Area: _____ SI: _____ Count: 0

BUILDING INSPECTION NOTICE

RS MF CI New Add/Alt B E P M

Permit #: 05 - 059914

LI: _____

RI: _____

Preferred: AM/PM

Confirmation#: _____ Received: _____ By: FAX/IVR/PHONE Scheduled: 12/14/05

Tract: _____ Lot: _____ # of Units: _____ Map: _____

Address: 832 S 2ND ST

Contact: _____ Phone: _____ ETA Call: Yes/No

Owner: NINA TAYLOR

Contractor: _____ Work: _____

Folder Name: _____ Subtype: _____ Work Proposed: _____

Comments: RECONNECT METER WITH GAS TEST

Related Permits: _____

Insp Time: : 00 (B % E % P % M %)

Next Inspections Suggested Number of Units: # Insp:

Code	Description	OK	PA	CN	NR	NN	RF	Code	Description	OK	PA	CN	NR	NN	RF
928	PLUMBING	X													

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

Remarks: O.K PER INSPECTION NOTICE DATED 12/14/05 BY D. ESTRADA

Inspector's Signature: Richard Betts Print: RBETTI Date: 12/14/05 Page: ___ of ___

City of San Jose Inspection Request Voice: (408) 535-3555 Fax: (408) 292-6241 Please Retain For Your Records Office Copy