

B

Type

Plans

DEMOS - 0282

Permit Number

1610

Street Number

Hwy 116 N.

Street Name

CARA

Community Code

061 - 110 - 059

APN

# COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Please Print Your Name: <span style="font-size: 2em; font-family: cursive;">No Inspections</span>	Date Applied: _____
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INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: <b>1610 Gravenstein Hwy.</b>	City: <b>Sebastopol</b>	ZIP: <b>95472</b>
Cross-Street: <b>Occidental Rd</b>	APN: <b>061-110-016</b>	Project Phone #: <b>707 585-1903</b>
Directions: _____	Subd. Name: <b>S9</b>	Project Fax #: <b>707 585-6877</b>
Describe Project: <b>Demolish and remove SFD to clean dirt.</b>	Living Area: <b>1400</b>	Contract Price: <b>10,000</b>
Garage: _____	Decks: _____	Unit #: _____
Lot #: _____	Contract Price: <b>10,000</b>	

<b>OWNER NAME AND ADDRESS</b> Name: <b>Lynmar Winery</b> Mailing Address: <del>XXXXXX</del> <b>3909 Frey Rd.</b> City: <b>Sebastopol</b> State: <b>CA</b> ZIP: <b>95472</b> Day Ph: <b>(707) 829-3374</b> Fax: <b>(707) 829-0902</b>	<b>APPLICANT NAME AND ADDRESS</b> Name: <b>Daniel O. Davis, Inc.</b> Mailing Address: <b>1051 Todd Rd.</b> City: <b>Santa Rosa</b> State: <b>CA</b> ZIP: <b>95407</b> Day Ph: <b>707 585-1903</b> Fax: <b>707 585-6877</b>
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<b>CONTRACTOR INFORMATION</b> Company Name: <b>Daniel O. Davis, Inc.</b> Address: <b>1051 Todd Rd.</b> City: <b>Santa Rosa</b> State: <b>CA</b> ZIP: <b>95407</b> Day Ph: <b>(707) 585-1903</b> Fax: <b>(707) 585-6877</b>	<b>OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)</b> Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Day Ph: ( ) Fax: ( ) License No: _____ Exp. Date: _____
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WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: **State Fund**  
 Policy No: **1654531-04**

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Exp. Date: **10/1/05** Applicant: **Dustin Davis**

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044 Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.).

I am exempt under Sec. \_\_\_\_\_, B & P.C. for this reason \_\_\_\_\_

Date \_\_\_\_\_ Owner \_\_\_\_\_

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Lic. Class **A, C21** Lic. No. **431984**

Exp. Date **12/31/06** Contractor **Daniel O. Davis**

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 61 of Title 40 of the Code of Federal Regulations is required when asbestos exists in buildings, or portions thereof, undergoing demolition. I hereby declare that demolition authorized by this permit is from construction that (  does ) (  does not ) contain asbestos, or that  no demolition is authorized by this permit.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked.

[Signature]

PERMITTEE SIGNATURE  
**1051 Todd Rd.** **95407**  
 ADDRESS CITY ZIP

Contractor  Owner  Other Licensed Professional

CONSTRUCTION LENDING DECLARATION

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3087, Civ. C.).

Lenders Name: **N/A**  
 Lenders Address: \_\_\_\_\_

FOR DEPARTMENT USE

Zoning \_\_\_\_\_ File No. \_\_\_\_\_ Acres \_\_\_\_\_

Existing Use/Structures \_\_\_\_\_

Proposed Use/Structures \_\_\_\_\_

Zoning Min. Yard Requirements: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Back \_\_\_\_\_

NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback unless mitigated.  Mitigation Required  Address subject to change

Approval for Permit Issuance: \_\_\_\_\_ Approval for Occupancy: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

Sewer Connection:  Available  Fees Paid

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Road Encroachment:  Fees Paid

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Septic System Permit/Clearance # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Flood Zone:  Yes  No 100 Year Flood Elevation: \_\_\_\_\_

Site Review \_\_\_\_\_

Drainage Review: \_\_\_\_\_ Date: \_\_\_\_\_

Fire: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Violation  Yes  No Violation # \_\_\_\_\_

This permit is limited to \_\_\_\_\_ days.

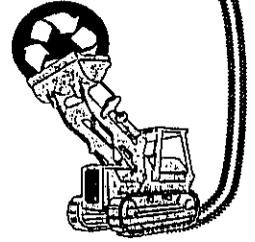
Work Authorized: **Demolish 1200 sq ft**  
**421899**

<input type="checkbox"/> Plans Approved <input checked="" type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Post FIRM <input type="checkbox"/> Alquist Priolo Report Available <input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available
Plancheck Cleared By: _____ Date: _____	Type of Construction: _____ Occupancy: _____ No. of Stories: _____ No. of Bedrooms: _____
Permit Cleared for Issuance By: _____ Date: <b>9/15/05</b>	Auto. Fire Sprinklers Req'd: _____ No. of Units: _____ Certificate of Occupancy: _____
Machine Stamp for Permit Fee: <b>145.00/AC</b> <b>SEP 15 2005</b>	

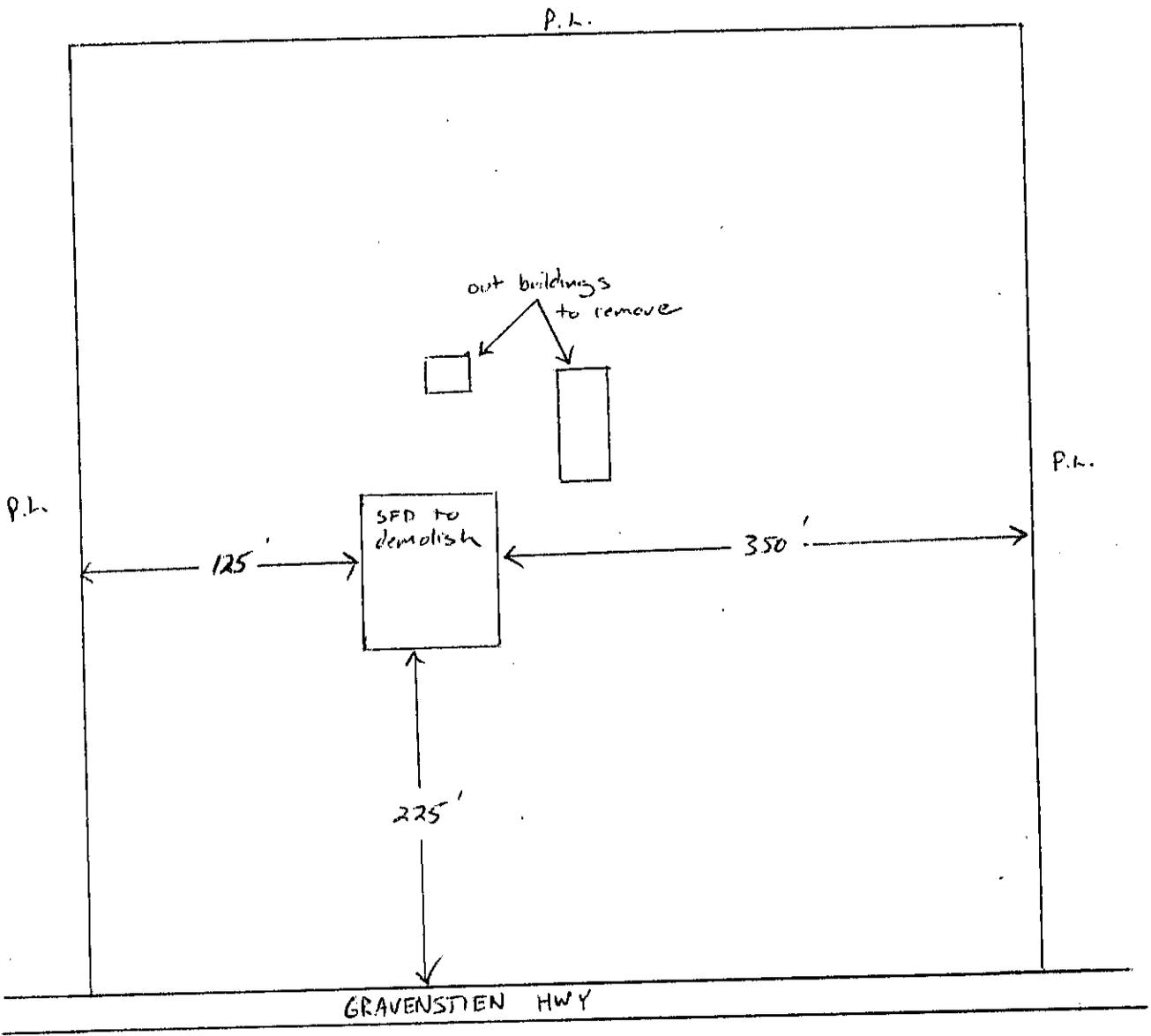
Final Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

JOB ADDRESS: 1610 Frey Ave N  
 PERMIT NUMBER: Demos - 0282  
 INSPECTION AREA: [ ]



1610 Gravensten Hwy  
Sebastopol CA 95472



- Demolition
- Used lumber
- Land clearing
- Wood recycling
- Landscape materials

Ph. 707 585-1903  
Fx. 707 585-6877

1051 Todd Road  
Santa Rosa CA  
95407



**COMPLIANCE &  
ENFORCEMENT  
DIVISION**

**Regulation 11, Rule 2**

**Acknowledgement of  
Notification and  
Payment of Fees**

9/7/2005

Daniel O Davis Inc.  
1051 Todd Road  
Santa Rosa, CA 95407

Job No: **2H899**  
Invoice No: **1EV96**

The Bay Area Air Quality Management District (BAAQMD) acknowledges receipt of your payment and your Asbestos Removal or Demolition Plan described as: **Demolition**

Site address                    1610 Gravenstein Hwy  
   Sebastopol, CA 95472

Start Date                      September 16, 2005

Completion Date              December 16, 2005

Removal amounts of friable ACM    linear feet    square feet    cubic feet

Should it become necessary to revise this plan, please do so in the spaces provided below and immediately copy the District by fax or by mail.

<b>REGULATION 11-2 REVISION</b>	<b>BAAQMD J# 2H899</b>
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REVISION #	START DATE	COMPLETION DATE
1	____/____/____	____/____/____
2	____/____/____	____/____/____
3	____/____/____	____/____/____
4	____/____/____	____/____/____
5	____/____/____	____/____/____

**NOTE:** This form is not intended as a verification of either the completeness of your original notification or of its compliance with BAAQMD Regulation 11-2. If you have any questions about this acknowledgment, please call our office at (415) 749-4762.