

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

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS	JR 7/13/00	7-19-00
B11 UFER GROUND	JR 7/13/00	
B12 CONCRETE SLAB FORMS	JR 7/13/00	
B13 FLOOR JOISTS OR GIRDERS		
B14 INSULATION/WALL/FLOOR		
B15 TOP PLUMBING		
B16 ROUGH ELECTRICAL/WALL/CEIL		
B17 FRAME		
B18 ROOF PLYWOOD NAIL COMM. PAPER		
B19 EXTERIOR LATH/SIDING		
B20 SHEET		
B21 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
B23 DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
B24 SERVICE UNDERGRD CONDUIT		
B25 SEWER SERVICE		
B26 WATER SERVICE		
B27 SPRINKLER SYSTEM		
B28 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B29 GAS TEST & RELEASED GAS TRK	AC	10-24-00
B30 POWER POLE		
B31 TEMP. POWER #	10684C	8-2-00
B32 SWIMMING POOLS ONLY		
B33 GAS TEST		
B34 PLUMBING PRE-GUNITE		
B35 PLUMBING PRE-DECK		
B36 ELECTRICAL PRE-GUNITE		
B37 ELECTRICAL PRE-DECK		
B38 ELECTRICAL UNDERGRD		

FINAL NSP NO. 1-26-01
 FINAL APPROVALS [Signature]

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 TIMES (UNTIL FINAL APPROVAL)

BUILDING SITE ADDRESS: 5167 ADAMSTOWNE WAY-1
 SUITE: 5167 Adamstowne Wy
 INSP AREA: 4R
 PLAN CHECK NO. 4R

ASSESSOR PARCEL NO. 225-1150-038
 NAME OF APPLICANT: WINTERGERS
 LICENSED CONTRACTOR: WINTERGERS
 PROPERTY OWNER: LOT 256 PARADISE PLAZA 3
 ARCH ENGR: [Blank]

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

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE
 NATURE OF WORK IN DETAIL: MP 601 NSF12

FLOOD STATUS: () SPECIAL CONDITIONS ATTACHMENTS:
 CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191
 INSPECTIONS

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: _____
 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 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date: _____ Applicant: _____ (Signature)
 TOTAL FEES \$ _____
 PERMIT NO. _____

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WINALBERT WILLIAMS
LOT 28 - 5161 ADAMSPURVE WAY

Date of Job Completion 11-8-01

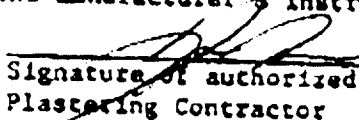
PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.
Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826
Telephone No: 016) 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.

2-23-00
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 II AREAS INSULATED

WINNCAST
 5167 Adamstowne
 WILLOWS

LOT **28**

- 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
 12/19/00

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	
OCF		OCF			OCF	
BAGS		BAGS			BAGS	
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
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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>Bell Hurlburt</i>	TITLE MANAGER	DATE 10-23-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS