

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	W.H.	7-5-00
608/11 UFER GROUND	W.H.	7-5-00
B12 CONCRETE SLAB FORMS	W.H.	7-13-00
P40 PLUMB. UNDERFLOOR/SLAB	W.H.	7-5-00
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDBERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/18 INSULATION/WALL/FLOOR		
P41/1 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CELL		
E63 ROUGH ELECTRICAL/WALL/CELL		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APTS		
B18 EXTERIOR 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 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47/MS GAS TEST		
E68 TEMP GAS		
E68 POWER POLE		
E67 TEMP POWER # 10653c		
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

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

BUILDING SITE ADDRESS: 16 Anton Ct 16 Anton Ct
 SUITE: 49R
 INSUR AREA: 49R

ASSESSOR PARCEL NO: 225-1150-020
 NAME OF APPLICANT: WYNNE EST
 LICENSED CONTRACTOR: WYNNE EST
 PROPERTY OWNER: LOT 10
 ARCH. ENGR: APRILYAN 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 NSF12

FLOOD STATUS: () SPECIAL CONDITIONS ATTACHMENTS: _____

CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191
 BUILDING INSPECTION DIVISION 264-5191
 WORKERS 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	\$ 206,856.60	FIRE SP.	
ISSUED BY:	671/100	FED CODE	
DATE ISSUED		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	\$		

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

WINHURST Willow
LOT 19

ICBO Report #4004

Date of Job Completion 9-15-90

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

9-15-90

[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

WINNCREST
16 Anton
The Willows

LOT # 010

- 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)		CEILINGS (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		OCF	
		BAGS			
13	3 5/8"	38 38	12 1/4" 14 3/4"		
KNEE WALLS - R-VALUE IS OTHER THAN WALLS ABOVE					
MATERIAL FIBERGLASS		FORM BATTS		MANUFACTURER OCF	
AIR INFILTRATION SEALANT					
MATERIAL FOAM				MANUFACTURER W R GRACE	
INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES.					
SIGNATURE - INSULATION CONTRACTOR <i>Bill Hutzgo</i>			TITLE MANAGER		DATE 10-6-00
SIGNATURE - GENERAL CONTRACTOR			TITLE		DATE
REMARKS					