

B

Type

3

Docs

Plans

BLD99-1916

Building Permit Number (List all associated with these documents)

10145

Street Number

Cherry Ridge Rd

Street Name

GRA

Community Code

061-130-087

APN

COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 565-1900 FAX (707) 565-1103

BUILDING PERMIT RECEIPT

BLD99-1916

Site Location Information Address: 10145 CHERRY RIDGE RD GRA Cross Street:		Printed By: BKEARNS 08:00 Oct 26, 1999 APN: 061-130-087 Initialized By: BKEARNS A-BLD 9901	
Owner SHOTT THOMAS A & ALYSSA BARLOW E 10145 CHERRY RIDGE RD SEBASTOPOL CA 954729026		Applicant DAVIES HEATING & AIR CONDITIONIN 189 ALMA AVE ROHNERT PARK CA 94929 795 4368	
Contractor DAVIES HEATING & AIR CONDITIONIN 189 ALMA AVE ROHNERT PARK CA 795 4368 Lic. #: 442774		Architect or Engineer Lic. #:	

Building Permit Expires 3 YEARS from the Date Permit Fees Are Paid (See Register Validation Date)

Permit Description: INSTALL NEW FURNACE & A/C Valuation/Contract Price: \$.00 Plancheck Multiplier:	Status: STARTED Issued: Type: SALT
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Penalty Multiplier (Where Applicable):

Item #	Item Account Code	Description	Fee	Prev. Paid
0011	1341	3505 INSPECTIONS - OTHER	\$.00	\$.00
0012	1341	3505 INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
0013	1341	3505 REINSPECTION(S) FEE	\$.00	\$.00
0100	1341	3502 SITE REVIEW/ELEV. CERT.	\$.00	\$.00
0121	1341	FIRE SAFE STDS & REF PRMD	\$.00	\$.00
0122	1341	3504 ELECTRICAL FEE	\$.00	\$.00
0123	1341	3504 MECHANICAL FEE	\$33.46	\$.00
0124	1341	3504 PLUMBING FEE	\$.00	\$.00
0132	1341	3504 BUILDING PERMIT FEE	\$.00	\$.00
0220	1600	VIO. PENALTY FEE (BLDG)	\$.00	\$.00
0221	4114	2001 VIO. INVEST. FEE (BLDG)	\$.00	\$.00
1165	3829	6146 ZONING PERMITS W/O D.R.	\$.00	\$.00
5011	1341-WAIVED	3505 INSPECTIONS - OTHER	\$.00	\$.00
5012	1341-WAIVED	3505 INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
5013	1341-WAIVED	3505 REINSPECTION(S) FEE	\$.00	\$.00
5100	1341-WAIVED	3502 SITE REVIEW/ELEV. CERT.	\$.00	\$.00
5121	1341-WAIVED	FIRE SAFE STDS & REF PRMD	\$.00	\$.00
5122	1341-WAIVED	3504 ELECTRICAL FEE	\$.00	\$.00
5123	1341-WAIVED	3504 MECHANICAL FEE	\$.00	\$.00
5124	1341-WAIVED	3504 PLUMBING FEE	\$.00	\$.00
5132	1341-WAIVED	3504 BUILDING PERMIT FEE	\$.00	\$.00
5220	1600-WAIVED	VIO. INVEST. FEE	\$.00	\$.00
5221	4114-WAIVED	2001 VIOLATION INVESTIG FEE	\$.00	\$.00
6165	3829-WAIVED	6146 ZONING PERMITS W/O D.R.	\$.00	\$.00

Permit qualified for fee waiver (Y/N): N	\$33.46	\$.00
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Total Calculated Fees	\$33.46	CASH REGISTER
Previously Paid	\$.00	VALIDATION
Balance Due	\$33.46	REQUIRED
		BELOW

013989 10/27/99A0:
 # 0991916
 SIERRA \$33.46
 ***TTL \$33.46
 CHECK \$33.46
 CHNG \$0.00

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:

Brad

Date
Applied:

10-25-99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 10145 Cherrynridge Rd.		City: Sebastopol		ZIP: 95473	
Cross-Street:	APN: 061 130 087	Project Phone #:	Project Fax #:	Unit #	Lot #
Directions:	Subd. Name:	Living Area:		Contract Price:	
Describe Project: install new furnace and A/C (mech only)		Garage:		Decks:	

OWNER NAME AND ADDRESS

Name: Thomas Barlow		
Mailing Address: 10145 Cherrynridge Rd.		
City: Sebastopol	State: CA	ZIP: 95473
Day Ph: () 723-5152	Fax: ()	

APPLICANT NAME AND ADDRESS

Name: Julie Rickard		
Mailing Address:		
City:	State:	ZIP:
Day Ph: ()	Fax: ()	

CONTRACTOR INFORMATION

Company Name: Davies Heating & Air Con.		
Address: 189 ALMA AVE		
City: Robert P.R.	State: CA	ZIP: 94978
Day Ph: () 795-1268	Fax: ()	

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name:		
Address:		
City:	State:	ZIP:
Day Ph: ()	Fax: ()	
License No:	Exp. Date:	

WORKER'S COMPENSATION 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: _____
 Policy No.: _____

(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: _____ Applicant: Julie Rickard

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 Contractor's 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. It, 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 Contractor's 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 Contractor's License Law.)
- ☐ I am exempt under Sec. _____ B & P.C. for this reason.

Date: _____ Owner: _____

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.

U.C. Class: 080/143 Lic. No. 442774

Exp. Date: 11/30/2000 Contractor: Julie Rickard

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 (C) does (X) does not contain asbestos, or that (X) 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.

NOTICE: THIS PERMIT WILL EXPIRE BY LIMITATION IF WORK IS NOT STARTED IN 180 DAYS OR IF WORK IS ABANDONED FOR MORE THAN 180 DAYS. A REQUEST FOR TIME EXTENSION MUST BE SUBMITTED IN WRITING TO THE BUILDING CODE ADMINISTRATOR WITHIN THE FIRST 180 DAYS OF THE PERMIT.

PERMITTEE SIGNATURE: Julie Rickard
 ADDRESS: _____ CITY: _____ ZIP: _____
☐ Contractor ☐ Owner ☒ Agent for Contractor ☐ Agent for Owner

Permit # 81699-1916 Area 7

Permit Coordinator

CONSTRUCTION LENDING DECLARATION

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: _____
 Lenders Address: _____

FOR DEPARTMENT USE

Zoning: _____	File No.: _____	Acres: _____
Existing Use/Structures: _____		
Proposed Use/Structures: _____		
Zoning Min. Yard Requirements: Front _____ Left _____ Right _____ 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: _____		Approval for Occupancy: _____
By: _____	By: _____	
Date: _____	Date: _____	
Conditions: _____		

Bewer 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 type="checkbox"/> No 100 Year Flood Elevation: _____
Site Review
Code Enforcement Violation <input type="checkbox"/> Yes <input type="checkbox"/> No Violation # _____
This permit is limited to _____ days.
Work Authorized: _____
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg

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

<input type="checkbox"/> Plans Approved	<input type="checkbox"/> No Plans Subject to Field Inspection	Date: _____
Plancheck Cleared By: _____	Date: _____	
Permit Cleared for issuance by: _____	Date: 10-25-99	
<input type="checkbox"/> Post FIRM <input type="checkbox"/> Aqueous Procto Report Available	<input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available	
Type of Construction: _____	Occupancy: _____	No. of Stories: _____
Auto. Fire Sprinklers Req'd: _____	No. of Units: _____	Certificate of Occupancy: _____
Final Date: _____	Inspector: _____	

Machine Serial Number: 01398910-27-99A001

0991916

SIERRA \$33.46

***TTL \$33.46

CHECK \$33.46

CHUNG \$0.00

EXPIRE Date: 3/3/05

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

JOB ADDRESS:

10145 Cherrynridge Rd.

MAP REFERENCE:

PERMIT NUMBER: 81699-1916

INSP:

3

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
FOUNDATION			<i>furnance / a/c</i>	
FORMS/SETBACK				
FOOTING				
WALLS				
UFER GROUND #				
CAISSONS/PIERS				
SLAB				
MASONRY				
RETAINING WALLS				
FIREPLACE				
FOOTING				
HEARTH/PROTECTION				
THROAT				
CHIMNEY				
UNDERFLOOR/UNDERSLAB				
U/F ELECTRICAL				
U/F MECHANICAL				
U/F PLUMBING				
U/F FRAMING				
U/F INSULATION				
SHEAR WALLS				
<input type="checkbox"/> INTERIOR				
<input type="checkbox"/> EXTERIOR				
DIAPHRAGMS				
<input type="checkbox"/> ROOF				
<input type="checkbox"/> FLOOR				
SIDING/SHEATHING				
HOLD DOWNS				
CLOSE-IN				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
ROUGH PLUMBING				
ROUGH FRAME				
SMOKE DETECTORS				
INSULATION				
WALLBOARD				
STUCCO/PLASTER				
<input type="checkbox"/> LATH <input type="checkbox"/> SCRATCH				
ROOFING				
TUB/SHOWER PAN				
SUSPENDED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
EXITING				
STAIRS/HANDRAILS				
RAMPS				
CORRIDORS/DOORS				
HANDICAP REQUIREMENTS				
ENERGY REQUIREMENTS				
TEMPORARY OCCUPANCY				
TEMPORARY ELECTRICAL				
TEMPORARY GAS				
ELECTRIC METER AUTHORIZATION				
PANEL BOARDS/SERVICE				
GAS METER AUTHORIZATION				
GAS PRESSURE TEST				
HOUSE				
YARD				
MANUF. HOME FOUNDATION				
MANUF. HOME INSTALLATION			FIRE INSPECTION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUITY			Inspected by:	
STAIRS/SKIRTS				
RIDGE BOLTING				
SWIMMING POOLS				
PRE-GUNITE				
PRE-DECK			CLEARANCES:	
PRE-PLASTER/FENCE			FIRE <input type="checkbox"/> Local <input type="checkbox"/> County	
GRADING FINAL			HEALTH DEPARTMENT	
ELECTRICAL FINAL			ZONING	
MECHANICAL FINAL			SANITATION	
PLUMBING FINAL			N.C.A.P.C.D.	
FINAL				
OCCUPANCY (OK TO OCCUPY)			PLAN RETENTION REQUIRED?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	