

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

ITEM	INSPECTION	INSPECTOR	DATE
B10	FOUNDATION FORMS	JE 7/13/00	
E60/E11	UFER GROUND		
B12	CONCRETE SLAB FORMS	JE 7/13/00	7-19-00
P40	PLUMB. UNDERFLOOR/SLAB		
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			
B14/15	INSULATION/WALL/FLOOR		
P41	TOP PLUMBING		
M31	TOP MECHANICAL/WALL/CEIL.		
E63	ROUGH ELECTRICAL/WALL/CEIL.		
B19	FRAME		
B17	ROOF PLYWOOD MAIL COMM. & APTS		
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/M33	GAS TEST		
P48	TEMP GAS		
E68	POWER POLE		
E67	TEMP POWER #		
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			

FINAL APPROVALS

[Handwritten signatures and initials]

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

BUILDING SITE ADDRESS: 2274 ANTON WAY
SITE: Anton Wy
INSP. AREA: 48

ASSESSOR PARCEL NO.: 225-1150-034
ADDRESS: LOT 24 PAVAN PLAZA 3
COMMUNITY PLAN NO.:
ZIP CODE:
PHONE NO.:

NAME OF APPLICANT: M. ANTON
ADDRESS:
PROPERTY OWNER:
ARCH. ENGR.:

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

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE
NATURE OF WORK IN DETAIL: MP604 NSF-12

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

WORKER'S 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 (one hundred) or less. I certify that on 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.

VALUATION: \$ 206858
ISSUED BY: [Signature] 6/1/00
DATE ISSUED: 6/1/00
BUILDING PERMIT FEE: \$
PLAN CHECK/PROC. FEE: \$
S.M. FEE: \$
CONST. EXCISE TAX: \$
CITY BUS LICENSE: \$ JUN 01 2000
FEE: \$
WATER TECH. DEV. FEE: \$
CITY SEWER DEV. FEE: \$
REG. SEWER FEE: \$
RESIDENTIAL CONST. TAX: \$

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES. EMPLOYERS SHOULD BE AWARE AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE. (ENR 1831 AND 1832)

Date: Applicant: [Signature]
Date: Applicant: [Signature]

PERMIT NO.	00
FEE CODE	0
0	0
5	5
3	3
3	3
1	1
R	R

CERTIFICATION OF INSULATION

PART I GENERAL

WINNCREST

LOT # 029

2274 Anton Wy
WILLOWS

- 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
12/19/00

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 ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
MANUFACTURER OCF		MANUFACTURER OCF			MANUFACTURER OCF	
BAGS						
R - VALUE INSTALLED	APPLIED THICKNESS	R - VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R - VALUE INSTALLED	APPLIED THICKNESS
13 19	3 1/8" 5 1/2"	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
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AIR INFILTRATION SEALANT

MATERIAL FOAM	MANUFACTURER W R GRACE
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THE INSULATION CONTRACTOR CERTIFIES THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE - INSULATION CONTRACTOR <i>Bill Herzog</i>	TITLE MANAGER	DATE 10-27-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS