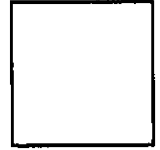


B

Type



Plans

BLDOB - 1311

Permit Number

1733

Street Number

Sebastopol Rd

Street Number

BEL

Community Code

125-082-025

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: BLD08-1311

Project Address: 1733 SEBASTOPOL RD BEL
Cross Street: STONY POINT RD

Printed: Monday, December 22, 2008
Initialized by: CSTENLUN
Activity Type: B-BLD 701

APN: 125-082-025
Description: LEGALIZE SPRAY BOOTH FOR CABINET SHOP
Res/Com: C
Std/Quick: Q
Fire District: ROSELAND FIRE GENERAL (S.R.)

Insp Area: 10
Site Review File #:
Site Review Fees Paid: \$0.00

Owner: BAM INVESTMENTS LLC
 1733 SEBASTOPOL RD
 SANTA ROSA CA 95403

Applicant: DUBOIS RICHARD
 1733 SEBASTOPOL RD
 SANTA ROSA CA

95407

707 284 3400

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Additional Amount...			8,000.00
	Totals...			\$8,000.00*

Fees:

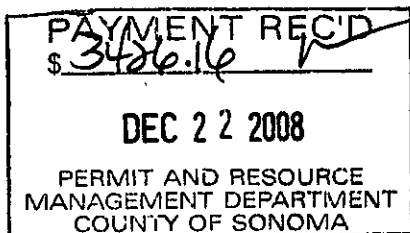
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
51	S.M.I.P. COMMERCIAL	327023-4040	1.68	.00	.00
60	BLDG PERM PLAN CHECK FEE	025015-1341	155.97	155.97	.00
119	FIRE COMMERCIAL REVIEW	649103-3661	236.00	236.00	.00
122	ELECTRICAL FEE	025015-1341	67.00	.00	.00
123	MECHANICAL FEE	025015-1341	67.00	.00	.00
132	BUILDING PERMIT FEE	025015-1341	259.57	.00	.00
140	TECH ENHANCE FEE	025015-4040	9.04	.00	.00
145	PLAN ADMIN FEE	025015-221-0	38.94	.00	.00
220	VIO. PENALTY FEE (BLDG)	025015-1600	2,558.21	.00	.00
221	VIO. INVEST. FEE (BLDG)	025015-4114	393.57	.00	.00
735	NPDES - BUILDING	025015-1350	31.15	.00	.00
1165	ZONING PERMITS W/O D.R.	025015-3829	87.00	87.00	.00
			\$3,905.13	\$478.97	

Total Fees: \$3,905.13
Total Paid: \$478.97

Balance Due: \$3,426.16

"Refunds of fees paid may be made pursuant to Section 108.6 of Appendix 1 of the California Building Code and adopted model codes, subject to the following: 1) 100% of a fee erroneously paid or collected. 2) 90% of the plan review fee when an application for a permit is withdrawn or canceled or expires or becomes void before any plan review effort has been expended. No portion of the plan review fee shall be refunded when any plan review effort has been expended. 3) 90% of the building, plumbing, electrical, and/or mechanical fee may be refunded when a permit is withdrawn, or cancelled or expires or becomes void before any work was done and before any inspections are performed. No portion of these fees shall be refunded when any work was done and/or any inspections have been performed. 4) Application for refund must be made within one year of the date the fee is paid."

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



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:	Date Applied:
-------------------------	---------------

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: <u>1733 Sebastopol Rd</u>	City: <u>Santa Rosa</u>	ZIP: <u>95407</u>
Cross-Street: <u>Stony Point Rd</u>	Project Phone #: <u>(707) 284-3400, 311</u>	Project Fax #: <u>(707) 284-3409</u>
Directions:	Subd. Name:	Unit # / Lot #
Describe Project: <u>Installation of Spray Booth</u>	Living Area _____ Garage _____ Decks _____	Contract Price: _____

OWNER NAME AND ADDRESS Name: <u>Mark Richard (BAM Investments)</u> Mailing Address: <u>1733 Sebastopol Rd</u> City: <u>Santa Rosa</u> State: <u>CA</u> ZIP: <u>95407</u> Day Ph: <u>707 284-3400</u> Fax: <u>707 284-3409</u>	APPLICANT NAME AND ADDRESS Name: <u>Icon Design and Display, Inc. Richard Dubois</u> Mailing Address: <u>1733 Sebastopol Rd</u> City: <u>Santa Rosa</u> State: <u>CA</u> ZIP: <u>95407</u> Day Ph: <u>707 284-3400 x.311</u> Fax: <u>707 284-3409</u>
--	--

CONTRACTOR INFORMATION Company Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Day Ph: () Fax: ()	OTHER PERSONS (ARCHITECT, ENGINEER, ETC.) Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ 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: _____
 Policy No: _____
 (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: _____ Applicant: _____

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 ATTORNEYS FEES.

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: _____
 Lenders Address: _____

FOR DEPARTMENT USE

Zoning: C2, V04 File No: _____ Acres: 2.17
 Existing Use/Structures: wood display shop
 Proposed Use/Structures: installation of spray booth
 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: Scott Hunsperger
 By: _____ Date: 5/5/08
 Conditions: Rezone Sebastopol Rd. Urban Vision changed zoning from M1 to C2 in June, 2007. Considered legal nonconforming.

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: 4/9/08 Owner: Mark Richard

Sewer Connection: Available Fees Paid 4/10/08
 Approved by: [Signature] Date: _____
Road Encroachment: Fees Paid
 Approved by: _____ Date: _____
Septic System Permit/Clearance #
 Approved by: _____ Date: _____

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: _____ Lic. No.: _____
 Exp. Date: _____ Contractor: _____

Flood Zone: Yes No 100 Year Flood Elevation: _____
Site Review
Drainage Review:
 Approved by: _____ Date: _____
Fire:
 Approved by: _____ Date: _____
Code Enforcement Violation Yes No Violation: VB05-0476
 This permit is limited to 180 days. VP105-0217
change when will clear violation
12-5-2008

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.

Work Authorized: SPRAY BOOTH

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.
 PERMITTEE SIGNATURE: [Signature]
 ADDRESS: _____ CITY: _____ ZIP: _____
 Contractor Owner Other Licensed Professional

<input checked="" type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Post FIRM <input type="checkbox"/> Pre FIRM	<input type="checkbox"/> Alquist Priolo Report Available <input type="checkbox"/> Geotechnical report Available	Date: <u>12/4/08</u>
Permit Check/Clearance By: <u>Ed Smith</u>	Type of Construction: <u>VB FI</u>	Occupancy: _____	No. of Stories: _____ No. of Bedrooms: _____
Date: <u>12/5/08</u>	Auto. Fire Sprinklers Req'd: _____	No. of Units: _____	Certificate of Occupancy: _____

PAYMENT RECEIPT

Permit Fee: \$ _____
 \$ _____
 DEC 22 2008
 PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

Final Date: _____ Inspector: _____

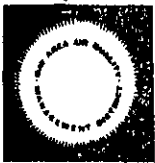
THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

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

JOB ADDRESS: 1733 Sebastopol Rd
 PERMIT NUMBER: BA08-1311
 INSPECTION AREA: 8

131) SPECIAL INSPECTION REQUIRED		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET	
INSPECTION RECORD	DATE	NAME	REMARKS		
101) ROUGH GRADING					
103) FOUNDATION					epoxy bolts
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	6-7-09	P			
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	6-17-09	P			650) SUSMP INSPECTION
144) WATER TANKS					651) NPDES EROSION COMPLIANCE
<input type="checkbox"/> SLAB			<input type="checkbox"/> WALLS		652) NPDES SEDIMENT COMPLIANCE
170) TEMPORARY OCCUPANCY					653) NPDES DOCS/SWPPP
171) TEMPORARY ELECTRICAL					FIRE INSPECTION REQUIRED
172) TEMPORARY GAS					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
174) ELECTRIC METER AUTHORIZATION					759) KNOX BOX
152) PANEL BOARDS/SERVICE					760) PROPANE TANK HOLD DOWNS
189) SEPTIC ELECTRIC FINAL					770) SPRINKLER FINAL
175) GAS METER AUTHORIZATION					771) ABOVEGROUND HYDROSTATIC
153) GAS PRESSURE TEST					772) UNDERGROUND HYDROSTATIC
HOUSE			YARD		773) UNDERGROUND FLUSH
190) MANUF. HOME FOUNDATION					774) THRUST BLOCKS
191) MANUF. HOME INSTALLATION					775) PIPE WELD
CONTINUITY					776) HYDRANTS/APPLIANCES
STAIRS/SKIRTS					777) PUMP ACCEPTANCE
RIDGE BOLTING					778) WATER SUPPLY/TANK
193) MANUF. HOME COND. FINAL					779) ALARM SYSTEM
SWIMMING POOLS					780) HOOD & DUCT SYSTEM
194) PRE-GUNITE					781) ABOVEGROUND TANK/DISPENSER
195) PRE-DECK					198) FIRE FINAL
196) PRE-PLASTER/FENCE					CLEARANCES:
197) VINYL/FIBERGLASS POOL EXCAVATION					FIRE <input type="checkbox"/> Local <input type="checkbox"/> County
102) GRADING FINAL					HEALTH DEPARTMENT
176) ELECTRICAL FINAL					ZONING
177) MECHANICAL FINAL					SANITATION
178) PLUMBING FINAL					
199) FINAL	6-7-09	P			PLAN RETENTION REQUIRED?
OCCUPANCY (OK TO OCCUPY)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT # B1808-1311



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
TO OPERATE**

Plant# 17105

Page: 1

Expires: JUL 1, 2008

This document does not permit the holder to violate any District regulation or other law.

Michael G Poole
Icon Design & Display
1733 Sebastopol Road
Santa Rosa, CA 95407

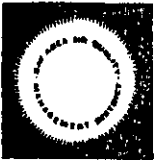
Location: 1733 Sebastopol Road
Santa Rosa, CA 95407

S#	DESCRIPTION	[Schedule]	PAID
1	Dipping, 197.82 gal/yr solvent, Multi-coatings Wood Coating Operation	[E]	173
2	Silk screen, Silk Screen, 18.25 gal/yr solvent Manual Silk Screening - Wood Products	[E]	173

2 Permit Sources, 0 Exempt Sources

*** See attached Permit Conditions ***

The operating parameters described above are based on information supplied by permit holder and may differ from the limits set forth in the attached conditions of the Permit to Operate. The limits of operation in the permit conditions are not to be exceeded. Exceeding these limits is considered a violation of District regulations subject to enforcement action.



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

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SAN FRANCISCO, CALIFORNIA 94109
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**PERMIT
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Plant# 17105

Page: 2

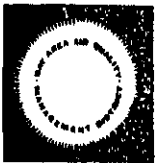
Expires: JUL 1, 2008

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*** PERMIT CONDITIONS ***

=====

Source# 1 subject to Condition ID# 22414
Source# 2 subject to Condition ID# 22415



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
TO OPERATE**

Plant# 17105 Page: 3 Expires: JUL 1, 2008

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***** PERMIT CONDITIONS *****

=====

CONDITION ID #22414

1. The owner/operator of S-1 is subject to the applicable requirements contained in Regulation 8, Rule 32, "Wood Products Coating" including the VOC limits in Section 8-32-304 (Custom and Contract Furniture), the solvent evaporative loss minimization requirements in Section 8-32-320 and the recordkeeping requirements in Section 8-32-501.1.

(Basis: Regulation 8, Rule 32)

2. The owner/operator of S-1 shall ensure the following coating usage limits are not exceeded in any consecutive 12-month period.

Wood Stain	12,000 gallons
High Gloss Topcoat	2,250 gallons

The owner/operator shall not use coatings in quantities above those specified above without obtaining prior written approval from the District.

(Basis: Cumulative Increase, BACT)

3. The owner/operator shall ensure that the VOC content of the stains and high gloss topcoat does not exceed 0.16 and 0.47 lbs/gal, respectively. The owner/operator shall not use coatings with VOC content higher than those specified above without obtaining prior written approval from the District.

(Basis: Cumulative Increase, BACT)

4. The owner/operator of S-1 shall maintain the following records:
A current list of coatings in use, which provides all data necessary to evaluate compliance with Regulation 8, Rule 32, including:

- (1) Coating, catalyst or reducer used
- (2) Manufacturer's recommended mix ratio of components
- (3) VOC content of coating as applied
- (4) Solids content of each coating

(Basis: Regulation 8-32-501.1)

5. Concurrent with the plant's permit renewal, the owner/operator shall submit to the assigned plant engineer in the District's Engineering Division a



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
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Plant# 17105

Page: 4

Expires: JUL 1, 2008

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***** PERMIT CONDITIONS *****

letter certifying all coatings used in the coating operations comply with the provisions of Section 8-32-120. The letter shall include, at a minimum, a Material Safety Data Sheet (MSDS) from the coating manufacturer that clearly identifies the VOC content (in pounds per gallon) of the coating and the quantity of the coating used by the plant on an annual basis.
(Basis: Regulation 8-32-405)

- 6. To determine compliance with the above conditions, the owner/operator shall maintain monthly usage records of all coatings and solvent used. These monthly records shall be totaled for each consecutive twelve month period. These records shall be kept for at least two years from the date of record.
(Basis: Cumulative Increase)

CONDITION ID #22415

- 1. The owner/operator of S-2 shall not exceed the following usage limits during any consecutive twelve-month period:
Screen Ink 50 Gallons
Screen Wash 100 Gallons
(Basis: Cumulative Increase)
- 2. The owner/operator may use an alternate coating(s) or cleanup solvent(s) other than the materials specified in Part 1 and/or usages in excess of those specified in Part 1, provided that the owner/operator can demonstrate that all of the following are satisfied:
a. Total POC emissions from S-2 do not exceed 1141 pounds in any consecutive twelve month period;
b. Total NPOC emissions from S-2 do not exceed 1141 pounds in any consecutive twelve month period; and
c. The use of these materials does not increase toxic emissions above any risk screening trigger level of Table 2-5-1 in Regulation 2-5.
(Basis: Cumulative Increase; Toxics)
- 3. To determine compliance with the above parts, the owner/operator shall maintain the following records and provide all of the data necessary to evaluate compliance with the above parts, including the



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
TO OPERATE**

Plant# 17105

Page: 5

Expires: JUL 1, 2008

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***** PERMIT CONDITIONS *****

=====

following information:

- a. Quantities of each type of coating and cleanup solvent used at this source on a monthly basis;
- b. If a material other than those specified in Part 1 is used, POC/NPOC and toxic component contents of each material used; and mass emission calculations to demonstrate compliance with Part 2, on a monthly basis;
- c. Monthly usage and/or emission calculations shall be totaled for each consecutive twelve-month period.

All records shall be retained on-site for two years, from the date of entry, and made available for inspection by District staff upon request. These recordkeeping requirements shall not replace the recordkeeping requirements contained in any applicable District Regulations.

(Basis: Cumulative Increase; Toxics)

END OF CONDITIONS

S#	Source Description	Annual Average lbs/day				
		PART	ORG	NOx	SO2	CO
1	Wood Coating Operation	-	3.9	-	-	-
2	Manual Silk Screening - Wood Products	-	1.51	-	-	-
T O T A L S			5.41			

** PLANT TOTALS FOR EACH EMITTED TOXIC POLLUTANT **

Pollutant Name	Emissions lbs/day
Propylene glycol monomethyl ether	1.15

*Icon Corp.
Spray Booth Mobilization*

Job # 082018	
Date	
PE <i>[Signature]</i>	SKP of.

★ APPROVED ★
—AS NOTED—

PERMIT NO.

APPROVED BY

BLD08-1311

Ean Smith

Castroville Road

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

PROVIDED JOB COPY OF PLANS AND JOB CARDS TO BE AT JOB SITE.

BUILDER SHALL NOT DEVIATE FROM THE APPROVED PLANS. REQUESTS FOR CHANGES SHALL BE MADE IN WRITING TO THE PERMIT AND RESOURCE MANAGEMENT DEPARTMENT. CHANGES MADE WITHOUT PRIOR APPROVAL SHALL BE SUBJECT TO REJECTION OF THE WORK.

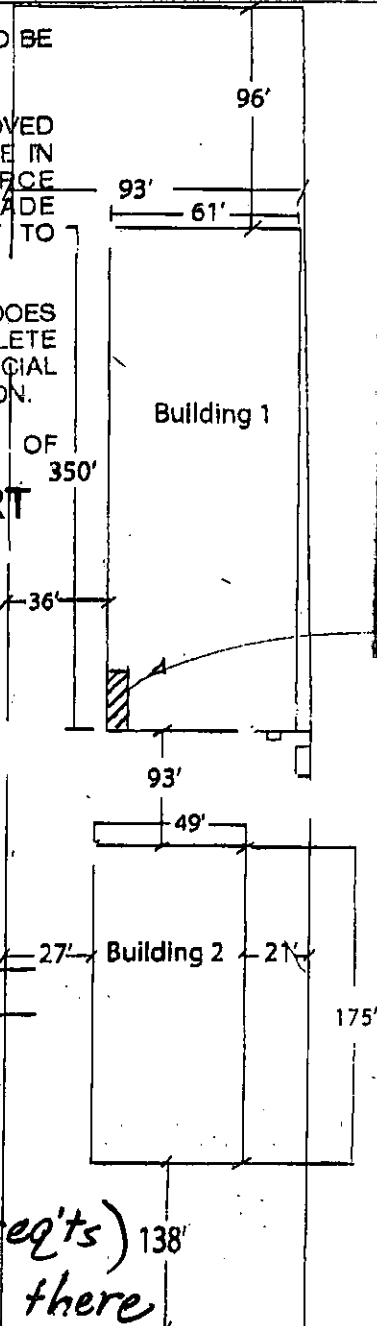
APPROVAL OF THESE PLANS IS SUBJECT TO, AND DOES NOT AUTHORIZE DEVIATION FROM, COMPLETE COMPLIANCE WITH CODE REQUIREMENTS, SPECIAL INSPECTIONS WHEN REQUIRED AND FIELD INSPECTION.

PLEASE READ ALL PERTINENT SECTIONS OF APPLICABLE CODES.

THESE ATTACHMENTS ARE PART OF THE APPROVED PLANS.

*** DO NOT REMOVE THEM ***

- Plan Checklist.
- Energy Conservation Forms.
- Engineered Details.
- Extracts from Soils Report.
- Fire Marshall Requirements.
- Special Inspection Form.
- Unreasonable Hardship*
- MSDS sheets*



ZONING APPROVAL

WORK INDICATED ON THESE DRAWINGS IS APPROVED ON THE BASIS THAT ALL *5/5/08* COMPLY WITH ALL REQUIREMENTS OF THE COUNTY OF *per NOMA* WHETHER SHOWN ON THESE DRAWINGS OR NOT. *STH*

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
Booth

NOTE:

North

CBC 416 (spray booth req'ts) 138' are not in effect, since there are no flammable materials being sprayed.

Site Plan



FILE

Grading Permit Questionnaire

BPC-017

Purpose: This form is used to determine if your project requires a grading permit in addition to a building permit. Grading is defined in Appendix Chapter 33 of the 2001 California Building Code (CBC) as "any excavating or filling or combination thereof." Grading can take the form of excavating and/or filling for foundations of structures, driveway construction and modification of topography. No person shall commence any grading without first having obtained a grading permit unless exempt as determined by the Permit and Resource Management Department (PRMD).

To determine if your project requires a grading permit, please answer the following questions. If you are unable to answer any questions, you should contact your design professional for assistance and/or consult with a PRMD plans examiner. **Incorrect answers may cause delays processing and/or issuing the permit(s) for your project.**

- Yes No Unknown 1. Does the project include a fill of 6 inches or more within the Flood Prone Urban Area? See map on reverse side of this form for the location of the Flood Prone Urban Area.
- Yes No Unknown 2. Does the project include a fill 1 foot or more in depth and placed on natural terrain with a slope steeper than 1 unit vertical in 5 units horizontal?
- Yes No Unknown 3. Does the project include a fill 3 feet or more in depth?
- Yes No Unknown 4. Does the project include an excavation that (1) is 2 feet or more in depth or (2) creates a cut slope greater than 5 feet in height and steeper than 1 unit vertical in 1 ½ units horizontal that is not an excavation below finished grade for a basement, footing, retaining wall or other structure authorized by a valid building permit?
- Yes No Unknown 5. Does the project include a fill that is intended to support structures?
- Yes No Unknown 6. Does the project include a fill that exceeds 50 cubic yards on any one lot?
- Yes No Unknown 7. Does the project include the construction of a driveway that exceeds 122 feet in length?
- Yes No Unknown 8. Does the project include an excavation or fill that alters or obstructs a drainage course?

Acknowledgment:

I, as the applicant, understand that a "Yes" answer to any of the above questions means that a grading permit is required and shall be obtained before issuance of a building permit for the site. If any answers are "Unknown" to me, I should contact my design professional immediately to determine if a grading permit is required.

