Area: 12 Building SI: KTRAN-A Count: 1

BUILDING INSPECTION NOTICE

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

Permit #: 17-00371 8-C1 LI:

Supervisor Tel: 408 535-6873

Preferred:

Confirmation #: 01230811 Received: 01/31/2017 By: Internet Scheduled: 02/02/17

Tract: Lot: A # of Units: 0 Map: 853 G 4, 853 G 5

Address: **2145 E HAMILTON AV SAN JOSE**

Contact: **bill johnston** Phone: **4088571845** ETA Call: Y

Owner:

Contractor:

Folder Name: (STI) eBAY (BEPM100%) LAB 2.1 TI Subtype: Office Work Proposed: Tenant Improvement

Comments: 2145 E Hamilton Av bldg #1

Related Permits:

Next Inspections Suggested

Insp Time: : 30 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
4	4	4	**Rough Frame**		'														

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

Remarks: PARTITION WALL BETWEEN RELIA RELIABILITY AND PENCIL LAB

Wednesday, February 01, 2017 2:11:25 PM.

Inspector's Signature: Print: KTRAN Date: 2/1/17 Page: of

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