



SAN MARCOS MARSHALS OFFICE INSPECTION REPORT

- | | |
|--|---|
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Permit |
| <input checked="" type="checkbox"/> Cert. Of Occup | <input type="checkbox"/> In Service |
| <input type="checkbox"/> Shell | <input type="checkbox"/> Regular Inspection |
| <input type="checkbox"/> Tenant | <input type="checkbox"/> Re-Inspection |
| <input type="checkbox"/> Beer/Wine | <input type="checkbox"/> License Inspection |

Street Name <i>Ramsay</i>	Dir	Address # <i>222</i>	Type	Suite/Unit	Zip Code	Inspection Date <i>11-24-09</i>
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Property Management

Occupancy Name <i>Meadows / LES Charisma</i>	Phone # <i>392 0121</i>	Primary Emergency Contact <i>Laura Gerhardt</i>	Phone # <i>626-9319</i>
Occupancy Type Assem <input type="checkbox"/> Bus <input type="checkbox"/> Ed <input type="checkbox"/> F/I <input type="checkbox"/> Haz <input type="checkbox"/> Inst <input type="checkbox"/> Merc <input type="checkbox"/> Resd <input type="checkbox"/> Stor <input type="checkbox"/>	Additional Emergency Contact <i>OSCAR ALVAREZ</i>		Phone # <i>217 0596</i>
Alarm Company	Permit #	Building/Property Owner	Phone #

Building Data

Construction Type I <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB <input checked="" type="checkbox"/>		Size of Occupancy _____ sq. ft	Occupant Load # _____ N/A <input type="checkbox"/>	Elevators Mfg <i>Q</i>
Basement Yes <input type="checkbox"/> _____ sq. ft. No <input checked="" type="checkbox"/>	Height <i>2</i> stories	Fire Lanes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fixed Suppression System Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="checkbox"/> Wet Chem <input type="checkbox"/> Dry Chem <input type="checkbox"/> 2001 <input type="checkbox"/>	Lock Box Loc. _____
Sprinkler System Full <input type="checkbox"/> Part <input type="checkbox"/> None <input checked="" type="checkbox"/>	Standpipe Type I <input type="checkbox"/> Type III <input type="checkbox"/> None <input checked="" type="checkbox"/>	Fire Pump Loc.: _____	Fire Alarm System Loc.: <i>Q</i>	
Flammable/Hazardous Materials Type _____ Quantity _____ None <input type="checkbox"/>	Cutoff Locations Elec _____ Water _____ Gas _____	<input type="checkbox"/> PST	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Generator <i>Q</i>

#	Correct Date	Violations	Remarks
1	<i>12-16</i>	<i>Expired / Bad / Not Inspected Fire Extinguisher</i>	<i>- office</i>
2	<i>12-16</i>	<i>AUAC open to Attic</i>	<i>office</i>
3		<i>Extension Cord</i>	<i>- office / Mant Rm</i>
4	<i>12-16</i>	<i>Improperly Installed Smoke detector</i>	<i>office</i>
5	<i>12-16</i>	<i>FIRE Extinguisher not mounted</i>	<i>- office</i>
6	<i>12-16</i>	<i>Improper Electric Wiring</i>	<i>workout room</i>
7	<i>12-16</i>	<i>Open Duplex</i>	<i>" "</i>
8		<i>Rotten Wood</i>	<i>office</i>
9		<i>FIRE lanes need to be painted</i>	
10	<i>12-16</i>	<i>Maint. man City License</i>	
11	<i>12-16</i>	<i>Hand rails required on 2nd floor steps</i>	
12	<i>12-16</i>	<i>Exterior wall - exposure to vector/elements</i>	<i>- office</i>

This building has been inspected by the San Marcos Marshals Office. This statement of inspection in no way alleviates the responsibility of the owner or tenant to comply with all ordinances and codes adopted by the City of San Marcos as well as State and Federal laws and codes. No code violations are "APPROVED" by this department. For information concerning this inspection call (512) 393-8470.

Comments:	Copy received by: <div style="font-size: 2em; font-family: cursive;"> <i>X Laura Gerhardt</i> </div> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Employee
Inspector <i>W. S. [Signature]</i>	Unit # <i>47</i>

San Marcos Marshals Office
 630 E. Hopkins San Marcos, TX 78666
 (512) 393-8470 fax (512) 393-8428

Les Chateau



SAN MARCOS FIRE DEPARTMENT SUPPLEMENTAL REPORT

- | | |
|--|---|
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| <input type="checkbox"/> Beer/Wine | <input type="checkbox"/> License Inspection |

