

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0501360  
Insp Area: 4  
Thos Bros: 257-A3

Site Address: 2632 INGLETON LN SAC  
Parcel No: HERITAGE @ NATOMAS PARK VIL 9 LOT # 13  
N

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

CONTRACTOR  
LENNAR RENAISSANCE INC  
1075 CREEKSIDE RIDGE DR  
ROSEVILLE, CA 95678

OWNER

ARCHITECT

Nature of Work: MP1162 1 STORY 7 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 10 License Number 732348 Date 5/13/05 Contractor Signature Jinda A. Full

**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.)

PAID  
CITY OF SACRAMENTO  
MAY 13 2005  
NORTH PERMIT

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 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 5/13/05 Applicant/Agent Signature Jinda A. Full

**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 OLD REPUBLIC INS. CO. Policy Number MWC10845400 Exp Date 11/01/2004

(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.

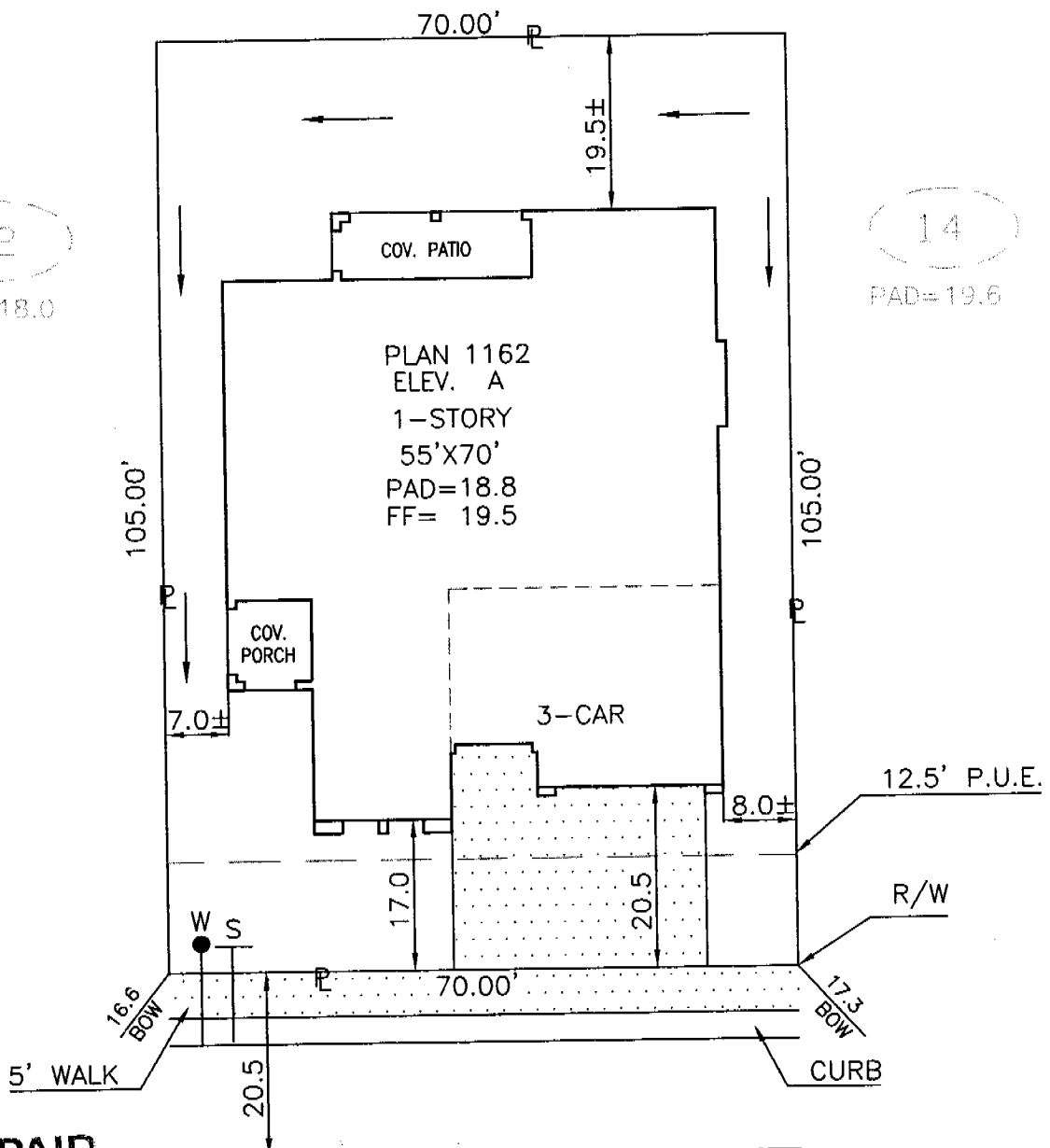
Date 5/13/05 Applicant Signature Jinda A. Full

**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.**

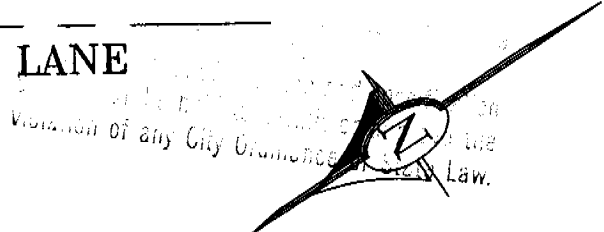
12  
PAD=18.0

14  
PAD=19.6



**PAID**  
CITY OF SACRAMENTO  
MAY 13 2005  
NORTH PERMIT  
CENTER

**INGLETON LANE**



DIMENSIONS SHOWN ARE APPROXIMATE EXCEPT FOR MINIMUMS REQUIRED BY ORDINANCE.  
THIS PLOT DOES NOT REFLECT AS BUILT CONDITIONS AND MAY VARY FROM THIS PLAN.

|   |                                    |   |                      |
|---|------------------------------------|---|----------------------|
| <p>1075 CREEKSIDE RIDGE DR. SUITE 100. ROSEVILLE, CA. 95678<br/>PHONE (916) 773-4083 FAX (916) 773-4086</p> | <p>MONTEREY</p>                    |   | <p>PLOT PLAN</p>     |
|   | <p>HERITAGE PARK<br/>VILLAGE 9</p> |   |                      |
| <p>SACTO. COUNTY, CALIFORNIA</p>  |                                    | <p>LOT COV: 40.5%</p>   | <p><b>LOT 13</b></p> |
| <p>ADDRESS: 2632 INGLETON LANE</p>  | <p>PLAN NO.: 1162-A</p>            | <p>ROOF PITCH: A &amp; B ELEVS.= 4/12 PITCH<br/>C ELEV.= 7/12 PITCH</p> |                      |
| <p>DRAWN BY: R.P.</p>   | <p>LOT SQ. FT.: 7,350</p>          | <p>DATE: 1/19/05</p>  |                      |
| <p>APPROVED BY: <i>mb</i></p>   |                                    | <p>SCALE: 1"=20'</p>  |                      |



Installation Card

Job Address

MONTEREY COLLECTION  
2632 INGLETON LANE lot 13-9  
SACRAMENTO

Stucco System Tradename: KWIK KOTE

Name of Stucco Manufacturer: KWIK KOTE CORP.

ICC Evalutaion Service, Inc.  
Evaluation Report ESR-1711  
Date of Job Completion 0501360

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077  
North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

*Justin Alvarez*  
Signature of authorized representative of stucco contractor

11-30-05  
Date



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CONTRACTORS ASSOCIATION OF AMERICA

45192

# 0501360

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

Kenya's store LOT # 13 TRACT # 0100000000  
STREET 2632 Tagleton Dick CITY SAC

EXTERIOR WALLS:

MANUFACTURER f16 THICKNESS/TYPE R- VALUE 38

CEILINGS:

BATTS: MANUFACTURER f11 THICKNESS/TYPE R- VALUE 38

BLOWN IN:

MANUFACTURER ST THICKNESS 1 1/4" R- VALUE 38

SQUARE FOOTAGE COVERED 2222 NUMBER OF BAGS USED 51

FLOORS:

MANUFACTURER THICKNESS/TYPE R- VALUE

SLAB ON GRADE:

MANUFACTURER THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS:

MANUFACTURER THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #

DATE

SIGNATURE

TITLE

INSULATION CONTRACTOR ARCADE INSULATION

CALIFORNIA CONTRACTORS LICENSE #815286

NEVADA CONTRACTORS LICENSE #55201

DATE 10/1/15

Dus...  
TITLE

SIGNATURE

TITLE

2632 Tangleton  
Site Address

RENAISSANCE- Heritage Park Monterey

0501360

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**

| Equip. Type (pkg. Heat pump) | CEC Certified Mfr name and Model # | # of Identical Systems | (1) Efficiency (AFUE, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct or Piping R-value | Heating Load (Btu/hr) | Heating Capacity (Btu/hr) |           |
|------------------------------|------------------------------------|------------------------|---|-----------------------------|------------------------|-----------------------|---------------------------|-----------|
| Furnace                      | Carrier 58MVP080-20                | 1                      | 0.94                                      | Attic                       | R-6                    | 42,168                | 80,000                    | Plan 1161 |
| Furnace                      | Carrier 58MVP080-20                | 1                      | 0.94                                      | Attic                       | R-6                    | 43,993                | 80,000                    | Plan 1162 |
| Furnace                      | Carrier 58MVP100-20                | 1                      | 0.94                                      | Attic                       | R-6                    | 45,120                | 100,000                   | Plan 1163 |
| Furnace                      | Carrier 58MVP100-20                | 1                      | 0.94                                      | Attic                       | R-6                    | 46,809                | 100,000                   | Plan 1164 |

**Cooling Equipment**

| Equip. Type (pkg. Heat pump) | CEC Certified Compressor Unit Mfr Name and Model # | # of Identical Systems | (1) Efficiency (SEER, etc.) > CF-1R value | Duct Location (attic, etc.) | Duct R-value | Cooling Load (Btu/hr) | Cooling Capacity (Btu/hr) |           |
|------------------------------|--|------------------------|---|-----------------------------|--------------|-----------------------|---------------------------|-----------|
| Condenser                    | Carrier 38TDB048-3 *                               | 1                      | 16.0                                      | Attic                       | R-6          | 38,978                | 47,500                    | Plan 1161 |
| Condenser                    | Carrier 38TDB048-3 *                               | 1                      | 16.0                                      | Attic                       | R-6          | 37,588                | 47,500                    | Plan 1162 |
| Condenser                    | Carrier 38TDB060-3 *                               | 1                      | 16.0                                      | Attic                       | R-6          | 40,038                | 60,000                    | Plan 1163 |
| Condenser                    | Carrier 38TDB060-3 *                               | 1                      | 16.0                                      | Attic                       | R-6          | 39,378                | 60,000                    | Plan 1164 |

**\*TXV - Indicates Thermal Expansion Valve On Coil**

(1) > reads greater than or equal to.

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.

*Mark Hadley* 8-20-03  
Signature, Date

Beutler Corporation

OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

| Heater Type | CEC Certified Mfr Name & Model # | Distribution Type (Std. point of use) | IF Recirculation Control Type | # of Identical Systems | (2) Rated Input (kW or Btu/hr) | Tank Volume (gallons) | (2) Efficiency (EF, RE) | (2) Standby Loss (%) | External Insulation R-value |
|-------------|----------------------------------|---------------------------------------|-------------------------------|------------------------|--------------------------------|-----------------------|-------------------------|----------------------|-----------------------------|
| GAS         | BRADY-WHITE                      | STD                                   | NA                            | 1                      | 40,000                         | 50                    |                         |                      |                             |

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.

(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58

**Facets & Shower Heads:**

All facets 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.

*Tim Heurter* 12-1-05  
Signature, Date

*Renaissance/Lechner*  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

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

LOT :  
 Plan : 1163C;1163AC(REV);1163AC(REV)(525FAM)

Work Order : 162663  
 Builder : RENAISSANCE MONTEREY COLLECTION

Site Address : 2632 Ingleton

Permit # 0501360

RENISTRATION/GLAZING:

| Manufacturer/Brand Name      | Operator Type (e.g., fixed, slider) | Manufactured Products                               | Site Built Products |                              | Quantity (optional) | Total Square Feet | Comments/Special Features |
|------------------------------|-------------------------------------|---|---------------------|------------------------------|---------------------|-------------------|---------------------------|
|                              |                                     | Labelled U-value ( $\leq$ CF-1R value) <sup>2</sup> | # of Panes          | Default U-Value <sup>2</sup> |                     |                   |                           |
| <b>(GROUP LIKE PRODUCTS)</b> |                                     |   |                     |                              |                     |                   |                           |
| 1. WINDFORD WINDOW           | Fixed                               | 0.320   |                     |                              |                     | 84.0              |                           |
| 2. WINDFORD WINDOW           | S/Hung                              | 0.350   |                     |                              |                     | 26.0              |                           |
| 3. WINDFORD WINDOW           | H/Slider                            | 0.350   |                     |                              |                     | 233.0             |                           |
| 4. WINDFORD WINDOW           | P/Door                              | 0.330   |                     |                              |                     | 0.0               |                           |
| 5. * Weighted Average        | ----->                              | 0.343   |                     |                              |                     | 343.0             |                           |
| 6.                           |                                     |   |                     |                              |                     |                   |                           |
| 7.                           |                                     |   |                     |                              |                     |                   |                           |
| 8.                           |                                     |   |                     |                              |                     |                   |                           |
| 9.                           |                                     |   |                     |                              |                     |                   |                           |
| 10.                          |                                     |   |                     |                              |                     |                   |                           |
| 11.                          |                                     |   |                     |                              |                     |                   |                           |
| 12.                          |                                     |   |                     |                              |                     |                   |                           |
| 13.                          |                                     |   |                     |                              |                     |                   |                           |
| 14.                          |                                     |   |                     |                              |                     |                   |                           |
| 15.                          |                                     |   |                     |                              |                     |                   |                           |
| 16.                          |                                     |   |                     |                              |                     |                   |                           |
| 17.                          |                                     |   |                     |                              |                     |                   |                           |
| 18.                          |                                     |   |                     |                              |                     |                   |                           |
| 19.                          |                                     |   |                     |                              |                     |                   |                           |
| 20.                          |                                     |   |                     |                              |                     |                   |                           |
| 21.                          |                                     |   |                     |                              |                     |                   |                           |
| 22.                          |                                     |   |                     |                              |                     |                   |                           |
| 23.                          |                                     |   |                     |                              |                     |                   |                           |
| 24.                          |                                     |   |                     |                              |                     |                   |                           |
| 25.                          |                                     |   |                     |                              |                     |                   |                           |

<sup>2</sup>Installed U-value must be less then or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less then or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is the 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) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable) \_\_\_\_\_  
 Signature, Date Tim Benthed 11-30-05

Item #s (if applicable) \_\_\_\_\_  
 Signature, Date \_\_\_\_\_

Item #s (if applicable) \_\_\_\_\_  
 Signature, Date \_\_\_\_\_

Renaissance / Lennar  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

\_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

\_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

\* Product mix and u-values reflect plan changes as of 01/18/05

INSTALLATION CERTIFICATE

Centex - Seronada

CF-6R

Permit Number

Site Address

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 columns: Equip. Type (Heat pump), CBC Certified Mfr Name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Fiping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), and Plan reference.

Cooling Equipment

Table with columns: Equip. Type (Heat pump), CBC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-1R value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr), and Plan reference.

\*TXV - Indicates Thermal Expansion Valve On Coil

(1) > reads greater than or equal to. 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.

Gregory Davis 3-29-05
Signature, Date

Beutler Corporation
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with columns: Heater Type, CBC Certified Mfr Name & Model #, Distribution Type (Std. point of use), IF Recirculation Control Type, # of Identical Systems, (3) Rated Input (kW or Btu/hr), Tank Volume (gallons), (4) Efficiency (EF, RE), (2) Standby Loss (%), External Insulation R-value.

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.
(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Facets & Shower Heads:

All facets 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.

