

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0314659

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 4990 KOKOMO DR SAC

Parcel No: 225-1810-088

CREEKSIDE 2 LOT 88

CONTRACTOR

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

OWNER

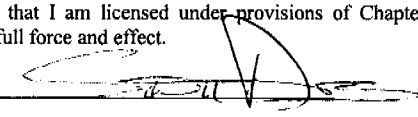
ARCHITECT

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 10/6/03 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 or other 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.)

PAID
CITY OF SACRAMENTO
OCT - 6 2003
PERMIT CENTER

____ 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 10/6/03 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:

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 10/6/03 Applicant 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: 4990 KDKOMO DR. Assessor Parcel # 22S-1810-088-0000
 Lot Number: 88 Subdivision CONSLIDE - MEADOWS

OWNER INFORMATION:

Legal Property Owner: D.J. HORTON Phone# 916 965 2200
 Owner Address: 4401 HAZEL AVE STE 155 City FAIR HAVEN State CA Zip 95628

CONTRACTOR INFORMATION:

Contractor: D.J. 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: 1 No. of Rooms: 3 Street Width: _____
 1st Floor Area 1645 2nd Floor Area N/A Basement * Roof Material CONCRETE TILE

AREA IN SQUARE FOOT OF:

Dwelling/Living	<u>1645</u>
Garage/Storage	<u>417</u>
Decks/Balconies	<u>*</u>
Carports	<u>*</u>

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

2/14/02

CERTIFICATION OF INSULATION

PART I GENERAL
PART II AREAS INSULATED
PART III CERTIFICATION

ADDRESS OR TRACT DR Horton Creekside Meadows LOT # 88	SACRAMENTO BUILDING PRODUCTS <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
---	--

WALLS			CEILINGS			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	R - VALUE INSTALLED	APPLIED THICKNESS
13	3 1/2"	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				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 <i>JC.</i>	TITLE MANAGER	DATE 3/23/04
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE
REMARKS		

KwikKote

No. 200-918275

**Stucco System
Installation Card****Job Name:** MEADOWS @ CREEKSIDE**Address:** 4990 KOKOMO DRIVE**Lot #:** 0000088**Stucco System Trade Name:** KWIK KOTE**Stucco System Manufacturer:** KWIK KOTE CORP.**ICBO Evaluation Service, Inc.****Report No.** 3607**Date of Job Completion:** 3/30/04**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

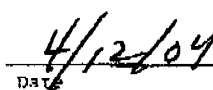
Telephone Number: 916/349-8191**Approved Contractor Number as
issued by the Stucco Manufacturer:** 1001

Card Print Date: 04/12/2004

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 contractor

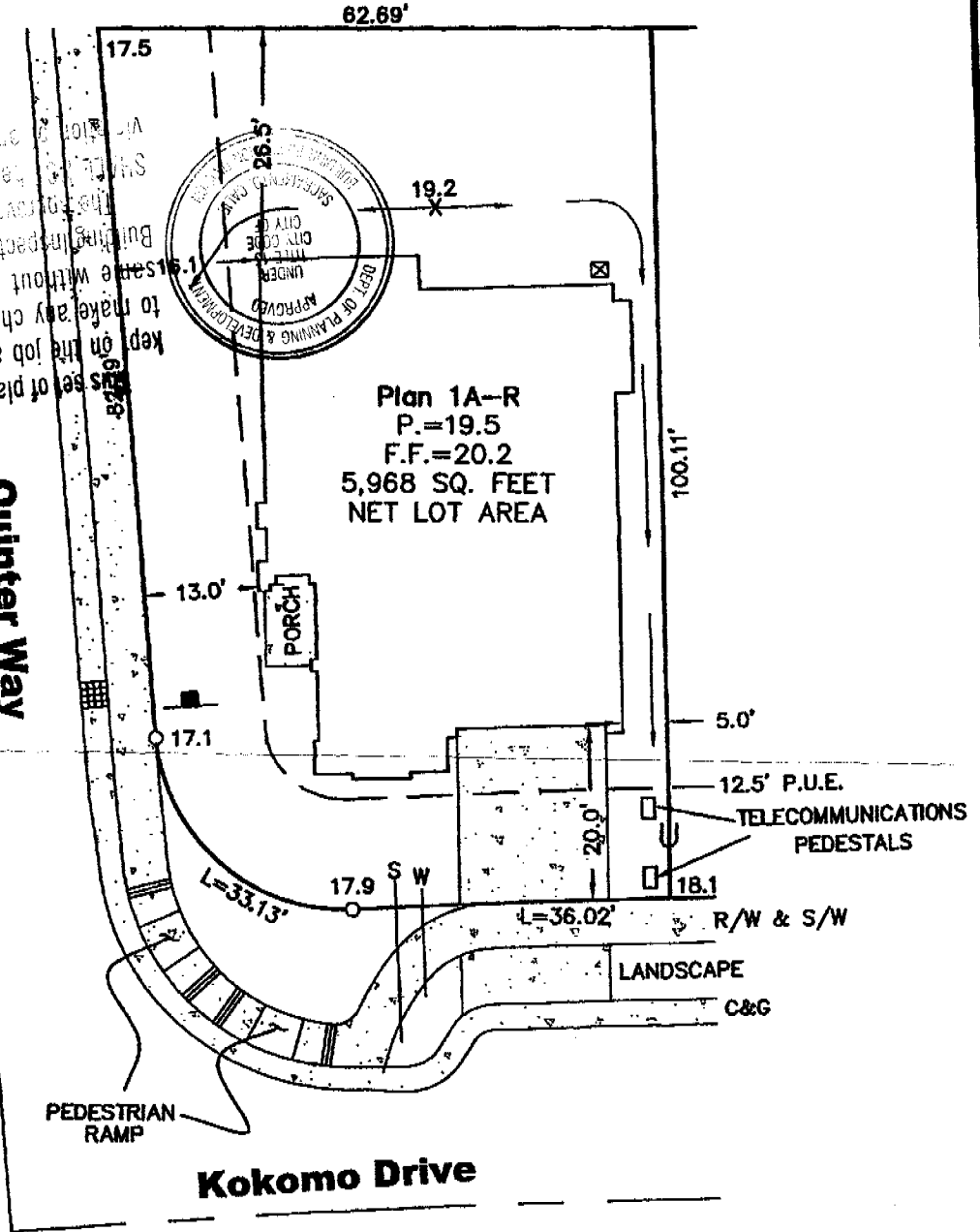


Date

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.

Keep on the job at all times and it is unlawful to make any changes or alterations from the Building Inspection Division. This plan is to be used 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.

Quinter Way



LEGEND

- U - - - - UTILITY LOCATION
- S - - - - SEWER
- W - - - - WATER
- ☒ - - - - AIR CONDITIONER
- - - - - DIMENSION POINT
- - - - - STREET SIGN
- ▣ - - - - DRAIN INLET

PRELIMINARY
Actual Conditions
May Vary

Initials: _____



Initials
Signature

SCALE: 1" = 20'

PLOT PLAN
LOT 88
Creskide 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

4990 KOKOMO DR

0314659



ANDERSON TRUSS

8810 Sparling Lane
Dixon, CA 95620
ph. (707) 678-1636
fx. (707) 678-5157

Number of pages : 3
(including this cover)
If you do not receive all pages, please
call as soon as possible, thank you.

FAX TRANSMITTAL

Date : 3/18 Time : 2:00 PM

To : DEL Fax # : _____

Firm : _____

Project : _____

Notes : _____

COPY OF TRUSS REPAIRS FOR
TRUSSES BGI & B3 PLAN 1

- | | |
|--|---|
| <input type="checkbox"/> URGENT | <input type="checkbox"/> need reply by _____ |
| <input checked="" type="checkbox"/> original by mail | <input type="checkbox"/> Please contact _____ |
| <input type="checkbox"/> correspondence | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> call to confirm | <input type="checkbox"/> _____ |

Thank you,

Russell Estrella

a division of PACIFIC COAST
building products



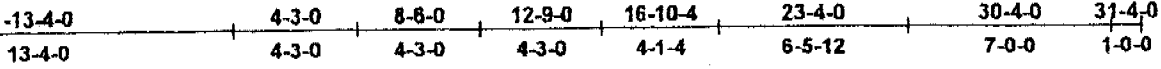
ANDERSON TRUSS

8810 Sparling Lane
Dixon, CA 95620-9605
(707) 678-1636
Fax (707) 678-5157
russell.estrella@paccoast.com
www.andersontruss.com

Russell Estrella
Engineering Manager

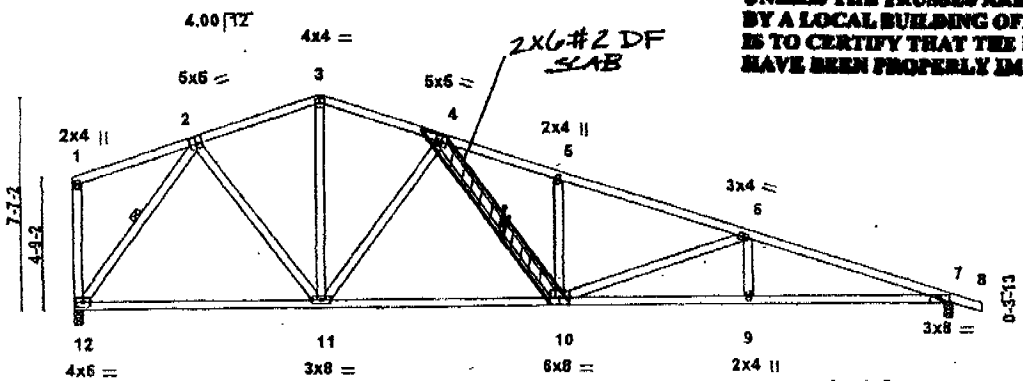
a division of PACIFIC COAST SUPPLY, LLC

Job	Truss	Truss Type	Qty	Ply	W/MEADOWS	PLAN 1
PLAN1	B3-	DBL. FINK	1	1	(optional)	LOT # 88
ANDERSON TRUSS, DIXON, CALIFORNIA 95620-9605, Nick Terrones			4.201 SRI's Nov 16 2000 MITek Industries, Inc. Fri Apr 26 11:34:23 2002 Page 1			



Scale = 1:75.8

NOTE: THIS REPAIR IS NOT VALID UNLESS THE TRUSSES ARE INSPECTED BY A LOCAL BUILDING OFFICIAL WHO IS TO CERTIFY THAT THE REPAIRS HAVE BEEN PROPERLY IMPLEMENTED.



ATTACH FULL LENGTH SCAB TO TRUSS USING 9-16D SINKERS ON EACH SIDE OF BREAK (18 SINKERS TOTAL)

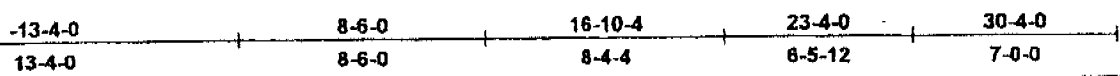


Plate Offsets (X,Y): [2:0-2-8,0-3-0], [4:0-2-8,0-3-0]

LOADING (psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 16.0	2-0-0	TC 0.45	in (oc) /defl	M120	220/195
TCOL 14.0	Plates Increase 1.25	BC 0.49	Vert(LL) -0.10 10-11 >999		
BCLL 0.0	Lumber Increase 1.25	WB 0.71	Vert(TL) -0.24 10-11 >999		
BCDL 7.0	Rep Stress Incr YES	(Matrix)	Horz(TL) 0.07 7 n/a		
	Code UBC97/ANSI95		1st LC LL Min /defl = 360	Weight: 156 lb	

LUMBER
TOP CHORD 2 X 4 DF No.1&8tr-G
BOT CHORD 2 X 4 DF No.1&8tr-G
WEBS 2 X 4 DF Stud-G

BRACING
TOP CHORD Sheathed or 3-8-8 oc purlins, except end verticals.
BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing.
WEBS 1 Row at midpt 2-12

REACTIONS (lb/size) 12=1110/0-3-8, 7=1182/0-3-8

FORCES (lb) - First Load Case Only
TOP CHORD 1-2=-68, 2-3=-1034, 3-4=-1033, 4-5=-2012, 5-6=-2033, 6-7=-2813, 7-8=18, 1-12=-126
BOT CHORD 11-12=670, 10-11=1388, 9-10=2603, 7-8=2803
WEBS 4-10=841, 6-10=-783, 5-10=-322, 6-9=106, 2-11=483, 4-11=-752, 3-11=356, 2-12=-1129

- NOTES**
- 1) This truss has been checked for unbalanced loading conditions.
 - 2) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads per Table No. 16-B, UBC-97.
 - 3) A plate rating reduction of 20% has been applied for the green lumber members.
 - 4) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S) Standard

FEB 24 2004

REGISTERED PROFESSIONAL ENGINEER
NORMAN J. SCHEEL
No. 2567
Exp. 12/31/05
STRUCTURAL
STATE OF CALIFORNIA

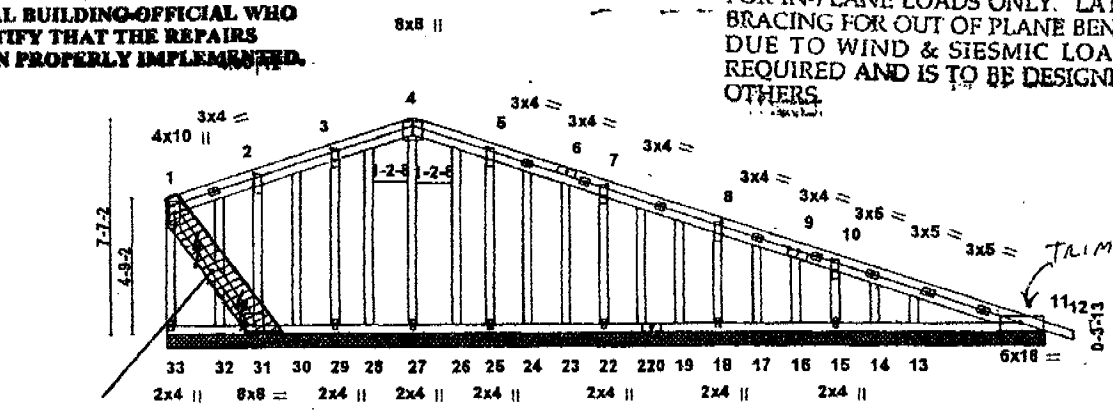
Job	Truss	Truss Type	Qty	Ply	IM/MEADOWS	PLANT
PLANT	BG1-	DBL. FINK	1	1	DRAG 5200# (optional)	LOT # 88
ANDERSON TRUSS, DIXON, CALIFORNIA 95620-9805, Nick Terrones			4.201 SRT s Nov 16 2000 Mirtek Industries, Inc. Fri Apr 26 11:34:26 2002 Page 1			

-13-4-0	4-3-0	8-6-0	12-9-0	16-10-4	30-4-0	31-4-0
13-4-0	4-3-0	4-3-0	4-3-0	4-1-4	13-5-12	1-0-0

Scale = 1:75.8

NOTE: THIS REPAIR IS NOT VALID UNLESS THE TRUSSES ARE INSPECTED BY A LOCAL BUILDING OFFICIAL WHO IS TO CERTIFY THAT THE REPAIRS HAVE BEEN PROPERLY IMPLEMENTED.

WARNING: THIS TRUSS IS ANALYSED FOR IN-PLANE LOADS ONLY. LATERAL BRACING FOR OUT OF PLANE BENDING DUE TO WIND & SEISMIC LOADS IS REQUIRED AND IS TO BE DESIGNED BY OTHERS.



2x12 #2 DF SCAB

ATTACH FULL LENGTH SCAB TO TRUSS USING 12-16D SINKERS EACH END OF BREAKS. (24 SINKERS TOTAL)

-13-4-0	8-6-0	16-10-4	30-4-0
13-4-0	8-6-0	8-4-4	13-5-12

Plate Offsets (X,Y): [2:0-0-2,0-5-8], [3:0-1-8,0-4-15], [4:0-4-0,0-2-2], [5:0-0-6,0-4-5], [7:0-1-8,0-4-15], [8:0-0-2,0-5-8], [9:0-3-14,0-0-3], [10:0-1-8,0-4-12], [11:0-8-4,0-3-7], [31:0-3-14,0-3-4]

LOADING (psf)	SPACING	CSI	DEFL	PLATES	GRIP
TCLL 16.0	2-0-0	TC 0.16	in (loc) l/defl	M120	220/195
TCDL 14.0	Plates Increase 1.25	BC 0.10	Vert(LL) n/a		
BCLL 0.0	Lumber Increase 1.25	WB 0.14	Vert(TL) 0.01 12 >824		
BCDL 7.0	Rep Stress Incr YES	(Matrix)	Horz(TL) 0.00 11 n/a		
	Code UBC97/ANSI95		1st LC LL Min l/defl = 360	Weight: 249 lb	

