

B

Type

9

Docs

2

Plans

BLD05-2533

Building Permit Number (List all associated with these documents)

231

Street Number

Salmon Creek Road

Street Name

B01

Community Code

103-120-003

APN

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
 (707) 565-1900 FAX (707) 565-1103

Building Plan Check Invoice : BLD05-2533
This is not a Building Permit**

Project Address: 231 SALMON CREEK RD BOD	Status: STARTED
Cross Street: BODEGA HWY	Printed: May 18, 2005
APN: 103-120-003	Initialized by: CNIEDERM
	Activity Type: B-BLD 401
Description: REMOVE DOOR REPLACE W WALL REMOVE 10 FT PARTITION	
Res/Com: R	Insp Area: 07
Std/Quick: Q	Site Review File #:
Fire District: CSA #40 FIRE SERVICES	Site Review Fees Paid: \$0.00
P/C Multiplier: 1	

Owner: BONFIGLI JOSEPH A & HELEN I DBA BODEGA COUNTRY STORE PO BOX 8616 SANTA ROSA CA 95407 707-576-3026	Applicant: KEN DALE 1505 GUMVIEW RD WINDSOR CA 95492 292 0040
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Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Additional Amount...			800.00
	Totals...			\$800.00*

Fees:

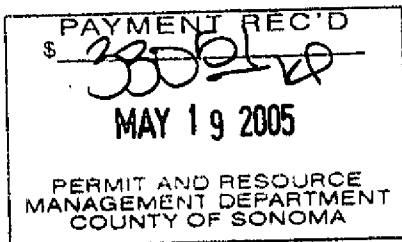
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
60	BLDG PERM PLAN CHECK FEE	025015-1341	40.63	.00	.00
119	FIRE COMMERCIAL REVIEW	649103-3661	210.00	.00	.00
140	TECH ENHANCEMENT FEE	025015-4040	4.88	.00	.00
1165	ZONING PERMITS W/O D.R.	025015-3829	75.00	.00	.00
			\$330.51	\$0.00	

**These fees cover the cost of reviewing your plans prior to permit issuance.
 When your plans are approved, and BEFORE a building permit can be issued,
 payment of building permit fees is required.

Total Fees: \$330.51
Total Paid: \$0.00

Balance Due: \$330.51

Refunds are regulated by the California Building Code (CBC) which reads: "Under Section 107.6, CBC, the building official may authorize refunding of not more than 80 percent of the plan review fee paid when an application is withdrawn or canceled before any plan reviewing is done. The building official may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under the permit. There shall be no refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of fee payment."



When validated below, this is your receipt.
Plan Check EXPIRES 365 days from date plan check fees are paid.

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
 (707) 565-1900 FAX (707) 565-1103

Building Permit Invoice: BLD05-2533

Project Address: 231 SALMON CREEK RD BOD
Cross Street: BODEGA HWY
APN: 103-120-003

Status: **PREISSUE**
Printed: Friday, September 02, 2005
Initialized by: CNIEDERM
Activity Type: B-BLD 401

Description: LEGALIZE REMOVE DOOR REPLACE W/ WALL REMOVE 10 FT

Res/Com: R **Insp Area:** 07
Std/Quick: Q **Site Review File #:**
Fire District: CSA #40 FIRE SERVICES **Site Review Fees Paid:** \$0.00

Owner: BONFIGLI JOSEPH A & HELEN I
 DBA BODEGA COUNTRY STORE
 PO BOX 8616
 SANTA ROSA CA 95407
 707-576-3026

Applicant: KEN DALE
 1505 GUMVIEW RD
 WINDSOR CA 95492
 292 0040

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Additional Amount...			800.00
	Totals...			\$800.00*

Fees:

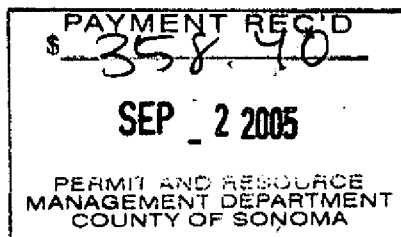
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
50	S.M.I.P. RESIDENTIAL	327023-4040	.50	.00	.00
60	BLDG PERM PLAN CHECK FEE	025015-1341	40.63	40.63	.00
132	BUILDING PERMIT FEE	025015-1341	62.50	.00	.00
140	TECH ENHANCEMENT FEE	025015-4040	2.78	4.88	.00
220	VIO. PENALTY FEE (BLDG)	025015-1600	437.50	.00	.00
221	VIO. INVEST. FEE (BLDG)	025015-4114	62.50	.00	.00
735	NPDES - BUILDING	025015-1341	7.50	.00	.00
1165	ZONING PERMITS W/O D.R.	025015-3829	75.00	75.00	.00
			\$688.91	\$330.51	

Total Fees: \$688.91
Total Paid: \$330.51

Balance Due: \$358.40

Refunds are regulated by the California Building Code (CBC) which reads: "Under Section 107.6, CBC, the building official may authorize refunding of not more than 80 percent of the plan review fee paid when an application is withdrawn or canceled before any plan reviewing is done. The building official may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under the permit. There shall be no refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of fee payment."

When validated below, this is your receipt.
 This Building Permit shall EXPIRE _____



Documentation for Unreasonable Hardship Exception to Existing Commercial Structures

BPC-015

Purpose: When improvements are made to existing structures, Section 1134B.2 of the 2001 California Building Code (CBC) allows for an exception in-lieu of bringing the entire structure up to compliance with current code standards for accessibility requirements.

To Apply: The owner/applicant/architect shall complete the documentation for Unreasonable Hardship to be review by the Permit and Resource Management (PRMD) staff who will determine if the exemption may be granted.

7-18-05
Date
BLD05-2533
Building Permit Number
Joe & Helen Bonfigli
Owner
829-9721
Telephone number

231 SALMON CREEK RD
Site Address
BODEGA 94922
City Zip
Ken Dale
Applicant
Cell: 292-0040
Telephone number

Definition of Unreasonable Hardship

CBC SECTION 222 An Unreasonable Hardship exists when the enforcing agency finds that compliance with the building standards would make the specific work of the project affected by the building standard unfeasible, based on an overall evaluation of the following factors: 1) The cost of providing access. 2) The cost of all construction contemplated. 3) The impact of proposed improvements on financial feasibility of the project. 4) The nature of the accessibility which would be gained or lost. 5) The nature of the use of the facility under construction and its availability to persons with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered in the files of the enforcing agency

VALUATION THRESHOLD AMOUNT: \$108,209.79

YEAR: 2005

I hereby request an unreasonable hardship exception from the following specified accessibility requirements identified as follows.

In choosing which accessibility elements to provide, priority should be give to those elements that will provide the greatest access in the following order:

- a) Accessible entrance
- b) Accessible route to the altered area
- c) At least one accessible restroom for each gender
- d) Accessible telephones
- e) Accessible drinking fountains
- f) Parking, storage and alarms

List the accessibility requirements which will be gained or lost that are proposed for the project under exception 1134B.2.1 2001 CBC. Include the valuation for the proposed accessible features included in the project.

1. DECK IN FRONT OF DOOR SWINGING OUTWARD MEASURES 60" MIN.
2. HANDICAP PARKING WOULD EXTEND INTO PUBLIC ROADWAY LAND

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-2210

I declare that an unreasonable hardship exists and that compliance with the building standards would make the specific work of the project unfeasible. In support of the application, the following information establishes the grounds for a hardship exception under Section 1134B.2.1 2001 CBC exception 1 and 2.

Documentation of Unreasonable Hardship

- 1) Determine the overall valuation of the proposed renovation, structural repair, alteration or addition. \$ 5,000
- 2) Subtract the valuation of those accessibility features which are included in the project. \$ 2,500
- 3) Determine the "net" valuation. To qualify for an Unreasonable Hardship, this amount must be equal to or less than the current "Valuation Threshold Amount" listed above. \$ 2,500
- 4) Multiply the "net" valuation by 20%. This will be the amount that may be applied to the removal of existing architectural barriers along the path of travel to the area of renovation, structural repair, alteration or addition. \$ 500

I further acknowledge that if the exception being requested is for improvements along the route of travel for an alteration project of minor valuation (\$) or to alter an area previously exempt from accessibility requirements under California law, that I will expend no less than 20% of the valuation of the project to improve access along the route of travel required by Section 1134B.2.1 2001 CBC exceptions 1 and 2. The following individuals provided information listed in the above section.

Ken Dale
 Applicant (please print)
Ken Dale
 Signature
7-18-05
 Date

Joseph A Bonfigli
 Owner(s) (please print)
Joseph A Bonfigli
 Signature
7-18-05
 Date

----- DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff -----

An application for a hardship exception has been filed with this office. The following action was taken:

- The above named project has been **denied** an unreasonable hardship exemption under Section 1134B.2.1 2001 CBC.
- The above named project has been **granted** an unreasonable hardship exemption from the requirements of the State of California CCR-Title 24 (Regulation for the Accommodation fo the Disabled) pursuant to Section 1134B.2.1 2001 CBC.

 Date of Approval / Denial

 PRMD Staff

 BLD Permit Number

 Signature

CHANGES TO FINAL APPROVED PLANS

Plans Examiner FLO WMS

Permit# BLD05-2533

Address: 231 Lamon Creek Rd

	Original SqFt	Final SqFt	Original SqFt	Final SqFt
SFD	_____	_____	Decks	_____
Garage	_____	_____	Storage	_____
Porch	_____	_____	Misc	_____

One set of the original plans have been retained and are included in this package. All revised plans that any of the following should be routed to the Planner who is assigned the project or who did the initial clearance prior to permit issuance. Should the Planner be out on leave, the cubicle planner will be conduct the second review.

- Projects with discretionary permits including design review approvals and use permits. Note: On to the exterior or the footprint of the building require a second review.
- Projects located in one of the special zoning designations:

BR	Biotic Resources	SD	Scenic Design
CC	Coastal Combining	SR	Scenic Resources

 Note: Only changes to the exterior or the footprint of the building require a second review.
- The relocation of a structure so it is not entirely within the building envelope (the building envelope have been identified on the original plans)
- A change which impacts the zoning setbacks (the minimum setbacks should have been clearly identified on the permit application)
- Increased square footage of a second unit or guest house
- An increase in height over 35 feet for residential use unless more restrictive as conditions subdivision (the maximum height should have been clearly identified on the permit application)
- A change to include the addition of a kitchen

If Planning does not review the revised plans based on the above criteria, the Plans Examiner will return original site plan sheet with the planning approval stamp and staple the sheet to the file copy of the approved plans. The Plans Examiner will check the box below.

- Original Submittal Plan Check approved.
- Changes to the final plans do not require a second planning review. Plan Check approved
- Call in addition to the applicant: _____
- Other: Code Enforcer



COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 565-1900 FAX (707) 565-2210

Plan Check Revision & Clearance Notification

This form & redlined plans must be returned with resubmittals

Project Information:

Project address: 231 Salmon Creek
BLD 05 - 2533

Owner's Name: Joe & Helen Bonfigli

Building Permit Application # (Plancheck #)

Plan Checker's Name

<input checked="" type="checkbox"/> Pickup	<input checked="" type="checkbox"/> Phone# <u>829-9721</u>	<input type="checkbox"/> Mail to: <u>OR</u>	<u>Ken Dale</u>
Applicant's Name: <u>Helen Bonfigli</u>		Address: <u>292-0040</u>	City, St Zip

Comments: Railing Detail Added - Sheet 2

Continuation sheet attached

PLEASE NOTE!

ALL CHECKED ITEMS MUST BE ADDRESSED OR YOUR RESUBMITTAL WILL NOT BE ACCEPTED.

Residential

4 complete sets of signed Plans

Commercial

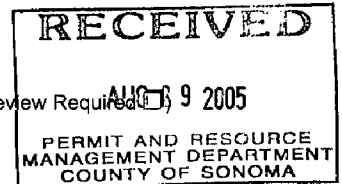
4 complete sets of signed, stamped Plans

Plans

Redlined plans must be returned with resubmittals

Req. Rcvd.

