

B

Type

11

Docs

Plans

Dem 04-0319

Building Permit Number (List all associated with these documents)

20019

Street Number

Coleman Valley Rd.

Street Name

BBV

Community Code

101-100-604

APN

Please Print:
Your Name:

Date
Applied:

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 20019 Coleman Valley Rd.		City: Bodega Bay	ZIP: 94923
Cross-Street: Hwy. 1	APN: 101-100-004	Project Phone #: 707 585-1903	Project Fax #: 707 585-6877
Directions: Hwy 1 North from Bodega Hwy	Subd. Name:	Unit #	Lot #
Describe Project: Demolish and remove SFD 1700 sq ft and outbuilding 800 sq ft		Living Area: 1700 sq ft	Contract Price: 3500
		Garage: 800 sq ft	
		Deck: 200 sq ft	

OWNER NAME AND ADDRESS

Name: Robert S. Colliss
Mailing Address: 20019 Coleman Valley Rd.
City: Bodega Bay State: CA ZIP: 94923
Day Ph: 707 582-3121 Fax: 415 457-8308

APPLICANT NAME AND ADDRESS

Name: Daniel O. Davis, Inc.
Mailing Address: 1051 Todd Rd.
City: Santa Rosa State: CA ZIP: 95407
Day Ph: 707 585-1903 Fax: 707 585-6877

CONTRACTOR INFORMATION

Company Name: Daniel O. Davis, Inc.
Address: 1051 Todd Rd.
City: Santa Rosa State: CA ZIP: 95407
Day Ph: 707 585-1903 Fax: 707 585-6877

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Name:
Address:
City: State: ZIP:
Day Ph: () Fax: ()

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: State Fund
Policy No.: 1654531-04

☐ 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: 10/1/05 Applicant: Daniel O. Davis, Inc.

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 Contractors 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. If, 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 Contractors 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 Contractors 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.

Lic. Class: A, C21 Lic. No.: 431984

Exp. Date: 12/31/04 Contractor: Daniel O. Davis

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

PERMITTEE SIGNATURE: [Signature]
ADDRESS: 1051 Todd Rd., Santa Rosa CITY 95407 ZIP
☐ Contractor ☐ Owner ☐ Other Licensed Professional

Final Date: 8.30.05 Inspector: [Signature]

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: LEA-36 160/640 File No.: _____ Acres: _____
Existing Use/Structures: _____
Proposed Use/Structures: Demolition
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. ☐ Mitigation Required ☐ Address subject to change
Approval for Permit Issuance: _____ Approval for Occupancy: _____
By: [Signature] By: [Signature]
Date: 11/24/04 Date: 11/24/04
Conditions: _____

Sewer Connection: ☐ Available ☐ Fees Paid
Approved by: _____ Date: _____

Road Encroachment: ☐ Fees Paid
Approved by: _____ Date: _____

Septic System Permit/Clearance #
Approved by: [Signature] Date: 11-24-04

Flood Zone: ☐ Yes ☒ No 100 Year Flood Elevation: _____

Site Review
Drainage Review:
Approved by: _____ Date: _____

Fire:
Approved by: _____ Date: _____

Code Enforcement Violation: ☒ Yes ☐ No Violation # 75-0200
This permit is limited to _____ days.
VB000-0525
VB009-0664
VB000-0322
VB002-0855

Work Authorized: Demolish SFD 1700 sq ft and shed 800 sq ft

☐ Plans Approved ☐ Post FIRM ☐ Pre FIRM ☐ Request Prior Report Available
☐ No Plans Subject to Field Inspection ☐ Geotechnical report Available
Permit Cleared for Insurance By: [Signature] Date: 11/24/04
Machine Space for Permit Fee: 209.00

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

JOB ADDRESS: 20019 Coleman Valley Rd.
PERMIT NUMBER: DAVIS-0319
INSPECTION AREA: AREA 7

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:

Date
Applied:

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY																							
Site Address: 28019 Coleman Valley Rd.		City: Bodega Bay	ZIP: 94923																				
Cross-Street: Way 1	APN: 101-180-008	Project Phone #: 707, 565-1900	Project Fax #: 707, 565-6977																				
Directions: Way 1 North from Bodega Bay	Subd. Name:	Unit #	Lot #																				
Describe Project: Demolition of house SFD		Living Area	Contract Price: 2700																				
Garage		Decks																					
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS																					
Name: Robert G. Collins		Name: Daniel O. Davis, Inc.																					
Mailing Address: 28019 Coleman Valley Rd.		Mailing Address: 1051 Todd Rd.																					
City: Bodega Bay	State: CA	ZIP: 94923	City: Santa Rosa																				
State: CA	ZIP: 95407	Day Ph: (707) 565-3121	Day Ph: (707) 565-1903																				
Fax: (415) 557-8308	Fax: (707) 563-6977																						
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Fax: (707) 565-1903	Fax: (707) 565-6977	Fax: ()	Fax: ()																				
License No:		Exp. Date:																					
WORKER'S COMPENSATION DECLARATION		CONSTRUCTION LENDING DECLARATION																					
<p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input 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 Farm</p> <p>Policy No: 1064531-04</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 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: 12/1/03 Applicant: Daniel O. Davis, Inc.</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. 3097, Civ.C.).</p> <p>Lenders Name:</p> <p>Lenders Address:</p>																					
FOR DEPARTMENT USE																							
Zoning: RM-10 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																							
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Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____																							
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Drainage Review: _____																							
Approved by: _____		Date: _____																					
Fire: _____																							
Approved by: _____		Date: _____																					
Code Enforcement Violation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Violation # 15-1-200																							
This permit is limited to _____ days. 15-1-200																							
Work Authorized: DEMOLITION																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Plans Approved</td> <td><input type="checkbox"/> No Plans Subject to Field Inspection</td> <td><input type="checkbox"/> Post FIRM</td> <td><input type="checkbox"/> Final FIRM</td> <td><input type="checkbox"/> Allquist Prior Report Available</td> </tr> <tr> <td><input type="checkbox"/> Plans Subject to Field Inspection</td> <td><input type="checkbox"/> No Plans Subject to Field Inspection</td> <td><input type="checkbox"/> Post FIRM</td> <td><input type="checkbox"/> Final FIRM</td> <td><input type="checkbox"/> Allquist Prior Report Available</td> </tr> <tr> <td>Plancheck Cleared By: _____</td> <td>Date: _____</td> <td>Type of Construction</td> <td>Occupancy</td> <td>No. of Stories</td> </tr> <tr> <td>Permit Cleared for Issuance By: _____</td> <td>Date: 12/1/03</td> <td>Auto. Fire Sprinklers Req'd</td> <td>No. of Units</td> <td>Certificate of Occupancy</td> </tr> </table>				<input type="checkbox"/> Plans Approved	<input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Final FIRM	<input type="checkbox"/> Allquist Prior Report Available	<input type="checkbox"/> Plans Subject to Field Inspection	<input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Final FIRM	<input type="checkbox"/> Allquist Prior Report Available	Plancheck Cleared By: _____	Date: _____	Type of Construction	Occupancy	No. of Stories	Permit Cleared for Issuance By: _____	Date: 12/1/03	Auto. Fire Sprinklers Req'd	No. of Units	Certificate of Occupancy
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Machine Space for Permit Fee																							
LICENSED CONTRACTOR'S DECLARATION																							
<p>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.</p> <p>Lic. Class: A, C1 Lic. No.: 431994</p> <p>Exp. Date: 12/31/05 Contractor: Daniel O. Davis</p>																							
ASBESTOS DECLARATION																							
<p>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.</p> <p>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.</p>																							
<p>PERMITTEE SIGNATURE: 1051 Todd Rd., Santa Rosa 95407</p> <p>ADDRESS: _____ CITY: _____ ZIP: _____</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Licensed Professional</p>																							
Final Date: 8/30/05		Inspector: B. New																					

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

JOB ADDRESS:

PERMIT NUMBER:

INSPECTION AREA:

131)	SPECIAL INSPECTION REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
	INSPECTION RECORD	DATE	NAME	REMARKS
101)	ROUGH GRADING			
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)			

FIRE INSPECTION REQUIRED	DATE	NAME
<input type="checkbox"/> Yes <input 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

 PERMIT # *DMC04-0319*

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:

Date
Applied:

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 20019 Coleman Valley Rd.	City: Bodega Bay	ZIP: 94923
Cross-Street: Hwy. 1	APN: 101-100-004	Project Phone #: 707 585-1903
Directions: Hwy 1 North from Bodega Hwy	Subd. Name:	Project Fax #: 707 585-6877
Describe Project: Demolish and remove SFD 1700 sq ft and outbuilding 800 sq ft	Living Area: 1700 sq ft	Contract Price: 3500
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	Other: 200 sq ft	

OWNER NAME AND ADDRESS

APPLICANT NAME AND ADDRESS

Name: Robert S. Colliss	Name: Daniel O. Davis, Inc.
Mailing Address: 20019 Coleman Valley Rd.	Mailing Address: 1051 Todd Rd.
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☐ 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: **State Fund**
 Policy No.: **1654531-04**

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)
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Exp. Date: **10/1/05** Applicant: **Daniel O. Davis, Inc.**

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☐ 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. If, 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. 7031.5, 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.

Lic. Class: **A, C21** Lic. No.: **431984**

Exp. Date: **12/31/04** Contractor: **Daniel O. Davis**

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PERMITTEE SIGNATURE: **[Signature]**

Address: **1051 Todd Rd., Santa Rosa** City: **95407** ZIP:

☐ Contractor ☐ Owner ☐ Other Licensed Professional

Final Date: Inspector:

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

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: LEARN 16.0/64.0	File No. _____	Acres _____
Existing Use/Structures _____		
Proposed Use/Structures: Dem SFD		
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: [Signature]	By: [Signature]	
Date: 11/24/04	Date: 11/24/04	
Conditions: _____		

Sewer Connection: ☐ Available ☐ Fees Paid

Approved by: _____ Date: _____

Road Encroachment: ☐ Fees Paid

Approved by: _____ Date: _____

Septic System Permit/Clearance # _____

Approved by: **[Signature]** Date: **11-24-04**

Flood Zone: ☐ Yes ☒ No 100 Year Flood Elevation: _____

Site Review: _____

Drainage Review: _____

Approved by: _____ Date: _____

Fire: _____

Approved by: _____ Date: _____

Code Enforcement Violation: ☒ Yes ☐ No Violation # **75-0200**

This permit is limited to _____ days.

OK TO ISSUUE PERMIT **VB000-0525**

SEEN PARD TO DOUBT **VB019-0064**

SHED BOOTH **VB000-0522**

SHED BOOTH **VB002-0528**

Work Authorized: **Dem SFD 1700 sq ft**

Shed Booth

☐ Plans Approved ☒ No Plans Subject to Field Inspection

Blanket Cleared By: _____ Date: _____

Permit Cleared for Issuance By: **[Signature]** Date: **11/24/04**

Auto. Fire Sprinklers Req'd: _____ No. of Units: _____

Certificate of Occupancy: _____

Mapping Space for Permit Fee

209.00

NOV 24 2004

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

JOB ADDRESS: **20019 Coleman Valley Rd**
 PERMIT NUMBER: **DEM-0319**
 INSPECTION AREA: **AREA 7**

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice for: DEM04-0319

Project Address: 20019 COLEMAN VALLEY RD BBY
Cross Street: HWY 1

APN: 101-100-004

Status: STARTED
Printed: November 24, 2004
Initialized by: CNIEDERM
Activity Type: AB-DEM 401

Description: DEMO SFD 1700 SF AND SHED 800 SF J#2D072

Owner: COLLISS ROBERT S
305 GLENWOOD AVE
DALY CITY CA 94015

707 582 3121

Applicant: DANIEL O DAVIS INC
1051 TODD RD
SANTA ROSA CA

95407 707 585 1903

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
45	BUILDING DEMOLITION FEES	025015-1341	99.00	.00	.00
737	NPDES - DEMOLITION	025015-1341	35.00	.00	.00
1165	ZONING PERMITS W/O D.R.	025015-3829	75.00	.00	.00
			\$209.00	\$0.00	

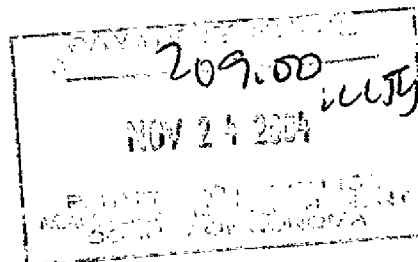
Total Fees: \$209.00

Total Paid: \$0.00

Balance Due: \$209.00

Refunds will not be authorized unless circumstances
comply with established PRMD refund policy provisions.

When validated below, this is your receipt.



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

November 24, 2004

The Permit History provided below may not include all records for this property. Due to parcel mergers, splits, retirements, etc., further investigation may be required to obtain a more complete history.

Assessor's Parcel # 101-100-004

Current Owner: COLLISS ROBERT S

INSPECTOR COPY

Permit History:

Number: 91-1888	Date: 08/26/1991	Status: FILECLSD	Type: VIO-WSEP
Number: 029055-S	Date: 10/30/1991	Status: FILECLSD	Type: VIO-BLDG
Desc: INADEQUATE WATER SUPPLY			
Number: 6528	Date: 10/30/1991	Status: FILECLSD	Type: VIO-PLAN
Desc: OCCUPIED TRAILERS & NON-OPERATIVE VEHICLES			
Number: 079354-B	Date: 07/26/1993	Status: FILECLSD	Type: VIO-BLDG
Desc: CONVERSION OF BARN TO LIVING UNIT. NEW COMPLAINT 11/7/95.			
Number: 039558-S	Date: 03/27/1995	Status: FILECLSD	Type: VIO-BLDG
Desc: LEAKY ROOF, NO WATER, CHIMNEY CAP MISSING AND CHIMNEY TERMIN			
Number: 95-0200	Date: 09/06/1995	Status: RECORDED	Type: VIO-WSEP
Desc: SEWAGE DISCHARGING UNDER RENTAL HOUSE BY ROAD			
Number: V-8206	Date: 11/07/1995	Status: FILECLSD	Type: VIO-PLAN
Desc: CONTINUOUS GARAGE SALES:::ON INSPECTION, TABLES SET UP AND S			
Number: B-046509	Date:	Status: FINALED	Type: OLD-BLDG
Desc: SURVEY			
Number: B-052571	Date:	Status: FINALED	Type: OLD-BLDG
Desc: WINDMILL			
Number: B-052730	Date:	Status: FINALED	Type: OLD-BLDG
Desc: ALTER			
Number: B-052731	Date:	Status: FINALED	Type: OLD-BLDG
Desc: ALTER			
Number: B-054556	Date:	Status: FINALED	Type: OLD-BLDG
Desc: REP WNDMI			
Number: I-079354	Date:	Status: FINALED	Type: OLD-BLDG
Desc: NO VIOLATION			
Number: PX004348	Date:	Status: FINALED	Type: OLD-BLDG
Desc: WINDMILL			
Number: B-033880	Date:	Status: FINALED	Type: OLD-BLDG
Desc: ELEC			
Number: VBU96-0627	Date: 10/02/1996	Status: FILECLSD	Type: VIO-BLDG
Desc: MULTI STRUCTURES ON PROP, UNABLE TO LOCATE CONSTR.			
Number: VBU97-0482	Date: 05/29/1997	Status: FILECLSD	Type: VIO-BLDG
Desc: RECONSTRUCTION OF CARPORT ATTACHED TO GARAGE.			
Number: VPL97-0362	Date: 07/16/1997	Status: FILECLSD	Type: VIO-PLAN
Desc: occupied accessory structure;shed			
Number: VPL99-0147	Date: 04/21/1999	Status: FILECLSD	Type: VIO-PLAN
Desc: JUNKYARD, OCCUPIED SHED			
Number: VBU00-0525	Date: 08/07/2000	Status: RECORDED	Type: VIO-BLDG
Desc: HAZARDOUS ELECTRICAL IN UPPER UNIT/LOWER SHOP			
Number: VBU99-0064	Date: 02/02/1999	Status: RECORDED	Type: VIO-BLDG
Desc: SUBSTANDARD HOUSING			
Number: VPL00-0322	Date: 08/07/2000	Status: ABATLIST	Type: VIO-PLAN
Desc: JUNKYARD/YARD SALES			

Number: VPL01-0368 Date: 06/19/2001 Status: FILECLSD Type: VIO-PLAN
Desc: DUMPING CAR PARTS IN RAVINE
Number: SEP02-0656 Date: 07/30/2002 Status: ISSUED Type: B-SEP
Desc: REPLACE LINE FROM TANK TO D-BOX AND ADD RISERS TO SEPTIC TAN
Number: FLD-002165 Date: 12/18/2002 Status: RED Type: FLOOD
Desc: RAPID EVALUATION SAFETY ASSESSMENT.....

2002: POOR STRU

Number: VBU02-0852 Date: 12/30/2002 Status: N & O Type: VIO-BLDG
Desc: FIRE DAMAGED STRUCTURE, HAZMAT ON SITE

INSPECTOR COPY

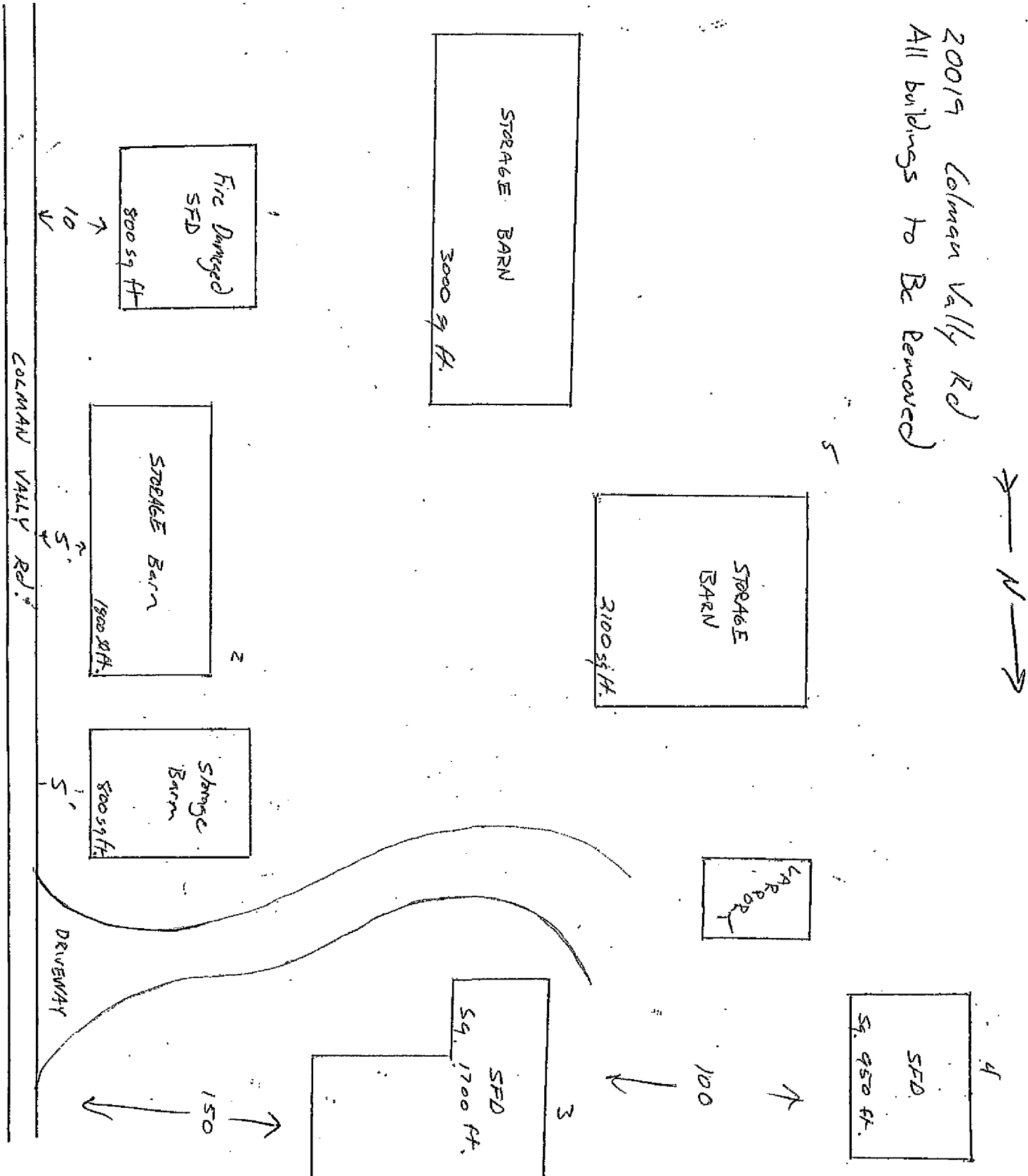
1051 Todd Rd., Santa Rosa, CA 95407
Phone: 707/585-1903 Fax: 707/585-6877

1051 Todd Rd., Santa Rosa, CA 95407

Phone: 707/585-1903

Fax: 707/585-6877

20019 Colman Valley Rd
All buildings to Be Removed





BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

COMPLIANCE & ENFORCEMENT DIVISION

Regulation 11, Rule 2

Acknowledgement of Notification and Payment of Fees

Daniel O Davis Inc.
1051 Todd Road
Santa Rosa, CA 95407

J#: 2D072

Invoice No : 0ZB07

The Bay Area Air Quality Management District (BAAQMD) acknowledges receipt of your payment and your Asbestos Removal or Demolition Plan described as: **Demolition**

Site address 20019 Coleman Valley Rd
Bodega Bay, CA 94923

Start Date November 24, 2004

Completion Date February 24, 2005

Removal amounts of friable ACM 0 linear feet 0 square feet 0 cubic feet

Should it become necessary to revise this plan, please do so in the spaces provided below and immediately copy the District by fax or by mail.

REGULATION 11-2 REVISION

BAAQMD J# 2D072

REVISION #

START DATE

COMPLETION DATE

1

____/____/____

____/____/____

2

____/____/____

____/____/____

3

____/____/____

____/____/____

4

____/____/____

____/____/____

5

____/____/____

____/____/____

NOTE: This form is not intended as a verification of either the completeness of your original notification or of its compliance with BAAQMD Regulation 11-2. If you have any questions about this acknowledgment, please call our office at (415) 749-4762.



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

COMPLIANCE & ENFORCEMENT DIVISION

Regulation 11, Rule 2

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REGULATION 11-2 REVISION

BAAQMD J# 2D072

REVISION #	START DATE	COMPLETION DATE
1	____/____/____	____/____/____
2	____/____/____	____/____/____
3	____/____/____	____/____/____
4	____/____/____	____/____/____
5	____/____/____	____/____/____

NOTE: This form is not intended as a verification of either the completeness of your original notification or of its compliance with BAAQMD Regulation 11-2. If you have any questions about this acknowledgment, please call our office at (415) 749-4762.

California Home

Wednesday, November 24, 2004

**License Detail****CALIFORNIA CONTRACTORS STATE LICENSE BOARD****Contractor License # 431984****DISCLAIMER**

A license status check provides information taken from the CSLB license data base. Before relying on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments known to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license data base.

Extract Date: 11/24/2004

***** Business Information *****

DANIEL O DAVIS INC
1051 TODD ROAD
SANTA ROSA, CA 95407
Business Phone Number: (707) 585-1903

Demot-0319

Entity: **Corporation**
Issue Date: 12/01/1982 Expire Date: 12/31/2004

***** License Status *****

This license is current and active. All information below should be reviewed.

***** Additional Status Information *****

The renewal application has been received but not yet processed.

RETAIN***** Classifications *****

Class	Description
A	GENERAL ENGINEERING CONTRACTOR

C21	BUILDING MOVING, DEMOLITION
------------	------------------------------------

***** Bonding Information *****

CONTRACTOR'S BOND: This license filed Contractor's Bond number **948517** in the amount of **\$10,000** with the bonding company
SURETY COMPANY OF THE PACIFIC.
Effective Date: **01/01/2004**

Contractor's Bonding History

BOND OF QUALIFYING INDIVIDUAL(1): The Responsible Managing Officer (RMO) **DANIEL ORLAN DAVIS** certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is **not** required.
Effective Date: **12/01/1982**

***** Workers Compensation Information *****

This license has workers compensation insurance with the
STATE COMPENSATION INSURANCE FUND
Policy Number: **1654531** Effective Date: **10/01/2001** Expire Date: **10/01/2005**

Workers Compensation History

Personnel listed on this license (current or disassociated) are listed on other licenses.

[Personnel List](#) [Other Licenses](#)

[License Number Request](#)

[Contractor Name Request](#)

[Personnel Name Request](#)

[Salesperson Request](#)

[Salesperson Name Request](#)

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RETAIN