Area: 6 Combination

SI: GPHAM1 Count: 2

BUILDING INSPECTION NOTICE

B-Complete; E-Complete; M-Complete; P-Complete

Permit #: 1 9 - 1 1 9 8 4 2 - R S

LI:

Supervisor Tel:

Preferred:

Confirmation #: 0 1 8 4 2 1 3 6 Received: 08/20/2019 By: Internet Scheduled: 0 9 / 1 1 / 1 9

Tract: 831 Lot: 4 # of Units: 0 Map: 854 A 6

Address: **1471 MAXINE AV SAN JOSE**

Contact: **AsafBarZvi** Phone: **7143662943** ETA Call: Y

Owner: PATRIZIO FRANCES TRUSTEE & ET AL

Contractor: LEMON REMODELING Work: (408)883-0191

Folder Name: (BEPM 100%) ADDITION Subtype: Single Family Work Proposed: Additions/Alterations

Comments:

Related Permits:

Next Inspections Suggested

Insp Time: : 3 0 Inspection time listed at the left includes 10 minutes travel time.

Number of Units: 1 Time inspection completed

Code			Description	OK	PA	CN	NR	NN	RF	Code			Description	OK	PA	CN	NR	NN	RF
1	4	1	**Footing**				0												
1	4	3	**Piers**				1												

Inspection Code: OK = Approved, PA = Partial Approval , CN = Correction Notice, NR = Not Ready, NN = Not Necessary, RF = Re-Inspection Fee Due

Remarks: CANCELLED @ JOB SITE

You have a total of -0.01 hour(s) remaining on this project as of Tuesday, September 10, 2019 1:30:50 PM.

Inspector's Signature: Ken Fran Print: KFRAN Date: 9/11/19 Page: of

City of San Jose Inspection Request Voice: (408) 535-3555 Please Retain For Your Records

Field Copy