

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

ITEM	INSPECTION	INSPECTOR	DATE
B10	FOUNDATION FORMS	WV	7-5-00
E60/B11	UPPER GROUND	WV	7-5-00
B12	CONCRETE SLAB FORMS	WV	7-5-00
P40	PLUMB UNDERFLOOR/SLAB	WV	7-5-00
M30	MECH/UNDERFLOOR/SLAB	WV	7-5-00
E61	ELECT UNDERGROUND		
E62	ELECT CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
B13	FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED			
B14/15	INSULATION/WALL/FLOOR		
P41	TOP PLUMBING		
M31	ROUGH ELECTRICAL/WALL/CELL		
E63	ROUGH ELECTRICAL/WALL/CELL		
B19	FRAME		
B17	ROOF PLYWOOD NAIL COMM PARTS		
B18	EXTRIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
B22	INT LATH OR WALL BD NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED			
E66	SEWER SERVICE UNDERGRD CONDUIT		
P43	WATER SERVICE		
P46	SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
P47	GAS TEST		
P51	PLUMBING PRE-GUNITE		
P52	PLUMBING PRE-DECK		
E70	ELECTRICAL PRE-GUNITE		
E71	ELECTRICAL PRE-DECK		
E72	ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
SWIMMING POOLS ONLY			
P48	TEMP GAS		
E68	POWER POLE		
E67	TEMP POWER #		

FINAL APPROVALS

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED
THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS

11 AUTO L411 Anton Ct SUITE

INSP AREA

48

ASSESSOR PARCEL NO: 225-1150-018 ADDRESS: LOT 8 PARKWAY PLAZA-1

NAME OF APPLICANT: WYNNECREST PROPERTY OWNER

ARCH ENGR: [Signature]

NO. OF STORIES: [] NO. OF ROOMS: [] ROOF COVERING: [] AREA 1ST FLOOR: [] TOTAL AREA: [] GARAGE AREA: [] PATIO AREA: [] USE ZONE: [] STREET NAME: []

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: MP 602 NSFTZ

CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191

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 4700 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 4700 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: []
Policy Number: []

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that on 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 4700 of the Labor Code, I shall not wish to comply with those provisions.

Date: [] Applicant: [Signature] (Signature)

VALUATION	ISSUED BY	DATE ISSUED	BUILDING PERMIT FEE	PLAN CHECK/PROC FEE	S.M.I. FEE	CONST. EXCISE TAX	CITY BUS LICENSE	WATER DEV. FEE	CITY SEWER DEV. FEE	REG. SEWER FEE	RESIDENTIAL CONST. TAX	TOTAL FEES
\$ 16858	[Signature]	6/1/00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

WINDLETT WILLOWS
LOT 8

ICBO Report #4004

Date of Job Completion 12-15-00

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

This is 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.

9-23-00
Date


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

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

WINNCREST

LOT # 008

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

WILLOWS

DATE INSULATION COMPLETED

11-2-00

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 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
19

3 5/8"
5 1/2"

38
38

12 1/4"
14 3/4"

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL

FIBERGLASS

FORM

BATTS

R VALUE

MANUFACTURER

OCF

MATERIAL

FOAM

AIR INFILTRATION SEALANT

MANUFACTURER

W R GRACE

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

SIGNATURE - INSULATION CONTRACTOR

Bell Swartz

TITLE

MANAGER

DATE

10-16-00

SIGNATURE - GENERAL CONTRACTOR

TITLE

DATE

REMARKS