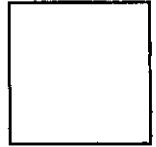




Type



Plans

BLD08 - 3559

Permit Number

2145

Street Number

Hwy 116 N.

Street Name

GRA

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

Please Print
Your Name:

Michael W McChen

Date

Applied:

8-21-08

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

<p>2145 GRAVEL ST. Hwy 101 130 261 028 Project Phone #: 707 823-8975</p>		<p>SITE LOCATION INFORMATION - PRINT CLEARLY</p>	
<p>Site Address: 2145 GRAVEL ST. Hwy 101</p>		<p>City: SEBASTOPEL CA ZIP: 95472</p>	
<p>Cross-Street: OCCIDENTAL RD</p>		<p>Subd. Name: 028</p>	
<p>Directions: New Meter for well</p>		<p>Living Area _____ Garage _____ Deck _____</p>	
<p>Describe Project: ELECTRICAL SERVICE PANEL 100 Amps</p>		<p>Contract Price: 7950</p>	
<p>OWNER NAME AND ADDRESS</p>		<p>APPLICANT NAME AND ADDRESS</p>	
<p>Name: MICHAEL W McChen</p>		<p>Name: MICHAEL W McChen</p>	
<p>Mailing Address: 8157 MILL STA. RD</p>		<p>Mailing Address: 8157 MILL STA. RD</p>	
<p>City: SEBAS TOPEL State: CA ZIP: 95472</p>		<p>City: SEB State: CA ZIP: 95472</p>	
<p>Day Ph: 707 823-8975 Fax: ()</p>		<p>Day Ph: 707 823-8975 Fax: ()</p>	
<p>CONTRACTOR INFORMATION</p>		<p>OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)</p>	
<p>Company Name:</p>		<p>Address:</p>	
<p>Address:</p>		<p>City:</p>	
<p>City:</p>		<p>State:</p>	
<p>Day Ph: () Fax: ()</p>		<p>Day Ph: () Fax: ()</p>	
<p>WORKER'S COMPENSATION DECLARATION</p>		<p>CONSTRUCTION LENDING DECLARATION</p>	
<p>I hereby affirm under penalty of perjury one of the following declarations: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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). <input type="checkbox"/> 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: <i>Michael W McChen</i></p>		<p>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, Clv. C.) Lenders Name _____ Lenders Address _____ License No: _____ Exp. Date: _____ By: <i>Scott J. Hunsperger</i> 8/21/08</p>	
<p>WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</p>		<p>DEPARTMENT USE</p>	
<p>OWNER-BUILDER DECLARATION</p>		<p>Zoning: AR 26-4a File No. 350 Acres 1.17 Existing Use/Structures: SFD + detached garage Proposed Use/Structures: new meter for well Zoning Min. Yard Requirements: Front 30' Left 10' Right 10' Back 20' NOTE: Fire Safe Standards require setbacks greater than 1 Acre to have a min. 30' setback unless mitigated. <input type="checkbox"/> Mitigate <input checked="" type="checkbox"/> Address subject to change Approval for Permit Issuance: <i>4</i> Approval for Occupancy: <i>8/21/08</i></p>	
<p>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).): <input checked="" type="checkbox"/> 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.). <input type="checkbox"/> 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.). <input type="checkbox"/> I am exempt under Sec. _____ B & P.C. for this reason _____ Date: 8-21-08 Owner: <i>Michael W McChen</i></p>		<p>Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid Approved by: _____ Date: _____ Road Encroachment: <input type="checkbox"/> Fees Paid Approved by: _____ Date: _____ Septic System Permit/Clearance # _____ Approved by: _____ Date: _____ Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____ Site Review _____ Drainage Review: _____ Date: _____ Fire: _____ Approved by: _____ Date: _____ Code Enforcement Violation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Violation # YGROZ-0041 The permit is limited to _____ days <i>8/21/08 OK to issue No fee related to grading work for information of C.C.</i> Work Authorized: <i>Repl meter</i> <i>MF 8/21/08</i></p>	
<p>LICENSED CONTRACTOR'S DECLARATION</p>		<p>Machine Space for Permit Fee</p>	
<p>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: <i>90-156</i> Lic. No.: <i>672407</i> Exp. Date: <i>11-30-08</i> Contractor: <i>PLBs Heats & A/C</i></p>		<p><input type="checkbox"/> Plans Approved <input type="checkbox"/> Post FIRM <input type="checkbox"/> Alquist Priolo 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: _____ Occupancy: _____ No. of Stories: _____ No. of Bedrooms: _____ Permit Cleared for Issuance: <i>Ch</i> Date: <i>8-21-08</i> Auto. Fire Sprinklers Req'd: _____ No. of Units: _____ Certificate of Occupancy: _____</p>	
<p>ASBESTOS DECLARATION</p>		<p>PAYMENT COLLECTED</p>	
<p>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 (<input type="checkbox"/> does) <input checked="" type="checkbox"/> does not contain asbestos, or that <input type="checkbox"/> no demolition is authorized by this permit. I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Worker's Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workman's Compensation law, this permit shall be deemed revoked. PERMITTEE SIGNATURE: <i>Michael W McChen</i> ADDRESS: 8157 MILL STA. RD CITY: SEB ZIP: 95472 A Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Licensed Professional</p>		<p>AUG 21 2008 PERMIT AND RESOURCE MANAGEMENT DEPARTMENT Distribution: White - File Canary - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector</p>	
<p>Final Date: <i>2/19/10</i> Inspector: <i>[Signature]</i></p>		<p>THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT</p>	

JOB ADDRESS

1950 BARCACCIA RD

6844

PERMIT NUMBER: B1408-3559

INSPECTION AREA: 04

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				
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				
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	10/6/08	DP		
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				
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	<input type="checkbox"/> Local <input type="checkbox"/> County
HEALTH DEPARTMENT	
ZONING	
SANITATION	

PERMIT # 01A08.35579