

B

Type

Plans

BLD14-4298

Permit Number

57

Street Number

ASCOT DR.

Street Name

SRO

Community Code

058-143-004

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: RODOLFO SUTTER	Date Applied: _____
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INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY	
Site Address: 57 ASCOT	City: Santa Rosa ZIP: 95403
Cross-Street: 058-143-004	Project Phone #: () Project Fax #: ()
Directions: _____	Email address: _____ Unit #: _____ Lot #: _____
Describe Project: REMOVE EXISTING ROOFING AND LIFETIME CLASS A SHINGLES	Living Area _____ Garage _____ Decks _____ Contract Price: 12000

OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: MIKE ROBERTS		Name: _____	
Mailing Address: Same as site		Mailing Address: Same as Contractor	
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____	Day Ph: () _____ Fax: () _____	Day Ph: () _____ Fax: () _____

CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: SUTTER ROOFING & SHEET METAL		Name: _____	
Address: 8140 EAGLE PL.		Address: _____	
City: SUBASTOPOL State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____	Day Ph: () _____ Fax: () _____	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: **STATE FUND** 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: **RD SUTTER**

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: _____

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(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.leginfo.ca.gov/calaw.html>.

Date: _____ Signature of Property Owner or Authorized Agent: _____

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: **C39K43** Lic. No. **427113**

Exp. Date: _____ Contractor: **RD SUTTER**

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: _____

ADDRESS: _____ CITY: _____ ZIP: _____

☒ Contractor ☐ Owner ☐ Other Licensed Professional

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: _____

Drainage Review: _____ Date: _____

Fire: _____ Date: _____

Code Enforcement Violation ☐ Yes ☒ No Violation # _____

This permit is limited to _____ days.

Work Authorized: **To Remove 25 TIS Class A Lifetime Comp/STB**

☐ Plans Approved ☐ Post FIRM ☐ Alquist Priolo Report Available

☐ No Plans Subject to Field Inspection ☐ Pre FIRM ☐ Geotechnical report Available

Plancheck Cleared By: _____ Date: _____

Permit Cleared for issuance by: _____ Date: _____

Auto. Fire Sprinklers Req'd _____ No. of Units _____ Certificate of Occupancy _____

RECEIVED
PAYMENT RECEIVED
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
COUNTY OF SONOMA

JOB ADDRESS: **57 ASCOT DR WIN**

PERMIT NUMBER: **BUD14-4298**

INSPECTION AREA: **11**

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

Distribution: White - File - Canary - Applicant Blue - Assessor Cardstock - Inspector

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				
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)					
Date: 9/27/12					
By: [Signature]					
				650)	SUSMP INSPECTION
				651)	NPDES EROSION COMPLIANCE
				652)	NPDES SEDIMENT COMPLIANCE
				653)	NPDES DOCS/SWPPP
				FIRE INSPECTION REQUIRED	
				<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	
				PLAN RETENTION REQUIRED?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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: BLD14-4298

Project Address: 57 ASCOT DR WIN
Cross Street:
Wednesday, September 10, 2014

Printed:

APN: 058-143-004
Description: T/O REROOF 25 SQS CLASS A LIFETIME COMP FOR SFD
Res/Com: R
Std/Quick: ??
Fire District: RINCON VALLEY FPD

Initialized by: AFRANZIN
Activity Type: A-BLD 1401
Insp Area: 11
Site Review File #: ??
Site Review Fees Paid: \$0.00; ??; ??

Owner: ROBERTS MICHAEL W & KAREN K
57 ASCOT DR
SANTA ROSA CA 95403-1424
707-544-1213

Applicant: SUTTER ROOFING & SHEET METAL
8140 RAGLE PL
SEBASTOPOL CA 95472
707 829 5050

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Totals...			\$12,000.00*

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
50	S.M.I.P. RESIDENTIAL	80170200-46040	1.56	.00	.00
52	CA BLDG STANDARDS, SB1473	80170300-46040	1.00	.00	.00
132	BUILDING PERMIT FEE	26010115-41051	359.00	.00	.00
140	TECH ENHANCEMENT FEE	26010104-46040	4.00	.00	.00
735	NPDES - BUILDING	26010112-41142	43.08	.00	.00
			\$408.64	\$0.00	

Total Fees: \$408.64

Total Paid: \$0.00

Balance Due: \$408.64

"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

