

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0012359

Insp Area: 4

Site Address: 1530 MAYFIELD ST SAC
Parcel No: 225-1120-085 NORTHPT 14 LOT 85

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

CONTRACTOR
LENNAR RENAISSANCE INC.
2240 DOUGLAS BL.
ROSEVILLE CA 95661

OWNER

ARCHITECT

Nature of Work: NSFR MP202 1 STORY 9 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 B License Number 732345 Date 2/28/01 Contractor Signature [Signature]

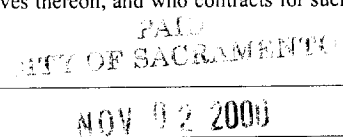
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 HOOPS PLANNING NEIGHBORHOOD DEVELOPMENT SERVICES that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements 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 11-2-00 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

[Signature] 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 TRANSCONTINENTAL INSURANCE CO Policy Number WC166792277 Exp Date 6/1/2001

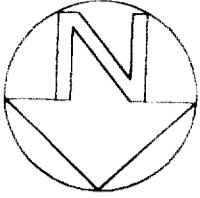
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 11-2-00 Applicant Signature [Signature]

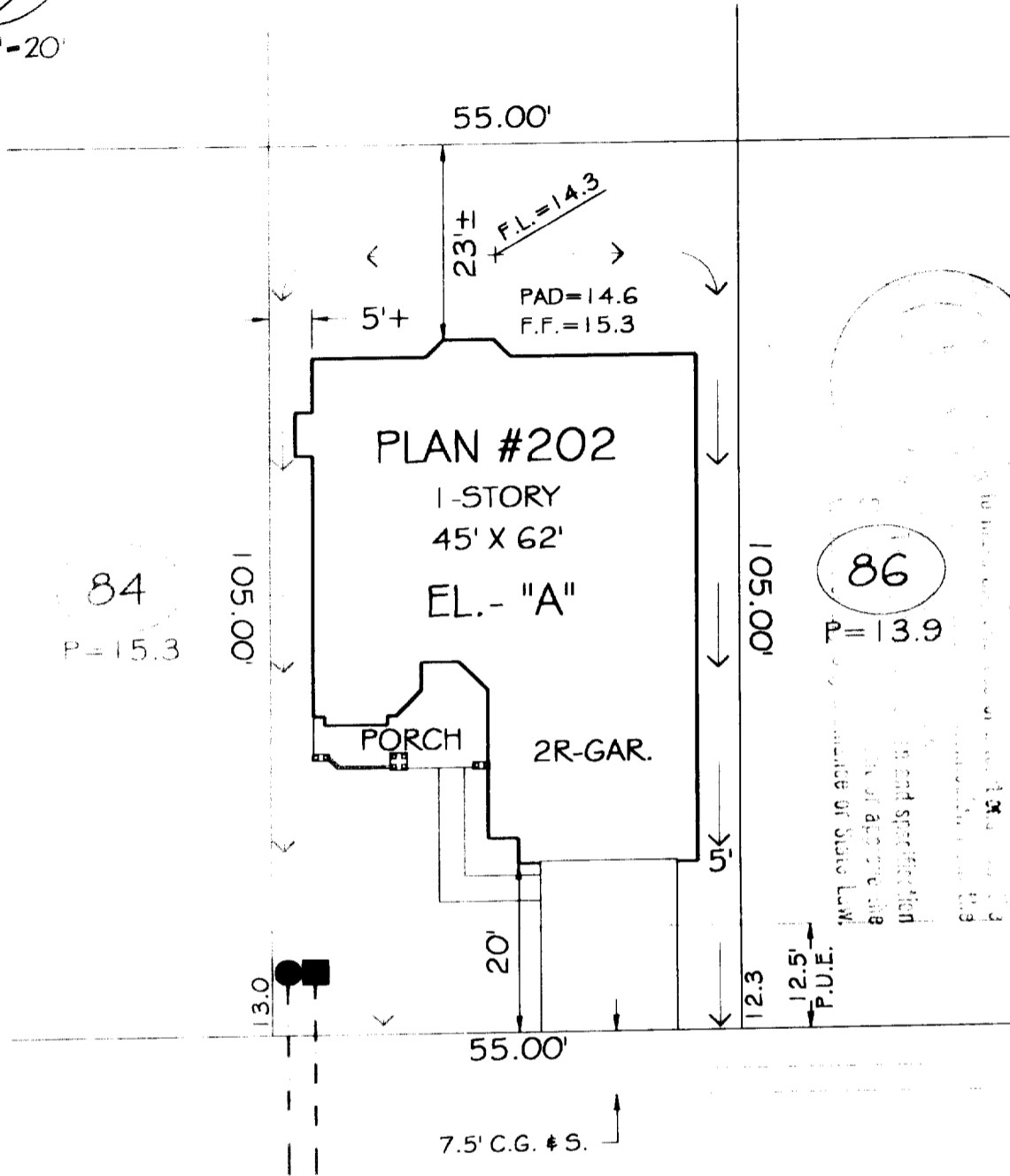
WARNING. FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

This Plot Plan is for the purpose of showing the house to be constructed on the lot and may not represent the final as-built configuration of the property or improvements thereon. Setbacks, other than minimum ordinance, are approximate only and must not be assumed to be precise.



