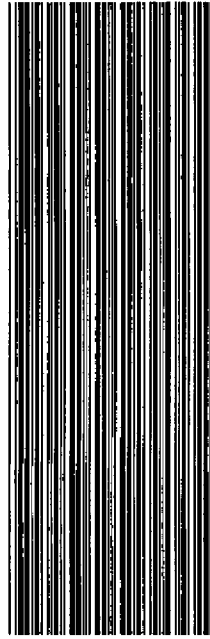


# Sonoma PRMD



100082

PERMIT #            BLD07-4774

STREET#            223

STREET NAME        BRUSH ST

B

Type

7

Docs

Plans

BLD07-4774

Permit Number

223

Street Number

BRUSH ST

Street Name

GRA

Community Code

130-163-006

APN

**COUNTY OF SONOMA**  
**PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**

2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829  
(707) 565-1900 FAX (707) 565-1103

**Building Permit Invoice: BLD07-4774**

**Project Address:** 223 BRUSH ST GRA  
**Cross Street:** JEANETTE AVE

**APN:** 130-163-006

**Printed:** Friday, September 21, 2007  
**Initialized by:** BDAVIS  
**Activity Type:** A-BLD 701

**Description:** SELF CERT: TEAR OFF 26 SQS AND REROOF WITH 30 YR  
**Res/Com:** R  
**Std/Quick:** ??  
**Fire District:** GRATON FIRE GENERAL

**Insp Area:** 04  
**Site Review File #:** ??  
**Site Review Fees Paid:** \$0.00

**Owner:** MAGYARI PAULA TR  
223 BRUSH ST  
GRATON CA 95444-9323

**Applicant:** SECOND GENERATION ROOFING INC  
PO BOX 2201  
ROHNERT PARK CA 94927  
707 765 8512

Occupancy	Type	Factor	Sq Feet	Valuation
	Additional Amount...			11,655.00
	Totals...			\$11,655.00*

**Fees:**

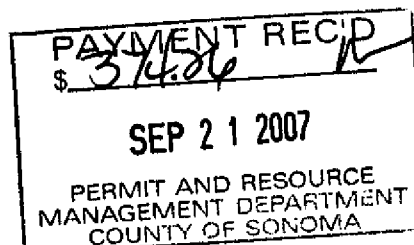
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
7	CREDIT CARD CONVEN FEE	025015-4020	7.97	.00	.00
50	S.M.I.P. RESIDENTIAL	327023-4040	1.17	.00	.00
132	BUILDING PERMIT FEE	025015-1341	326.00	.00	.00
735	NPDES - BUILDING	025015-1341	39.12	.00	.00
			\$374.26	\$0.00	

**Total Fees:** \$374.26  
**Total Paid:** \$0.00

**Balance Due:** \$374.26

**Refunds** are regulated by the California Building Code (CBC) which reads: "Under Section 107.6, CBC, the building official may authorize refunding of not more than 80 percent of the plan review fee paid when an application is withdrawn or canceled before any plan reviewing is done. The building official may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under the permit. There shall be no refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of fee payment."

When validated below, this is your receipt.  
This Building Permit shall EXPIRE



California Home

Friday, September 7, 2007

Welcome to

California

**License Detail**

CALIFORNIA CONTRACTORS STATE LICEN

**Contractor License # 768860****DISCLAIMER**

A license status check provides information taken from the CSLB license data base. Before on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to complaint disclosure, a link for complaint disclosure will appear below. Click on the link button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered on the Board's license data base.

Extract Date: 09/21/2007

**\*\*\* Business Information \*\*\***

SECOND GENERATION ROOFING INC  
92 LAKEVILLE STREET  
PETALUMA, CA 94952  
Business Phone Number: (707) 765-8512

Entity: Corporation

Issue Date: 09/17/1999 Expire Date: 09/30/2009

**\*\*\* License Status \*\*\***

This license is current and active. All information below should be reviewed.

**\*\*\* Classifications \*\*\***

Class	Description
C39	ROOFING

**\*\*\* Bonding Information \*\*\***

**CONTRACTOR'S BOND:** This license filed Contractor's Bond number **144368** in the amount of **\$12,500** with the bonding company

**AMERICAN CONTRACTORS INDEMNITY COMPANY.**Effective Date: **01/01/2007****Contractor's Bonding History**

**BOND OF QUALIFYING INDIVIDUAL(1):** The Responsible Managing Officer (RMO) DALE DANIELS certified that he/she owns 10 percent or more of the voting stock/equity of the corporation.  
A bond of qualifying individual is **not** required.

Effective Date: **09/17/1999****\* \* \* Workers Compensation Information \* \* \***

This license has workers compensation insurance with the  
**STATE COMPENSATION INSURANCE FUND**

Policy Number: **285-0001410** Effective Date: **01/01/1999** Expire Date: **01/01/2008****Personnel listed on this license (current or disassociated) are listed on other licenses.**

[Personnel List](#)   [SalesPerson List](#)   [Other Licenses](#)

[License Number Request](#)   [Contractor Name Request](#)   [Personnel Name Request](#)

[Salesperson Request](#)   [Salesperson Name Request](#)

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# Reroofing Verification/Completion Form

CNI-023

**Purpose:** This form is to be completed by a licensed roofing contractor participating in the Sonoma County Self Certification Reroofing Program. The completed form must be attached to the field inspection record card. The building inspector will take this form back to PRMD to be filed with the permanent record at time of final inspection.

BL007-4774

Permit Number

223 Brush St Groton, CA 95472

Job Address

SECOND GENERATION ROOFING

Contact Name

707-765-8512

Phone Number

## JOB COPY

- ☒ **Reroofing Inspection (#137):** I certify that the existing sheathing/decking is structurally sound, and complies with all the conditions of 1515.1 of the 2001 California Building Code (CBC). Minimum clearances to combustibles for all VAC. vents/chimneys have been verified and maintained.
- ☒ **Roof Nailing Inspection (#127):** I certify that roof sheathing was installed and fastened in accordance with the manufacturer's installation instructions, and/or with the Sonoma County Reroofing Manual.
- ☐ **Final Inspection (#199):** I certify that the roofing materials have been installed and fastened in accordance with the manufacturer's installation instructions, the Sonoma County Reroofing Manual, and all the requirements of the California Building Code.

DALE E. DANIELS

Licensed Contractor's Name

[Signature]

Signature

768860

License Number

9/21/07

Date

**Sonoma County Permit and Resource Management Department**

2550 Ventura Avenue • Santa Rosa, CA • 95403-2829 • (707) 565-1900 • Fax (707) 565-2210

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

## PRODUCER

Craig C. Hansen Insurance  
2103 3rd Street  
Eureka CA 95501

Phone: 707-445-9691 Fax: 707-445-9102

## INSURED

Second Generation Roofing  
Inc.  
92 Lakeville Street  
Petaluma CA 94952

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Navigators Insurance Company

INSURER B: Redland Insurance

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SF07CGL007756-00	04/01/07	04/01/08	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
B	AUTOMOBILE LIABILITY	R001120402	09/29/06	09/29/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
	EXCESS/UMBRELLA LIABILITY				AUTO ONLY: AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYER \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## EVIDENCE OF COVERAGE ONLY.

\*TEN DAYS NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM.

## CERTIFICATE HOLDER

## CANCELLATION

## EVIDENCE

FOR EVIDENCE PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30\* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Craig C. Hansen*

# 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: Bethany Svensen

Date

Applied: 9/21/07

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: <u>223 Brush St.</u>	City: <u>Groton</u>	ZIP: <u>95472</u>
Cross-Street: <u>Jeannette Ave</u>	APN: <u>30-163-006</u>	Project Phone #: ( )
Directions:	Subd. Name	Project Unit #
Describe Project: <u>Remove existing roof to solid decking. Install 1 ply GFT class "A" comp Shingles SFD 30 Year</u>	Living Area: <u>2611</u>	Contract Price: <u>11,655</u>
	Garage	
	Decks	

