

**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
B12 CONCRETE SLAB FORMS	JR 7/13/00	
B14 PLUMB UNDERFLOOR/SLAB	JR 7/13/00	
B16 MECH UNDERFLOOR/SLAB		
B18 ELECT UNDERGROUND		
B20 ELECT CONDUT. SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B24 INSULATION/WALL/FLOOR		
B26 TOP PLUMBING		
B28 TOP MECHANICAL/WALL/CEIL		
B30 ROUGH ELECTRICAL/WALL/CEIL		
B32 FRAME		
B34 ROOF PLYWOOD NAIL COMM. PAPER		
B36 EXTERIOR LATH/SIDING		
B38 SHEET		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B40 INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
B42 SERVICE UNDERGRD CONDUT		
B44 SEWER SERVICE		
B46 WATER SERVICE		
B48 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B50 GAS TEST & RELEASED GAS TRK	AC	10-24-00
B52 TEMP GAS		
B54 POWER POLE		
B56 TEMP POWER #	10684C	8-2-00
SWIMMING POOLS ONLY		
B58 GAS TEST		
B60 PLUMBING PRE-GUNITE		
B62 PLUMBING PRE-DECK		
B64 ELECTRICAL PRE-GUNITE		
B66 ELECTRICAL PRE-DECK		
B68 ELECTRICAL UNDERGRD		

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

FINAL APPROVALS

FINAL INSP NO. 1-26-01  
 APPROVAL SIGNATURE

B28 BUILDING	
B30 ELECTRICAL	
B32 PLUMBING	
B34 MECHANICAL	
B36 FIRE	
B38 SITI	

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 ADAMS TOWNE WAY-1  
 SUITE: 5167 Adams Towne Way  
 INSP AREA: 4R

ASSESSOR PARCEL NO. 225-1150-038	NAME OF APPLICANT	ADDRESS	COMMUNITY PLAN NO.	ZIP CODE	PHONE NO.	PLAN CHECK NO.
	LICENSED CONTRACTOR					
	PROPERTY OWNER	LOT 256 PARADISE PLAZA 3				
	ARCH ENGR.					

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:  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

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)

VALUATION	\$ 14752375	FIRE SP.	
ISSUED BY:	[Signature]	FED CODE	
DATE ISSUED	6/1/00	PERMIT NO.	
BUILDING PERMIT FEE	\$		
PLAN CHECK/PROC. FEE	\$		
S.M.I. FEE	\$		
CONST. EXCISE TAX	\$		
CITY BUS LICENSE	\$		
TECH. FEE	\$		
WATER DEV. FEE	\$		
CITY SEWER DEV. FEE	\$		
REG. SEWER FEE	\$		
RESIDENTIAL CONST. TAX	\$		
TOTAL FEES	\$		

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

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WINDALBERT WILLIAMS  
LOT 28 - 5161 ADAMSPOUNE 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		CEILINGS			FLOORS	
( SQUARE FEET)		( SQUARE FEET)			( SQUARE FEET)	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL <b>FIBERGLASS</b>		MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>	
FORM <b>BATTS</b>		FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>	
MANUFACTURER'S PRODUCT I D		MANUFACTURER'S PRODUCT I D			MANUFACTURER'S PRODUCT I D	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
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 <b>FIBERGLASS</b>	FORM <b>BATTS</b>	R VALUE	MANUFACTURER <b>OCF</b>
-------------------------------	----------------------	---------	----------------------------

**AIR INFILTRATION SEALANT**

MATERIAL <b>FOAM</b>	MANUFACTURER <b>W R GRACE</b>
-------------------------	----------------------------------

**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