Street Name <i>Ramsay</i>	Dir	Address # <i>222</i>	Type	Suite/Unit	Zip Code	Inspection Date <i>11-24-09</i>
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#	✓	Violations	Remarks
1		Drywall / Vents / dirt / mold	- Behind Dryers - Pump Rm
2	<i>12-16</i>	Wall penetrations	Laundry Rm closets
3	<i>12-16</i>	Improper Electric	Water heater / Pump Rm / Mount Rm
4	<i>12-16</i>	Breakers not labeled	water heater rm
5	<i>12-16</i>	Hdcs in Breaker Box	water heater rm
6		BBQ D.F	
7		Missing Insect Screen on windows	
8			
9		<i>Lo Chertman</i>	
10	<i>12-16</i>	Open Duplex - missing cover	
11	<i>12-16</i>	Missing Extinguisher	
12	<i>12-16</i>	Kneel Cover on valves in ground	
13	<i>12-16</i>	Vacuum Breaker Required on Hose Bibs	
14	<i>12-16</i>	Proper Cover on exterior Boxes	
15		Address #'s on DIC	
16	<i>12-16</i>	Exposed Electric on HVAC	
17	<i>12-16</i>	Exposed Light sockets on walkways	
18	<i>12-16</i>	GFCI Required on outside duplexes	
19		Fire Lines need to be painted	
20	<i>12-16</i>	Ground Rod Required on all electric Boxes	
21		Rotten Wood	

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Comments: <i>Reschedule Appoint for By 12-17-09</i>	Copy received by: <i>[Signature]</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee

Inspector <i>[Signature]</i>	Unit # <i>47</i>	San Marcos Fire Prevention Division 630 E. Hopkins San Marcos, TX 78666 (512) 393-8470 fax (512) 393-8428
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SAN MARCOS MARSHALS OFFICE INSPECTION REPORT

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Street Name <i>Ramsey</i>	Dir	Address # <i>222</i>	Type	Suite/Unit	Zip Code	Inspection Date <i>12-16-09</i>
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Property Management

Occupancy Name <i>Meadows / Les Chateau</i>	Phone #	Primary Emergency Contact	Phone #
Occupancy Type Assem <input type="checkbox"/> Bus <input type="checkbox"/> Ed <input type="checkbox"/> F/I <input type="checkbox"/> Haz <input type="checkbox"/> Inst <input type="checkbox"/> Merc <input type="checkbox"/> Resd <input type="checkbox"/> Stor <input type="checkbox"/>		Additional Emergency Contact	
Alarm Company	Permit #	Building/Property Owner	Phone #

Building Data

Construction Type I <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/>		Size of Occupancy _____ sq. ft	Occupant Load # _____ N/A <input type="checkbox"/>	Elevators Mfg _____
Basement Yes <input type="checkbox"/> _____ sq. ft. No <input type="checkbox"/>	Height _____ stories	Fire Lanes Yes <input type="checkbox"/> No <input type="checkbox"/>	Fixed Suppression System Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Wet Chem <input type="checkbox"/> Dry Chem <input type="checkbox"/> 2001 <input type="checkbox"/>	Lock Box Loc. _____
Sprinkler System Full <input type="checkbox"/> Part <input type="checkbox"/> None <input type="checkbox"/>		Standpipe Type I <input type="checkbox"/> Type III <input type="checkbox"/> None <input type="checkbox"/>	Fire Pump Loc.: _____	Fire Alarm System Loc.: _____
Flammable/Hazardous Materials Type _____ Quantity _____ None <input type="checkbox"/>		Cutoff Locations Elec _____ Water _____ Gas _____	<input type="checkbox"/> PST <input type="checkbox"/> Hydrant <input type="checkbox"/> Generator	

#	Correct. Date	Violations	Remarks
1		Curbs Painted - Needs stencil	4" letters "No Parking" "Fire Lane"
2		Extension Cord - 0 Place	20ft apart
3		LOSE Ground Rod Connection	
4		Missing "Void Spaces" In Outside Dlc	
5		Missing Apt # on outside electrical Boxes	
6		BBQ Pots	
7		Window Screens	
8		Improper wiring outside 101, 121	
9		Rotten Wood	
10		Maint. Persons Required City License	
11			
12		OK for Issue of CO	

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Comments: *Ext. 12-09*

Inspector: *W. Stull* Unit # *47*

Copy received by: *[Signature]*

Owner
 Manager
 Employee

San Marcos Marshals Office
630 E. Hopkins San Marcos, TX 78666
(512) 393-8470 fax (512) 393-8428



Vintage Pads

SAN MARCOS FIRE DEPARTMENT SUPPLEMENTAL REPORT

LBS N 1000

- Complaint, Cert. Of Occup, Shell, Tenant, Beer/Wine, Permit, In Service, Regular Inspection, Re-Inspection, License Inspection

Street Name: ~~LBS~~ Ramsay/LBS Dir: Address #: 222 Type: Suite/Unit: Zip Code: 78666 Inspection Date:

Table with 3 columns: #, Violations, Remarks. Contains 21 rows of inspection notes including 'Open S box', 'outlet cover missing', 'Means of egress questionable', 'All operable windows require screens', 'Flashing corroded + peeling', 'Clean lint from behind dryers in laundry areas', 'Address #'s not visible from street', 'Electric Panel removed from junction box - water heater closet', 'Emergency Pool phone does not work', and a list of included locations: Iconic Village, Vintage Pads, and Vintage Suites.

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Comments: Inspector Jonathan Henderson Unit # 11977

Copy received by: [Signature] [Owner, Manager, Employee checkboxes]

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