

Address: 4595 LAMBERT DR

Date In: 10/10/18

APN: 058-232-018 Permit Number: BLD18-6367 EVT Number: EVT17-04772

Historic SQFT Verification: 2097 Historic Bedroom Count: 4/3

Proposed SQFT: 1683 SF SFD, 536 ATTACHED ADU, 570 SF GARAGE 120 SF PORCH

WATER VERIFICATION:

Well: Yes No

Water Purveyor: Yes No Will Serve letter: ON FILE

DEBRI REMOVAL: Yes No

WASTE WATER VERIFICATION:

Sewer: Yes No

Sewer Permit Required: (New or Reconnection) Yes No

Septic: Yes No Modified Finding Report: Yes No Septic Permit for New System: Click or tap here to enter text.

GRADING:

Grading Questionnaire: Yes No

Grading Permit Required: Yes No

PLANNING VERIFICATION:

Zoning: R1 SLU Area: Yes No Land Size: 0.35

Setbacks: Front 20 Side 5 Side 5 Rear 20

Seismic Design Category SDC: E SEISMIC ZONE: G (IF IN DON'T PROCEED NOTIFY MIKE OR MARCUS)

SRA/WUI AREA: Yes No

Flood Zone: Yes No Flood Zone: 1 2 Riparian Corridor

DEFERRED SUBMITTALS

Truss Calculation: Yes No

Fire Sprinklers: Yes No

Modified Septic Finding Report: Yes No

School Fees (Over 500 sqft of Historic square footage): Yes No Click or tap here to enter text.

Development Impact Fees (New ADU over 750 sqft): Yes No Click or tap here to enter text.

ELECTRONIC SOLAR PERMIT UNDER SEPERATE PERMIT

wcb
10/11
10/16
10/18

RECEIVED

New driveway...

SUBMITTALS:

BUILDING APPLICATION

GRADING QUESTIONNAIRE

GEO TECH REPORT (TO BE WET STAMED)

GEO TECH PLAN CHECK LETTER (TO BE WET STAMED)

T/24 CALCS (REGISTERED)

CALGREEN BUILDING CHECKLIST (COMPLETED BY DESIGNER AND CAL GREEN INSPECTOR)

DEBRI REMOVAL LETTER (COMPUTER VERIFY IF THEY DO NOT HAVE LETTER)

STRUCTURAL CALCULATIONS (TO BE WET STAMED)

2 PLANS COMPLETE PLAN SETS (PLANS SIGNED AND WET STAMPED)

MODIFIED FINDING REPORT (MAY BE DEFERRED)

SPECIAL INSPECTION FORM

DEMO PERMIT CREATED AND CLOSED OUT

RECEIVED

OCT 10 2013

RESILIENCY PERMIT CENTER

SEPARATE PERMIT UNDER EIR/TYPIC

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: Michael Mc Minn (owner Rep) Date Applied: _____

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 4595 Lambert Dr. City: Santa Rosa ZIP: 95403
 Cross-Street: Ursuline Road APN: 058232018 Project Phone #: (707) 527-8797 Project Fax #: (707) 526-5240
 Directions: _____ Email address: Michael@brmbuild.com Unit #: _____ Lot #: _____
 Describe Project: Firestorm Rebuild S.F.D + ADU Living Area: 2097 Contract Price: \$450,000
 Garage: 543 Decks: _____

OWNER NAME AND ADDRESS

APPLICANT NAME AND ADDRESS

Name: Jackie Egbert Name: Michael Mc Minn
 Mailing Address: 341 Rockgreen Pl. Mailing Address: 1851 Pinel Road, Ste D.
 City: Santa Rosa State: CA ZIP: 95409 City: Santa Rosa State: CA ZIP: 95401
 Day Ph: () Fax: () Day Ph: (707) 304-1336 Fax: (707) 526-5240

CONTRACTOR INFORMATION

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Company Name: Building Repair & Management Name: Daniel Westphal (Architect)
 Address: 1851 Pinel Rd, Ste. D Address: 555 Fifth Street, Ste. 200
 City: Santa Rosa State: CA ZIP: 95401 City: Santa Rosa State: CA ZIP: 95401
 Day Ph: (707) 527-8797 Fax: (707) 526-5240 Day Ph: (707) 636-0828 Fax: (707) 636-0829

WORKER'S COMPENSATION DECLARATION

CONSTRUCTION LENDING 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 Compensation Ins. Fund
 Policy No.: 907106018
 (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: 09/07/19 Applicant: Michael Mc Minn

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: None
 Lenders Address: N/A

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 _____
 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: B Lic. No.: 903189
 Exp. Date: 9/30/19 Contractor: Michael Mc Minn

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.
 Signature: Michael B. Mc Minn
 PERMITTEE SIGNATURE
4595 Lambert Dr. Santa Rosa
 ADDRESS CITY ZIP
 Contractor Owner Other Licensed Professional 95403

FOR DEPARTMENT USE

Zoning: R1 File No.: _____ Acres: 0.35
 Existing Use/Structures: _____
 Proposed Use/Structures: _____
 Zoning Min. Yard Requirements: Front 20 Left 5 Right 5 Back 20
 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: [Signature] Approval for Occupancy: _____
 By: [Signature] Date: 11-15-18
 Conditions: _____

Sewer Connection: Available Fees Paid
 Approved by: N/A Date: _____

Road Encroachment: Fees Paid
 Approved by: [Signature] Date: 11-15-18

Septic System Permit/Clearance # mod. Findings OK + Bedrooms
 Approved by: [Signature] Date: 11-15-18

Flood Zone: Yes No 100 Year Flood Elevation: _____

Site Review: AS
 Approved by: [Signature] Date: 11-15-18

Fire: deferred fire sprinklers required
 Approved by: [Signature] Date: 11-15-18

Code Enforcement Violation Yes No Violation # _____
 This permit is limited to N/A days.

Work Authorized: 2017 COMPLEX FIRE
EVT17-04772

Plans Approved No Plans Subject to Field Inspection
 Post FIRM Pre FIRM Alquist Priolo Report Available Geotechnical report Available
 Plancheck Cleared By: [Signature] Date: 11-15-18
 Permit Cleared for Issuance By: [Signature] Date: 11-15-18
 Type of Construction: VS Occupancy: R3 No. of Stories: 2 No. of Bedrooms: 4
 Auto. Fire Sprinklers Req'd: YES No of Units: 1 Certificate of Occupancy: _____
 Machine Space for Permit Fee: _____

JOB ADDRESS: 4595 Lambert Dr

PERMIT NUMBER: BLD18-6367

INSPECTION AREA: _____

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