Richard DuBois
Applicant Signature

Richard DuBois
Applicant Printed Name

125082025
Assessor's Parcel Number(s)

4-10-08
Date

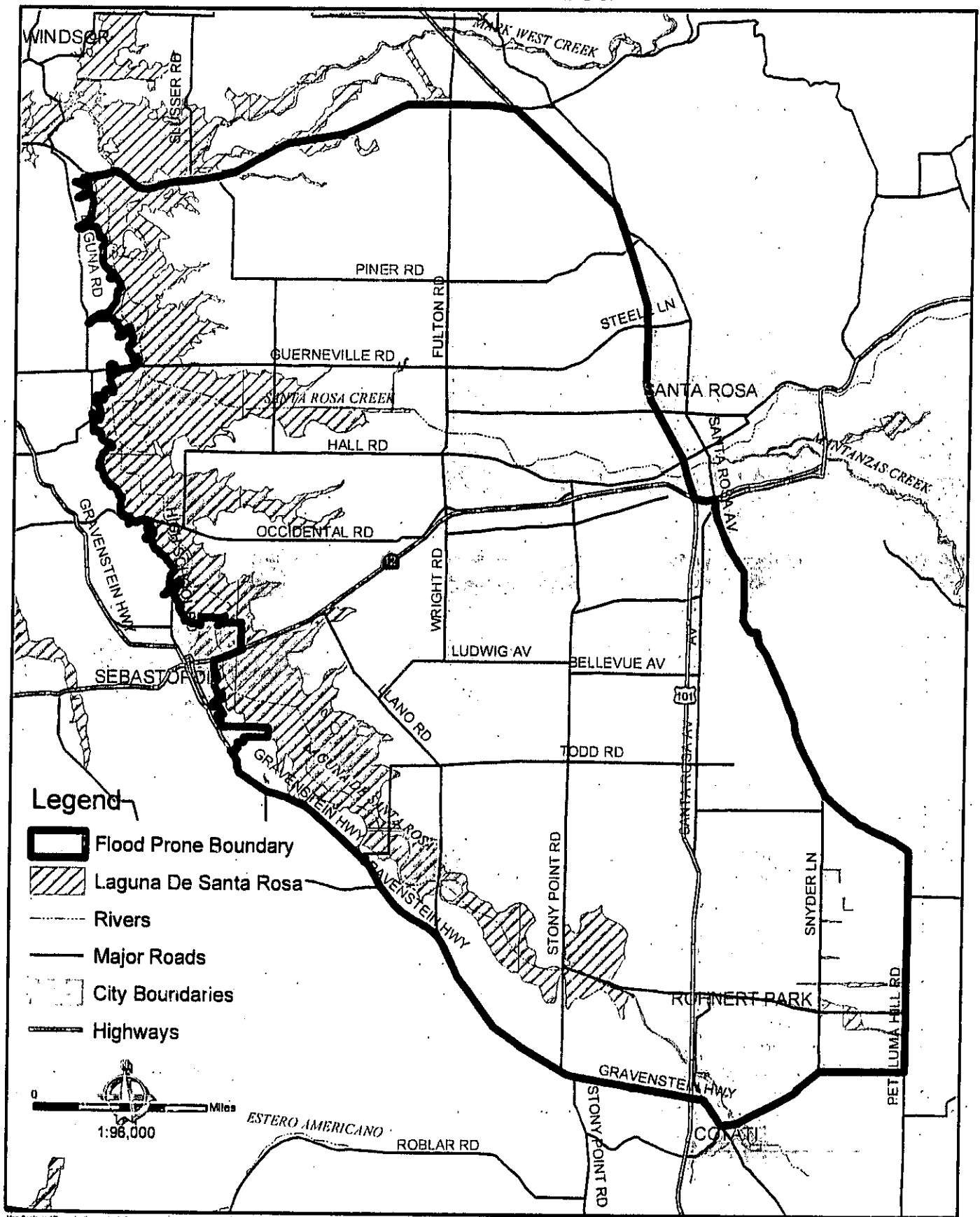
1733 Sebastopol Rd Santa Rosa
Property Address

B1208-1311
Building Permit (BLD) Number







Sonoma County Permit and Resource Management Department

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

Flood Prone Area



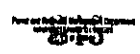
Legend

-  Flood Prone Boundary
-  Laguna De Santa Rosa
-  Rivers
-  Major Roads
-  City Boundaries
-  Highways



Map Scale and Reproduction methods best precision in physical features displayed. This map is for illustrative purposes only, and is not suitable for point-of-sale or other decision making.

Sonoma County
Permit and Resource Management Department



2550 Ventura Avenue, Santa Rosa, California 95403
 707-565-1900 FAX 707-565-1103





Daily Field Report

Project Name Iron Design & Display Date 06/05/09
 Project No. 104323-1 Bldg. Permit No. _____ DFR/Report No. _____
 Project Address 1733 Sebastopol Rd Santa Rosa, Ca Time Arrived 9:00 AM
 Client _____ Contractor _____ Time Departed 10:00 AM
 Equipment Observed _____ Travel Time _____
 Weather _____ Mileage _____
 Reviewed By _____ Date Reviewed _____

Types of Tests/Observations

<input type="checkbox"/> AC Pavements	<input type="checkbox"/> Fabrication Plant	<input type="checkbox"/> Masonry	<input type="checkbox"/> Sample Pickup	<input checked="" type="checkbox"/> Other <u>Epoxy witness</u>
<input type="checkbox"/> Anchor Bolts	<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Metal Decking	<input type="checkbox"/> Soil / Aggregates	
<input type="checkbox"/> Batch Plant	<input type="checkbox"/> Foundations	<input type="checkbox"/> Pre-Post Tension	<input type="checkbox"/> Steel Erection	
<input type="checkbox"/> Concrete	<input type="checkbox"/> HS Bolting	<input type="checkbox"/> Reinforcing Steel	<input type="checkbox"/> Welding	

Documents Referenced MKM & Associates Structural Eng.
drawing for Iron Spray Booth

Observations/Remarks: Arrive onsite for epoxy witness for
Iron Spray booth. Contractor is epoxying 14 5/8" thrd.
rod into slab. All holes have more than the 2 1/2 min required.
The holes have been brushed and blown cleaned. Contractor is
using Simpson set 22 with exp. date of 3/10. All work
performed was in conformance with structural drawing.

