

B

Type

Plans

BLD 99-0167

Permit Number

821

Street Number

BURBANK AVE

Street Name

BEL

Community Code

125-141-007

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: SANDY C. JONAS Date Applied: 7-13-99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY			
Site Address: <u>821 BURBANK AVE.</u>		City: <u>SANTA ROSA - CALIF.</u> ZIP: <u>95407</u>	
Cross-Street: <u>SEBASTOPOL Rd.</u>	APN: <u>125-141-007-0600</u>	Project #:	Project Fax #:
Directions: <u>DIRECTLY ACCROSS - ROSELAND</u>	Subd. Name: <u>PERSONAL HOME</u>	Unit #:	Lot #:
Describe Project: <u>REPLACE BROKEN WIRE FOR P.G.E AT WEATHER HEAD</u>		Living Area: <u>PHONE 525-0488</u>	Contract Price:
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: <u>SANDY C. JONAS</u>		Name:	
Mailing Address: <u>2013 CONTRA COSTA AVE.</u>		Mailing Address: <u>SAME</u>	
City: <u>SANTA ROSA</u> State: <u>CALIF</u> ZIP: <u>95403</u>	City: <u>SANTA ROSA</u> State: <u>CALIF</u> ZIP: <u>95403</u>	Day Ph: <u>707-525-0488</u> Fax: <u>WORK 578-5757</u>	Day Ph: ( ) Fax: ( )
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: <u>SUMMIT ELECTRIC</u>		Name:	
Address: <u>2450-C BLUEBELL DR</u>		Address: <u>NONE</u>	
City: <u>SANTA ROSA</u> State: <u>CALIF.</u> ZIP: <u>95403</u>	City: <u>SANTA ROSA</u> State: <u>CALIF.</u> ZIP: <u>95403</u>	Day Ph: <u>707 642-4773</u> Fax: ( )	Day Ph: ( ) Fax: ( )
WORKER'S COMPENSATION DECLARATION		CONSTRUCTION LENDING DECLARATION	
<p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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:</p> <p>Carrier: <u>State Fund</u> Policy No.: <u>641-98-0000140</u></p> <p>(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)</p> <p><input type="checkbox"/> 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.</p> <p>Exp. Date: <u>10/1/99</u> Applicant: <u>Sandy C. Jonas</u></p> <p><b>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.</b></p>		<p>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.)</p> <p>Lenders Name _____</p> <p>Lenders Address _____</p>	
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. <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Address subject to change			
Approval for Permit Issuance: _____		Approval for Occupancy: _____	
By: _____ Date: _____		By: _____ Date: _____	
Conditions: _____			
Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid		Approved by: _____ Date: _____	
Road Encroachment: <input type="checkbox"/> Fees Paid		Approved by: _____ Date: _____	
Septic System Permit/Clearance # _____		Approved by: _____ Date: _____	
Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____		Site Review _____	
By: _____ Date: _____		Condition of Soil at Job Site: <input type="checkbox"/> Original <input type="checkbox"/> Engineered Fill <input type="checkbox"/> Loose Fill	
Required Reports: <input type="checkbox"/> Geology <input type="checkbox"/> Soils <input type="checkbox"/> Compaction		Code Enforcement Violation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Work Authorized: _____			
016586 07/13/99B01			
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair # <input type="checkbox"/> Moving # <input type="checkbox"/> Chng			
<input type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection		Machine Space for Permit Fee ***TTL \$33.46 CHECK \$33.46 CHNG \$0.00	
Plancheck Cleared By _____ Date: _____ Permit Cleared for issuance By _____ Date: <u>7/13/99</u>		Type of Construction _____ Occupancy _____ No. of Stories _____ No. of Bedrooms _____	
Auto. Fire Sprinklers Req'd _____ No. of Units _____ Certificate of Occupancy _____		Final Date _____ Inspector _____	
C15-007 (Rev. 3/1999)			

JOB ADDRESS: 821 Burbank Ave  
 MAP REFERENCE: B05  
 PERMIT NUMBER: Bld99-0167  
 INSPECTION AREA: 3

Permit # Bld99-0167 Area 3

Permit Coordinator \_\_\_\_\_

Distribution: White - File Canary - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector

# COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

<b>Please Print Your Name:</b> _____	<b>Date Applied:</b> _____
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**INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT**

SITE LOCATION INFORMATION - PRINT CLEARLY			
Site Address: _____	City: _____	ZIP: _____	
Cross-Street: _____	APN: _____	Project Phone #: ( ) _____	Project Fax #: ( ) _____
Directions: _____	Subd. Name: _____	Unit #: _____	Lot #: _____
Describe Project: _____	Living Area _____	Contract Price: _____	
	Garage _____		
	Decks _____		

OWNER NAME AND ADDRESS	APPLICANT NAME AND ADDRESS
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Day Ph: ( ) _____ Fax: ( ) _____	Day Ph: ( ) _____ Fax: ( ) _____

CONTRACTOR INFORMATION	OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)
Company Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Day Ph: ( ) _____ Fax: ( ) _____	Day Ph: ( ) _____ Fax: ( ) _____
	License No: _____ Exp. Date: _____

**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.: 241-17-0000140

(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: 4/1/99 Applicant: X

**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.).

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: 3/13/99 Owner: X

**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: \_\_\_\_\_ Lic. No.: 255064

Exp. Date: 9/30/2004 Contractor: Summit Elec.

**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.

**NOTICE!! 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 180 DAYS OF THE PERMIT.**

PERMITTEE SIGNATURE: X

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contractor  Owner  Agent for Contractor  Agent for Owner

Permit # B1499-0167 Area \_\_\_\_\_

Permit Coordinator: \_\_\_\_\_

**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: 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** \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Condition of Soil at Job Site:  Original  Engineered Fill  Loose Fill

Required Reports:  Geology  Soils  Compaction

**Code Enforcement Violation**  Yes  No

**Work Authorized:** \_\_\_\_\_

New  Addition  Alteration  Repair  Moving  Occ/Chg

Plans Approved

No Plans Subject to Field Inspection

Plancheck Cleared By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Cleared for Issuance By: \_\_\_\_\_ Date: 7/13/99

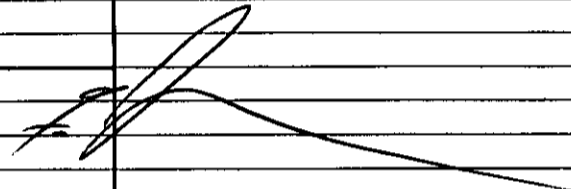
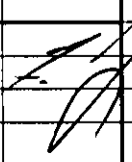
Type of Construction	Occupancy	No. of Stories	No. of Bedrooms

Auto. Fire Sprinklers Req'd: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_

Final Date: 7-14-99 Inspector: \_\_\_\_\_

Machine Space for Permit Fee: \_\_\_\_\_  
 \$10.00

JOB ADDRESS: \_\_\_\_\_  
 MAP REFERENCE: \_\_\_\_\_  
 PERMIT NUMBER: B1499-0167  
 INSPECTION AREA: \_\_\_\_\_

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
<b>FOUNDATION</b>				
FORMS/SETBACK				
FOOTING				
WALLS				
<b>UFER GROUND #</b>				
<b>CAISSONS/PIERS</b>				
<b>SLAB</b>				
<b>MASONRY</b>				
<b>RETAINING WALLS</b>				
<b>FIREPLACE</b>				
FOOTING				
HEARTH/PROTECTION				
THROAT				
<b>CHIMNEY</b>				
<b>UNDERFLOOR/UNDERSLAB</b>				
<b>U/F ELECTRICAL</b>				
<b>U/F MECHANICAL</b>				
<b>U/F PLUMBING</b>				
<b>U/F FRAMING</b>				
<b>U/F INSULATION</b>				
<b>SHEAR WALLS</b>				
<input type="checkbox"/> INTERIOR				
<input type="checkbox"/> EXTERIOR				
<b>DIAPHRAGMS</b>				
<input type="checkbox"/> ROOF				
<input type="checkbox"/> FLOOR				
<b>SIDING/SHEATHING</b>				
<b>HOLD DOWNS</b>				
<b>CLOSE-IN</b>				
<b>ROUGH ELECTRICAL</b>	7-14-99			
<b>ROUGH MECHANICAL</b>				
<b>ROUGH PLUMBING</b>				
<b>ROUGH FRAME</b>				
<b>SMOKE DETECTORS</b>				
<b>INSULATION</b>				
<b>WALLBOARD</b>				
<b>STUCCO/PLASTER</b>				
<input type="checkbox"/> LATH				
<input type="checkbox"/> SCRATCH				
<b>TUB/SHOWER PAN</b>				
<b>SUSPENDED CEILING</b>				
ROUGH ELECTRICAL				5/3/01 Owner has not called inspection
ROUGH MECHANICAL				Contractor has not called "
<b>EXITING</b>				Reinspection fee due for mystery caller
STAIRS/HANDRAILS				
RAMPS				
CORRIDORS/DOORS				
<b>HANDICAP REQUIREMENTS</b>				
<b>ENERGY REQUIREMENTS</b>				
<b>TEMPORARY OCCUPANCY</b>				
<b>TEMPORARY ELECTRICAL</b>				
<b>TEMPORARY GAS</b>				
<b>ELECTRIC METER AUTHORIZATION</b>				
<b>PANEL BOARDS/SERVICE</b>				
<b>GAS METER AUTHORIZATION</b>				
<b>GAS PRESSURE TEST</b>				
HOUSE				
YARD				
<b>MANUF. HOME FOUNDATION</b>				
<b>MANUF. HOME INSTALLATION</b>				
CONTINUITY				FIRE INSPECTION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
STAIRS/SKIRTS				Inspected by:
RIDGE BOLTING				
<b>SWIMMING POOLS</b>				
PRE-GUNITE				
PRE-DECK				
PRE-PLASTER/FENCE				<b>CLEARANCES:</b>
<b>GRADING FINAL</b>				FIRE <input type="checkbox"/> Local <input type="checkbox"/> County
<b>ELECTRICAL FINAL</b>	7-14-99			HEALTH DEPARTMENT
<b>MECHANICAL FINAL</b>				ZONING
<b>PLUMBING FINAL</b>				SANITATION
<b>FINAL</b>				N.C.A.P.C.D.
<b>OCCUPANCY (OK TO OCCUPY)</b>				PLAN RETENTION REQUIRED?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT #

# COUNTY OF SONOMA

## PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 565-1900 FAX (707) 565-1103

### BUILDING PERMIT RECEIPT

BLD99-0167

Site Location Information  
 Address: 821 BURBANK AVE ROS  
 Cross Street: SEBASTOPOL RD

Printed By: CNIEDERM 08:20 Jul 13, 1999

APN: 125-141-007

Initialized By: CNIEDERM A-BLD 9901

Owner  
 JONAS SANDRA C  
 2013 CONTRA COSTA AVE  
 SANTA ROSA CA  
 954058106

Applicant  
 JONAS SANDRA C  
 2013 CONTRA COSTA AVE  
 SANTA ROSA CA  
 954058106

Contractor  
 SUMMIT ELECTRIC  
 2450-C BLUEBELL DR  
 SANTA ROSA, CA  
 707 542 4773  
 95403  
 Lic. #: 255064

Architect or Engineer  
 Lic. #:

Building Permit Expires 3 YEARS from the Date Permit Fees Are Paid (See Register Validation Date)

Permit Description: REPLACE 3 WIRES FOR PGE ELEC WEATHERHEAD  
 Valuation/Contract Price: \$ .00  
 Plancheck Multiplier:

Status: STARTED  
 Issued:  
 Type: SOTH

Penalty Multiplier (Where Applicable):

Item #	Item Account Code	Description	Fee	Prev. Paid
0011	1341	3505 INSPECTIONS - OTHER	\$ .00	\$ .00
0012	1341	3505 INSP. OUTSIDE NORMAL HRS	\$ .00	\$ .00
0013	1341	3505 REINSPECTION(S) FEE	\$ .00	\$ .00
0100	1341	3502 SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
0121	1341	FIRE SAFE STDS & REF PRMD	\$ .00	\$ .00
0122	1341	3504 ELECTRICAL FEE	\$33.46	\$ .00
0123	1341	3504 MECHANICAL FEE	\$ .00	\$ .00
0124	1341	3504 PLUMBING FEE	\$ .00	\$ .00
0132	1341	3504 BUILDING PERMIT FEE	\$ .00	\$ .00
0220	1600	VIO. PENALTY FEE (BLDG)	\$ .00	\$ .00
0221	4114	2001 VIO. INVEST. FEE (BLDG)	\$ .00	\$ .00
1165	3829	6146 ZONING PERMITS W/O D.R.	\$ .00	\$ .00
5011	1341-WAIVED	3505 INSPECTIONS - OTHER	\$ .00	\$ .00
5012	1341-WAIVED	3505 INSP. OUTSIDE NORMAL HRS	\$ .00	\$ .00
5013	1341-WAIVED	3505 REINSPECTION(S) FEE	\$ .00	\$ .00
5100	1341-WAIVED	3502 SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
5121	1341-WAIVED	FIRE SAFE STDS & REF PRMD	\$ .00	\$ .00
5122	1341-WAIVED	3504 ELECTRICAL FEE	\$ .00	\$ .00
5123	1341-WAIVED	3504 MECHANICAL FEE	\$ .00	\$ .00
5124	1341-WAIVED	3504 PLUMBING FEE	\$ .00	\$ .00
5132	1341-WAIVED	3504 BUILDING PERMIT FEE	\$ .00	\$ .00
5220	1600-WAIVED	VIO. PENALTY FEE	\$ .00	\$ .00
5221	4114-WAIVED	2001 VIO. INVESTIG FEE	\$ .00	\$ .00
6165	3829-WAIVED	6146 ZONING PERMITS W/O D.R.	\$ .00	\$ .00

Permit qualified for fee waiver (Y/N): N	\$33.46	\$ .00
Total Calculated Fees	\$33.46	CASH REGISTER
Previously Paid	\$ .00	VALIDATION
Balance Due	\$33.46	REQUIRED
		BELOW

016526 07/13/99801  
 # 0990167  
 SIERRA \$33.46  
 \*\*\*TTL \$33.46  
 CHECK \$33.46  
 CHNG \$0.00