E

Type

Plans

SEP99-0777

Permit Number

695

Street Number

DUFRANC AVE

Street Name

GRA

Community Code

060-281-040

APN

PRMD County of Sonoma

S.C. Repro 3/10

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

☐ **APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT**

☒ **APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:** SWIMMING POOL

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.

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.	SDS PERMIT NO.	DATE ISSUED	CLEARANCE	NEW	REPAIR
B154268	SEP99-0777	5/27/99			

JOB ADDRESS 695 Dutrane Ave Sebastopol

NEAREST CROSS STREET Healdburg Ave.

ASSESSOR'S PARCEL NO. 060-281-040

SUBDIVISION _____ LOT _____ BLK. _____

CITY _____ STATE _____ ZIP _____

SEWAGE DISPOSAL SYSTEM CONTRACTOR _____

ADDRESS _____ TEL. NO. _____

GENERAL CONTRACTOR _____

OWNER'S NAME Jimmy Jay Lewis

MAILING ADDRESS 695 Dutrane Ave.

CITY Sebastopol STATE CA ZIP 95472 PHONE NUMBER 829-3482

INSTALLATION WILL SERVE:

RESIDENCE ☑ APARTMENT HOUSE ☐ COMMERCIAL ☐ MOBILE HOME ☐

MOTEL ☐ OTHER ☐ BUILDING CONST. NEW ☐ ADDN/ALTER ☐

NO. OF UNITS: _____ TOTAL NO. OF BEDROOMS: _____

WATER SUPPLY: PUBLIC ☐ PRIVATE ☑

LOT SIZE: 217' x 588' 2.89 Acres

TERMS OF PERMIT

APPLICANT AGREES THAT:

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 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.

X _____
SIGNATURE OF APPLICANT

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 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:

1) OWNER/BUILDER ☐
2) OTHER (EXPLAIN) ☐

5/27/99 DATE X Jimmy Jay Lewis APPLICANT

SONOMA COUNTY
PERMIT & RESOURCE MANAGEMENT DEPARTMENT
WELL & SEPTIC SECTION

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.

Compensation Insurance _____ Policy # SIERRA 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 _____ APPLICANT

012902 05/27/99B01
0990777
$44.00
***TTL $44.00
CHECK $44.00
CHNG $0.00

LAYOUT PLAN APPROVED BY Gwendolyn R Barr DATE 5-27-99

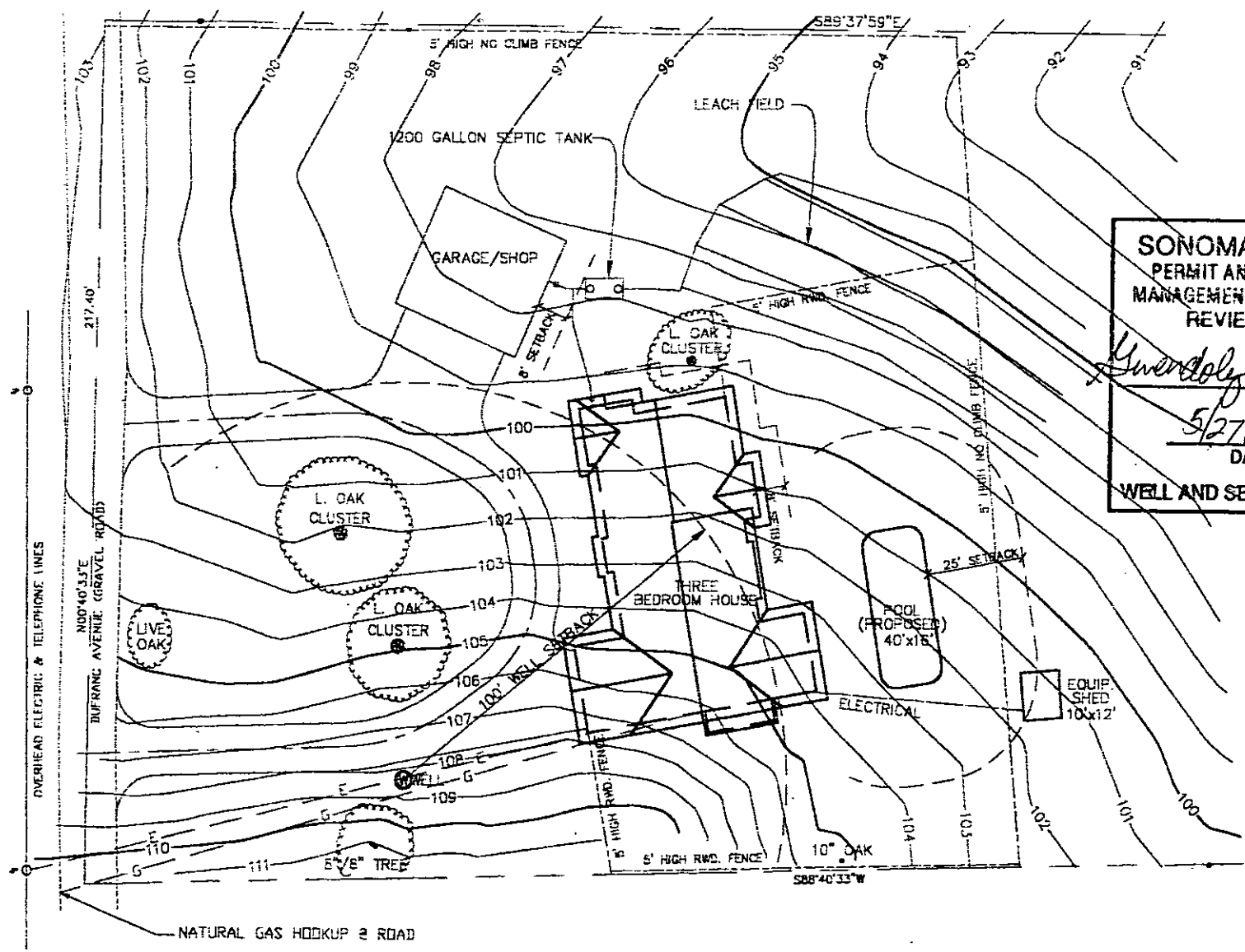
CONSTRUCTION APPROVED BY _____ DATE _____

WHEN APPROVED THIS IS YOUR PERMIT

LU0008 (Rev. 11/94) Site ID Number _____ GTO

DIST: 1) ORIG. - HEALTH DEPT. / 2) HEALTH DEPT. / 3) PERMITTEE / 4) BLDG. INSP. DEPT. / 5) BLDG. INSP. DEPT.

NOT TRANSFERABLE



SITE PLAN N.T.S.

SONOMA COUNTY
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
REVIEWED BY
Gwendolyn R Baer
5/27/99
DATE
WELL AND SEPTIC SECTION

SWIMMING POOL FOR THE LEVIES
695 DUFRANC AVE.
SEBASTOPOL, CALIF. AP# 060-281-04