

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

ITEM	DESCRIPTION	INSPECTOR	DATE
B10	FOUNDATION FORMS	WJ	7-3-00
E60B11	UFER GROUND	WJ	7-3-00
B12	CONCRETE SLAB FORMS	WJ	7-12-00
P40	PLUMB. UNDERFLOOR/SLAB	WJ	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 GIRDERS		
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.		
B16	FRAME		
B17	ROOF PLYWOOD NAIL COMM. & JOISTS		
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	GAS TEST		
E68	TEMP GAS		
E67	POWER POLE		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
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			

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

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

ASSESSOR PARCEL NO: 225-1150-019 ADDRESS: LOT 9 PARKWAY PLAZA ZIP CODE: PHONE NO.

NAME OF APPLICANT: MONTRETT PROPERTY OWNER

ARCH. ENGR. PARKEY PLAZA 3 LICENSE NO.

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 NSF 12

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS: CITY OF SACRAMENTO INSPECTIONS 264-5191

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...

VALUATION	ISSUED BY	DATE ISSUED	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
\$ 206,858.00	[Signature]	6/1/00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

DATE: APPLICANT: (Signature)

FINAL APPROVALS: 12.13.00 [Signature]

FINAL INSP NO: [Blank]

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

WINHULLST 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: <b>FIBERGLASS</b>		MATERIAL: <b>FIBERGLASS</b>			MATERIAL: <b>FIBERGLASS</b>	
FORM: <b>BATTS</b>		FORM: <b>BATTS &amp; BLOW</b>			FORM: <b>BATTS</b>	
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: <b>FIBERGLASS</b>		FORM: <b>BATTS</b>		R VALUE		MANUFACTURER: <b>OCF</b>
AIR INFILTRATION SEALANT						
MATERIAL: <b>FOAM</b>				MANUFACTURER: <b>W R GRACE</b>		

**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