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

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

INSTALLATION CERTIFICATE

(page 2 of 4)

CF-6R

Center Homes - Serenade  
 Site Address: 7621 Splendid Way Plan 2444  
 Permit Number: 0509358

FENESTRATION/GLAZING:

| Manufacturer/Brand Name<br>(GROUP LIKE PRODUCTS) | Operator Type (e.g., fixed, slider) | Manufactured Products Labeled U-value (≤ CF-1R value) <sup>2</sup> | Site Built Products # of Panels | Default U-Value <sup>2</sup> | Quantity (Optional) | Total Square Feet | Comments/Special Features |
|--|-------------------------------------|--|---------------------------------|------------------------------|---------------------|-------------------|---------------------------|
| 1. 6230  | SH                                  | .24  |                                 |                              |                     | 22.5              |                           |
| 2. 6230  | HV                                  | .25  |                                 |                              |                     | 213               |                           |
| 3. 5101  | SB                                  | .24  |                                 |                              |                     | 40                |                           |
| 4. 6330  | PD                                  | .23  |                                 |                              |                     | 34                |                           |
| 5.   |                                     |  |                                 |                              |                     |                   |                           |
| 6.   |                                     |  |                                 |                              |                     |                   |                           |
| 7.   |                                     |  |                                 |                              |                     |                   |                           |
| 8.   |                                     |  |                                 |                              |                     |                   |                           |
| 9.   |                                     |  |                                 |                              |                     |                   |                           |
| 10.  |                                     |  |                                 |                              |                     |                   |                           |
| 11.  |                                     |  |                                 |                              |                     |                   |                           |
| 12.  |                                     |  |                                 |                              |                     |                   |                           |
| 13.  |                                     |  |                                 |                              |                     |                   |                           |
| 14.  |                                     |  |                                 |                              |                     |                   |                           |
| 15.  |                                     |  |                                 |                              |                     |                   |                           |

<sup>2</sup> Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is 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) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

|                         |                           |   |
|-------------------------|---------------------------|---|
| 4                       | <i>[Signature]</i> 7/1/05 | <i>[Signature]</i> Milgard MFG.   |
| Item #s (if applicable) | Signature, Date           | Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner |
|                         |                           |   |
|                         |                           |   |
|                         |                           |   |
|                         |                           |   |
|                         |                           |   |

COPY TO: Building Department  
 Building Owner at Occupancy



DATE: 9-28-05  
PROJECT NO. 2007  
PROJECT: CV / CENTEX HOMES  
LOCATION: SERENADE LOT-31

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: \_\_\_\_\_ GAGE: \_\_\_\_\_ TORQUE WRENCH: \_\_\_\_\_  
RAM: \_\_\_\_\_ GAGE: \_\_\_\_\_ TORQUE WRENCH: \_\_\_\_\_

| LOCATION OF TEST | TYPE / SIZE | # TESTED | % of TOTAL | LOAD lb or Ft Lbs | GAGE (PSI) | # ACC. | # REJ. | # RETEST |
|------------------|-------------|----------|------------|-------------------|------------|--------|--------|----------|
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |
|                  |             |          |            |                   |            |        |        |          |

Type of epoxy/grout used: SIMPSON SET 22 / EXP. 4/07 Method of application / cleaning: AIR BRUSH  
 Visual inspection was performed on THE PLACEMENT OF EIGHT 5/8" DIA ANCHOR BOLTS IN A PRE-DRILLED AND CLEANED HOLE 3/4" DIA X 12" EMBED AT SHEAR WALL LOCATIONS.

Show up / Stand by time. Job Canceled / Delayed due to: \_\_\_\_\_  
 All non-compliance items were brought to the attention of: \_\_\_\_\_ at the job site.

NON-COMPLIANCE REPORT ATTACHED     ADDITIONAL TESTS ATTACHED

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Superintendent/Representative: \_\_\_\_\_ Inspector: [Signature]

3121 Diablo Avenue  
Hayward CA 94545

4741 Pell Drive #8  
Sacramento CA 95838

520 Mercantile Street #A  
Cotati, CA 94931

310 W 5th Street #203  
Santa Ana CA 92701

JOB SITE COPY