

B

Type

Plans

BLD12-0938

Permit Number

389

Street Number

COTTONWOOD DR

Street Name

BEL

Community Code

043-162-012

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: BLD12-0938**

**Project Address:** 389 COTTONWOOD DR BEL  
**Cross Street:**  
  
**APN:** 043-162-012  
**Description:** SFD- RPLCE GAS WALL FURNACE  
**Res/Com:** R  
**Std/Quick:** ??  
**Fire District:** SANTA ROSA FPD

**Printed:** Tuesday, March 13, 2012  
**Initialized by:** RDELACR1  
**Activity Type:** A-BLD 1101  
  
**Insp Area:** 03  
**Site Review File #:** ??  
**Site Review Fees Paid:** \$0.00

**Owner:** OBRIEN LARRY B JR  
 389 COTTONWOOD DR  
 SANTA ROSA CA 95407  
  
 707-623-3671

**Applicant:** AGBAYANI CONSTRUCTION CORPORATION  
 88 DIXON CT  
 DALY CITY CA 94014  
  
 925-228-0882

		<b>Valuation:</b>		
Occupancy	Type	Factor	Sq Feet	Valuation
	Totals...			\$0.00*

		<b>Fees:</b>			
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
7	CREDIT CARD CONVEN FEE	025015-4020	1.71	.00	.00
123	MECHANICAL FEE	025015-1341	70.00	00.00	00.00
140	TECH ENHANCE FEE	025015-4040	1.40	00.00	00.00
			<b>\$73.11</b>	<b>\$0.00</b>	

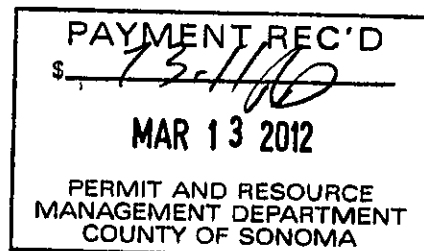
**Total Fees: \$73.11**  
**Total Paid: \$0.00**  


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**Balance Due: \$73.11**

"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1) 100% of a fee erroneously paid or collected. 2) 90% of the plan review fee when an application for a permit is withdrawn or canceled or expires or becomes void before any plan review effort has been expended.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has been expended. 3) 90% of the building, plumbing, electrical, and/or mechanical fee may be refunded when a permit is withdrawn, or cancelled or expires or becomes void before any work was done and before any inspections are performed.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: **389 COTTONWOOD DR** City: **SANTA ROSA** ZIP: **95407**  
 Cross-Street: **043-162-012** Project Phone #: ( ) Project Fax #: ( )  
 Directions: \_\_\_\_\_ Email address: \_\_\_\_\_ Unit # \_\_\_\_\_ Lot # \_\_\_\_\_  
 Describe Project: **REMOVE AND REPLACE EXISTING NON WORKING GAS WALL FURNACE SFD** Living Area \_\_\_\_\_ Garage \_\_\_\_\_ Decks \_\_\_\_\_ Contract Price: \_\_\_\_\_

**OWNER NAME AND ADDRESS** Name: **LARRY O'BRIEN** Mailing Address: **389 COTTONWOOD DR** City: **SANTA ROSA** State: **CA** ZIP: **95407** Day Ph: **(707) 623 3671** Fax: ( )

**APPLICANT NAME AND ADDRESS** Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Day Ph: ( ) Fax: ( )

**CONTRACTOR INFORMATION** Company Name: **AGBAYANI CONSTRUCTION** Address: **88 DIXON CT** City: **DAILY CITY** State: **CA** ZIP: **94014** Day Ph: **(95) 228 0882** Fax: **(95) 228 0887**

**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: **ZURICH AMERICAN**  
 Policy No.: **WC 4277934-06**  
 (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 a 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: **10/01/2012** Applicant: **AGBAYANI CONSTRUCTION**

**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.**

**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 \_\_\_\_\_ File No. \_\_\_\_\_ Acres \_\_\_\_\_  
 Existing Use/Structures \_\_\_\_\_  
 Proposed Use/Structures \_\_\_\_\_  
 Zoning Min. Yard Requirements \_\_\_\_\_  
 NOTE: Fire Safe Standards require on parcels greater than 1 acre to have a fire setback unless mitigated.  
 Approval for Permit Issuance: \_\_\_\_\_ Approval for Occupancy: \_\_\_\_\_  
**ROOF WINDOW AND HVAC SYSTEM ALTERATIONS & REPAIRS MUST COMPLY WITH CURRENT TITLE 24 ENERGY REGULATIONS.**

**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 \_\_\_\_\_  
 By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.loginfo.ca.gov/calaw.html>.  
 Date: \_\_\_\_\_ Signature of Property Owner or Authorized Agent: \_\_\_\_\_

**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:** \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Fire:** \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Code Enforcement Violation**  Yes  No Violation # \_\_\_\_\_  
 This permit is limited to \_\_\_\_\_ days.

**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-20** Lic. No.: **650472**  
 Exp. Date: **7-31-12** Contractor: **AGBAYANI CONSTRUCTION**

**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 Workman's Compensation law, this permit shall be deemed revoked.  
 Permittee Signature: **Bruce Anthony**  
 Address: **225 ARNOLD DR #10 MARTINEZ, CA 94553** City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contractor  Owner  Other Licensed Professional

Work Authorized: **SFD - REPLACE GAS WALL FURNACE**

<input checked="" type="checkbox"/> Plans Approved	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Alquist Photo Report Available
<input checked="" 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: _____
Permit Cleared for Release By: _____ Date: _____	Auto. Fire Sprinklers Req'd: _____	No. of Units: _____
		Certificate of Occupancy: _____

**PAYMENT REC'D**

\$ \_\_\_\_\_

**MAR 18 2012**

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT  
COUNTY OF SONOMA

Cathryn White - File Manager / Assessor / Cardstock - Inspector

JOB ADDRESS: 389 COTTONWOOD DR PERMIT NUMBER: B1012-0938 INSPECTION AREA: 3

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