Also I performed a visual welding inspection on 3 1/2 x 2 1/2 sq.
plates welded to 3 x 3 x 1/4 angle with 3/16 fillet on both side of
plates. All welds inspected are acceptable and are in conformance
with structural drawing.

RETAIN

Report items comply Report items do not comply Report items comply with exceptions In progress / Not complete

Acknowledged by _____

Kerry Millard
 Kleinfelder Representative Signature

Representing _____

Kerry Millard
 Kleinfelder Representative Print Name

Page _____ of _____

Material Safety Data Sheet

50TC90-001 W/B HIGH GLOSS TOPCOAT

1. Product and company identification

Code : 50TC90-001
 Synonym : W/B HIGH GLOSS TOPCOAT
 Material uses : Coatings: Surface coatings and finishes.
 Manufacturer : Chemcraft® Coating Technology Inc.
 311 Otterson Drive, Suite 60
 Chico, CA 95928
 Ph:530-894-3585 Fax:530-896-0657
 In case of emergency : 1-800-424-5571
 Validation date : 2/23/2007.
 Print date : 4/1/2008.
 Validator : K. DeBiasi

2. Hazardous ingredients

Name	CAS number	%
Propylene glycol monobutyl ether	29387-86-8	1 - 5
Dibutyl phthalate	84-74-2	1 - 5
Dipropylene glycol monomethyl ether	34590-94-8	1 - 5

Trace impurities and additional material names not listed above may appear in other sections of this MSDS. These materials may be listed for toxicological concerns, local compliance, or other reasons.

* Toxicological information, if available, is listed in section 11

3. Hazards identification

Physical state : Liquid.

OSHA/HCS status : While this material is not considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910.1200), this MSDS contains valuable information critical to the safe handling and proper use of the product. This MSDS should be retained and available for employees and other users of this product.

Routes of entry : Dermal contact. Eye contact. Inhalation. Ingestion.

Effects of Acute Exposure : Do not ingest. Avoid prolonged contact with eyes, skin and clothing. Wash thoroughly after handling.

Potential chronic health effects : **CARCINOGENIC EFFECTS:** Not available.
MUTAGENIC EFFECTS: Not available.
TERATOGENIC EFFECTS: Not available.

See toxicological information (section 11)

4. First aid measures

Eye contact : Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Get medical attention.

Skin contact : Flush contaminated skin with plenty of water. Continue to rinse for at least 10 minutes. Get medical attention. Remove contaminated clothing and shoes. Wash contaminated clothing thoroughly with water before removing or wear gloves. Wash clothing before reuse. Clean shoes thoroughly before reuse.

4. First aid measures

- Inhalation** : Move exposed person to fresh air. Keep person warm and at rest. If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. Get medical attention if symptoms occur. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.
- Ingestion** : Wash out mouth with water. Remove dentures if any. Move exposed person to fresh air. Keep person warm and at rest. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Do not induce vomiting unless directed to do so by medical personnel. If vomiting occurs, the head should be kept low so that vomit does not enter the lungs. Get medical attention. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.
- Protection of first-aiders** : No action shall be taken involving any personal risk or without suitable training.

5. Fire-fighting measures

- Flammability of the product** : Non-flammable.
- Products of combustion** : These products are carbon oxides (CO, CO₂).
- Extinguishing media**
- Suitable** : Use an extinguishing agent suitable for the surrounding fire.
- Not suitable** : None known.
- Special exposure hazards** : No specific hazard.
- Special Remarks on Fire Hazards** : Non-flammable aqueous emulsion. Material may burn after evaporation of liquids.
- Special protective equipment for fire-fighters** : Fire-fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode.
- Fire Hazards in Presence of Various Substances** : Not applicable
- Explosion hazards in the presence of various substances** : Not applicable

6. Accidental release measures

- Personal precautions** : Immediately contact emergency personnel. Keep unnecessary personnel away. Use suitable protective equipment.
- Environmental precautions** : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.
- Methods for cleaning up** : If emergency personnel are unavailable, contain spilled material. For small spills, add absorbent (soil may be used in the absence of other suitable materials), scoop up material and place in a sealable, liquid-proof container for disposal. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Place spilled material in an appropriate container for disposal.

7. Handling and storage

- Handling** : Do not ingest. Avoid prolonged contact with eyes, skin and clothing. Wash thoroughly after handling.
- Storage** : Keep container tightly closed. Keep container in a cool, well-ventilated area.

Material Safety Data Sheet

Z00346 GINGER MAPLE DIPPING STAIN

1. Product and company identification

Code : Z00346
Synonym : GINGER MAPLE DIPPING STAIN
Material uses : Coatings: Surface coatings and finishes.
Manufacturer : Chemcraft® Coating Technology Inc.
311 Otterson Drive, Suite 60
Chico, CA 95928
Ph:530-894-3585 Fax:530-896-0657
In case of emergency : 1-800-424-5571
Validation date : 11/30/2007.
Print date : 4/1/2008.
Validator : K. DeBiasi

2. Hazardous ingredients

<u>Name</u>	<u>CAS number</u>	<u>%</u>
Titanium dioxide	13463-67-7	1 - 5
Propylene glycol	57-55-6	1 - 5
Diethylene glycol monomethyl ether	111-77-3	0.1 - 1
Silica quartz	14808-60-7	0.1 - 1

Trace impurities and additional material names not listed above may appear in other sections of this MSDS. These materials may be listed for toxicological concerns, local compliance, or other reasons.

* Toxicological information, if available, is listed in section 11

3. Hazards identification

Physical state : Liquid.

OSHA/HCS status : This material is considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910.1200).

Routes of entry : Eye contact. Inhalation. Ingestion.

Effects of Acute Exposure : Risk of cancer depends on duration and level of exposure.

Potential chronic health effects : **CARCINOGENIC EFFECTS:** Classified 2B (Possible for humans.) by IARC [Titanium dioxide (TiO₂)]. Classified A4 (Not classifiable for humans or animals.) by ACGIH [Titanium dioxide (TiO₂)]. Classified 4 (Probably not for humans.) by IARC, None. by OSHA [Ethanol, 2-(2-methoxyethoxy)-]. Classified 1 (Proven for humans.) by IARC, + (Proven.) by OSHA, + (Proven.) by NIOSH [Quartz (SiO₂)].
MUTAGENIC EFFECTS: Not available.
TERATOGENIC EFFECTS: Not available.

Medical conditions aggravated by over-exposure : Repeated or prolonged exposure to the substance can produce target organs damage.

See toxicological information (section 11)

4. First aid measures

- Eye contact** : Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Get medical attention if irritation occurs.
- Skin contact** : Flush contaminated skin with plenty of water. Continue to rinse for at least 10 minutes. Get medical attention. Remove contaminated clothing and shoes. Wash contaminated clothing thoroughly with water before removing or wear gloves. Wash clothing before reuse. Clean shoes thoroughly before reuse.
- Inhalation** : Get medical attention immediately. Move exposed person to fresh air. If it is suspected that fumes are still present, the rescuer should wear an appropriate mask or self-contained breathing apparatus. Keep person warm and at rest. If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.
- Ingestion** : Get medical attention immediately. Wash out mouth with water. Remove dentures if any. Move exposed person to fresh air. Keep person warm and at rest. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Do not induce vomiting unless directed to do so by medical personnel. If vomiting occurs, the head should be kept low so that vomit does not enter the lungs. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.
- Protection of first-aiders** : No action shall be taken involving any personal risk or without suitable training.

5. Fire-fighting measures

- Flammability of the product** : Non-flammable.
- Products of combustion** : These products are carbon oxides (CO, CO₂). Some metallic oxides.

Extinguishing media

- Suitable** : Use an extinguishing agent suitable for the surrounding fire.
- Not suitable** : None known.
- Special exposure hazards** : No specific hazard.
- Special Remarks on Fire Hazards** : Non-flammable waterborne material. Material may burn after water evaporates.
- Special protective equipment for fire-fighters** : Fire-fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode.
- Fire Hazards in Presence of Various Substances** : Not applicable
- Explosion hazards in the presence of various substances** : Not applicable

6. Accidental release measures

- Personal precautions** : Immediately contact emergency personnel. Keep unnecessary personnel away. Use suitable protective equipment.
- Environmental precautions** : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.
- Methods for cleaning up** : If emergency personnel are unavailable, contain spilled material. For small spills, add absorbent (soil may be used in the absence of other suitable materials), scoop up material and place in a sealable, liquid-proof container for disposal. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Place spilled material in an appropriate container for disposal.



Roseland

PERMIT

Santa Rosa Fire Department
955 Sonoma Avenue
Santa Rosa, CA 95404

Date: 07/08/2008

Permit For:

LEGALIZE PERMIT FOR SPRAY BOOTH--ROSELAND - 1733 SEBASTOPOL
RD - ICON DESIGN AND DISPLAY

U.F.C. Section(s):

Permittee: ICON DESIGN AND DISPLAY

PERMIT INFORMATION

Address: 1733 Sebastopol Rd SR
Permit No: F08-0342
Total Fees: \$154.00
Approved Date: 07/08/2008 *(with conditions)*
Date Issued: 07/08/2008
Date Expires: 01/04/2009

A permit shall not take the place of any license required by law.

A permit issued under the Fire Code shall continue until revoked or for such a period of time as designated therein at the time of issuance. A permit shall not be transferable and any change in use, occupancy, operation or ownership shall require a new permit.

By: Mark Pedroia / jat
Santa Rosa Fire Department

THIS PERMIT MUST AT ALL TIMES BE KEPT POSTED ON THE PREMISES.



CITY OF
SANTA ROSA
Room 5, SR City Hall
100 Santa Rosa Ave.
Santa Rosa, CA 95404
(707) 543-4351

FIRE DEPARTMENT PLAN REVIEW

PROJECT: Spray Booth Installation
ADDRESS: 1733 Sebastopol Road
Santa Rosa, CA 95404

Page: 1 of 5
Date: 07/08/2008
Reviewed by: M. Pedroia
(707) 543-3541

TYPE OF REVIEW: Roseland Referral
Fire Dept. Permit # F08-0342

E-mail: acook@ci.santa-rosa.ca.us

Review No. 2

Fire Department Information Bulletins can be found at: www.santarosafd.com

Applicant*: ICON Design and Display (Richard DuBois)
Address: 1733 Sebastopol Road
Santa Rosa, CA 95407 (707) 284-3400 x311

***Applicant is responsible for distributing these Plan Review comments to the Design Team.**

Occupancy Class: F	Fire Flow Req: 1,500 GPM	Sprinklers Required: NO
Type of Construction: II-N	On-site Hyd. Req: NO	Fire Alarm Required: NO
Bldg Area: ∇ ft ² :	Turn-Around Req: NO	Permits Required: Building
Stories: 1	Fire Flow Test Required: NO	Spray Booth
Height: ∇ ? ft.	High Fire Severity Zone: NO	

The project listed above has been reviewed and determined to be:

- () APPROVED (no modifications required)
- (X) APPROVED AS NOTED (minor modifications required - review attached comments)
- () NOT APPROVED (revise per attached comments and resubmit)
- () INCOMPLETE (provide additional information per attached comments and resubmit)

NOTE: Please review the comments and make corrections and/or add notes as required. Changes and/or additions shall be clouded and referenced by date on a legend. Approval of this plan does not approve any omission or deviation from the applicable regulations. Final approval is subject to field inspection. Approved plans shall be on site and available for review at all times.



