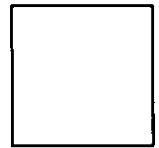


Type



Plans

BUDDE - 1601

Permit Number

2145

Street Number

Hwy 116 N.

Street Name

GARA

Community Code

130 - 261 - 028

APN

# COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

Print  
Name: Sandra I. Winslow

Date  
Applied: 4-3-06

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

ess: <u>2145 Hwy 116</u>	City: <u>S Sebastopol, CA</u>	ZIP: <u>95472</u>
reet: <u>Occidental / Hwy 116</u>	APN: <u>130-261-027</u>	Project Phone #: <u>( ) none</u>
s: <u>corner of Occidental Hwy 116 in Seb.</u>	Subd. Name: <u>-</u>	Unit #: <u>-</u>
Project: <u>model of Existing Residence</u>	Living Area: <u>1474 sq. ft.</u>	Contract Price: <u>\$200,000</u>
	Garage: <u>400 sq. ft.</u>	
	Decks: <u>211 sq. ft.</u>	

OWNER NAME AND ADDRESS

Morgan + Sandra Winslow

Address: 8805 Jeannette Ave

Sebastopol State: CA ZIP: 95472

707-824-8983 Fax: ( ) Same

APPLICANT NAME AND ADDRESS

Name: Sandra I. Winslow

Mailing Address: 8805 Jeannette Ave

City: Sebastopol State: CA ZIP: 95472

Day Ph: 707-824-8983 Fax: ( ) Same

CONTRACTOR INFORMATION

Name: Full-Swing Construction

Address: 8805 Jeannette Ave

Sebastopol State: CA ZIP: 95472

707-824-8983 Fax: ( ) SAME

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name: Kadee Ho Carson

Address: 9061 Condi Ln.

City: Windsor State: CA ZIP: 95492

Day Ph: 707-838-2600 Fax: ( )

WORKER'S COMPENSATION DECLARATION

I affirm under penalty of perjury that I am exempt from the Contractor's License Law for the reason (Sec. 7031.5, Business and Professions Code): Any city or county which requires a contract, alter, improve, demolish, or repair any structure, prior to its issuance, also the applicant for such permit to file a signed statement that he or she is licensed pursuant to the Contractor's License Law (Chapter 9 (commencing with Section 7000) of the Business and Professions Code) or that he or she is exempt therefrom and the basis of the 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).;

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

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. 3097, Civ. C.)

Lenders Name: Sonoma National

Lenders Address: Santa Rosa

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

that in the performance of the work for which this permit is issued, I shall not employ any in any manner so as to become subject to the worker's compensation laws of California, and 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.

Applicant: Sandra Winslow

FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND 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 AND ATTORNEY'S FEES.

OWNER-BUILDER DECLARATION

I affirm under penalty of perjury that I am exempt from the Contractor's License Law for the reason (Sec. 7031.5, Business and Professions Code): Any city or county which requires a contract, alter, improve, demolish, or repair any structure, prior to its issuance, also the applicant for such permit to file a signed statement that he or she is licensed pursuant to the Contractor's License Law (Chapter 9 (commencing with Section 7000) of the Business and Professions Code) or that he or she is exempt therefrom and the basis of the 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).;

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 alters 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 work 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.

owner of the property, am exclusively contracting with licensed contractors to construct the structure (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.)

Exempt under Sec. B & C for this.

Owner: Sandra Winslow

LICENSED CONTRACTOR'S DECLARATION

I 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. No. 687281

Contractor: Full Swing Construction

ASBESTOS DECLARATION

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 affirm that no asbestos is present in the building or portions thereof, and that no asbestos is being removed or that no demolition is authorized by this permit.

I have read this application and affirm under penalty of perjury that the above information is true and correct. I agree to comply with all local Ordinances and State laws relating to building construction, and to 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 in the event I do not comply with the Workman's Compensation law, this permit shall be voided.

