

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

INSPECTOR	DATE
B10 FOUNDATION FORMS	7-5-00
E60/B11 CONCRETE SLAB FORMS	7-5-00
B12 PLUMB UNDERFLOOR/SLAB	7-5-00
M30 MECH/UNDERFLOOR/SLAB	7-5-00
E61 ELECT. UNDERGROUND	
E62 ELECT. CONDUIT SLAB	
B13 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
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 NAIL COMM. & APTS.	7-22-00
B18 EXTERIOR LATH/SIDING	
B22 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
INT LATH OR WALL BD NAILING	
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED	
E66 SERVICE UNDERGRD CONDUIT	
P43 SEWER SERVICE	7-20-00
P42 WATER SERVICE	
P46 SPRINKLER SYSTEM	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
GAS TEST	AC
P48 TEMP GAS	EXPIRES 10-18-00
E68 POWER POLE	
E67 TEMP POWER # 106500	7-24-00
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	
B29 BUILDING	
E79 ELECTRICAL	
P59 PLUMBING	
M39 MECHANICAL	
F94 FIRE	
S92 SITE	

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: 7 ANTON CT 7 Anton SUITE 4R
 ASSESSOR PARCEL NO: 225-1150-017
 NAME OF APPLICANT: DIXON CREST
 LICENSED CONTRACTOR: DIXON CREST
 PROPERTY OWNER: BOB 7
 ARCH. ENGR: PARRAJA PLAZA 3

NO. OF STORIES: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: MP 603 NSF-12

FLOOD STATUS: () SPECIAL CONDITIONS ATTACHMENTS: X

CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191
 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 (name):

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): _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES INCLUDING THOUSAND DOLLARS IN DAMAGES IN ADDITION TO THE COST OF COOPERATION. DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE INTEREST AND ATTORNEY FEES.

VALUATION	ISSUED BY:	DATE ISSUED	BUILDING PERMIT FEE	PLAN CHECK/PROC. FEE	S.M.I. FEE	CONST. EXCISE TAX	CITY BUS LICENSE	TECH. FEE	WATER/PLUMBING TRAINING DEV. FEE	CITY SEWER DEV. FEE	REG. SEWER FEE	RESIDENTIAL CONST. TAX	TOTAL FEES
\$ 175454.72	6/17/00		\$	\$	\$	\$	\$ 2000	\$	\$	\$	\$	\$	\$

CERTIFICATION OF INSULATION

ADDRESS OR TRACT

SACRAMENTO INSULATION CONTRACTORS

WINNOCREST

LOT # *007*

- 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

WILLOWS

DATE INSULATION COMPLETED

11-2-00

WALLS

CEILINGS

FLOORS

(SQUARE FEET)		(SQUARE FEET)			(SQUARE FEET)	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS	
FORM BATTS		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
<i>13 19</i>	<i>3 1/4" 5 1/2"</i>	<i>38 38</i>	<i>12 1/4" 14 3/4"</i>			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R-VALUE	MANUFACTURER
FIBERGLASS	BATTS		OCF
AIR INFILTRATION SEALANT			
MATERIAL	MANUFACTURER		
<i>FOAM</i>	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>Bell</i>	TITLE MANAGER	DATE <i>10-16-00</i>
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS

PART I GENERAL

PART II AREAS INSULATED

PART III CERTIFICATION

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WINDCREST WILLOWS
Lot # 7

Date of Job Completion 10-25-99

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.

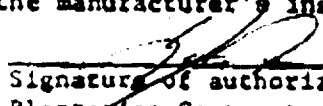
Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826

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.