

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		
E60B11	UFER GROUND	V/E 7/23/02	
B12	CONCRETE SLAB FORMS		
P40	PLUMB. UNDERFLOOR/SLAB	JR 7/13/02	7-19-02
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	ROUGH ELECTRICAL/WALL/CEIL.		
E63	ROUGH ELECTRICAL/WALL/CEIL.		
B19	FRAME		
B17	ROOF PLYWOOD NAIL COMM. PARTS		
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	SEWER SERVICE UNDERGRD CONDUIT		
P43	SEWER SERVICE		
P42	WATER SERVICE		
P46	SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
E67	GAS TEST		
	TEMP GAS	ISSUED	8-2-02
	POWER POLE		
	TEMP POWER #	1096 C	8-2-02
SWIMMING POOLS ONLY			
P47	GAS TEST		
P48	PLUMBING PRE-GUNITE		
E70	PLUMBING PRE-DECK		
E71	ELECTRICAL PRE-GUNITE		
E72	ELECTRICAL PRE-DECK		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			

FINAL APPROVALS

FINAL INSP. INFO

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

2280 ANTON W-2280 Anton Wy

SUITE

4R

ASSESSOR PARCEL NO. 225-1150-040

COMMUNITY PLAN NO.

PHONE NO.

NAME OF APPLICANT

ADDRESS

ZIP CODE

PLAN CHECK NO.

LICENSED CONTRACTOR

PROPERTY OWNER

ARCH ENGR.

LOT 30 PARKWAY PLAZA 3

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

OCCUP. GROUP

NATURE OF WORK IN DETAIL

MP 603X NSF12

FLOOD STATUS

SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION

WORKER'S COMPENSATION DECLARATION

INSPECTIONS 264-5191

VALUATION \$ 184714.00

ISSUED BY: [Signature]

DATE ISSUED: 6/17/02

BUILDING PERMIT FEE \$

PLAN CHECK/PROC. FEE \$

S.M.I. FEE \$

CONST. TAX \$

CITY BUS LICENSE \$

TECH FEE \$

WATER DEV. FEE \$

CITY SEWER DEV. FEE \$

REG. SEWER FEE \$

RESIDENTIAL CONST. TAX \$

TOTAL FEES \$

PERMIT NO. 000

FIRE SP. 0

FED. CODE 0

PERMIT NO. 000

PERMIT NO. 000

FIRE SP. 0

FED. CODE 0

PERMIT NO. 000

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PERMIT NO. 000

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WINDLETT Wilson
LOT 30

Date of Job Completion 11-15-10

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.

12-01-10
Date

[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
PART II AREAS INSULATED

ADDRESS OR TRACT U INCREST HOMES LOT # 30	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
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DATE INSULATION COMPLETED **12/19/00**

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	
FORM BATTS	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
R-3	3 5/8"	R-38	14 3/4"			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL FIBERGLASS	FORM BATTS	R VALUE OCF
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AIR INFILTRATION SEALANT

MATERIAL FOAM	MANUFACTURER W R GRACE
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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>[Signature]</i>	TITLE MANAGER	DATE 11-3-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS