Area: 19 Combination SI: CGENON Count: 3

BUILDING INSPECTION NOTICE

B-4. Complete; E-4. Complete; M-4. Complete; P-4. Complete

Permit #: 18-122522-MF LI: Carl Genon

Supervisor Tel: 408-535-5684

Project Location: 440 WILLOW GLEN WY UNITS UNITS B103, B105, B202, B203, B205, B216, B302, B303, B305

Preferred:

Confirmation #: 01416379 Received: 10/22/2018 By: Fax Scheduled: 11/15/18

Tract: Lot: # of Units: 0 Map: 854 C 4

Address: **440 WILLOW GLEN WY SAN JOSE , UNIT(S) MANY**

Contact: **DAVIS DAY** Phone: **(951) 733-9610** ETA Call: Y

Owner: WILLOW GLEN HOUSING PARTS LP

Contractor: PORTRAIT CONSTRUCTION, INC Work: (951)520-8898

Folder Name: BLDG B(BEPM 100%) ADA Subtype: Convalescent/Residen Work Proposed: Additions/Alterations

Comments:

Related Permits:

Next Inspections Suggested

Insp Time: 1:30 Inspection time listed at the left includes 10 minutes travel time.

Number of Units: 01 Time inspection completed

Code			Description	OK	PA	CN	NR	NN	RF	Code			Description	OK	PA	CN	NR	NN	RF
4	2	2	Tubs																
4	3	3	Rough Ducts/Flues																
4	4	4	Rough Frame																
9	1	8	**Electrical Final**		X														
9	2	8	**Plumbing Final**		X														
9	3	8	**Mechanical Final**		X														
9	4	8	Building Final																

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

Remarks: 112, 110, 111, 108, 107, 106, 104, 101

ALL OK EXC SINKS, P TRAP AND RANGE HOOD NOT YET INSTALLED

Wednesday, November 14, 2018 9:31:11 AM.

Inspector's Signature: CG Print: CGENON Date: 11/15/18 Page: ___ of ___

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