

106-170-010

APN

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 527-1900 FAX (707) 527-1103

Date Your Name: CAZADERO PERFORMING SRTS Comp 3-8-96 Applied: INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT SITE LOCATION INFORMATION - PRINT CLEARLY Site Address 5385 CAZADERO HIGHWAY City. CAZADERO ZIP: 9542 Cross-Street; Directions: Access From Ausmal Cerck RD Project Phone #: (510) 527-7500 Describe Project: DEMOCITION OF TENT21 Livina Area Decks OWNER NAME AND ADDRESS APPLICANT NAME AND ADDRESS Name: Cry of Buckery / Davin Poock
Mailing Address: 2180 Milriz 50: Name: D. KENT STEWART KAZAPLED REFORMATING Address: P.O. BOX Q121 Berkeley State: City. Ro. Box 872 + BERKEZER Day Ph: (570 644-6520 94707 Day Ph: (510 527-7500 CONTRACTOR INFORMATION OTHER PERSONS (ARCHITECT, ENGINEER, ETC.) Company Name: CAZADORO PERFORMING ARTS CAH Name Address: P.O. BOX 8/2/ Berneley State: City: State: Day Ph: (510 527-7500 94707 ZIP: Day Ph: (WORKER'S COMPENSATION DECLARATION

Thereby affirm under penalty of perjury one of the following declarations:

I have and will maintein 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. License No: CONSTRUCTION LENDING DECLARATION affirm under penalty of perjury that there is a construction lending agency for the nos of the work for which this permit is issued. (Sec. 3097, Civ. C.). I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labo Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are: Colicy Policy Policy
No.

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

(It 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 Celifornia, 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. FOR DEPARTMENT USE Zoning _ File No. Existing Use/Structures Zoning Min. Yard Requirements: Front 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. NOTE: Fire Safe Standards require all parcels greater than 1 Acre to have a min. 30' setback Mitigation Required ☐ Address subject to change unless mittasted. Approval for Permit Issuance: Approval for Occupancy: 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, demotish, 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).):

Law 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 OWNER-BUILDER DECLARATION penalty of perjury that I am exempt from the Contractor's Conditions: Aveilable ☐ Fees Paid Approved by: Date Septic System
Permit/Clearance # Approved by: □ No Site Review LICENSED CONTRACTOR'S DECLARATION m under penalty of perjury that I am licensed under provisions of Chapter 9 (I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencin with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full forcand effect. Date: ______ Engineered Fill Condition of Soil at Job Site: Original Loose Fill Lic. No. ☐ Compaction Yes □ No Code Enforcement Violation Work Authorized: 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 oxdot 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. New - Addition Atteration D Repair ☐ Moving Occ/Chg Machine Space for Permit Fee Plans Approx 015744 03/15/96801 No Plans Subject to Field Inspection 0135830 NOTICEII THIS PERMIT WILL EXPIRE BY LIMITATION IF WORK IS NOT STARTED IN 180 DAYS OR IF WORK IS ABANDONED FOR MORE THAN 180 DAYS. A REQUEST FOR TIME EXTENSION MUST BE SUBMITTED IN WRITING TO THE BUILDING CODE ADMINISTRATOR WITHIN THE FIRST 100 DAYS OF THE PERMIT SIERRA \$77.00 ****TTL \$77.00 LEW Sewar ikuc **9** ФНЕСК \$77.00 Berkeley 94707 | CHNG \$0.00 No. of Bedroome 8121 CITY ☐ Agent for Contractor Agent for Owner No of Units Permit #/-Permit Coordinator

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B-135830

Date: Mar 13, 1996 Time: 09:38

Site Location Information

Address: 5385 CAZADERO HWY CAZ Cross Street: BOHEMIAN HWY

APN: 106-170-010 Activity Type: AB-DEM 95 9501

Applicant

CITY OF BERKELEY

% HEALTH & HUMAN SERV ADMIN 2180 MILVIA ST 3RD FLOOR

94704

STEWART, KENT P.O. BOX 8121 BERKELEY, CA. 510-527-7500

94707

Contractor

Architect or Engineer

Lic. #:

Date: 03/13/96

UBC Type Const: Occupancy: No of Stories:

No of Bedrooms:

Status: Expires: Printed By: DDIRICCO

Description: DEMOLITION - TENT #21

Ttem # 0011 0012 0013 0018 0045 0220 1165 5011 5012 5013 5018 5045 5220 5221 6165	Item Account Code 025619-1341 025619-1341 025619-1341 025619-1341 025619-1341 025213-1600 025213-4114 025627-3829 025619-1341-WAIVED	Description INSPECTIONS - OTHER INSP. OUTSIDE NORMAL HRS REINSPECTION(S) FEE PROCESSING FEE BUILDING DEMOLITION FEES VIO. PENALTY FEE (BLDG) VIO. INVEST. FEE (BLDG) ZONING PERMITS W/O D.R. INSPECTIONS - OTHER INSP. OUTSIDE NORMAL HRS REINSPECTION(S) FEE PROCESSING FEE BUILDING DEMOLITION FEES VIOLATION PENALTY FEE VIOLATION INVESTIG FEE ZONING PERMITS W/O D.R.	Fee \$.00 \$.00 \$18.00 \$182.00 \$422.00 \$17.00 \$17.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	Prev. Paid \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.0
			\$77.00	\$.00

Total Calculated	Fees	\$77.00
Total Additional	Fees	\$.00
Previously Paid		\$.00
Balance Due		\$77.00

015744 03/15/96A01 0135830 # SIERRA \$77.00 \$77.00 JTT*** \$77.00 CHECK \$0.00 CHNG