

7901 W. Charleston

3-20-90

|                                                                                                                                                                                    |                                |                                   |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------|-----------------------------|
| JOB ADDRESS<br><b>7901 W Charleston</b>                                                                                                                                            |                                | PERMIT NO.<br><b>023213</b>       |                             |
| LOT NO.                                                                                                                                                                            | MAP NO.                        | INSPECTOR<br><b>9-27-89</b>       |                             |
| SUBDIVISION NAME                                                                                                                                                                   |                                | PHONE                             |                             |
| INSPECTOR SIGNATURE<br><b>E. Clark</b>                                                                                                                                             |                                | INSPECTION DATE<br><b>9-27-89</b> |                             |
| <p><b>Inves. Check 2 hr. fire wall</b></p>                                                                                                                                         |                                |                                   |                             |
| <input type="checkbox"/> PARTIAL INSPECTION - DESCRIPTION:                                                                                                                         |                                |                                   |                             |
| <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> PERMIT REQUIRED <input type="checkbox"/> STOP WORK                                                           |                                |                                   |                             |
| <input type="checkbox"/> REJECTED - CORRECTION NOTICE - REINSPECTION REQUIRED CALL 799-2021.                                                                                       |                                |                                   |                             |
| INSPECT                                                                                                                                                                            | DESCRIPTION                    | INSPECT                           | DESCRIPTION                 |
| <input type="checkbox"/> B-1                                                                                                                                                       | FOOTING, LAYOUT, REBAR, ZONING | <input type="checkbox"/> P-1      | ON SITE SEWER               |
| <input type="checkbox"/> B-2                                                                                                                                                       | STEM WALL - FORMS & REBAR      | <input type="checkbox"/> P-2      | ON SITE WATER               |
| <input type="checkbox"/> B-3                                                                                                                                                       | PRE-SLAB                       | <input type="checkbox"/> P-3      | BUILDING SEWER (YARD LINES) |
| <input type="checkbox"/> B-4                                                                                                                                                       | ROOF SHEATHING                 | <input type="checkbox"/> P-4      | UNDERSLAB PLUMBING          |
| <input type="checkbox"/> B-5                                                                                                                                                       | FRAMING                        | <input type="checkbox"/> P-5      | TOP OUT WATER, GAS, WASTE   |
| <input type="checkbox"/> B-6                                                                                                                                                       | INSULATION                     | <input type="checkbox"/> P-6      | FINAL GAS TEST              |
| <input type="checkbox"/> B-7                                                                                                                                                       | DRY WALL NAILING               | <input type="checkbox"/> P-7      | FINAL PLUMBING              |
| <input type="checkbox"/> B-8                                                                                                                                                       | EXTERIOR LATH/STUCCO           |                                   |                             |
| <input type="checkbox"/> B-9                                                                                                                                                       | WALL GROUT & STEEL             | <input type="checkbox"/> M-1      | ROUGH VENT                  |
| <input type="checkbox"/> B-10                                                                                                                                                      | POOL PRE-GUNITE                | <input type="checkbox"/> M-2      | HOOD                        |
| <input type="checkbox"/> B-11                                                                                                                                                      | POOL PRE-PLASTER / FINAL       | <input type="checkbox"/> M-3      | FINAL MECHANICAL            |
| <input type="checkbox"/> B-12                                                                                                                                                      | BUILDING FINAL                 |                                   |                             |
| <input type="checkbox"/> B-13                                                                                                                                                      | CERT. OF OCC.                  | <input type="checkbox"/> X-1      | KICKER / FLUSH              |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> X-2      | UNDERGROUND HYDRO           |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> X-3      | UNDERGROUND FINAL/FLOW      |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> X-4      | SPRINKLER SYSTEM/HYDRO      |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> X-5      | FIRE ALARM                  |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> X-6      | OTHER:                      |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> X-7      | FINAL FIRE                  |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> E-1      | UNDERGROUND ELECTRICAL      |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> E-2      | ROUGH ELECTRICAL            |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> E-3      | LOW VOLTAGE ELECTRICAL      |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> E-4      | SIGN INSPECTION             |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> E-5      | FINAL ELECTRICAL            |
|                                                                                                                                                                                    |                                | <input type="checkbox"/> E-6      | TEMP POWER                  |
| <input type="checkbox"/> FINAL INSPECTION      BRING HARD CARD WITH FIRE, QUALITY CONTROL & PLANNING APPROVALS SIGNED OFF TO BLDG & SAFETY FOR C. of O. ISSUANCE (Commercial Only) |                                |                                   |                             |

**FOR ASSISTANCE -CALL: 386-6251**