

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

ITEM	DESCRIPTION	INSPECTOR	DATE
B10	FOUNDATION FORMS	WY	7-5-00
B11	UEER GROUND	WY	7-5-00
B12	CONCRETE SLAB FORMS	WY	7-5-00
B13	MECH/UNDERFLOOR/SLAB	WY	7-5-00
B14	ELECT. UNDERGROUND		
B15	ELECT. CONDUIT-SLAB		
B16	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B17	FLOOR JOISTS OR GIRDERS		
B18	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B19	INSULATION/WALL/FLOOR		
B20	TOP PLUMBING		
B21	TOP MECHANICAL/WALL/CEIL.		
B22	ROUGH ELECTRICAL/WALL/CEIL.		
B23	FRAME		
B24	ROOF PLYWOOD NAIL COMM. CAPTS.		
B25	EXTERIOR LATH/SIDING		
B26	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B27	INT. LATH OR WALL BD. NAILING		
B28	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
B29	SERVICE UNDERGRD CONDUIT		
B30	SEWER SERVICE		
B31	WATER SERVICE		
B32	SPRINKLER SYSTEM		
B33	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B34	GAS TEST		
B35	TEMP GAS		
B36	POWER POLE		
B37	TEMP POWER # 10654C		
B38	SWIMMING POOLS ONLY		
B39	GAS TEST		
B40	PLUMBING PRE-GUNITE		
B41	PLUMBING PRE-DECK		
B42	ELECTRICAL PRE-GUNITE		
B43	ELECTRICAL PRE-DECK		
B44	ELECTRICAL UNDERGRD		
B45	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

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: 12 Anton Ct 12 Anton Ct
 SUITE: 4R
 INSP AREA: 4R
 ASSESSOR PARCEL NO.: 225-1150-021
 ADDRESS: 12 Anton Ct
 COMMUNITY PLAN NO.:
 ZIP CODE:
 PHONE NO.:
 LICENSE NO.:
 ARCH. ENGR. PARKWAY PL 922 3

CITY OF SACRAMENTO INSPECTIONS 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 5700 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 5700 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 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 5700 of the Labor Code, I shall forthwith comply with those provisions.

NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WIDTH
THIS PERMIT IS FOR: <input type="radio"/> BUILDING <input type="radio"/> MECHANICAL <input type="radio"/> PLUMBING <input type="radio"/> ELECTRICAL <input type="radio"/> SITE <input type="radio"/> FIRE NATURE OF WORK IN DETAIL: MP 603 NSF12 FLOOD STATUS: <input checked="" type="checkbox"/> SPECIAL CONDITIONS ATTACHMENTS: VALUATION: \$ 175,454.22 ISSUED BY: [Signature] 7/17/00 DATE ISSUED: 7-17-00 BUILDING PERMIT FEE: \$ PLAN CHECK/PROC FEE: \$ S.M.I.F.F.E.: \$ CONST. EXCISE TAX: \$ CITY BUS LICENSE: \$ TECH. FEE: \$ WATER DEV. FEE: \$ CITY SEWER DEV. FEE: \$ REG. SEWER FEE: \$ RESIDENTIAL CONST. TAX: \$ TOTAL FEES: \$								
PERMIT NO.: 000 FED. CODE: 0 FIRE SP: 5 OCCUP. GROUP: 3 CONST. TYPE: 2 PERMIT NO.: 7 FED. CODE: R								

CERTIFICATION OF INSULATION

WINNCREST
12 Anton Ct
WILLOWS

LOT # 011

- 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

DATE INSULATION COMPLETED
11-2-00

WALLS (SQUARE FEET)	CEILING (SQUARE FEET)	FLOORS (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
OCF	OCF BAGS	OCF
R VALUE INSTALLED	R VALUE INSTALLED	R VALUE INSTALLED
13 19	38 38	
APPLIED THICKNESS	APPLIED THICKNESS	APPLIED THICKNESS
3 1/4" 5 1/2"	12 1/4" 14 3/4"	
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE		
MATERIAL FIBERGLASS	FORM BATTS	R VALUE
		MANUFACTURER OCF
AIR INFILTRATION SEALANT		
MATERIAL FOAM	MANUFACTURER W R GRACE	
SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES.		
SIGNATURE - INSULATION CONTRACTOR <i>Bell Hardygo</i>	TITLE MANAGER	DATE 10-3-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE
REMARKS		