



**SUMMARY OF BUILDING INSPECTIONS**  
**Site-Built Construction**

Owner of record: \_\_\_\_\_

Legal description: Lot 12 Block 2 Memory Lake Commercial RSB T/C Palmer Recording District  
 (Include recording district)

Site address: \_\_\_\_\_

**This certification is issued pursuant to the requirements of AK Statute 18.56.300 and AHFC's regulations 15 AAC 150.030. Use of alternate methods, such as videos, must have PRIOR WRITTEN APPROVAL of Alaska Housing Finance Corporation.**

**By my signature below, I certify I have the current, applicable certifications of authority. I am not personally or financially related to the builder, seller, buyer, real estate agent, or other interested party for this project, other than as a fee inspector.**

**1. PLAN APPROVAL**

	Printed Name	Signature	License # *	Date
	<u>Carol J Perkins</u>	<u><i>Carol J Perkins</i></u>	<u>AKHIN26</u>	<u>10/2/09</u>

**2. COMPLETION OF FOOTINGS & FOUNDATION**

	Printed Name	Signature	License # *	Date
Footings	<u>Caryl L Swinford</u>	<u><i>Caryl L Swinford</i></u>	<u>AKHIN16</u>	<u>8/26/09</u>
Foundation	<u>Caryl L Swinford</u>	<u><i>Caryl L Swinford</i></u>	<u>AKHIN16</u>	<u>8/31/09</u>

**3. COMPLETION OF FRAMING, ELECTRICAL, PLUMBING, & MECHANICAL**

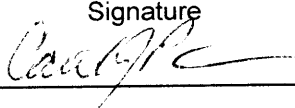
	Printed Name	Signature	License # *	Date
Framing	<u>Carol J Perkins</u>	<u><i>Carol J Perkins</i></u>	<u>AKHIN26</u>	<u>10/2/09</u>
Electrical	<u>Carol J Perkins</u>	<u><i>Carol J Perkins</i></u>	<u>AKHIN26</u>	<u>10/2/09</u>
Plumbing	<u>Carol J Perkins</u>	<u><i>Carol J Perkins</i></u>	<u>AKHIN26</u>	<u>10/2/09</u>
Mechanical	<u>Carol J Perkins</u>	<u><i>Carol J Perkins</i></u>	<u>AKHIN26</u>	<u>10/2/09</u>

Recorder: Index by Legal, Owner, and Builder

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Legal description: Lot 12 Block 2 Memory Lake Commercial RSB T/C Palmer Recording District

**4. COMPLETION OF INSTALLATION OF INSULATION AND VAPOR BARRIER**

Printed Name	Signature	License # *	Date
<u>Carol J Perkins</u>	<u></u>	<u>AKHIN26</u>	<u>10/5/09</u>

**5. CONDITIONAL APPROVAL**

Items to be completed: Escrow: exterior paint  
To be completed by: 6/15/2010

Printed Name	Signature	License # *	Date
<u>Caryl L Swinford</u>	<u></u>	<u>AKHIN16</u>	<u>11/11/09</u>

**6. FINAL APPROVAL**

Printed Name	Signature	License # *	Date
_____	_____	_____	_____

\* License # is the inspector's Registration # under AS 08.18 and 12 AAC 22

By my signature below, I certify that the required inspections have been completed and the building meets or exceeds standards set forth under AS 18.56.300 and 15 AAC 150.030. I also certify any/all engineered components are currently listed with the International Code Council (ICC) and to my knowledge there has been no action to rescind ICC approval.

Builder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Builder's Name: \_\_\_\_\_ Builder's License # \_\_\_\_\_  
(If applicable)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Before me, a Notary Public in and for the State of Alaska, \_\_\_\_\_  
has executed the foregoing document of his/her own free will.

\_\_\_\_\_  
(Notary Signature)

My Commission expires: \_\_\_\_\_



Building Energy Efficiency Standard (BEES) Certification

Owner of Record: \_\_\_\_\_

Building is located at: \_\_\_\_\_ (Street) \_\_\_\_\_ (City)

Legal Description is: Lot 12 Block 2 Memory Lake Commercial RSB T/C

Palmer Recording District \_\_\_\_\_ (Include recording district)

Property is: [X] New Construction [ ] Existing Construction
Date Construction Began: 8/31/09 (Defined as installation of the foundation)

[X] Certifying BEES 2007 - Property is Located in Zone: [ ] 6 [X] 7 [ ] 8 urban [ ] 8 rural [ ] 9
[ ] Certifying BEES 1991 - Property is Located in Region: [ ] 1 [ ] 2G [ ] 2A [ ] 3 [ ] 4 [ ] 5

THERMAL COMPLIANCE STATEMENT:

[ ] Prescriptive Method [X] Energy Rating Method: Rating: Five Star Plus
Rating software & version: 2.0.4.0.lib4/10/2009 Rater's Name: Bret D Vice

I certify that I used the method indicated to determine that the structure located on the above described property complies with the thermal requirements of the Building Energy Efficiency Standard (BEES) as adopted by 15 AAC 155.010. I am approved to certify, having met all current BEES training & testing requirements, as a:

[ ] Energy Rater [X] AK Licensed New Home Inspector [ ] Builder [ ] Architect [ ] Engineer [ ] Owner
My BEES Compliance Certification # 80 Expiration Date: 2/1/2010

Name: Carol J Perkins Signature: [Signature] Date: 10/5/09

VENTILATION COMPLIANCE STATEMENT:

I certify that the structure located on the above described property complies with the ventilation requirements of the Building Energy Efficiency Standard (BEES) as adopted by 15 AAC 155.010. I am approved to certify, having met all current BEES training & testing requirements, as a:

[ ] Energy Rater [ ] AK Licensed New Home Inspector [ ] Mechanical Contractor [ ] Builder
[ ] Architect [ ] Engineer [ ] Owner

If Certifying BEES 1991(select one): [ ] Option I [ ] Option II

My BEES Compliance Certification # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_