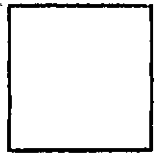


E

Type



Plans

SEP 95-1317

Permit Number

2214

Street Number

Stony Point RD

Street Name

SR

Community Code

125-461-022

APN

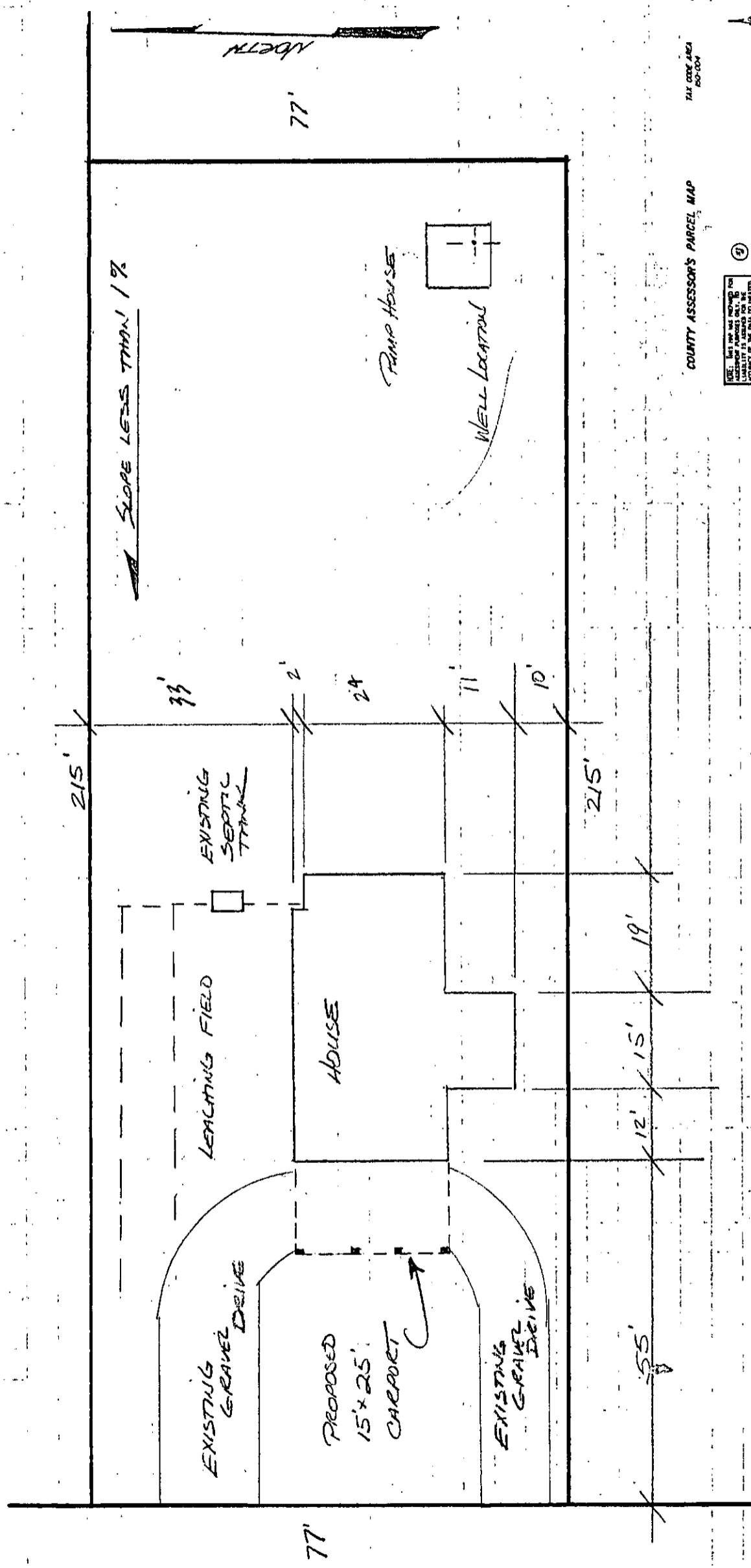
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 APPLICATION FOR PUBLIC HEALTH CLEARANCE FOR:

DETACHED DETAIL

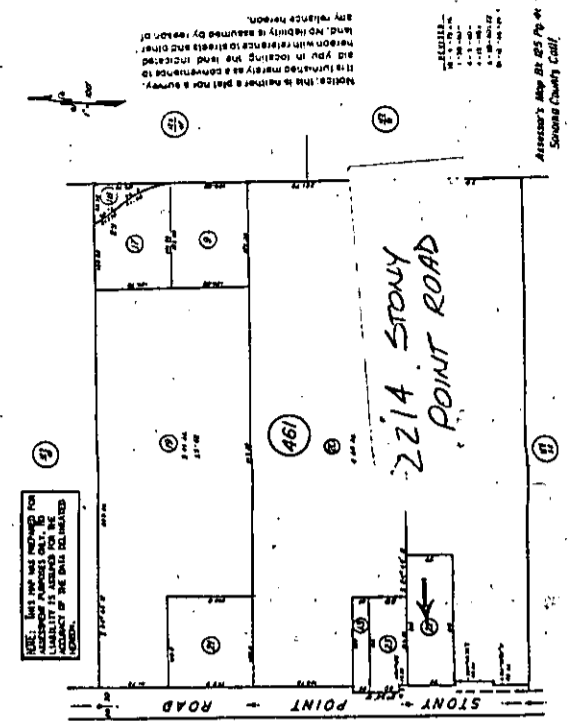
This permit application must be signed on all 3 signature lines by the same person (i.e., contractor or owner/builder). A letter of authorization from owner must accompany this application if agent is signing on owner's behalf.

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.

BLDG. PERMIT NO. A	SDS PERMIT NO. SD945-9-28-95 office 1317	DATE ISSUED 9-28-95	CLEARANCE
JOB ADDRESS 2214 Stony Point RD. HEARSH AVE.	OWNER'S NAME Joyce Jacobson	NEW	REPAIR
NEAREST CROSS STREET 125-461-022	MAILING ADDRESS Santa Rosa	CITY Santa Rosa	STATE CA
ASSESSOR'S PARCEL NO. 125-461-022	ZIP 95407	INSTALLATION WILL SERVE: <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> APARTMENT HOUSE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MOBILE HOME	MOBILE HOME <input type="checkbox"/>
SUBDIVISION Santa Rosa	LOT CA	BLK. 95407	ZIP 95407
SEWAGE DISPOSAL SYSTEM CONTRACTOR Santa Rosa	ADDRESS Santa Rosa	TEL. NO.	STATE CA
GENERAL CONTRACTOR Santa Rosa	NO. OF UNITS: 1	TOTAL NO. OF BEDROOMS: 1	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
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.	NO. OF UNITS: 1	TOTAL NO. OF BEDROOMS: 1	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
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.	NO. OF UNITS: 1	TOTAL NO. OF BEDROOMS: 1	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
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.	NO. OF UNITS: 1	TOTAL NO. OF BEDROOMS: 1	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
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 OF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.	NO. OF UNITS: 1	TOTAL NO. OF BEDROOMS: 1	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
CONTRACTOR'S LICENSE LAW CERTIFICATE (COMPLETE EITHER A OR B) <input type="checkbox"/> A. THE APPLICANT IS A LICENSED CONTRACTOR IN THE COUNTY OF SONOMA. <input checked="" type="checkbox"/> B. THE APPLICANT IS EXEMPT FROM THE PROVISIONS OF THE CONTRACTORS LICENSE LAW FOR THE FOLLOWING REASONS: 1) OWNER/BUILDER <input type="checkbox"/> 2) OTHER (EXPLAIN) <input checked="" type="checkbox"/>	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 # 013554 06-95A01 is currently in force.	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 # 013554 06-95A01 is currently in force.	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 # 013554 06-95A01 is currently in force.
DATE 9/28/95	APPLICANT Joyce Jacobson	APPLICANT Joyce Jacobson	APPLICANT Joyce Jacobson
LAYOUT PLAN APPROVED BY [Signature]	DATE 9/28/95	CONSTRUCTION APPROVED BY [Signature]	DATE 9/28/95
WHEN APPROVED THIS IS YOUR PERMIT	SITE ID Number SEP 95-1317	DATE CHNG	DATE CHNG



COUNTY ASSESSOR'S PARCEL MAP  
TAX CODE AREA 00-004  
125-41



# PLOT PLAN

HOME OF:  
 JOYCE JACOBSON  
 2214 STONY POINT ROAD  
 SANTA ROSA, CA 95407  
 707-542-6312 HOME  
 707-586-5236 WORK



Sonoma County  
 Community Development Commission  
 Housing Authority • Redevelopment Agency

Steve McCoy  
 Housing Rehabilitation Specialist  
 1440 Guerneville Road, Santa Rosa, CA 95403-4107  
 FAX (707) 524-7557 TDD (707) 524-7555  
 Telephone (707) 524-7545

DEPARTMENT OF HEALTH SERVICES  
 DEC 02 1994  
 ENVIRONMENTAL HEALTH DIVISION