

A. 9501 Intercoastal
B. 9505 Intercoastal
C. 9509 Intercoastal

D. 9513 Intercoastal
E. 9517 Intercoastal

Blonde 30100

INSTALLATION CARD

JOB ADDRESS: *9517 Intercoastal*
1677
Axcent 86

MAGNAWALL 1-KOTE
REINFORCED STUCCO SYSTEM

1-KOTE STUCCO PRODUCTS

ICBO Evaluation Service, Inc. Report No.

Date of Job Completion: _____

PLASTERING CONTRACTOR:

Name: *A.A. Building Materials*

Address: *5859 S. VALLEY VIEW*

Approved Contractor Number as issued by
Plastering Manufacturing _____

Phone: *797-795-7535*

This is to certify that the plastering 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.

[Signature]
Signature of authorized representative of plastering contractor

Date _____

SEA
A