OWNER NAME AND ADDRESS			APPLICANT NAME AND ADDRESS		
Name: <u>Paula Mayjori</u>			Name: <u>SAME</u>		
Mailing Address: <u>223 Brush St.</u>			Mailing Address: <u>SAME</u>		
City: <u>Groton</u>	State: <u>CA</u>	ZIP: <u>95472</u>	City:	State:	ZIP:
Day Ph: ( ) <u>823-5267</u>	Fax: ( )		Day Ph: ( )	Fax: ( )	

CONTRACTOR INFORMATION			OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)		
Company Name: <u>Second Generation Roofing</u>			Name: <u>ROOF, WINDOW, AND HVAC SYSTEM ALTERATIONS &amp; REPLACEMENTS MUST COMPLY WITH CURRENT TITLE 24 ENERGY REGULATIONS.</u>		
Address: <u>PO Box 2201</u>			Address:		
City: <u>Rohnert Park</u>	State: <u>CA</u>	ZIP: <u>94927</u>	City:	State:	ZIP:
Day Ph: ( ) <u>765-8512</u>	Fax: ( )		Day Ph: ( )	Fax: ( )	

## 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: 2835-0001410

(This statement not to 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: 11/08 Applicant: B Svensen

**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 3700 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: C-39 Lic. No. 7688060

Exp. Date: 9/30/09 Contractor: B Svensen

## 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 Workmen's Compensation law, this permit shall be deemed revoked.

PERMITTEE SIGNATURE: B Svensen  
 ADDRESS: PO Box 2201 Rohnert Park CITY: 94927 ZIP: 94927

☒ Contractor ☐ Owner ☐ Other Licensed Professional

Final Date: 10-9-07 Inspector: MW

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

## 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: INSTALL CLASS A ROOF ONLY.  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Violation ☐ Yes ☒ No Violation # \_\_\_\_\_  
 This permit is limited to \_\_\_\_\_ days.

Work Authorized: Self Cert  
par of roof  
removal  
(B) SFD

<input checked="" type="checkbox"/> Plans Approved	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Alluvial Flood Report Available
<input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Pre FIRM	<input type="checkbox"/> Geotechnical report Available
Plancheck Cleared By: _____ Date: _____	Type of Construction: _____	No. of Stories: _____
Permit Cleared for Issuance By: _____ Date: _____	Auto. Fire Sprinkler Req'd: _____	No. of Units: _____
Machine Space for Permit Fee: _____	Certificate of Occupancy	

SEP 21 2007

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT  
 COUNTY OF SONOMA

Distribution: White - File Green - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector

JOB ADDRESS:

223 Brush St

Groton

PERMIT NUMBER:

Bedot-4774

INSPECTION AREA:

4



131) SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET	
INSPECTION RECORD		DATE	NAME	REMARKS	
101) ROUGH GRADING				ROOF, WINDOW, AND HVAC SYSTEM ALTERATIONS & REPLACEMENTS MUST COMPLY WITH CURRENT TITLE 24 ENERGY REGULATIONS.	
103) FOUNDATION					
FORMS/SETBACK					
FOOTING					
WALLS					
106) UFER GROUND #					
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			
127) DIAPHRAGMS					
<input type="checkbox"/> ROOF		<input type="checkbox"/> FLOOR			
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		10-9-07	MW		
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					
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		10-9-07	MW		
OCCUPANCY (OK TO OCCUPY)				PLAN RETENTION REQUIRED?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

ROOF, WINDOW, AND HVAC SYSTEM  
ALTERATIONS & REPLACEMENTS  
MUST COMPLY WITH CURRENT  
TITLE 24 ENERGY REGULATIONS.

INS FALL CLASS A ROOF ONLY.

- 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	<input type="checkbox"/> Local <input type="checkbox"/> County
HEALTH DEPARTMENT	
ZONING	
SANITATION	

PERMIT #