

B

Type

X

Plans

BLD11-1781

Permit Number

180

Street Number

Sebastopol Rd

Street Name

SRO

Community Code

125-171-015

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:

DAVID COLOMBO ARCHITECT, INC.

Date

Applied: **5/5/2011**

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: **180 SEBASTOPOL RD.** City: **SANTA ROSA** ZIP: **95407**
 Cross-Street: **GOODMAN AVE.** APN: **125-171-015** Project Phone #: () Project Fax #: ()
 Directions: Subd. Name: Unit #: Lot #:
 Describe Project: **REPAIR OF DAMAGED ROOF TRUSSES & CEILING** Living Area: Garage: Decks: Contract Price: **180K**

OWNER NAME AND ADDRESS

Name: **MARK AGNEW**
 Mailing Address: **P.O. BOX 967**
 City: **NOVATO** State: **CA** ZIP: **94948**
 Day Ph: () Fax: ()

APPLICANT NAME AND ADDRESS

Name: **DAVID COLOMBO ARCHITECT, INC.**
 Mailing Address: **801 COLLEGE AVE**
 City: **SANTA ROSA** State: **CA** ZIP: **95404**
 Day Ph: **(707) 568-5591** Fax: ()

CONTRACTOR INFORMATION

Company Name: **EASTLE CONSTRUCTION & DESIGN**
 Address: **1524 WADSWORTH LT.**
 City: **SANTA ROSA** State: **CA** ZIP: **95403**
 Day Ph: **(707) 569-8395** Fax: ()

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name: Address: City: State: ZIP: Day Ph: () Fax: () License No: Exp. Date:

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 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 licensed pursuant to the Contractor's License Law.).

I am exempt under Sec. 7031.5, B & P.C. for this reason: **C 20167**

Date: **5/11/11** 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: Lic. No. Exp. Date Contractor:

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

PERMITTEE SIGNATURE: **DAVID COLOMBO**
 ADDRESS: **801 COLLEGE AVE** CITY: **SANTA ROSA** ZIP: **95404**

Contractor Owner Other Licensed Professional

Final Date: Inspector:

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

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: **C-2** File No. Acres: **.63**
 Existing Use/Structures: **Commercial**
 Proposed Use/Structures: **Resin**
 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: **Blake** Date: **5-9-11**
 Conditions:

Sewer Connection: Available Fees Paid
 Approved by: **[Signature]** Date: **5-9-11**

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:
 Approved by: Date:

Fire: **SEPARATE** Date: **7/19/11**
 Approved by: **[Signature]**

Code Enforcement Violation: Yes No **022985-B**
 This permit is limited to _____ days. **VB110-0235**
OK TO ISSUE PERMIT

Work Authorized:
TRUSS REPAIR

<input checked="" 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: [Signature] Date: 7/20/11	Type of Construction: VB	Occupancy: No. of Stories: No. of Bedrooms: 0
Permit Cleared for Issuance By: [Signature] Date: 7/21/11	Auto Fire Sprinkler Req'd: NO	No. of Units: Certificate of Occupancy:

PAYMENT REC'D
 \$ _____
JUL 21 2011
 PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

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

JOB ADDRESS: **180 Sebastopol Rd**
 PERMIT NUMBER: **B08 11-1781**
 INSPECTION AREA: **8**

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			Comm Roof Repair (1/14/11)	
103) FOUNDATION	10/25/11	DF	Partial see S2.1 for location	
FORMS/SETBACK			7-28-11 DF	
FOOTING				
WALLS				
106) UFER GROUND #			11/29/11 128 (Interior) frame & steel	
104) CAISSONS/PIERS			ok need to have signed stamped revisions	
105) SLAB			at final for change frame ok DF	
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 checked="" type="checkbox"/> INTERIOR			(126) See plan for location approved 11-2-11 mw	
<input type="checkbox"/> EXTERIOR				
127) DIAPHRAGMS				
<input type="checkbox"/> ROOF				
<input checked="" type="checkbox"/> FLOOR	12-13-11	P		
134) SIDING/SHEATHING				
125) HOLD DOWNS	11-2-11	mw		
132) CLOSE-IN				
122) ROUGH ELECTRICAL				
123) ROUGH MECHANICAL				
124) ROUGH PLUMBING				
128) ROUGH FRAME			(128) See plans for locations approved 11-2-11 mw	
160) SMOKE DETECTORS			Spec. Insp. letters onsite.	
139) INSULATION			128 - CONCRETE 11-29-11 DF By P	
142) WALLBOARD			REVISIONS RECEIVED 12-13-11 P	
143) FIREWALLS				
135) STUCCO/PLASTER				
<input type="checkbox"/> LATH			MAY INSTALL STORAGE RACKS 12-13-11 P	
<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	1-3-12 mw		650) SUSMP INSPECTION	
144) WATER TANKS			651) NPDES EROSION COMPLIANCE	
<input type="checkbox"/> SLAB			652) NPDES SEDIMENT COMPLIANCE	
<input type="checkbox"/> WALLS			653) NPDES DOCS/SWPPP	
170) TEMPORARY OCCUPANCY			FIRE INSPECTION REQUIRED	
171) TEMPORARY ELECTRICAL			DATE	
172) TEMPORARY GAS			NAME	
174) ELECTRIC METER AUTHORIZATION			<input type="checkbox"/> Yes <input type="checkbox"/> No	
152) PANEL BOARDS/SERVICE			759) KNOX BOX	
189) SEPTIC ELECTRIC FINAL			760) PROPANE TANK HOLD DOWNS	
175) GAS METER AUTHORIZATION			770) SPRINKLER FINAL	
153) GAS PRESSURE TEST			771) ABOVEGROUND HYDROSTATIC	
HOUSE			772) UNDERGROUND HYDROSTATIC	
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 OK to occupy see CW	1-4-12	P	PLAN RETENTION REQUIRED?	
OCCUPANCY (OK TO OCCUPY)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT 2111-1781

STRUCTURAL ENGINEERS COLLABORATIVE
CONSULTING ENGINEERS

THE MILLS BUILDING
220 MONTGOMERY STREET, SUITE 439
SAN FRANCISCO, CA 94104
PHONE (415) 989-4466
FAX (415) 989-8980

Project No.:201012

CALCULATIONS

for

Repair of Damaged Bow String Roof trusses

at

180 Sebastopol Rd.

Santa Rosa, CA

by

Mike Kaszpurenko S.E.



Owner: Mark Agnew
P.O. Box 967
Novato, CA 94948

Structural
Engineers
Collaborative

CONSULTING ENGINEERS

220 Montgomery Street · Suite 439
San Francisco, CA 94104

415.989.4466
Fax: 415.989.8980

Michael Kaszpurenko S.E.
PRESIDENT

RETAIN

December 13, 2011

Project No.: 201012

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue
Santa Rosa, CA 95403

Re: Structural site visits for 180 Sebastopol Rd., Santa Rosa, CA. Permit
Number: BLD 11-1781.

Dear Sirs:

I have performed site visits during construction for the *Structural Repair of Damaged Roof Trusses* as shown on drawings S0.1, S2.1, S2.2, S3.1, S4.1 and S4.2 dated 6/10/11 also for the *Voluntary Partial Seismic Upgrade* as shown on drawings S0.1, S2.1 and S4.1 dated 7/11/11. The work was for review of: foundation reinforcement, dowel depths into existing concrete footings, anchor bolts in footings, holdown rods, plywood shearwall nailing and general framing. These visits were not an exhaustive review of the contractor's work, but rather to gain general familiarity of the work in progress based on permitted drawings noted above.

Based on these visits it is my professional opinion, that the structural work was performed in substantial conformance with the general intent of the structural design as expressed in the drawings with specifications.

Should you have any questions do not hesitate to call.

Sincerely,



Mike Kaszpurenko S.E.



Cc: Mark Agnew
Steve Burton/John Deere Landscape
Ozzie Ozvath/Castle Construction

CRT INC.

Inspector
Copy

SERVICE, RELIABILITY & ACCURACY

Project:
180 Sebastapol Rd
Santa Rosa Ca. 95407

Date: December 7, 2011
CRT No.: 11-0245
Permit #: 11-1781

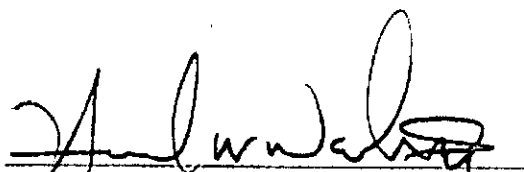
LABORATORY FINAL VERIFIED REPORT

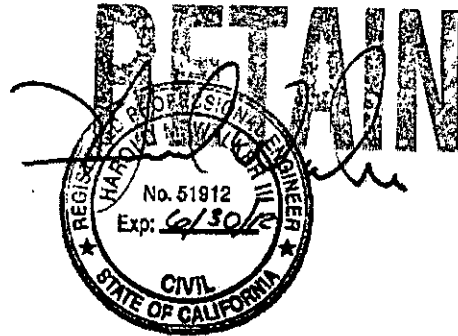
This is to certify that all of the materials tested and work inspected meet the requirements of the approved documents and Section 1701 of the California Building Code (CBC).

These tests and reports have been performed by approved special inspectors of Columbia Research & Testing Corporation and included herein:

Epoxy Placement Observation & Reporting
Field Welding Inspection & Reporting
Pull Test Services & Reporting

I declare I have read the above listed reports and know the contents thereof and that all of above statements are true.


Harold M. Walker III



CC: AOR SEOR PI DSA

Office: 10140 Starr Rd. • P O Box 1232 Windsor CA 95492
Phone 707.837.0920 • Fax 707.838.0411 • Toll Free Phone 877.495.6662