

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 | JR 7/12/02 | 7-12-02 |
| E69B11 | USER GROUND | BWA | 7/27/02 |
| B12 | CONCRETE SLAB FORMS | | |
| P40 | PLUMB. UNDERFLOOR/SLAB | | |
| M30 | MECH/UNDERFLOOR/SLAB | | |
| E61 | ELECT. UNDERGROUND | | |
| E62 | ELECT. CONDUIT-SLAB | | |
| B13 | FLOOR JOISTS OR GIRDERS | | |
| B14 | DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| B14 | DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED | | |
| B14/15 | INSULATION/WALL/FLOOR | | |
| P41 | TOP PLUMBING | | |
| M31 | TOP MECHANICAL/WALL/CEIL | | |
| E63 | ROUGH ELECTRICAL/WALL/CEIL | | |
| B19 | FRAME | | |
| B17 | ROOF-PLYWOOD NAIL, COMM. & APTS | | |
| B18 | EXTERIOR LATH/SIDING | | |
| B22 | DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| B22 | INT. LATH OR WALL BD. NAILING | | |
| B22 | DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED | | |
| E66 | SERVICE UNDERGRD CONDUIT | | |
| P43 | SEWER SERVICE | | |
| P42 | WATER SERVICE | | |
| P46 | SPRINKLER SYSTEM | | |
| P47/88 | DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| P47/88 | GAS TEST | | |
| P49 | TEMP GAS ISSUED | | |
| E68 | POWER POLE | | |
| E67 | TEMP POWER # 156972 | | |
| SWIMMING POOLS ONLY | | | |
| 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 | | | |
| FINAL APPROVALS | | | |
| B29 | BUILDING | | |
| E73 | ELECTRICAL | | |
| P48 | PLUMBING | | |
| M32 | MECHANICAL | | |
| F94 | FIRE | | |
| S92 | SITE | | |

BUILDING SITE ADDRESS 2286 Anton Wy SUITE 4R
ASSESSOR PARCEL NO. 225-1150-041
NAME OF APPLICANT DWYNEREST
LICENSED CONTRACTOR DWYNEREST
PROPERTY OWNER LOT 31
ARCH. ENGR. PARKWAY PLAZA 3
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 604 USF12

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 will not employ any person in the 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 \$ 205,856
ISSUED BY: [Signature]
DATE ISSUED 6/11/02
BUILDING PERMIT FEE \$
PLAN CHECK/PROC. FEE \$
S.M.I. FEE \$
CONST. EXCISE TAX \$
CITY BUS LICENSE FEE \$
TECH. FEE \$
WATER DEV. FEE \$
CITY SEWER DEV. FEE \$
REG. SEWER FEE \$
RESIDENTIAL CONST. TAX \$

TOTAL FEES \$ _____

PERMIT NO. _____

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

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

WINDHULLAST Wilsons

LOT 2

ICBO Report #4004

Date of Job Completion 11-15-92

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.

Date

2-01-92

[Signature]
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

PART II AREAS INSULATED

PART III SIGNATURES

| | |
|---|---|
| ADDRESS OR TRACT WINDYCREST HOMES OT # 31 | SACRAMENTO INSULATION CONTRACTORS <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: 12/19/00

| 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 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 |
| R-13 | 3 5/8" | R-38 | 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 |
|-------------------------|----------------------------------|

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>[Signature]</i> | TITLE MANAGER | DATE 11-3-02 |
| SIGNATURE - GENERAL CONTRACTOR | TITLE | DATE |

REMARKS