

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		
E60B11 UFER GROUND		
B12 CONCRETE SLAB FORMS	T. M. G.	4-12-00
P40 PLUMB. UNDER FLOOR/SLAB		
M30 MECH/UNDER FLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

B13 FLOOR JOISTS OR GIRDETS
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED

B14 INSULATION/WALL/FLOOR
 P41 TOP PLUMBING
 M31 TOP MECHANICAL/WALL/CEIL.
 E63 ROUGH ELECTRICAL/WALL/CEIL.

B19 FRAME
 B17 ROOF PLWOOD NAIL, COMM. & APTS
 B18 EXTERIOR LATH/SIDING
 B22 INT LATH OR WALL BD NAILING
DO NOT COVER UNTIL INSTALLATION 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

*F4733 GAS TEST
 P46 TEMP GAS ISSUED
 E68 POWER POLE
 E67 TEMP POWER # 15655C

SWIMMING POOLS ONLY

P47 GAS TEST
 P61 PLUMBING PRE-GUNITE
 P62 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 BULL DINING
 E79 ELECTRICAL
 P39 PLUMBING
 M39 MECHANICAL
 F34 FIRE
 S92 SITE

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 (INITIAL APPROVAL)

BUILDING SITE ADDRESS: 8 ANTON CT SUITE 4R
 CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191

ASSESSOR PARCEL NO. 225-1150-022 ADDRESS: 8 ANTON CT ZIP CODE: COMMUNITY PLAN NO. PHONE NO. PLAN CHECK NO.

NAME OF APPLICANT: W. M. NICKLES
 LICENSED CONTRACTOR: W. M. NICKLES
 PROPERTY OWNER: W. M. NICKLES
 ARCH. ENGR: ALA22A3

NO. OF STORES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WIDTH
								475

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

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS: 1

WORKERS COMPENSATION DECLARATION

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 withdraw, comply with those provisions.

VALUATION	ISSUED BY:	DATE ISSUED	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
\$ 147,523.75	6/1/00		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 203

PERMIT NO. 0000

DATE PERMIT QUALIFIED BY (IMITATION) IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WINDCREST WILLOWS

LOT 12

Date of Job Completion 11-15-00

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.

2-23-00
Date

[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 GENERAL

WINNCREST
8 Anton Ct
WILLOWS

LOT # 012

- 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	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 I D	MANUFACTURER'S PRODUCT I D	MANUFACTURER'S PRODUCT I D
MANUFACTURER	MANUFACTURER	MANUFACTURER
OCF	OCF	OCF
	BAGS	
		R-VALUE BETWEEN
13	38	124'
19	38	14 3/4'
3 5/16"		
5 1/2"		

MATERIAL	FORM	R VALUE	MANUFACTURER
FIBERGLASS	BATTS		OCF

MATERIAL	MANUFACTURER
FOAM	W R GRACE

SIGNATURE - INSULATION CONTRACTOR <i>Bell Hernandez</i>	TITLE MANAGER	DATE 9-28-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS