

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0600503  
Insp Area: 3  
Thos Bros: 277-F3

PAID  
CITY OF SACRAMENTO

Site Address: 260 MORRISON AV SAC  
Parcel No: MORRISON POINT UNIT 2 LOT 2 JAN 23 2006

Sub-Type: NSFR  
Housing (Y/N): N

**CONTRACTOR**  
RIVERLAND HOMES  
1566 BERRY RD.  
RIO OSO CA. 95674

**OWNER** NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

**ARCHITECT**

Nature of Work: MP 1900 1 STORY 8 ROOM SFR

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class \_\_\_\_\_ License Number 783707 \_\_\_\_\_ Date \_\_\_\_\_ Contractor Signature \_\_\_\_\_

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

\_\_\_\_ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

\_\_\_\_ I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of a any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1-23-06 Applicant/Agent Signature *[Signature]*

**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:

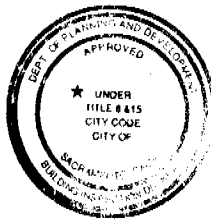
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (This section need not be completed if the permit is for \$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.

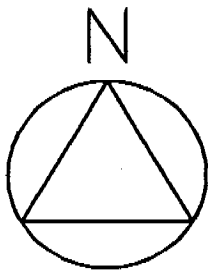
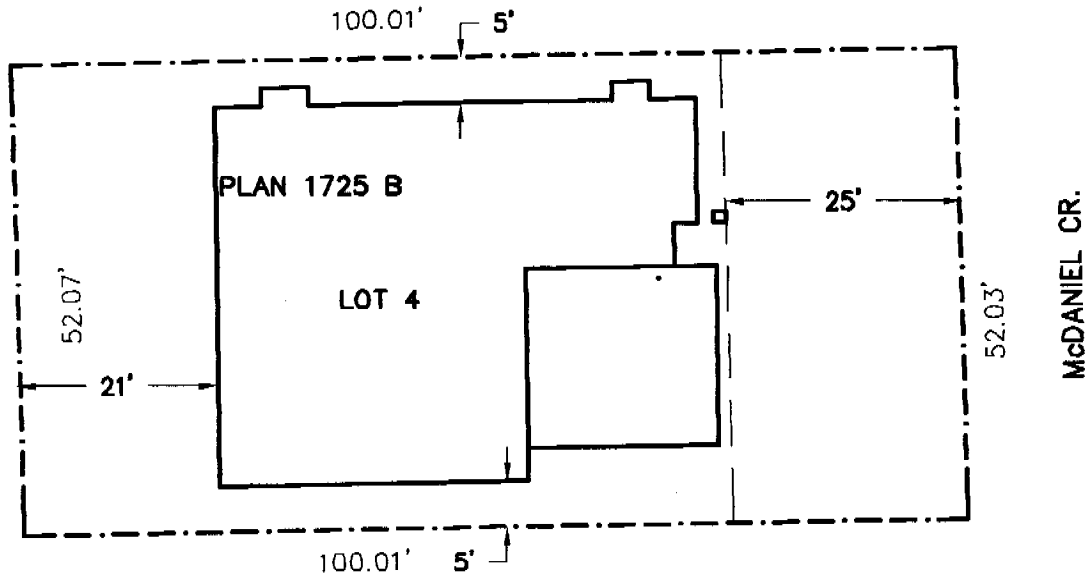
Date 1-23-06 Applicant Signature *[Signature]*

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.  
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



LOT 4  
MORRISON POINT UNIT NO. 2  
SACRAMENTO, CA  
SCALE: 1"=20'-0"

From:

260 Morrison

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Table with 7 columns: Equip. Type (pkg.), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) (per 1997 IECC), Duct Location (attic, etc.), Duct or Piping System, Heating Load (Btu/hr), Heating Capacity (Btu/hr)

Cooling Equipment

Table with 7 columns: Equip. Type (pkg.), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (per 1997 IECC), Duct Location (attic, etc.), Duct System, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr)

1. 2 reads greater than or equal to. I, the undersigned, verify that equipment listed above is: 1) is for actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 9 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), If Recirculation, Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (per 1997 IECC), Standby Loss (%), Energy Factor (E-factor)

3 radiators, 3 bedrooms, 3 bathrooms, 3000 sq ft, Natural gas, 30000 Btu/hr, 100% efficiency, 0% standby loss, 0.95 E-factor

Faucets & Shower Heads: All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Jiada Handers 10/6/05 Northstar Plumbing, Inc. Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department, HERS Provider (if applicable), Building Owner at Occupancy



Brent Duggins Glass
Specializing in New Construction & Remodel
Windows \* Glass \* Mirrors \* Shower Enc.
C.L.# 773246

Plan 1900

INSTALLATION CERTIFICATE (Page 2 of 13) CF-6R
City Address:
Permit Number:

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner or occupancy, per Section 10-108(a).

FINESTRATION GLAZING:

Table with columns: Item #, Manufacturer/Trade Name (GROUP 1, 1638 PRODUCTS), Product U-Factor (CF-1R value), Product SHGC (CF-1R value), # of Panels, Total Quantity of All Devices (Devices), Area Device (sq ft), Shading Device at Opening, and Operational Status.

- 1) The values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.
2) Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (interior or exterior) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.
3) The product name or code for the appropriate requirements for manufactured devices (from Part 6), where applicable.

Signature and Date fields for:
1) Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
2) Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
3) Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copy to: Building Department, BEES (if applicable) Building Owner or Occupancy
P.O. Box 1299 - Elverta, CA 95626 - 530/742-7587 - Fax 530/742-2750



1000  
3/100  
Plans

(Page 3 of 12) CF-6R

<b>INSTALLATION CERTIFICATE</b>	
Site Address	Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**  
Heating Equipment

Equip Type (aka. heat pump)	CBC Certified Mfr Name and Model Number	# of Identical Units	Efficiency (AFUE, etc.) (CF-1R table)	Unit Location (Attic, etc.)	Gas or Firing Number	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split System Room	Keene 0148 M68	1	80%	Attic	4.2		75,000

Cooling Equipment

Equip Type (aka. heat pump)	CBC Certified Mfr Name and Model Number	# of Identical Units	Efficiency (SEER, or EER) (CF-1R table)	Unit Location (Attic, etc.)	Gas Number	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split System Room	Keene 0148 J87	1	12.5	Attic	4.2		48,000

1. 2 symbol reads greater than or equal to what is indicated on the CF-1R table.  
Includes both SEER and EER if compliance credit for high EER air conditioner is claimed.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	Gold River Mechanical
Signature: <i>[Signature]</i>	Date: 10/5/05

Copy to: BUILDING DEPARTMENT, FEES RATE (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

<b>INSTALLATION CERTIFICATE</b>		<b>(Page 11 of 12) CR-6R</b>
Site Address		Permit Number

<b>MOULDING/JOINERY MATTER</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 1/4 in deep or more than 10% of the butt surface area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the structure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
<b>ROOFCEILING LOOSE-FILL</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eave vents or soffit vents - maintain net free-ventilation area of eave vent
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth - insulation rulers visible and indicating proper depth and R-value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value <u>R-30</u> . Manufacturer's minimum required weight for the target R-value <u>1.210</u> (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation <u>10.13</u> . Manufacturer's minimum required applied thickness <u>10.13</u> . Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (CR-6R only)

**DECLARATION**

I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

**GOLD STAR INSULATION, INC.**  
8825 Foothill Road, Unit B  
McClellan, CA 95652

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature: <i>[Signature]</i>	Date:

Contact: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE), BUILDING OWNER AT OCCUPANCY

<b>INSTALLATION CERTIFICATE</b>		<b>Page 10 of 13) CE-6R</b>
Site Address		Permit Number

### Insulation Installation Quality Certificate

Description of insulation (CE-6R, formerly IC-1) signed by the installer using insulation manufacturer's name, material identification, installed R-value, and for loose-fill insulation maximum weight per square foot and minimum inches

Installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

<b>FLOOR</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fill the cavity side-to-side and end-to-end
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WALLS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the butt surface area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ROOF/CEILING PREPARATION</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door cavities on multiple-story buildings have air tight draft stops in all adjoining attics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platform and epi-walks insulated or accessible for blown insulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rafters installed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

April 2005

Residential Compliance Forms

<b>INSTALLATION CERTIFICATE</b> (Page 12 of 13) <b>CF-6R</b>	
Site Address	Permit Number
County Subdivision	Lot Number

**Description of Insulation (Formerly IC-1 Form)**

- 1. RAISED FLOOR**  
 Material FiberGloss  
 Thickness (inches) 6.5  
 Brand Name Johns Manville  
 Thermal Resistance (R-Value) R-19
- 2. SLAB FLOOR/PERIMETER**  
 Material \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_  
 Perimeter Insulation Depth (inches) \_\_\_\_\_  
 Brand Name \_\_\_\_\_  
 Thermal Resistance (R-Value) \_\_\_\_\_
- 3. EXTERIOR WALL**  
 Frame Type 2x4  
 A. Cavity Insulation  
 Material FiberGloss  
 Thickness (inches) 3.5 3x5  
 Brand Name Johns Manville  
 Thermal Resistance (R-Value) R-13  
 B. Exterior Foam Sheathing  
 Material \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_  
 Brand Name \_\_\_\_\_  
 Thermal Resistance (R-Value) \_\_\_\_\_
- 4. FOUNDATION WALL**  
 Material \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_  
 Brand Name \_\_\_\_\_  
 Thermal Resistance (R-Value) \_\_\_\_\_
- 5. CEILING**  
 Batt or Blanket Type R-11  
 Thickness (inches) 1 1/2"  
 Loose Fill Type cellulose  
 Contractor's min installed weight 4.0 lb  
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) R-38  
 Brand Name Johns Manville  
 Thermal Resistance (R-Value) R-38  
 Brand GREEN Fiber  
 Minimum thickness 10 1/2 inches
- 6. ROOF**  
 Material \_\_\_\_\_  
 Thickness (inches) \_\_\_\_\_  
 Brand Name \_\_\_\_\_  
 Thermal Resistance (R-Value) \_\_\_\_\_

**Declaration**

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficiency Standards for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item # (if applicable)	Signature <u>Robert Bayne</u>	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item # (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Residential Compliance Form

April 2003



**@lpha Inspections  
& Material Testing**

70 Rancho Del Sol • Camino, CA 95709  
(530) 644-6726 • (916) 384-7815

DATE: ~~5-12-06~~ 4-12-06  
PROJECT NO. 2007  
PROJECT: C.V. / RIVERLAND HOMES  
LOCATION: MORRISON PT. LOT-2

DSA FILE/APPL. NO. \_\_\_\_\_  
OSHPD NO. \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_  
WEATHER: \_\_\_\_\_ TEMP: \_\_\_\_\_

**PROOF LOAD**     **TORQUE**     **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: AS-255    GAGE: AT-1004    TORQUE WRENCH: \_\_\_\_\_  
RAM: \_\_\_\_\_    GAGE: \_\_\_\_\_    TORQUE WRENCH: \_\_\_\_\_

LOCATION OF TEST	TYPE/SIZE	# TESTED	% of TOTAL	LOAD lb of P Lbs	GAGE (PSI)	# ACC.	# REJ.	RETE
HIT-22 EPOXIED ANCHOR BOLT	5/8	1		6855	2670	1	0	
SHEARWALL EPOXIED ANCHOR BOLT	5/8	2		6859	2672	2	0	

Type of epoxy / grout used: \_\_\_\_\_ Method of application / cleaning: \_\_\_\_\_  
 Visual inspection was performed on \_\_\_\_\_

To the best of my knowledge, the above ~~WAS~~ WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.