

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE

NO.	DESCRIPTION	INSPECTOR	DATE
110	FOUNDATION FORMS	SIG	6-29-00
111	CONCRETE SLAB FORMS	WJ	7-4-00
112	CONCRETE SLAB FORMS	WJ	6-29-00
113	MECH UNDER FLOOR SLAB		
114	ELECT UNDERGROUND		
115	ELECT CONDUIT SLAB		

NO.	DESCRIPTION	INSPECTOR	DATE
116	FLOOR JOISTS OR GIRDERS		
117	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
118	INSULATION/WALL/FLOOR	WJ	7-14-00
119	TOP PLUMBING	WJ	7-14-00
120	TOP MECHANICAL/WALL/CELL	WJ	7-14-00
121	ROUGH ELECTRICAL/WALL/CELL	WJ	7-14-00
122	FRAME	WJ	7-14-00
123	ROOF BY WOODMAN COMM & APPTS		
124	EXTERIOR FAHSIDING	WJ	7-25-00

NO.	DESCRIPTION	INSPECTOR	DATE
125	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
126	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
127	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
128	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
129	SEWER SERVICE	WJ	7-29-00
130	WATER SERVICE	WJ	7-29-00
131	SPRINKLER SYSTEM		

NO.	DESCRIPTION	INSPECTOR	DATE
132	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
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170	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

FINAL APPROVALS

Signature

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE...
THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS

5408 Bandman Way

SUITE

INSR AREA
UR

ASSESSOR PARCEL NO

NAME OF APPLICANT

LICENSED CONTRACTOR

PROPERTY OWNER

ARCH ENGR

ADDRESS

COMMUNITY PLAN NO

ASSESSOR PARCEL NO

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ADDRESS

COMMUNITY PLAN NO

PERMIT NO	FEES
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00	\$
05	\$
13	\$
22	\$
22	\$

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION

WORKER'S COMPENSATION DECLARATION

NO. OF STORIES: 1, NO. OF ROOMS: 7, ROOF COVERING: MECHANICAL, AREA 1ST FLOOR: 1510, TOTAL AREA: 426, GARAGE AREA: 95, PATIO AREA: 95, USE ZONE: 407

ASSESSOR PARCEL NO: 0350, ADDRESS: 5408 BANDMAN WAY, SACRAMENTO, CA 95811

PROPERTY OWNER: NUTTLEY VITA LOT 88

INSURANCE: USFR MD1510

VALUATION: \$101280.15

DATE ISSUED: 5-20-01

ISSUED BY: [Signature]

WES PAC

INSULATION, INC.

INSULATION
CERTIFICATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

Wintersville Blvd LOT # 55 TRACT # 1518
STREET W. Delta CITY ~~Delta~~ Delta

EXTERIOR WALLS:

MANUFACTURER: Wes Pac THICKNESS: 2 1/2" R VALUE: 11
CELLINGS: Wes Pac

BATIS:

MANUFACTURER: Wes Pac THICKNESS: 1 1/2" R VALUE: 5

BLOWN IN:

MANUFACTURER: Wes Pac THICKNESS: 1 1/2" R VALUE: 5

SHOULDER:

MANUFACTURER: Wes Pac NUMBER OF ROWS: 1 R VALUE: 5

ROOFING:

MANUFACTURER: Wes Pac THICKNESS: 1 1/2" R VALUE: 5

GENERAL:

MANUFACTURER: Wes Pac R VALUE: 5

EXTERIOR WALLS:

MANUFACTURER: Wes Pac R VALUE: 5

GENERAL:

MANUFACTURER: Wes Pac R VALUE: 5

WES PAC INSULATION, INC. 1518 W. DELTA ST. DELTA, CA 95621
TEL: (916) 438-1518 FAX: (916) 438-1519

RESIDENTIAL BUILDING PERMIT APPLICATION

New Construction
 Addition
 Remodels
 Other

Project Address 3766 Bay View Dr
 Assessor Parcel # 201-0590 CEE

OWNER INFORMATION:

Legal Property Owner <u>Maria & Thomas</u>	Phone # <u>355-8900</u>
Owner Address <u>3766 Bay View Dr</u> City <u>Los Angeles</u> State <u>CA</u> Zip <u>90038</u>	

CONTRACTOR INFORMATION:

Contractor <u>Maria & Thomas</u>	Lic. # <u>517463</u>	Phone # <u>355-8900</u>	Fax# <u>355-8100</u>
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PROJECT INFORMATION:

Land Use Zone <u>R3</u>	Occupancy Group <u>R3</u>	Construction Type <u>VH</u>	Fed Code <u>19</u>
No. of stories _____	No. of rooms _____	Street width: _____	
1 st Floor Area _____	2 nd Floor Area _____	Basement _____	Roof Material _____

AREA IN SQUARE FOOT OF	EXISTING	NEW
Dwelling/Living	_____	<u>1570</u>
Garage/Storage	_____	<u>425</u>
Decks/Balconies	_____	_____
Carports	_____	_____

SCOPE OF WORK: New 2nd Floor Family Dwelling

FOR OFFICE USE ONLY

<input checked="" type="checkbox"/> Information above complete	<input type="checkbox"/> AP Flood Waiver required	<input type="checkbox"/> Planning Approval
<input type="checkbox"/> Violation files checked	<input type="checkbox"/> Flood Elevation Certificate Required	<input type="checkbox"/> Design Review Approval
<input type="checkbox"/> Standard setbacks	<input type="checkbox"/> Water Development Infill Area	<input type="checkbox"/> Special Fee Districts Apply : _____
<input type="checkbox"/> County Sewer	_____	

NEW STRUCTURES & ADDITIONS

*THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE ❖ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures.
- 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA
- Title 24 Energy Compliance documentation
- 1" x 17" copy of floor plan for County Assessor
- Grading and Erosion Control Questionnaire
- Plan Review Fees

Date _____
 Re: (Select by staff) _____

ACTIVITY/PERMIT #