SCALE: 1" = 20'



1530 MAYFIELD STREET

LOT COVERAGE Lot Area: <u>5775</u> s.f. Building: <u>2299</u> s.f. Building/ Lot Area: <u>40</u> %		RETAINING WALL Height: _____ Length: _____ Distance From P.L.: _____		SYMBOLS Drainage Inlet: Fire Hydrant: Street Light: Sewer: Sign: Water: Transformer Pad:		 Winncrest Homes A Lennar Company	
NOTES 1. MEASUREMENTS ALONG CURVED LINES ARE ARC LENGTHS, U.O.N.				Glenmere a Northpointe Park Village Community		Home Site #85 @ NORTHPOINTE PARK VILLAGE No. 14 CITY OF SACRAMENTO, CALIFORNIA A.P.N.: 225-112-085-000	
BCB DRAWN BY	9/30/99 DATE	GRS CHK'D BY	DATE	1" = 20' DRWG SCALE			

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction Addition Remodels Other

Project Address: 1530 MAYFIELD STREET Assessor Parcel # 225-112-085

LOT # 85

OWNER INFORMATION:

Legal Property Owner: <u>LENNAR RENAISSANCE</u>	Phone # <u>(916) 773-7471</u>
Owner Address: <u>2240 DOUGLAS BLVD.</u>	City <u>ROSEVILLE</u> State <u>CA</u> Zip <u>95661</u>

CONTRACTOR INFORMATION:

Contractor: <u>LENNAR RENAISSANCE</u>	Lic. # <u>732348</u>	Phone # <u>(916) 773-7471</u> Fax# <u>(916) 773-4086</u>
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PROJECT INFORMATION:

Land Use Zone <u>R/A</u>	Occupancy Group <u>R3</u>	Construction Type <u>UN</u>	Fed Code <u>1A</u>
No. of stories: <u>ONE</u>	No. of rooms: <u>4</u>	Street width: _____	
1 st Floor Area <u>1803</u>	2 nd Floor Area _____	Basement _____	Roof Material <u>TILE</u>

AREA IN SQUARE FOOT OF:	EXISTING	NEW	
Dwelling/Living	_____	<u>1803</u>	_____
Garage/Storage	_____	<u>496</u>	_____
Decks/Balconies	_____	<u>150</u>	_____
Carports	_____	_____	_____

SCOPE OF WORK: NEW CONSTRUCTION - SFD

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	_____	

NEW STRUCTURES & ADDITIONS

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

<input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE <input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA <input type="checkbox"/> Title 24 Energy Compliance documentation <input type="checkbox"/> 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. <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor <input type="checkbox"/> Plan Review Fees
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Date _____ Received by: (staff) _____

ACTIVITY/PERMIT #

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

Winches
Glennville

Date of Job Completion 4/18/01

PLASTERING CONTRACTOR:

Name: Stucco Works, Inc.
Address: 5900 Warehouse way Sacramento, CA. 95826
Telephone No: (916) 383-6699
Contractor Number of Diamond Wall System 2175

I am pleased to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Date

4/18/01

[Signature]
Signature of authorized representative of
Plastering Contractor

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

CERTIFICATION OF INSULATION

PART I GENERAL PART II AREAS INSULATED

ADDRESS OR TRACT W. INCREST Homes #1085 GLENMERE	SACRAMENTO INSULATION CONTRACTORS <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
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WALLS		CEILINGS			FLOORS	
SQUARE FEET		SQUARE FEET			SQUARE FEET	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
FORM BATTS	FORM BATTS & BLOW	FORM BATTS & BLOW	FORM BATTS & BLOW		FORM BATTS	
MANUFACTURER'S PRODUCT ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
13	3 5/8	38	1 3/4			
		38	1 3/4			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL FIBERGLASS	FORM BATTS	R-VALUE	MANUFACTURER OCF
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AIR INFILTRATION SEALANT

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

SIGNATURE - INSULATION CONTRACTOR <i>Bill Gray</i>	TITLE MANAGER	DATE 4-11-1
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS