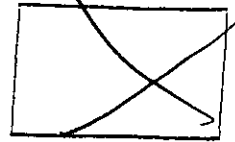


B

Type



Plans

B-054915

Permit Number

21962

Street Number

Timber Cove Rd

Street Name

TIM

Community Code

109-430-013

APN

JOB LOCATION:

APPLICANT: ENTER DATA IN AREA OUTLINED BY HEAVY RULE, AND COMPLETE CERTIFICATE STATEMENTS.

OWNER: Robert A. Arevedo
 MAILING ADDRESS: RR 1 Box 732
 CITY: Vallejo
 STATE LIC. NO.: 21962
 ZIP: 94591
 TEL: (707) 642-6030

CONTRACTOR: Robert A. Arevedo
 ADDRESS: RR 1 Box 732
 CITY: Vallejo
 STATE LIC. NO.: 21962
 ZIP: 94591
 TEL: (707) 642-6030

JOB LOCATION: Timber Cove Rd. Hwy 1
 SUB DIVISION: Timber Cove LOT 2 Bk 1
 NEAREST CROSS STREET: Timber Cove Rd.
 ASSESSOR'S PARCEL NO.: 109-430-13

NEW	ALTERATION	ADDITION	DEMOLISH	REPAIR	MOVING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIZE IN SQUARE FEET	RATE PER SQUARE FOOT	VALUE	FEE
1207	30.10	36,330	
240	5.30	1,272	
TOTAL		37,602	

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State laws regulating building construction.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

X Robert A. Arevedo
 SIGNATURE OF PERMITTEE OR AUTHORIZED AGENT

CERTAIN AREAS WITHIN SONOMA COUNTY MAY BE GEOLOGICALLY HAZARDOUS. YOU ARE INVITED TO REVIEW ANY GEOLOGIC DATA THAT THIS DEPT. HAS AVAILABLE TO AID YOU IN MAKING A DETERMINATION AS TO THE SUITABILITY OF A PROPOSED BUILDING SITE.

NO EXISTING LENDER

WORKMENS COMPENSATION CERTIFICATE
 A currently effective certificate of Workmen's Compensation Insurance coverage is on file with this office.
 Compensation Insurance Policy No. WPZ 69811506
 is currently in force.

I certify that in the performance of the work for which this permit will be issued I shall employ any person in any manner as to become subject to the workmen's compensation laws of California.

CONTRACTOR'S LICENSE LAW CERTIFICATE
 A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER _____ WHICH LICENSE IS IN FULL FORCE AND EFFECT.
 B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:
OWNER

ZONING DISTRICT: RR-CC-B7
USE OF STRUCTURE OR LAND: Vacant
EXISTING: Vacant
PROPOSED: Vacant
FILE NO.: 6555CP
ACRES: Same
YARDS: 55'30" FRONT, 5' min. LEFT SIDE, 5' min. RIGHT SIDE, 20' min. REAR
PRELIMINARY PLANNING APPROVAL
 BY: Valerie Terry DATE: 5/15/83
FINAL PLANNING APPROVAL
 BY: Robert A. Arevedo
 REMARKS: Obtained Permits

DATE RECEIVED: 7/23/82
REC'D BY: [Signature]
DATE ISSUED: 5-5-83
APPROVED BY: [Signature]
SEWER CONNECTION: [Blank]
DATE: / /
HEALTH DEPARTMENT: [Blank]
SEPTIC TANK INSTALLATION: [Blank]
PERMIT NUMBER: 36979
OR CLEARANCE: [Blank]
DATE REC'D: / /
DATE ISSUED: 5/5/83

PREVIOUS PERMIT NO.: [Blank]
FIRE ZONE: [Blank]
TYPE OF STRUCTURE: PERMIT
OCCUPANCY NO. OF STORIES: 1
NO. OF STORIES: 1
PERMIT NO.: 0054915
BLDG. NO.: \$277.28
PERMIT NO.: \$277.28
CHECK CHING: \$0.00

PERMIT NUMBER: 54915

FEE - Per Chapter 7, et. seq. Sonoma County Code

BUILDING .. 229.00
 PLAN CHECK P-4334
 PLUMBING .. 24.17
 ELECTRICAL .. 24.14
 MECHANICAL ..
 GRADING ..
 SITE REVIEW P-4334
 PLANNING ..
 OTHER ..
 LATE FEES ..
 NO PLANS TOTAL \$ 277.28
 PLANS APPROVED
 SPECS. APPROVED
BUILDING INSPECTOR: [Signature] **DATE:** 2-10-83

DATE RECEIVED: 7/23/82
REC'D BY: [Signature]
DATE ISSUED: 5-5-83
APPROVED BY: [Signature]
SEWER CONNECTION: [Blank]
DATE: / /
HEALTH DEPARTMENT: [Blank]
SEPTIC TANK INSTALLATION: [Blank]
PERMIT NUMBER: 36979
OR CLEARANCE: [Blank]
DATE REC'D: / /
DATE ISSUED: 5/5/83

PREVIOUS PERMIT NO.: [Blank]
FIRE ZONE: [Blank]
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BLDG. NO.: \$277.28
PERMIT NO.: \$277.28
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JOB LOCATION: 21962 Timber Cove Rd.

APPLICANT: ENTER DATA IN AREA OUTLINED BY HEAVY RULE, AND COMPLETE CERTIFICATE STATEMENTS.

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 TEL: (707) 642-6030

CONTRACTOR: Robert A. Arevedo
 ADDRESS: RR 1 Box 732
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 NEAREST CROSS STREET: Timber Cove Rd.
 ASSESSOR'S PARCEL NO.: 109-430-13

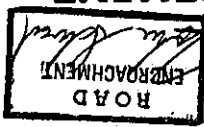
ZONING DISTRICT: RR-CC-B7
USE OF STRUCTURE OR LAND: Vacant
EXISTING: Vacant
PROPOSED: Vacant
FILE NO.: 6555CP
ACRES: Same
YARDS: 55'30" FRONT, 5' min. LEFT SIDE, 5' min. RIGHT SIDE, 20' min. REAR
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 BY: Valerie Terry DATE: 5/15/83
FINAL PLANNING APPROVAL
 BY: Robert A. Arevedo
 REMARKS: Obtained Permits

DATE RECEIVED: 7/23/82
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APPROVED BY: [Signature]
SEWER CONNECTION: [Blank]
DATE: / /
HEALTH DEPARTMENT: [Blank]
SEPTIC TANK INSTALLATION: [Blank]
PERMIT NUMBER: 36979
OR CLEARANCE: [Blank]
DATE REC'D: / /
DATE ISSUED: 5/5/83

PREVIOUS PERMIT NO.: [Blank]
FIRE ZONE: [Blank]
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PERMIT NO.: 0054915
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CERTAIN AREAS WITHIN SONOMA COUNTY MAY BE GEOLOGICALLY HAZARDOUS. YOU ARE INVITED TO REVIEW ANY GEOLOGIC DATA THAT THIS DEPT. HAS AVAILABLE TO AID YOU IN MAKING A DETERMINATION AS TO THE SUITABILITY OF A PROPOSED BUILDING SITE.

When validated this permit will cover work as noted.



SONOMA COUNTY BUILDING INSPECTION DEPARTMENT
 575 ADMINISTRATION DRIVE
 SANTA ROSA, CALIFORNIA 95401
 TELEPHONE (707) 527-2221

**COUNTY OF SONOMA
PUBLIC HEALTH SERVICE**

13 CRANFATE RD. • SANTA ROSA, CALIF. 95404 • PHONE 527-2711

Application is hereby made to the Sonoma County Health Officer for a permit to construct or repair a sewage disposal system as described below in compliance with the code of Sonoma County or for clearance for other construction.

**APPLICANT: FILL IN BETWEEN HEAVY LINES ONLY
AND SEE REVERSE SIDE FOR INSTRUCTIONS.**

**APPLICATION FOR PRIVATE
SEWAGE DISPOSAL PERMIT**

**APPLICATION FOR PUBLIC
HEALTH CLEARANCE FOR:**

WHEN VALIDATED THIS IS YOUR PERMIT

BUILDING PERMIT NO. A 4334	RECEIPT NO.	NEW <input checked="" type="checkbox"/>	REPAIR	DATE ISSUED 5/1/79	PERMIT NO. S 31979
OWNERS NAME <u>Robert A. H. Wood</u>					
MAILING ADDRESS <u>1091 420-13</u> TELEPHONE <u>237 622630</u>					
CITY <u>Timber Cove</u>					
PREVIOUS APPLICATION	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	SYSTEM NEW	<input checked="" type="checkbox"/>	ADDN/ALTER <input type="checkbox"/>
INSTALLATION WILL SERVE:					
RESIDENCE	<input checked="" type="checkbox"/>	APARTMENT HOUSE	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>
MOTEL	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	BUILDING CONST. NEW	<input type="checkbox"/>
NO. OF UNITS	<u>1</u>	NO. OF BEDROOMS	<u>2</u>	GARBAGE DISPOSAL UNIT	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
WATER SUPPLY	PRIVATE <input type="checkbox"/>	PUBLIC	<input checked="" type="checkbox"/>	LOT SIZE	<u>170 X 220</u>

TERMS OF PERMIT

APPLICANT AGREES THAT:
 1. SANITARIAN WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
 2. SANITARIAN AND ENGINEER'S INSPECTION, WHEN INDICATED, WILL BE OBTAINED PRIOR TO COVERING THE SYSTEM.
 3. THE JOB CARD AND A COPY OF THE APPROVED SEWAGE DISPOSAL SYSTEM DESIGN SHALL BE AVAILABLE AT THE JOB SITE AT ALL TIMES.
 4. ANY DEVIATION FROM APPROVED PLAN WITHOUT PRIOR APPROVAL OF THE HEALTH OFFICER WILL BE CAUSE FOR STOPPING WORK UNTIL THE CHANGES ARE FULLY JUSTIFIED AND APPROVED.
 5. STRUCTURAL PLANS FOR THE SEPTIC TANK MUST BE SUBMITTED TO AND APPROVED BY THE BUILDING INSPECTION DEPT. PRIOR TO INSTALLATION.
 6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER DESIGNED SYSTEM A SIGNED STATEMENT BY THE DESIGN ENGINEER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO THE PUBLIC HEALTH OFFICER.
 7. ONLY WHEN VALIDATED BY THE BUILDING INSPECTION DEPT. DOES THIS BECOME YOUR PERMIT.
 8. THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF PUBLIC HEALTH SERVICE.

IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT IN NO WAY INDICATES THAT A GUARANTEE OF PERFECT AND INDEFINITE OPERATION OF THIS SYSTEM IS MADE BY THE COUNTY OF SONOMA PUBLIC HEALTH SERVICE AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEMS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS.

BY: Robert A. H. Wood SIGNATURE OF PERMITEE OR AUTHORIZED AGENT

To: COUNTY OF SONOMA, BUILDING INSPECTION DEPARTMENT
 The undersigned applicant for building permit certifies as follows:

CONTRACTOR'S LICENSE LAW CERTIFICATE
 (COMPLETE EITHER A OR B)

A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTORS LICENSE LAW UNDER LICENSE NUMBER _____ WHICH LICENSE IS IN FULL FORCE AND EFFECT.

B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS:
WORKMEN'S COMPENSATION CERTIFICATE

(One of two must be completed)
 1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with this office. 017401
 2. 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 workmen's compensation laws of California. PERMIT

Compensation Insurance is currently in force. Policy # WAP 1250-110 CASH

DATE 5-1-79 SIGNATURE Robert A. H. Wood APPLICANT

LAYOUT PLAN APPROVED BY _____ DATE _____ CONSTRUCTION APPROVED BY _____ DATE _____