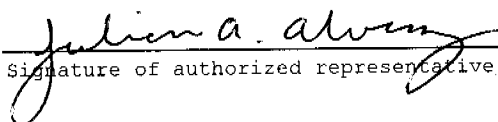
Address: PO BOX 2077
North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 01/21/2003

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

3-3-03

Date