

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

BUILDING SITE ADDRESS: **15 ANTON CT 15 Anton Ct** SUITE: **4R** INSP AREA: **4R**

B10 FOUNDATION FORMS INSPECTOR: **WJ** DATE: **7-3-00**

E60B11 UFER GROUND INSPECTOR: **WJ** DATE: **7-3-00**

P40 CONCRETE SLAB FORMS INSPECTOR: **WJ** DATE: **7-3-00**

M30 PLUMB. UNDERFLOOR/SLAB INSPECTOR: **WJ** DATE: **7-3-00**

E61 MECH UNDERFLOOR/SLAB INSPECTOR: **WJ** DATE: **7-3-00**

E62 ELECT. CONDUIT-SLAB INSPECTOR: **WJ** DATE: **7-3-00**

B13 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

B14 FLOOR JOISTS OR GIRDERS DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED

B15 INSULATION/WALL/FLOOR DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

P41 TOP PLUMBING INSPECTOR: **WJ** DATE: **7-3-00**

M31 TOP MECHANICAL/WALL/CEIL. INSPECTOR: **WJ** DATE: **7-3-00**

E63 ROUGH ELECTRICAL/WALL/CEIL. INSPECTOR: **WJ** DATE: **7-3-00**

B16 FRAME INSPECTOR: **WJ** DATE: **7-3-00**

B17 ROOF PLYWOOD NAIL COMM. & JOISTS INSPECTOR: **WJ** DATE: **7-3-00**

B18 EXTERIOR LATH/SIDING INSPECTOR: **WJ** DATE: **7-3-00**

B22 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

E66 SERVICE UNDERGRD CONDUIT DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED

P43 SEWER SERVICE INSPECTOR: **WJ** DATE: **7-3-00**

P42 WATER SERVICE INSPECTOR: **WJ** DATE: **7-3-00**

P46 SPRINKLER SYSTEM DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

E67 GAS TEST INSPECTOR: **WJ** DATE: **7-3-00**

E68 POWER GAS ISSUED EXPIRES: **7-16-00**

E69 TEMP POWER # **10652c** EXPIRES: **7-24-00**

SWIMMING POOLS ONLY

FINAL APPROVALS

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

BUILDING SITE ADDRESS: **15 ANTON CT 15 Anton Ct** SUITE: **4R**

ASSESSOR: **225-1150-019** ADDRESS: **LOT 9 PARKWAY PLAZA 3**

NAME OF APPLICANT: **WYNNE CRESCENT** LICENSED CONTRACTOR: **WYNNE CRESCENT**

PROPERTY OWNER: **LOT 9 PARKWAY PLAZA 3**

ARCH. ENGR. **3**

NO. OF STORIES: **1** NO. OF ROOMS: **1** ROOF COVERING: **1** AREA 1ST FLOOR: **1** TOTAL AREA: **1** GARAGE AREA: **1** PATIO AREA: **1** USE ZONE: **1** STREET WIDTH: **1**

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: **MP 604 NSF 12**

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO INSPECTIONS 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	\$ 206,858.00
ISSUED BY:	6/1/00
DATE ISSUED	6/1/00
BUILDING PERMIT FEE	\$
PLAN CHECK/PROC. FEE	\$
S.M.F.F.E.	\$
CONST. EXCISE TAX	\$
CITY BUS LICENSE	\$
TECH. FEE	\$
WATER DEV. FEE	\$
CITY SEWER DEV. FEE	\$
REG. SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$
TOTAL FEES	\$

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 UNTIL FINAL APPROVAL.

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

WINHURST Wilcox
LOT 9

ICBO Report #4004

Date of Job Completion 11-15-90

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

12-01-90

[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

PART I GENERAL

ADDRESS OR TRACT <div style="font-size: 2em; font-family: cursive;">WINNCREST</div> <div style="font-size: 2em; font-family: cursive;">THE WILLOWS</div>	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 <div style="font-size: 1.5em; font-family: cursive;">11-2-00</div>
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PART II AREAS INSULATED

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	
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
13	3 5/8"	38 38	12 1/4" 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 <div style="font-size: 1.5em; font-family: cursive;">Bill Hildge</div>	TITLE MANAGER	DATE 10-6-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS