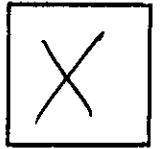




Type



Plans

SEP 99-1439

Permit Number

22171

Street Number

RUOFF DR T

Street Name

TIM

Community Code

109-410-010

APN

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:

Standard

XX

PERMIT & RESOURCE MANAGEMENT DEPARTMENT WELL & SEPTIC SECTION 2550 VENTURA AVENUE, SANTA ROSA, CA 95403 TELEPHONE (707) 527-1900

This permit application must be signed on all 3 signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from owner must accompany this application if agent is signing on owner's behalf.

APPLICANT: PLEASE PRESS HARD (USE BLACK INK). FILL IN BETWEEN HEAVY LINES ONLY AND SEE REVERSE SIDE FOR INSTRUCTIONS.

BLDG. PERMIT NO. A

SDS PERMIT NO. SEP 99 1439

CLEARANCE

NEW XXXX

REPAIR

JOB ADDRESS 22171 Ruoff Road, Timber Cove, CA

NEAREST CROSS STREET Timber Cove Road

ASSESSOR'S PARCEL NO. 109-410-010

SUBDIVISION _____ LOT _____ BLK. _____

CITY Timber Cove STATE CA ZIP _____

SEWAGE DISPOSAL SYSTEM CONTRACTOR _____ TEL. NO. _____

ADDRESS _____

GENERAL CONTRACTOR _____

OWNER'S NAME Marco A. Alcazar

MAILING ADDRESS 1226 East Avenue, PO Box 6663

CITY Napa STATE CA ZIP 94581 PHONE NUMBER 257-8371

INSTALLATION WILL SERVE:

RESIDENCE APARTMENT HOUSE COMMERCIAL MOBILE HOME

MOTEL OTHER BUILDING CONST. NEW ADDN/ALTER

NO. OF UNITS: 1 TOTAL NO. OF BEDROOMS: 3 WATER SUPPLY: PUBLIC PRIVATE LOT SIZE: X

TERMS OF PERMIT

- 1. HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST WILL BE NOTIFIED A MINIMUM OF 24 HOURS PRIOR TO COMMENCING WORK.
2. HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SPECIALIST AND ENGINEER'S OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST'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. THE SEPTIC TANK MUST BE I.A.P.M.O. APPROVED.
6. PRIOR TO AUTHORIZING OCCUPANCY OF ANY BUILDING WITH AN ENGINEER OR CONSULTING ENVIRONMENTAL HEALTH SPECIALIST DESIGNED SYSTEM, A SIGNED STATEMENT BY THE DESIGNER CERTIFYING THAT THE SYSTEM WAS INSTALLED IN COMPLIANCE WITH THE APPROVED PLAN MUST BE SUBMITTED TO THE PUBLIC HEALTH OFFICER.
7. THIS PERMIT IS SUBJECT TO REVOCATION IF FOUND TO BE IN NONCONFORMANCE WITH SONOMA COUNTY CODE OR STANDARDS OF THE PUBLIC HEALTH DEPARTMENT.
8. THIS PERMIT IS NOT TRANSFERABLE.

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 DEPARTMENT AND THAT THE OWNER IS REQUIRED TO MAKE ANY REPAIRS NECESSARY TO CONFINE SEWAGE BELOW THE SURFACE OF THE GROUND. APPROVAL IS BASED UPON INFORMATION SUBMITTED BY THE APPLICANT. FIELD CONDITIONS AT VARIANCE WITH APPLICATION MAY VOID PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE INSTRUCTIONS ON THE REVERSE SIDE AND STATE THAT THE ABOVE IS CORRECT AND I 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 180 DAYS.

The undersigned applicant for private sewage disposal permit certifies as follows:

CONTRACTOR'S LICENSE LAW CERTIFICATE

(COMPLETE EITHER A OR B)
A. THE APPLICANT IS LICENSED UNDER THE PROVISIONS OF THE CONTRACTOR'S LICENSE LAW UNDER LICENSE NUMBER _____

B. THE APPLICANT IS NOT LICENSED UNDER THE PROVISIONS OF THE CONTRACTOR'S LICENSE LAW FOR THE FOLLOWING REASONS:
1) OWNER/BUILDER
2) OTHER (EXPLAIN) _____

WORKMEN'S COMPENSATION CERTIFICATE

(One or two must be completed)
1. A currently effective certificate of Workmen's Compensation Insurance coverage is on file with the Sonoma County Public Health Department. ***TTL

Compensation Insurance Policy # _____
is currently in force.
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.

(X) Marco A. Alcazar / Fee Paid

SIGNATURE OF APPLICANT: 03/01/99

1991439
\$691.00
\$691.00
\$691.00
\$0.00

DATE _____ APPLICANT _____

APPLICANT _____

LAYOUT PLAN APPROVED BY DM DONAGHAN DATE 9-17-99

CONSTRUCTION APPROVED BY DM DONAGHAN DATE 7-19-2000

LUD0068 (Rev. 1/88) WELL AND SEPTIC SECTION APPROVED THIS IS YOUR PERMIT Site ID Number _____ GTO

County of Sonoma
Permit & Resource Management Department
Well & Septic Section
2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900

SEPTIC SYSTEM INSPECTION

Site Address: 22171 Ruoff Dr
Owner: _____

REQUEST FOR INSPECTION

Date of call: _____ Time: _____
Caller: _____
Caller's Phone No.: _____
Remarks: _____

Call taken by: _____

INSPECTION NOTICE

- Stop work immediately - Call Environmental Health Specialist
Telephone _____ Hours _____
- OK to cover leachfield tank
- Provide Engineer's letter of approval
- Provide "As Built" plan to scale
- Call for inspection on pump & alarm
- Corrections needed - see remarks below
- OK to cover with Engineer's approval
- Issue Operational Permit

For further information call: _____
Hours & Day: _____
Remarks: _____

DM DONAVAN 7-19-2000
Environmental Health Specialist's Signature Date

Received by: Left on tank
Contractor's Signature

Posted



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403

(707) 627-1900 FAX (707) 627-1103

Field Operations • Code Enforcement • Permits • Environmental & Comprehensive Planning

HOMEOWNER'S STATEMENT

(To accompany application for Private Sewage Disposal Permit)

I certify that I am the owner of the property located at 22171 Ruoff Road, Timber Cove, CA

A.P.# 109-410-010, and that I personally will purchase all materials and perform all work in construction of the private sewage disposal system covered by the attached application, or shall employ a licensed sewage disposal system contractor to perform such work.

SIGNED

Marco A. Alcazar / [Signature]

ADDRESS

1226 East Ave
Napa CA 94559

DATED

August 28 1999



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

Field Operations • Code Enforcement • Permits • Environmental & Comprehensive Planning

Date: Sept. 1, 1999

To: Marco Alcazar
1226 East Ave
PO Box 6663 Napa CA 94581

Re: 22171 Ruoff Rd., Timber Cove

You or your representative has applied for a septic system permit to serve your proposal to

build a new single family dwelling

We are unable to provide zoning clearance for your septic permit for the following reason:

X

The septic system would serve a use that requires a discretionary permit. The required Costal permit has not yet been approved and zoning clearance cannot be provided until such approval has been obtained. (Permit Application + Fees Attached)

The zoning on the property is _____ This zoning does not allow the proposed use so zoning clearance cannot be provided.

Y

Other: An approval letter from the Timber Cove Home Owners Association

For further information about how you might address the zoning issue, you can come to the Planning/Zoning Cubicle at the Permit and Resource Management Department, Monday through Friday between 8 a.m. and 4 p.m. and talk to the planner on duty.

PRMD Zoning Cubicle

By: Melinda B. Grosch

PH: 707-565-1392

c: Well and Septic Section