LUMBER
TOP CHORD 2 X 4 DF No.1&Btr-G
BOT CHORD 2 X 4 DF No.1&Btr-G
WEBS 2 X 4 DF Stud-G
OTHERS 2 X 4 DF Stud-G

BRACING
TOP CHORD Sheathed or 6-0-0 oc purlins, except end verticals.
BOT CHORD Rigid ceiling directly applied or 6-0-0 oc bracing, Except: 10-0-0 oc bracing: 32-33,31-32,30-31,29-30,28-29,27-28.

REACTIONS (lb/size) 33=91/30-4-0, 20=5/30-4-0, 31=206/30-4-0, 32=20/30-4-0, 11=261/30-4-0, 27=169/30-4-0, 29=174/30-4-0, 30=19/30-4-0, 25=218/30-4-0, 24=19/30-4-0, 23=18/30-4-0, 22=282/30-4-0, 21=15/30-4-0, 19=17/30-4-0, 18=190/30-4-0, 17=20/30-4-0, 16=15/30-4-0, 15=448/30-4-0, 14=38/30-4-0, 13=108/30-4-0, 28=18/30-4-0, 26=18/30-4-0

Max Uplift 14=38 (load case 1)
Max Grav 33=91 (load case 1), 20=11 (load case 2), 31=210 (load case 3), 32=57 (load case 2), 11=261 (load case 4), 27=169 (load case 1), 29=176 (load case 3), 30=47 (load case 2), 25=221 (load case 4), 24=47 (load case 2), 23=45 (load case 2), 22=283 (load case 4), 21=38 (load case 2), 19=42 (load case 2), 18=190 (load case 1), 17=46 (load case 2), 16=40 (load case 2), 15=448 (load case 4), 13=166 (load case 2), 28=45 (load case 2), 26=45 (load case 2)

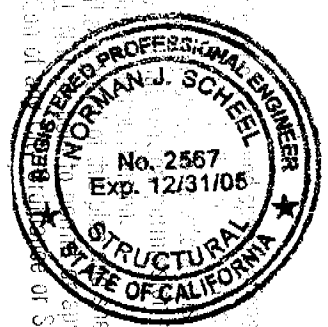
FORCES (lb) - First Load Case Only
TOP CHORD 1-2=30, 2-3=29, 3-4=22, 4-5=31, 5-6=33, 6-7=43, 7-8=36, 8-9=33, 9-10=58, 10-11=60, 11-12=18, 1-33=78,
BOT CHORD 32-33=3, 31-32=3, 30-31=2, 29-30=2, 28-29=2, 27-28=2, 26-27=2, 25-26=2, 24-25=2, 23-24=2, 22-23=2, 21-22=2,
20-21=2, 19-20=2, 18-19=2, 17-18=2, 16-17=2, 15-16=2, 14-15=2, 13-14=2, 11-13=2
WEBS 1-31=-1, 4-27=-147, 3-29=-157, 2-31=-187, 5-25=-201, 7-22=-263, 8-18=-171, 10-15=-414

- NOTES**
- 1) This truss has been checked for unbalanced loading conditions.
 - 2) All plates are 3x8 M120 unless otherwise indicated.
 - 3) Gable requires continuous bottom chord bearing.
 - 4) Gable studs spaced at 1-4-0 oc.
 - 5) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads per Table No. 16-B UBC-97.
 - 6) A plate rating reduction of 20% has been applied for the green lumber members.
 - 7) Provide mechanical connection (by others) of truss to bearing plate capable of withstanding 38 lb uplift at joint 14.
 - 8) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S) Standard

THIS TRUSS IS DESIGNED TO TRANSFER 2200 LBS FROM THE T.C. TO THE B.C. PROVIDE ANCHORAGE AT JOINT 14 FOR 1097 LBS UPLIFT FOR THIS CONDITION ONLY

FEB 24 2004



VIOLATION OF STATE LAW... THE ENGINEER HAS NOT REVIEWED THE... THE ENGINEER HAS NOT REVIEWED THE... THE ENGINEER HAS NOT REVIEWED THE...