CITY OF
SANTA ROSA

SANTA ROSA FIRE DEPARTMENT
955 Sonoma Avenue
Santa Rosa, CA 95404
(707) 543-3500
FAX: (707) 543-3520

PLAN APPROVAL

- Field inspection/test required prior to final acceptance.
- Contractor/installer shall conduct all required tests.
- Additional conditions for approval are shown on the plan and / or attached correction sheet(s).
- Installation shall be in accordance with:
Approval of this plan does not authorize or approve any omission or deviation from applicable regulations. Final approval is subject to field inspection. One set of approved plans shall be available on the project site at all times.

Approved by: _____

Date: 7/8/08



CITY OF
SANTA ROSA

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FIRE DEPARTMENT PLAN REVIEW

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ADDRESS: 1733 Sebastopol Road
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Page: 2 of 5
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(707) 543-3541

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Fire Dept. Permit # F08-0342

E-mail: acook@ci.santa-rosa.ca.us

Review No. 2

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The Submitter (Architect, Engineer, Contractor, etc.) Is requested to complete the Submitter's Response section following each Plan Review Comment below.

ITEM #	SHEET	COMMENTS	Corr. Made
1		Electrical Requirements: Wiring within 5 feet horizontally or 3 feet vertically must be Class 1 – Division 2 (explosion proof). Suggest routing electrical outside of this restricted area and have switches, connections and conduits outside this zone. Outside the zone can be standard electrical.	<input checked="" type="checkbox"/>
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
ITEM #	SHEET	COMMENTS	Corr. Made
2		Verify that the exhaust and supply motors are outside of the protected electrical zone (above).	<input checked="" type="checkbox"/>
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
ITEM #	SHEET	COMMENTS	Corr. Made
3		Extend automatic fire sprinkler coverage to within the booth (and behind the filters too). If less than 6 sprinklers are needed, no additional permit is required.	<input checked="" type="checkbox"/>
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
ITEM #	SHEET	COMMENTS	Corr. Made
4		Provide three signs "NO SMOKING" and "NO OPEN FLAMES OR SPARKS WITHIN 20 FEET OF BOOTH" and "NO WELDING THE USE OF WELDING OR CUTTING EQUIPMENT IN OR NEAR THIS AREA IS DANGEROUS BECAUSE OF FIRE	<input checked="" type="checkbox"/>



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Page: 3 of 5
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Review No. 2

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ITEM #	SHEET	COMMENTS	Corr. Made
		AND EXPLOSION HAZARDS. WELDING AND CUTTING SHALL BE DONE ONLY UNDER THE SUPERVISION OF THE PERSON IN CHARGE"	
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
ITEM #	SHEET	COMMENTS	Corr. Made
5		Provide a metal waste can with tight fitting lid to store used spray booth filters. 55 GALLON - Barrel	✓
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
ITEM #	SHEET	COMMENTS	Corr. Made
6		Provide a 4A:40BC rated (or larger) extinguisher. Mount 3 to 5 feet above finish floor within 30 feet of the booth and equip with a vertical "fire extinguishers" sign.	✓
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
ITEM #	SHEET	COMMENTS	Corr. Made
7		Electrical: (1) Provide two electrical interlocks tied to the fan "on" circuit. One to an air solenoid that opens when the fans are in use. A second to a dedicated 120 volt electrical outlet that will be used to supply the portable spraying apparatus. The purpose of these interlocks is to ensure that the ventilation fans are ON in order to receive air for spraying or electricity to power the portable sprayer. (2) Provide a sign for the dedicated outlet "Electric supply for portable sprayer" (3) Have the electrical verify that the booth and duct work is "grounded" (bonded).	✓
		Submitter's Response: Correction has been completed. See Sheet ____ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	



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ITEM #	SHEET	COMMENTS	Corr. Made
8		Access the roof and verify that the duct terminations are: 30 feet from property lines; 10 feet from building openings and 6 feet from walls or the roof.	✓
		Submitter's Response: Correction has been completed. See Sheet ___ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
9		Open face spray booths are required to have 100 cubic feet per minute air velocity across the face of the booth. Most booths are equipped with a manometer to verify the minimum CFM has been achieved. Examine the booth to determine if it is equipped with same or provide a method to measure and monitor air flow.	✓
		Submitter's Response: Correction has been completed. See Sheet ___ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
10		Stains, varnishes and spraying chemicals need to be added to your Hazardous Materials Inventory. Contact the Department of Emergency Services at 565-1152 to add these items to your chemical list.	✓
		Submitter's Response: Correction has been completed. See Sheet ___ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
11		Verify that glass panels (on top of booth) are tight fitting and sealed to prevent vapors from penetrating the opening.	✓
		Submitter's Response: Correction has been completed. See Sheet ___ of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	
12		Stains, varnishes and spraying chemicals need to be added to your Hazardous Materials Inventory. Contact the Department of Emergency Services at 565-1152 to add these items to your	NA



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ITEM #	SHEET	COMMENTS	Corr. Made
		chemical list.	
		Submitter's Response: Correction has been completed. See Sheet of <input type="checkbox"/> Plans <input type="checkbox"/> Calculations.	