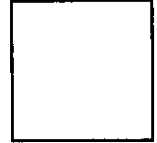




Type



Plans

VB404-0649

Permit Number

1635

Street Number

Mathew Dr

Street Name

Bel

Community Code

125-590-015

APN

Violation Complaint Form
CDE-001

#2

16 SEP 04 Date Received
DW Staff
DAVID CALDWELL Complainant
565-3638 Phone #

1. Property Address 1635 MATHWIG
City SANTA ROSA - County Island Assessor's Parcel # 125-590-015
Zoning Parcel Size
Property Owner's Name Summerfield, Larry & Robin Phone # 527-0797
Owner's Mailing Address 1208 De Meo St. Santa Rosa CA 95407

2007
1635 MATHWIG

2. Nature of the Complaint (Check Box(es) and describe)

Zoning Code Violation(s) Violation No. _____

Health Code Violation(s) Violation No. _____

If it is a 2nd Unit needs Sewer Permits & Fees

Building Code Violation(s) Violation No. VB004-0649

2nd Unit?

Construction without Permit(s)

Hazardous / Substandard (Specify)

Grading / Fill without Permit(s) Violation No. _____

CODE ENFORCEMENT STAFF USE ONLY BELOW THIS LINE

3. Report of Investigation

Date received phone call 9:35 am
1-3-2007 spoke to property owner he received my Ct. will be coming in this Friday January 5, 07 to discuss options w/ property owner
11-15-2006 Courtesy for illegal 2 unit.

Letter Courtesy Track Letter Track Letter Track

Hold for Deed Other

Priority Date Violation Closed 10/19/09 Permit # BLD09-0928 Close Tracking

F 813109

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1103

SUPPLEMENTAL ACTIVITY LOG

Site Address: 1635 Mathwig

Inspector: _____

Page _____ of _____

File #: _____

Date/yr:

2-11-09 Needs NYO FOR ILLEGAL UNIT. OXC *[Signature]*

4-13-2009 W3D *[Signature]*