Signature: Sandra Winslow

Address: 8805 Jeannette Ave Sebastopol, CA 95472

City: Sebastopol ZIP: 95472

Owner: Sandra Winslow Other Licensed Professional

Date: 8/5/10 Inspector: [Signature]

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

FOR DEPARTMENT USE

Zoning: ARB64 ACSE File No. - Acres: 1.17

Existing Use/Structures: SFD/GAR

Proposed Use/Structures: REMODEL/ADDN

Zoning Min. Yard Requirements: Front 30 Left 10 Right 10 Back 20

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: p. stamp

By: [Signature] Date: 4/3/06

Conditions: -

Sewer Connection: ☐ Available ☐ Fees Paid

Approved by: [Signature] Date: -

Road Encroachment: ☐ Fees Paid ENC06-9211

Approved by: [Signature] Date: 6/18/07

Septic System Permit/Clearance: SEP16-0630

Approved by: [Signature] Date: 8/24/06

Flood Zone: ☐ Yes ☒ No 100 Year Flood Elevation: -

Site Review

Drainage Review: [Signature] Date: 4/3/06

Fire: [Signature] Date: -

Code Enforcement Violation: ☒ Yes ☐ No Violation # VB005-0025

This permit is limited to 180 days.

OK to issue - will clear w/o when needed 3x penalties 8/29/06

Work Authorized: Remodel + Addition SFD

Plans Approved: ☒ No Plans Subject to Field Inspection

Post FIRM: ☐ Pre FIRM: ☐ Alquist Prior Report Available: ☐ Geotechnical Report Available: ☐

Plancheck Cleared By: CA Date: 6/2/06

Permit Cleared for Issuance By: [Signature] Date: 6/18/07

Type of Construction: VN Occupancy: R3 No. of Stories: 1 No. of Bedrooms: 2

Auto. Fire Sprinklers Req'd: NO No. of Units: - Certificate of Occupancy: -

Machine: - Spacing: - Term: - Fee: -

PAID: 2538.75

JUL 10 2006

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT COUNTY OF SONOMA

JOB ADDRESS: 2145 Hwy 116 N PERMIT NUMBER: Bed06-1601 INSPECTION AREA: -

7950 Bancroft

131)	SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET	
INSPECTION RECORD			DATE	NAME	REMARKS	
101)	ROUGH GRADING				Remodel	
103)	FOUNDATION					
	FORMS/SETBACK					
	FOOTING		11-2-07	MW		
	WALLS					
106)	UFER GROUND #		4	Rebar		
104)	CAISSONS/PIERS					
105)	SLAB					
107)	UNDERGROUND UTILITIES					
110)	MASONRY					
109)	RETAINING WALLS					
113)	FIREPLACE					
	FOOTING					
	HEARTH/PROTECTION					
	THROAT					
114)	CHIMNEY					
120)	UNDERFLOOR/UNDERSLAB					
115)	HYDRONICS					
116)	U/F ELECTRICAL					
117)	U/F MECHANICAL					
118)	U/F PLUMBING					
119)	U/F FRAMING					
139)	U/F INSULATION					
126)	SHEAR WALLS					
	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR	see	10/6/08 DP		
127)	DIAPHRAGMS					
	<input type="checkbox"/> ROOF	<input type="checkbox"/> FLOOR	7/2/09	DP		
134)	SIDING/SHEATHING					
125)	HOLD DOWNS					
132)	CLOSE-IN					
122)	ROUGH ELECTRICAL					
123)	ROUGH MECHANICAL					
124)	ROUGH PLUMBING					
128)	ROUGH FRAME					
160)	SMOKE DETECTORS					
139)	INSULATION					
142)	WALLBOARD					
143)	FIREWALLS					
135)	STUCCO/PLASTER					
	<input type="checkbox"/> LATH	<input type="checkbox"/> SCRATCH				
137)	ROOFING					
130)	TUB/SHOWER PAN					
162)	FIRE DAMPERS/DOORS					
164)	SUSPENDED CEILING					
	<input type="checkbox"/> ROUGH ELEC.	<input type="checkbox"/> ROUGH MECH.				
165)	EXITING - RAMPS/STAIRS					
163)	HANDRAILS/GUARDRAILS					
	CORRIDORS/DOORS					
166)	ACCESSIBILITY COMPLIANCE					
144)	WATER TANKS					
	<input type="checkbox"/> SLAB	<input type="checkbox"/> WALLS				
170)	TEMPORARY OCCUPANCY					
171)	TEMPORARY ELECTRICAL					
172)	TEMPORARY GAS					
174)	ELECTRIC METER AUTHORIZATION					
152)	PANEL BOARDS/SERVICE					
189)	SEPTIC ELECTRIC FINAL					
175)	GAS METER AUTHORIZATION					
153)	GAS PRESSURE TEST					
	HOUSE	YARD	8/27/09			
190)	MANUF. HOME FOUNDATION					
191)	MANUF. HOME INSTALLATION					
	CONTINUITY					
	STAIRS/SKIRTS					
	RIDGE BOLTING					
193)	MANUF. HOME COND. FINAL					
	SWIMMING POOLS					
194)	PRE-GUNITE					
195)	PRE-DECK					
196)	PRE-PLASTER/FENCE					
197)	VINYL/FIBERGLASS POOL EXCAVATION					
102)	GRADING FINAL					
176)	ELECTRICAL FINAL					
177)	MECHANICAL FINAL					
178)	PLUMBING FINAL					
199)	FINAL					
OCCUPANCY (OK TO OCCUPY)					PLAN RETENTION REQUIRED?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

- 650) SUSMP INSPECTION
- 651) NPDES EROSION COMPLIANCE
- 652) NPDES SEDIMENT COMPLIANCE
- 653) NPDES DOCS/SWPPP

FIRE INSPECTION REQUIRED		DATE	NAME
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
759)	KNOX BOX		
760)	PROPANE TANK HOLD DOWNS		
770)	SPRINKLER FINAL		
771)	ABOVEGROUND HYDROSTATIC		
772)	UNDERGROUND HYDROSTATIC		
773)	UNDERGROUND FLUSH		
774)	THRUST BLOCKS		
775)	PIPE WELD		
776)	HYDRANTS/APPLIANCES		
777)	PUMP ACCEPTANCE		
778)	WATER SUPPLY/TANK		
779)	ALARM SYSTEM		
780)	HOOD & DUCT SYSTEM		
781)	ABOVEGROUND TANK/DISPENSER		
198)	FIRE FINAL		

CLEARANCES:

FIRE ☐ Local ☐ County

HEALTH DEPARTMENT

ZONING

SANITATION

PERMIT # Ba2010-1601

# INSTALLATION CERTIFICATE

(Page 1 of 12) CF-6R

Site Address

7950 BARCLAY RD. SEBASTOPOL CA.

Permit Number

BLD 06-1601

Installation certificates (CF-6R) are required for each and every dwelling unit. When the installation of measures that require field verification and diagnostic testing is complete, the builder or the builder's subcontractor shall complete diagnostic testing and the procedures specified in this section. When the installation is complete, the builder or the builder's subcontractor shall complete the CF-6R (Installation Certificate), and keep it at the building site for review by the building department. The builder also shall provide a copy of the Installation Certificate to the HERS rater for any measures requiring field verification and diagnostic testing, per Section 10-103(a).

## WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use, etc)	If Recirculation, Control Type	# of Identical Systems	Rated Input (kW or Btu/hr) <sup>1</sup>	Tank Volume (gallons)	Efficiency (EF, RE) <sup>2</sup>	Standby Loss (%) <sup>2</sup>	External Insulation R-value <sup>2</sup>
918	AMERICAN	STD.			40,000	50 GAL.	242 THERM		
	BFG 12250						PER YEAR.		
	146310.								

- For **small gas storage** (rated input of less than or equal to 75,000 Btu/hr), **electric resistance** and **heat pump water heaters**, list Energy Factor (EF). For **large gas storage water heaters** (rated input of greater than 75,000 Btu/hr), list Recovery (RE), Thermal Efficiency, Standby Loss and Rated Input. For **instantaneous gas water heaters**, list Thermal Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

### Kitchen Piping:

If indicated on the CF-1R, all hot water piping  $\geq 3/4$  inches in diameter that runs from the hot water source to the kitchen fixtures is insulated.

### Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Energy Commission, pursuant to Title 24, Part 6, Section 111.

### Central Water Heating in Buildings with Multiple Dwelling Units (required for prescriptive)

- ☒ All hot water piping in main circulating loop is insulated to requirements of §150(j)
- ☐ Central hot water systems serving six or fewer dwelling units which have (1) less than 25' of distribution piping outdoors; (2) zero distribution piping underground; (3) no recirculation pump; and (4) insulation on distribution piping that meets the requirements of Section 150(j)
- ☐ Central hot water systems serving more than 6 dwelling units - presence of either a time control or a time/temperature control

☒ I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date: 4-14-10

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

# INSTALLATION CERTIFICATE

(Page 2 of 12) CF-6R

Site Address

7750 BARCAGLIA

Permit Number

BLD 06-1601

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

## FENESTRATION/GLAZING:

Item	Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Area Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

<sup>1</sup>) Use values from a fenestration product's NFRC label. For fenestration products without an NFRC label, use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup>) Installed U-factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-factors for the total fenestration area are less than or equal to values from CF-1R. If using default table SHGC values from §116 identify whether tinted or not.

✓ ☐ I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

Copies to: Building Department, HERS Rater (if applicable) Building Owner at Occupancy

# **INSTALLATION CERTIFICATE**

(Page 3 of 12) CF-6R

Site Address <b>7950 BARCAGLIA RD SEBASTOPOL CA.</b>	Permit Number <b>MLD 06-1601</b>
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An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

## **HVAC SYSTEMS:**

### **Heating Equipment**

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
<b>Furn</b>	<b>Carrier</b>	<b>1</b>	<b>93%<sub>6</sub></b>	<b>ATTIC</b>		<b>80k</b>	<b>80k</b>
	<b>58LTB080-16</b>						

### **Cooling Equipment**

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
<b>Condenser</b>	<b>Heil</b>	<b>1</b>	<b>13 Seer</b>	<b>ATTIC</b>		<b>4 ton</b>	
	<b>H4A330GKA100</b>						

1. ≥ symbol reads *greater than or equal to* what is indicated on the CF-1R value.  
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ ☒ I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner <b>Michael Miller</b>	<b>Miller</b>
Signature: <b>Michael Miller</b>	Date: <b>4-14-10</b>

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY

Site Address 7950 BARCA LIAPermit Number BLD 06-1601Number and Street 7950 BARCA LIA RD.City SEABTROPOL, CACounty SAN LUIS OBISPO

Subdivision \_\_\_\_\_

Lot Number \_\_\_\_\_

## Description of Installation

## 1. ROOF

Material \_\_\_\_\_  
Thickness (inches) \_\_\_\_\_Brand Name \_\_\_\_\_  
Thermal Resistance (R-Value) \_\_\_\_\_

## 2. CEILING

Batt or Blanket Type ~~FIBERGLASS~~  
Thickness (inches) 10 INCHES  
Loose Fill Type ULTRA TOUCH  
Contractor's min installed weight/ft<sup>2</sup> \_\_\_\_\_ lb  
Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) \_\_\_\_\_Brand Name ULTRATOUCH CELLULOSE  
Thermal Resistance (R-Value) R-38  
Brand \_\_\_\_\_  
Minimum thickness 10 inches  
Thermal Resistance (R-Value) R-38

## 3. EXTERIOR WALL

Frame Type R-13-KRAFT FST BATT

## A. Cavity Insulation

Material KRAFT FST BATT  
Thickness (inches) \_\_\_\_\_Brand Name KRAFT FST BATT  
Thermal Resistance (R-Value) R-13

## B. Exterior Foam Sheathing

Material \_\_\_\_\_  
Thickness (inches) \_\_\_\_\_Brand Name \_\_\_\_\_  
Thermal Resistance (R-Value) \_\_\_\_\_

## 4. RAISED FLOOR

Material FST BATT  
Thickness (inches) \_\_\_\_\_Brand Name KRAFT FST BATT  
Thermal Resistance (R-Value) R-19

## 5. SLAB FLOOR/PERIMETER

Material \_\_\_\_\_  
Thickness (inches) \_\_\_\_\_  
Perimeter Insulation Depth (inches) \_\_\_\_\_Brand Name \_\_\_\_\_  
Thermal Resistance (R-Value) \_\_\_\_\_

## 6. FOUNDATION WALL

Material FST BATT  
Thickness (inches) \_\_\_\_\_Brand Name KRAFT FST BATT  
Thermal Resistance (R-Value) R-19

## Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Energy Efficiency Standards for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item #s 2, 3, 4, 6Signature, Date Michael D. [Signature]Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner  
Michael D. [Signature]

Item #s \_\_\_\_\_

Signature, Date \_\_\_\_\_

Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

Item #s \_\_\_\_\_

Signature, Date \_\_\_\_\_

Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner