

B

Type

Plans

BUD 00-1039

Permit Number

7111

Street Number

Hwy 128

Street Name

GEU

Community Code

131-190-003

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: CARROLL D. MILLS NAPA FIRE EQUIPMENT CO INC Date Applied: 03/20/2000

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY:

Site Address: 7111 Hwy 128 Healdsburg CA 95448 City: Healdsburg ZIP: 95448
 Cross-Street: Alexander Valley Road APN: 131-190-003 Project Phone #: (707) 493-9669 Project Fax #: (707) 423-9609
 Directions: 101-Lytton - Alexander - 128-Right Subd. Name: _____ Unit #: _____ Lot #: _____
 Describe Project: MONITERED FIRE ALARM FOR WINERY Living Area: None Garage: _____ Decks: _____ Contract Price: _____
 OWNER NAME AND ADDRESS: STONE STREET, LLC APPLICANT NAME AND ADDRESS: CARROLL D. MILLS (NAPA FIRE EQUIP)
 Name: STONE STREET, LLC Name: CARROLL D. MILLS (NAPA FIRE EQUIP)
 Mailing Address: 425 AVIATION Blvd Mailing Address: 520 CALIFORNIA Blvd UNIT 5
 City: SANTA ROSA State: CA ZIP: 95403 City: NAPA State: CA ZIP: 94559
 Day Ph: () Fax: () Day Ph: (707) 224 6330 Fax: (707) 257-1907
 CONTRACTOR INFORMATION: NAPA FIRE EQUIPMENT CO. INC. OTHER PERSONS (ARCHITECT, ENGINEER, ETC.): _____
 Company Name: NAPA FIRE EQUIPMENT CO. INC. Name: _____
 Address: 520 CALIFORNIA Blvd UNIT 5 Address: _____
 City: NAPA State: CA ZIP: 94558 City: _____ State: _____ ZIP: _____
 Day Ph: 707 244 6330 Fax: 707 224-2012 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: Golden Eagle
 Policy No.: NWC 477-556-02
 (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: 07-01-02 Applicant: X Carroll D Mills
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 Contractors 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 Contractors 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 Contractors 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 C10-16-7MIC Lic. No. 460516
 Exp. Date 08/31/2000 Contractor Carroll D Mills
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. new
 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: Carroll D Mills
 ADDRESS: 291 Foster Road Napa CA 94558 CITY: _____ ZIP: _____
 Contractor Owner Agent for Contractor Agent for Owner

JOB ADDRESS: 7111 Hwy 128 Healdsburg. MAP REFERENCE: _____ PERMIT NUMBER: BLD00-1039 INSPECTION AREA: _____

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 _____
 Code Enforcement Violation Yes No Violation # _____
 This permit is limited to _____ days.
 Work Authorized: FIRE ALARM SYSTEM
 New Addition Alteration Repair Moving Occ/Chg
THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

Plans Approved	Machine Space for Permit Fee
<input checked="" type="checkbox"/> No Plans Subject to Field Inspection	013912 04/13/00B01
Patched Copies	# 0001039
SIERRA	\$67.00
***TTL	\$67.00
CHECK	\$67.00
CHNG	\$0.00

Final Date: 01.19.01 Inspector: FL

Permit # BLD00-1039 Area 1
 Permit Coordinator _____

131) SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET	
INSPECTION RECORD	DATE	NAME	REMARKS		
103) FOUNDATION					
FORMS/SETBACK					
FOOTING					
WALLS					
106) UFER GROUND #					
104) CAISSONS/PIERS					
105) SLAB					
110) MASONRY					
109) RETAINING WALLS					
113) FIREPLACE					
FOOTING					
HEARTH/PROTECTION					
THROAT					
114) CHIMNEY					
120) UNDERFLOOR/UNDERSLAB					
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					
135) STUCCO/PLASTER					
<input type="checkbox"/> LATH					
<input type="checkbox"/> SCRATCH					
137) ROOFING					
130) TUB/SHOWER PAN					
164) SUSPENDED CEILING					
ROUGH ELECTRICAL					
ROUGH MECHANICAL					
165) EXITING					
STAIRS/HANDRAILS					
RAMPS					
CORRIDORS/DOORS					
166) ACCESSIBILITY COMPLIANCE					
ENERGY REQUIREMENTS					
170) TEMPORARY OCCUPANCY					
171) TEMPORARY ELECTRICAL					
172) TEMPORARY GAS					
174) ELECTRIC METER AUTHORIZATION					
152) PANEL BOARDS/SERVICE					
175) GAS METER AUTHORIZATION					
153) GAS PRESSURE TEST					
HOUSE					
YARD					
190) MANUF. HOME FOUNDATION					
191) MANUF. HOME INSTALLATION					
CONTINUITY					
STAIRS/SKIRTS					
RIDGE BOLTING					
SWIMMING POOLS					
194) PRE-GUNITE					
195) PRE-DECK					
196) PRE-PLASTER/FENCE					
102) GRADING FINAL					
176) ELECTRICAL FINAL					
177) MECHANICAL FINAL					
178) PLUMBING FINAL					
199) FINAL					
OCCUPANCY (OK TO OCCUPY)					

FIRE INSPECTION REQUIRED	DATE	NAME
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DES		
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) <input checked="" type="checkbox"/> ALARM SYSTEM		
780) HOOD & DUCT SYSTEM		
781) ABOVEGROUND TANK/DISPENSER		
198) <input checked="" type="checkbox"/> FIRE FINAL		

12-18-00
AS PER JOB CARD

CLEARANCES:
 FIRE Local County
 HEALTH DEPARTMENT
 ZONING
 SANITATION
 N.C.A.P.C.D.

1-19-01 BY F.L.

PLAN RETENTION REQUIRED?
 Yes No

PERMIT # B1000-1039



CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION
 OFFICE OF THE STATE FIRE MARSHAL
 FIRE ENGINEERING - BUILDING MATERIALS LISTING PROGRAM

Listing Expires
June 30, 2000

LISTING SERVICE

Page 1 of 1

LISTING No: 7179-0559-135

CATEGORY: Control Unit (High Rise)

LISTEE: Silent Knight Security, 7000 Meridian Circle, Maple Grove, MN 55369
 Contact: Brian Foltz (612) 493-6400

DESIGN: Models 5820, 5820XL* and IFP-1000* Fire Alarm Control Units. Power limited, automatic, manual, local, remote station, central station, waterflow and sprinkler supervisory service. Refer to lister's data sheet for additional detailed product description and operational considerations. System components:

5820/5820XL* (IFP-1000*)	Control Unit
5815/5815XL*	Annulng Inop. Expander
762B	EQ2 Resistor
IntelliKnight 5820	Enclosure
5860/5860H/HA-1000*	Annunciator
5897	Power Supply
5824	Serial/Parallel Interface
5865/5865X, *IFP-1000*	Power Expander/Supply
5865-3/5865-4	LED Annunciator
5860	LED IO Module
AB-33*	Battery Cabinet
SD500 ANM*	Addressable Notification Module

RATING: 120 VAC Primary, 24 VDC Secondary

INSTALLATION: In accordance with lister's printed installation instructions, NFPA 72, applicable codes & ordinances and in a manner acceptable to the authority having jurisdiction.

MARKING: Lister's name, model designation, electrical rating, UL and CSFM label

APPROVAL: Listed as fire alarm control unit suitable for high rise applications when used in conjunction with Model SKE-350 Voice-Tone Evacuation unit (CSFM Listing No. 6912-0559-122), two-way firefighter telephone and separately listed electrical and functionally compatible initiating and indicating devices.

This control unit can generate the temporary code pattern fire alarm signal as required per NFPA 72, 1993 Edition. Refer to manufacturer's Installation Manual for details.

NOTE: For fire alarm verification feature (delay of alarm signaling), the maximum Retard/Reset/Restart period must be adjusted to 30 seconds or less.

1541 03-07-99



This listing is based upon technical data submitted by the applicant. CSFM Fire Engineering staff has reviewed the test results and/or other data but does not make an independent verification of any claims. This listing is not an endorsement or recommendation of the item listed. This listing should not be used to verify correct operational requirements or installation criteria. Refer to lister's data sheet, installation instructions and/or other suitable information sources.

Date Issued: **JULY 1, 1999**
 Effective Issue Date / Expiration Date

Authorized By: 

BEN HO, Deputy State Fire Marshal III
 Program Manager