- Plans require correction. Revise original drawings per enclosed check prints. Return 3 revised sets of plans and **enclosed check print.**
- Plot/Site Plan; Floor Plan (Electrical, Plumbing, Mechanical); Foundation Plan; Elevations; Framing Plan; Cross Sections; Structural Details, Signed (and stamped if "engineered") by designer.
- Title 24 Energy Calculations (2 signed, stamped sets)
- Engineering Calculations with revisions (2 signed, stamped sets)
- Geotechnical Report (2 signed, stamped copies)
- Geotechnical Plan/Foundation Review & **Approval Letter**
- Truss Calculations & Layout Plan (2 signed, stamped sets) (Architect/Engineer review Required)
- Elevation Certificate (Sections A, B and C completed)
- Grading Permit Required. Submit Separate Application.
- Special Inspections Form, Completed and signed by Engineer or Architect. (Form enclosed)
- Peer Reviewer must review and approve revision prior to resubmittal.



Kevin Berger requested Railing Detail

PLEASE NOTE! Items marked below are required prior to building permit issuance.

Permit & Resource Management Dept.

Req. Rcvd.

- Owner-Builder Form
- Worker's Compensation verification
- Zoning Clearance
- Parcel Map Improvement Conditions
- Grading Permit
- Drainage Review
- Residential Traffic Mitigation Fee
- Commercial Traffic Mitigation Fee
- Park Fee
- Road Encroachment
- Well & Septic
- Sewer
- Code Enforcement
- Investigation Fees (Equal to total of bldg.,plmb.,elec.,mech. fees)
- Penalties (Equal to total of bldg.,plmb.,elec.,mech. fees x _____)

Dept. Of Health Services

- Food Handling
- Hazardous Materials
- Public Pools & Spas

Special District

- Water _____
- Sewer _____

Fire Marshal

- F.S.S. Mitigation Approval Required (Residential)
- Review and Approval Letter (Non-Residential)

Air Pollution Control District

School Mitigation Fee

School District Name

Other

- Utility Certificate (City of Santa Rosa)
- Architectural Committee Approval
- Coastal Commission

Plans Examiner _____

Phone Number (after 1:30) _____

Date _____

Building/Grading Application Submittal Checklist

CSS-003

❖ 231 SALMON CREEK RD / 103-120-003 BLD05-2533 ❖

Project Address / City _____ APN # _____ BLD / GRD Permit # _____

Project Description REMOVE DOOR, REMOVE 10 FT. PARTITION Applicant / Contact Name Ken Dale

Plan Check Comments / Corrections Mail to applicant Call to pick up 707 292-0040

This form lists submittal requirements, approvals and development fees that apply to your application as submitted on this date, _____ . Other requirements may be identified during the review process. All requirements must be cleared or approved and fees paid prior to permit issuance.

⓪ For Department Use Only - Do not write below this line until directed to sign ⓪

Required Plans

- 4 complete sets of signed and / or stamped plans for building permits
- 5 complete sets of signed and / or stamped plans for grading permits
- 2 sets of legible site plan and floor plan for Well and Septic approvals

Mandatory Items

- | | |
|--|--|
| # Received | |
| <input checked="" type="checkbox"/> Plot / Site Plan | |
| <input checked="" type="checkbox"/> Floor Plan (electrical, plumbing & mechanical) | |
| <input checked="" type="checkbox"/> Foundation Plan (footing details) | |
| <input checked="" type="checkbox"/> Elevations | |
| <input checked="" type="checkbox"/> Framing Plan | |
| <input checked="" type="checkbox"/> Cross Sections | |
| <input checked="" type="checkbox"/> Structural Details | |
| <input checked="" type="checkbox"/> Signed Drawings (stamped if engineered) | |

Other Items Which May be Required

- | | | |
|----------|------------|--|
| Required | # Received | |
| _____ | _____ | Title 24 Energy Calcs (2 signed, stamped sets) |
| _____ | _____ | Engineering Calculations (2 signed, stamped sets) |
| _____ | _____ | Hydrology & Hydraulic Calcs (2 signed, stamped sets) |
| _____ | _____ | Geotechnical Report (2 signed, stamped sets) |
| _____ | _____ | Geotechnical Foundation Approval Letter |
| _____ | _____ | Truss Calcs and Layout (2 signed, stamped sets) |
| _____ | _____ | Flood Elevation Certificate |
| _____ | _____ | Flood Prone Urban Area (drainage review) |
| _____ | _____ | Special Inspection Form |
| _____ | _____ | Conditions of Planning Approval |

Third Party Plan Check _____

PRMD Approvals Required for Permit Issuance

<input checked="" type="checkbox"/> Address Verification	<input type="checkbox"/> Road Name Application or Road Map		
<input checked="" type="checkbox"/> Planning and Zoning	<input checked="" type="checkbox"/> Approved for Issuance	<input checked="" type="checkbox"/> Approved for Submittal	staff sig. <u>AKC</u> date <u>5/19/05</u>
<input type="checkbox"/> Well and Septic	<input type="checkbox"/> Approved for Issuance	<input type="checkbox"/> Approved for Submittal	staff sig. _____ date _____
<input type="checkbox"/> Road Encroachment	<input type="checkbox"/> Approved for Issuance	<input type="checkbox"/> Approved for Submittal	staff sig. _____ date _____
<input type="checkbox"/> Sewer / Water	<input type="checkbox"/> Approved for Issuance	<input type="checkbox"/> Approved for Submittal	staff sig. _____ date _____
<input checked="" type="checkbox"/> Fire Services	<input type="checkbox"/> Approved for Issuance	<input type="checkbox"/> Approved for Submittal	staff sig. _____ date _____
<input checked="" type="checkbox"/> Code Enforcement	<input checked="" type="checkbox"/> Approved for Issuance <u>AKC</u>	<input type="checkbox"/> Approved for Submittal	<input type="checkbox"/> Investigation Fees <input type="checkbox"/> Penalty Fees
			staff sig. _____ date _____

Other PRMD Approvals Required For Permit Issuance

- Drainage Review _____
- Additional Requirements _____
- Project Review - Health _____

Required Development Fees

- School Mitigation Fee for _____ sq. ft. Payable at: _____
- Fire Mitigation Fee Payable at: _____
- Residential Traffic Mitigation Fee
- Commercial Traffic Mitigation Fee
- Park Mitigation Fee

Other Agency Clearances

These clearances may be required prior to permit issuance:

<input type="checkbox"/> Required	<input type="checkbox"/> Received
<input type="checkbox"/> Health Services - Food / Pool	
<input type="checkbox"/> Emergency Services - Hazardous Materials	
<input type="checkbox"/> Transport and Public Works	
<input type="checkbox"/> Water District _____	
<input type="checkbox"/> Sewer District _____	

Air Quality District

- N. Sonoma County (433-5911)
- Bay Area (415-771-6000)

These clearances may be required for your project:

Contact these agencies directly.

- CA Regional Water Quality Board North Coast (576-2220)
- CA Regional Water Quality Board San Francisco Bay (510-622-2300)
- Architectural Review / Homeowner's Assoc.

- U.S. Army Corps of Engineers (415-977-8439)
- CA Dept. of Fish & Game (944-5000)
- CA Coastal Commission (415-904-5260)
- Other _____

The fees received on this date cover the cost of reviewing your plans prior to permit issuance. All required approvals must be obtained, and additional permit and development fees must be paid, before a building permit can be issued.

Applicant Signature Ken Dale Staff Signature c Date 5/18/05

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1103

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:

KEN DALE

Date Applied: **5-18-05**

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

Site Address: 231 SALMON CREEK RD		City: BODEGA		ZIP: 94922	
Cross Street: BODEGA HWY		APN: 03-120-003		Project Phone #: 876-3026	
Directions: DOWNTOWN BODEGA		Site Name: -		Project Fax #: 707-838-7594	
Describe Project: REMOVE DOOR REPLACE W/ WALL REMOVE 10 FT. PARTITION		Living Area: 0		Contract Price: \$800.00	
Garage Decks: 0		Unit #:		Lot #:	
OWNER NAME AND ADDRESS:			APPLICANT NAME AND ADDRESS:		
Name: JOE & HELEN BONFIGLI			Name: KEN DALE		
Mailing Address: BOX 8616			Mailing Address: 1505 GUMVIEW RD		
City: SANTA ROSA		State: CA	ZIP: 95407		City: WINDSOR
Day Ph: (829-9721)		Fax: ()	Day Ph: 292-0040		Fax: 838-7594
CONTRACTOR INFORMATION:			OTHER PERSONS (ARCHITECT, ENGINEER, ETC.):		
Company Name: L. SANCHEZ CONSTR.			Name: John Larimer		
Address: 1395 HIDDEN LAKE ROAD			Address: 12995 DuPont RD		
City: FORESTVILLE		State: CA	ZIP: 95436		City: Sebastopol
Day Ph: () 480-5981		Fax: ()	Day Ph: 874-1828		Fax: ()
WORKER'S COMPENSATION DECLARATION			CONSTRUCTION LENDING DECLARATION		
<p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input checked="" 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: STATE FUND</p> <p>Policy No.: 160032</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: 2006 Applicant: [Signature]</p> <p>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 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</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. 3087, Civ. C.)</p> <p>Lenders Name: N/A</p> <p>Lenders Address: N/A</p>		
FOR DEPARTMENT USE					
Zoning: RD HD SBT		Lot No. 49		Acres 0.49	
Existing Use/Structures: COMMERCIAL STORE		Proposed Use/Structures: REMOVE PARTITION, DOOR			
Zoning Min. Yard Requirements: From		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: [Signature]		Approval for Occupancy: [Signature]			
By: [Signature]		By: [Signature]			
Date: 5/19/05		Date: 5/19/05			
Conditions: Returns space to former condition					
* See Scenic Hwy - Main St					
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			
Drainage Review: Approved by: _____ Date: _____		Fire: Approved by: _____ Date: _____			
Code Enforcement Violation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Violation # VB099-0095		This permit is limited to 180 days.			
Lic. Class B Lic. No. 744621		OK to issue permit until Langefeldt 9-2-05			
Exp. Date 2007 Contractor L. Sanchez Construction		Work Authorized: REMOVE DOOR REPLACE W/ WALL REMOVE 10' PARTITION LEGALIZE ADD DOOR & RAMP FOR ADA ACCESS			
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 <input type="checkbox"/> does <input type="checkbox"/> does not contain asbestos, or that <input type="checkbox"/> 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.		<input checked="" type="checkbox"/> Plans approved <input type="checkbox"/> Post FIRM <input type="checkbox"/> All required Reports Available <input type="checkbox"/> No Plans Subject to Field Inspection <input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available Type of Construction: VN Occupancy: B No. of Stories: 1 No. of Bedrooms: 1	
I permit Cleared for Issuance By: [Signature] Date: 9/1/05		Auto. Fire Sprinklers Req'd		Certificate of Occupancy	
Machine Space for Permit Fee					
PERMITTEE SIGNATURE: [Signature]		ADDRESS: 1505 Gumview Rd, Windsor 95492			
ADDRESS: 1505 Gumview Rd		CITY: WINDSOR		ZIP: 95492	
<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Licensed Professional		Final Date: 12/09/05 Inspector: [Signature]			

JOB ADDRESS: 231 SALMON CREEK RD PERMIT NUMBER: 71D05-2533 INSPECTION AREA: 7

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

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

SPECIAL INSPECTION REQUIRED		YES	NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
101) ROUGH GRADING				REMOVAL DOOR REPLACE W/WALL REMOVE PARTITION - ADD DOOR & RAMP FOR ACCESSIBILITY REQ.
103) FOUNDATION				
FORMS/SETBACK				
FOOTING				
WALLS				
106) UFER GROUND #				
104) CAISSONS/PIERS				
105) SLAB				
107) UNDERGROUND UTILITIES				
110) MASONRY				
109) RETAINING WALLS				
113) FIREPLACE				
FOOTING				
HEARTH/PROTECTION				
THROAT				
114) CHIMNEY				
120) UNDERFLOOR/UNDERSLAB				
115) HYDRONICS				
116) U/F ELECTRICAL				
117) U/F MECHANICAL				
118) U/F PLUMBING				
119) U/F FRAMING				
139) U/F INSULATION				
126) SHEAR WALLS				
<input type="checkbox"/> INTERIOR		<input type="checkbox"/> EXTERIOR		
127) DIAPHRAGMS				
<input type="checkbox"/> ROOF		<input type="checkbox"/> FLOOR		
134) SIDING/SHEATHING				
125) HOLD DOWNS				
132) CLOSE-IN				
122) ROUGH ELECTRICAL				
123) ROUGH MECHANICAL				
124) ROUGH PLUMBING				
128) ROUGH FRAME				
160) SMOKE DETECTORS				
139) INSULATION				
142) WALLBOARD				
143) FIREWALLS				
135) STUCCO/PLASTER				
<input type="checkbox"/> LATH		<input type="checkbox"/> SCRATCH		
137) ROOFING				
130) TUB/SHOWER PAN				
162) FIRE DAMPERS/DOORS				
164) SUSPENDED CEILING				
<input type="checkbox"/> ROUGH ELEC.		<input type="checkbox"/> ROUGH MECH.		
165) EXITING - RAMPS/STAIRS				
163) HANDRAILS/GUARDRAILS				
CORRIDORS/DOORS				
166) ACCESSIBILITY COMPLIANCE				
144) WATER TANKS				
<input type="checkbox"/> SLAB		<input type="checkbox"/> WALLS		
170) TEMPORARY OCCUPANCY				
171) TEMPORARY ELECTRICAL				
172) TEMPORARY GAS				
174) ELECTRIC METER AUTHORIZATION				
152) PANEL BOARDS/SERVICE				
189) SEPTIC ELECTRIC FINAL				
175) GAS METER AUTHORIZATION				
153) GAS PRESSURE TEST				
HOUSE		YARD		
190) MANUF. HOME FOUNDATION				
191) MANUF. HOME INSTALLATION				
CONTINUITY				
STAIRS/SKIRTS				
RIDGE BOLTING				
193) MANUF. HOME COND. FINAL				
SWIMMING POOLS				
194) PRE-GUNITE				
195) PRE-DECK				
196) PRE-PLASTER/FENCE				
197) VINYL/FIBERGLASS POOL EXCAVATION				
102) GRADING FINAL				
176) ELECTRICAL FINAL				
177) MECHANICAL FINAL				
178) PLUMBING FINAL				
199) FINAL				
OCCUPANCY (OK TO OCCUPY)				

- 650) SUSMP INSPECTION
- 651) NPDES EROSION COMPLIANCE
- 652) NPDES SEDIMENT COMPLIANCE
- 653) NPDES DOCS/SWPPP

FIRE INSPECTION REQUIRED	DATE	NAME
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
759) KNOX BOX		
760) PROPANE TANK HOLD DOWNS		
770) SPRINKLER FINAL		
771) ABOVEGROUND HYDROSTATIC		
772) UNDERGROUND HYDROSTATIC		
773) UNDERGROUND FLUSH		
774) THRUST BLOCKS		
775) PIPE WELD		
776) HYDRANTS/APPLIANCES		
777) PUMP ACCEPTANCE		
778) WATER SUPPLY/TANK		
779) ALARM SYSTEM		
780) HOOD & DUCT SYSTEM		
781) ABOVEGROUND TANK/DISPENSER		
198) FIRE FINAL		
CLEARANCES:		
FIRE	<input type="checkbox"/> Local	<input type="checkbox"/> County
HEALTH DEPARTMENT		
ZONING		
SANITATION		
PLAN RETENTION REQUIRED		
<input type="checkbox"/> Yes		<input type="checkbox"/> No

12/29/05 SWL

PERMIT # BLD05-2578