|                        |                    |      |                          | RE                           | CORD                                      | CARD - BUILD | ING INSPECTION           | IS DIVISI  | ON - CI                         | TY OF      | SACRAMEN       | TO, CAL  | IFOR      |                          |               |                                       |
|------------------------|--------------------|------|--------------------------|------------------------------|---|--------------|--------------------------|------------|---------------------------------|------------|----------------|----------|-----------|--------------------------|---------------|---------------------------------------|
| PROPERTY PARCEL NO.    |                    |      |                          | JOB ADDRESS. INSPECTION AREA |   |              |                          |            |                                 |            |                |          |           | FINAL INSPECTIONS        |               |                                       |
|                        |                    |      |                          | 4359-G Parkway               |   |              |                          |            |                                 |            |                | 5        |           |                          |               |                                       |
| LEGAL DESCRIPTION      |                    |      |                          |                              |   |              |                          | оссир.     | GR.                             | CONST TYPE | VAR.           | NO.      | FIRE ZONE | BUILDING BY              | DATE          |                                       |
| Lot #57 Franklin Villa |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          | <u> </u>  | Barbato                  | 8/21/69       |                                       |
|                        |                    |      |                          | 1/C                          | ADDRESS                                   |              |                          |            |                                 | ZIP        | CITY L         | IC. NO.  | TE        | L. NO.                   | ELECTRICAL BY | DATE                                  |
| GEN. CONTR. Owner      |                    |      |                          |                              | Same                                      |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| ELEC. CONTR.           |                    |      |                          |                              |   |              |                          |            |                                 |            | ļ <u>.</u>     |          | ļ         |                          | PLUMBING BY   | DATE                                  |
| PLBG. CONTR.           |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          | <u> </u>  |                          |               |                                       |
| MECH. CONTR.           |                    |      |                          |                              |   |              |                          |            |                                 | <u> </u>   | <del></del>    | ļ        |           | MECHANICAL BY            | DATE          |                                       |
| ARCH. ENGR.            |                    |      |                          |                              |   |              |                          |            |                                 |            | <u> </u>       |          | <u> </u>  |                          |               |                                       |
| OWNER MCKE             | eon Const.         |      |                          |                              | 4   | 55-Capito    | 5-Capitol Mall Suite 250 |            |                                 |            |                |          |           | CERTIFICATE OF OCCUPANCY |               |                                       |
| CONST. LOAN LEND       | ER                 |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          | ISSUED BY     | DATE                                  |
| BLDG. WIDTH            | BLDG. LENGTH       | тот  | AL HEIGHT                | NO. OF \$1                   | ORIES                                     | ROOF CONSTR. | AREA 1st FLOOR           | t          | OTAL ARE                        |            | C.S.D.         |          | C.I. CAS  | É                        |               |                                       |
|                        |                    |      |                          | 2                            |   |              |                          | 1,62       | 3 sq.                           | ft.        | CENSUS TRO     | T. NO.   |           |                          |               |                                       |
| SIDE YARDS             | REAR YARDS         | SET  | BACK REQ.                | USE Z                        | ONE                                       | PARK'G REQ.  | SPACES                   | TREES      | RMVD.                           | É          | XISTING BLDG'S | SAME LOT |           | HOW USED                 |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| NATURE OF W            | ORK:- Const        | . 4- | unit A                   | partme                       | nt H                                      | ouse         |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           | ·                        |               |                                       |
| PERMIT NO. S.P         | 3-2782             |      |                          |                              |   |              | MICROFIL                 | M DECO     | D.D.                            |            |                |          |           |                          |               |                                       |
| ISSUED BY              |                    |      |                          |                              |   |              |                          | M RECUI    |                                 |            |                |          |           |                          |               |                                       |
| ISSUANCE DATE 3/       |                    |      | PLANS A                  | ND APPI                      | PPLICATION REEL NO. 256 FRAME NO:- 136 TO |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| VALUATION              | \$ 49,000.0        | 0    | INSPECTION RECORD        |                              |   |              |                          |            |                                 |            | 87             |          |           |                          |               |                                       |
| R.D.F. FEE             |                    |      |                          | JOB FILE                     |   |              | REEL NO. FRAME NO:- TO   |            |                                 |            |                |          |           |                          |               |                                       |
| Ś.M.I. FEE             | S.M.I. FEE \$      |      |                          | 38068591-1Wal                |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| PLAN CK. FEE           | \$                 |      |                          |                              |   |              |                          | <b>(3)</b> | <i>&gt;&gt;</i> ( <i>V</i> ) (3 | 985        | 91-            | 1.4      | M         |                          |               |                                       |
| SEWER INCL. FEE        | SEWER INCL. FEE \$ |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| PERMIT FEE \$ 142.00   |                    |      | REMARKS AND/OR VARIANCES |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| \$                     |                    |      | APARTMENT                |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| \$                     |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| TOTAL FEES             | \$                 |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          | ·             |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            | .,             |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| ·                      |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               | · · · · · · · · · · · · · · · · · · · |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
| 1                      |                    |      |                          |                              |   |              |                          |            |                                 |            |                | <u> </u> |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      | •                        |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |
|                        |                    |      |                          |                              |   |              |                          |            |                                 |            |                |          |           |                          |               |                                       |

|             | · · · · · · · · · · · · · · · · · · ·   |                      |                              |                    | · · · · · · · · · · · · · · · · · · · | *************************************** |                                       |            |
|-------------|---|----------------------|------------------------------|--------------------|---------------------------------------|---|---------------------------------------|------------|
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              | ·                  |                                       |   |                                       |            |
| ·S          | ND FRAME NO                             | SMIT NO. REEL A      | <u> </u>                     | MICKOFILM RECORD   |                                       | AME NOS.                                | REEL AND FR.                          | ревміт ио. |
| <del></del> | Ţ · · · · · · · · · · · · · · · · · · · |                      |                              | PEGETT N DECK      |                                       |   | <u> </u>                              |            |
|             |   | ,                    |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   | . ,                                   |            |
|             |   |                      |                              |                    | ¢                                     |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   | \                    | .4                           |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   | •                                     |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   | 4                    |                              |                    |                                       |   |                                       | 1-         |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   | · · · · · · · · · · · · · · · · · · · |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   |                      |                              |                    |                                       |   |                                       |            |
|             |   | ,                    |                              |                    |                                       |   |                                       |            |
| ЭТАО        | FINALED BY                              | CONTRACTOR & ADDRESS | РRESENT ОWNER<br>АЙД ADDRESS | E MOBK             | О ЗЯПТАИ                              | PERMIT NO.<br>AND FEE                   | TYPE OF PERMIT HOITAUJAY GNA          | 3TAG       |
|             |   |                      | ened                         | SEQUENT PERMITS IS | RECORD OF SUB                         |   |                                       |            |