

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

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS	JR 7/13/10	
B12 CONCRETE SLAB FORMS		7-14-10
P40 PLUMB UNDERFLOOR/SLAB	JR 7/13/10	
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		
B14/16 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL 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		
P48 SEWER SERVICE		
P46 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47/68 GAS TEST		
P46 TEMP GAS		
E68 POWER POLE		
E67 TEMP POWER #		
SWIMMING POOLS ONLY		
P47 GAS TEST		
P41 PLUMBING PRE-GUNITE		
P42 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		
B29 BUILDING	FINAL INSP NO.	
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
P94 FIRE		
S92		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

BUILDING SITE ADDRESS
 2285 ANTON WAY SUITE 412
 ANTON WY 91700

ASSESSOR PARCEL NO. 225-1150-012
 ADDRESS LOT 2 PARKWAY PLAZA-3
 COMMUNITY PLAN NO. ZIP CODE PHONE NO.

NAME OF APPLICANT: J. M. DANIELS
 LICENSED CONTRACTOR: J. M. DANIELS
 PROPERTY OWNER: J. M. DANIELS

ARCH. ENGR. LICENSE NO. STREET WIDTH 40

NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WIDTH
								40

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: MP 601 NSF12

FLOOD STATUS: (X) SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 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	\$ 147,523.75	FIRE SP.	
ISSUED BY:	J. M. DANIELS	FED CODE	
DATE ISSUED	6/17/10	PERMIT NO.	00
BUILDING PERMIT FEE	\$		
PLAN CHECK/PROC. FEE	\$		
S.M.I. FEE	\$		
CONST. EXCISE TAX	\$		
CITY BUS LICENSE	\$		
TECH. FEE	\$		
WATER DEV. FEE	\$		
CITY SEWER DEV. FEE	\$		
REG. FEE	\$		
SEWER FEE	\$		
RESIDENTIAL CONS. TAX	\$ 1		
TOTAL FFSS	\$		6

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WILLOWEST WILLOWS
LOT

Date of Job Completion 12-01-00

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.

2-23-00
Date


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

PART II AREAS INSULATED

ADDRESS OR TRACT WINNOCREST WILLOWS	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 12/20/02
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WALLS		CEILINGS			FLOORS	
SQUARE FEET		SQUARE FEET			SQUARE FEET	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS		MATERIAL FIBERGLASS	
FORM BATTS	FORM BATTS & BLOW	FORM BATTS & BLOW	FORM BATTS & BLOW		FORM BATTS	
MANUFACTURER'S PRODUCT ID		MANUFACTURER'S PRODUCT ID			MANUFACTURER'S PRODUCT ID	
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 10	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	
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 <i>Beth Swartz</i>	TITLE MANAGER	DATE 11-16-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS