

B
Type

11
Docs

Plans

Dem 04-0320

Building Permit Number (List all associated with these documents)

20019

Street Number

Coleman Valley Rd.

Street Name

BBY

Community Code

101-100-004

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
Directions: Hwy. 1 North from Bodega Hwy	Subd. Name:	Project Fax #: (707) 585-6877
Describe Project: Demolish & remove fire damaged SFD and out building	Living Area: 800 sq ft.	Unit #:
	Garage: 1/2	Lot #:
OWNER NAME AND ADDRESS	Contract Price: 1500	

Name: Robert S. Colliass	Name: Daniel O. Davis, Inc.
Mailing Address: 20019 Coleman Valley Rd.	Mailing Address: 1051 Todd Rd.
City: Bodega Bay	City: Santa Rosa
State: CA	State: CA
ZIP: 94923	ZIP: 95407
Day Ph: (707) 582-3121	Day Ph: 707 585-1903
Fax: (415) 457-8308	Fax: 707 585-6877

Company Name: Daniel O. Davis, Inc.	OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)
Address: 1051 Todd Rd.	
City: Santa Rosa	City:
State: CA	State:
ZIP: 95407	ZIP:
Day Ph: (707) 585-1903	Day Ph: ()
Fax: (707) 585-6877	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**

(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: **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 exempt 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 employee 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. 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: **12/31/05** 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 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.** CITY: **95407**
ZIP:

☐ Contractor ☐ Owner ☐ Other Licensed Professional

Final Date: **8.30.05** Inspector: **[Signature]**

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: **LEA CC Bk 1606** File No. _____ Acres: _____

Existing Use/Structure: _____

Proposed Use/Structure: **Demolish 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. ☐ 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 # **95-0200**

This permit is limited to _____ days.

ALTOUS PENALTIES

FOR THE 2004 STRIKE

HOSEMENT

Work Authorized: **Demolish 800 ft SFD**

VB000-0575

VB099-0064

VB000-0332

VB002-0852

☐ Plans Approved

☐ No Plans Subject to Field Inspection

Permit Check: _____ Date: _____

Permit Cleared By: _____

Permit Cleared For: _____ Date: **11/24/04**

Auto. Fire Signatures Req'd: _____

No. of Units: _____

Certificate of Occupancy

Machine Space for Permit Fee

209.00

[Signature]

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

JOB ADDRESS:

20019 COLEMAN VALLEY RD.

PERMIT NUMBER:

DEM04-0320

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: 20019 Coleman Valley Rd.		City: Bodega Bay	ZIP: 94923
Cross-Street: Imp. 1	APN: 101-100-004	Project Phone #: 707 535-1903	Project Fax #: 707 535-6877
Directions: Imp. 1 North from Bodega Bay	Subd. Name: _____	Unit #: _____	Lot #: _____
Describe Project: Demolish & remove	Living Area: _____	Contract Price: 1500	
Garage: _____		Decks: _____	
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: Robert A. Collins		Name: Daniel O. Davis, Inc.	
Mailing Address: 20019 Coleman Valley Rd.		Mailing Address: 1051 Todd Rd.	
City: Bodega Bay	State: CA	ZIP: 94923	City: Santa Rosa
State: CA	ZIP: 95407	City: Santa Rosa	State: CA
Day Ph: (707) 532-3121	Fax: (415) 457-8349	Day Ph: (707) 535-1903	Fax: (707) 535-6877
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: Daniel O. Davis, Inc.		Name: _____	
Address: 1051 Todd Rd.		Address: _____	
City: Santa Rosa	State: CA	ZIP: 95407	City: _____
State: CA	ZIP: 95407	City: _____	State: _____
Day Ph: (707) 535-1903	Fax: (707) 535-6877	Day Ph: ()	Fax: ()
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 Fund</p> <p>Policy No.: 1084931-03</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: 10/1/05 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: _____		File No.: _____	
Existing Use/Structures: _____		Acres: _____	
Proposed Use/Structures: _____		Acres: _____	
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: _____			
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 type="checkbox"/> No 100 Year Flood Elevation: _____			
Site Review _____			
Drainage Review: _____		Date: _____	
Fire: _____			
Approved by: _____		Date: _____	
Code Enforcement Violation <input type="checkbox"/> Yes <input type="checkbox"/> No Violation # _____			
This permit is limited to _____ days.			
Work Authorized: _____			
<p><input type="checkbox"/> Plans Approved <input type="checkbox"/> Post FIRM <input type="checkbox"/> Allquist Prior Report Available</p> <p><input type="checkbox"/> No Plans Subject to Field Inspection <input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available</p>			
Blanchard Cleared By: _____	Date: _____	Type of Construction: _____	Occupancy: _____
Permit Cleared for Issuance By: _____	Date: _____	Auto. Fire Sprinklers Req'd: _____	No. of Units: _____
Certificate of Occupancy: _____		Machine Spec for Permit Fee	
<p>PERMIT FEES (SIGNATURES): _____ 93407</p> <p>ADDRESS: _____ CITY: _____ ZIP: _____</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Licensed Professional</p> <p>Final Date: 8/30/05 Inspector: B. Davis</p>			

JOB ADDRESS:

PERMIT NUMBER:

INSPECTION AREA:

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

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			650) SUSMP INSPECTION
144)	WATER TANKS			651) NPDES EROSION COMPLIANCE
	<input type="checkbox"/> SLAB <input type="checkbox"/> WALLS			652) NPDES SEDIMENT COMPLIANCE
170)	TEMPORARY OCCUPANCY			653) NPDES DOCS/SWPPP
171)	TEMPORARY ELECTRICAL			FIRE INSPECTION REQUIRED
172)	TEMPORARY GAS			<input type="checkbox"/> Yes <input type="checkbox"/> No
174)	ELECTRIC METER AUTHORIZATION			759) KNOX BOX
152)	PANEL BOARDS/SERVICE			760) PROPANE TANK HOLD DOWNS
189)	SEPTIC ELECTRIC FINAL			770) SPRINKLER FINAL
175)	GAS METER AUTHORIZATION			771) ABOVEGROUND HYDROSTATIC
153)	GAS PRESSURE TEST			772) UNDERGROUND HYDROSTATIC
	HOUSE YARD			773) UNDERGROUND FLUSH
190)	MANUF. HOME FOUNDATION			774) THRUST BLOCKS
191)	MANUF. HOME INSTALLATION			775) PIPE WELD
	CONTINUITY			776) HYDRANTS/APPLIANCES
	STAIRS/SKIRTS			777) PUMP ACCEPTANCE
	RIDGE BOLTING			778) WATER SUPPLY/TANK
193)	MANUF. HOME COND. FINAL			779) ALARM SYSTEM
	SWIMMING POOLS			780) HOOD & DUCT SYSTEM
194)	PRE-GUNITE			781) ABOVEGROUND TANK/DISPENSER
195)	PRE-DECK			198) FIRE FINAL
196)	PRE-PLASTER/FENCE			CLEARANCES:
197)	VINYL/FIBERGLASS POOL EXCAVATION			FIRE <input type="checkbox"/> Local <input type="checkbox"/> County
102)	GRADING FINAL			HEALTH DEPARTMENT
176)	ELECTRICAL FINAL			ZONING
177)	MECHANICAL FINAL			SANITATION
178)	PLUMBING FINAL			
199)	FINAL			
	OCCUPANCY (OK TO OCCUPY)			PLAN RETENTION REQUIRED?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Project Fax #: (707) 585-6877
Directions: Hwy. 1 North from Bodega Hwy	Subd. Name:	Unit #:	Lot #:
Describe Project: Demolish & remove fire damaged SFD and outbuilding		Living Area: 800 sq ft.	Contract Price: 1500
Garage:		Decks: JA 2 DO 72	
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.	
City: Bodega Bay	State: CA	ZIP: 94923	City: Santa Rosa
State: CA	ZIP: 95407	State: CA	ZIP: 95407
Day Ph: (707) 582-3121	Fax: (415) 457-8308	Day Ph: 707 585-1903	Fax: 707 585-6877
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: Daniel O. Davis, Inc.		Name:	
Address: 1051 Todd Rd.		Address:	
City: Santa Rosa	State: CA	ZIP: 95407	City:
State: CA	ZIP: 95407	State:	ZIP:
Day Ph: (707) 585-1903	Fax: (707) 585-6877	Day Ph: ()	Fax: ()
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>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>Lender's Name:</p> <p>Lender's Address:</p>	
<p>Carrier: State Fund</p> <p>Policy No.: 1654531-04</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 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>FOR DEPARTMENT USE</p> <p>Zoning: LEA Cc B1 File No. 1606 Acres</p> <p>Existing Use/Structures</p> <p>Proposed Use/Structures: Demo SFD</p> <p>Zoning Min. Yard Requirements: Front Left Right Back</p> <p>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</p> <p>Approval for Permit Issuance:</p> <p>By: SR Date: 11/24/04</p> <p>By: SR Date: 11/24/04</p> <p>Conditions:</p>	
<p>Exp. Date: 10/1/05 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 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.</p>		<p>OWNER-BUILDER DECLARATION</p> <p>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).):</p> <p><input type="checkbox"/> 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.).</p> <p><input type="checkbox"/> 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.).</p> <p><input type="checkbox"/> I am exempt under Sec. B & P.C. for this reason</p>	
<p>Date: _____ Owner</p> <p>LICENSED CONTRACTOR'S DECLARATION</p> <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, C21 Lic. No.: 431984</p> <p>Exp. Date: 12/31/05 Contractor: Daniel O. Davis</p>		<p>SEWER CONNECTION: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid</p> <p>Approved by: _____ Date: _____</p> <p>ROAD ENCROACHMENT: <input type="checkbox"/> Fees Paid</p> <p>Approved by: _____ Date: _____</p> <p>SEPTIC SYSTEM PERMIT/CLEARANCE #</p> <p>Approved by: Carsten Date: 11-24-4</p> <p>FLOOD ZONE: <input type="checkbox"/> Yes <input type="checkbox"/> No 100 Year Flood Elevation: _____</p> <p>SITE REVIEW</p> <p>DRAINAGE REVIEW:</p> <p>Approved by: _____ Date: _____</p> <p>FIRE:</p> <p>Approved by: _____ Date: _____</p> <p>CODE ENFORCEMENT VIOLATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Violation # 95-0200</p> <p>This permit is limited to _____ days.</p> <p>WORK AUTHORIZED: Demo 800 sq ft SFD</p>	
<p>ASBESTOS DECLARATION</p> <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 () does () does not contain asbestos, or that () 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-monitored 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: D.O.D.</p> <p>ADDRESS: 1051 Todd Rd. CITY: 95407</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Licensed Professional</p>		<p>PERMIT REVIEW</p> <p><input type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection</p> <p>Plan Check Cleared By: _____ Date: _____</p> <p>Permit Cleared for Issuance By: SR Date: 11/24/04</p> <p>Machine Space for Permit Fee: 209.00</p> <p>NOV 24 2004</p>	
<p>Final Date: _____ Inspector: _____</p> <p>THIS PERMIT SHALL EXPIRE IN THREE (3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT</p>		<p>DISTRIBUTION: White - File, Canary - Applicant, Pink - Audit Copy, Blue - Assessor, Cardstock - Inspector</p>	

JOB ADDRESS:

20019 COLEMAN VALLEY RD

PERMIT NUMBER:

Demo 4-0320

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: DEM04-0320

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 800 TO CLEAN DIRT 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	

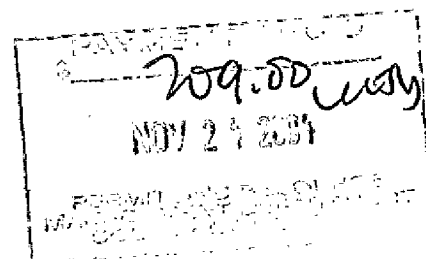
Total Fees: \$209.00

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

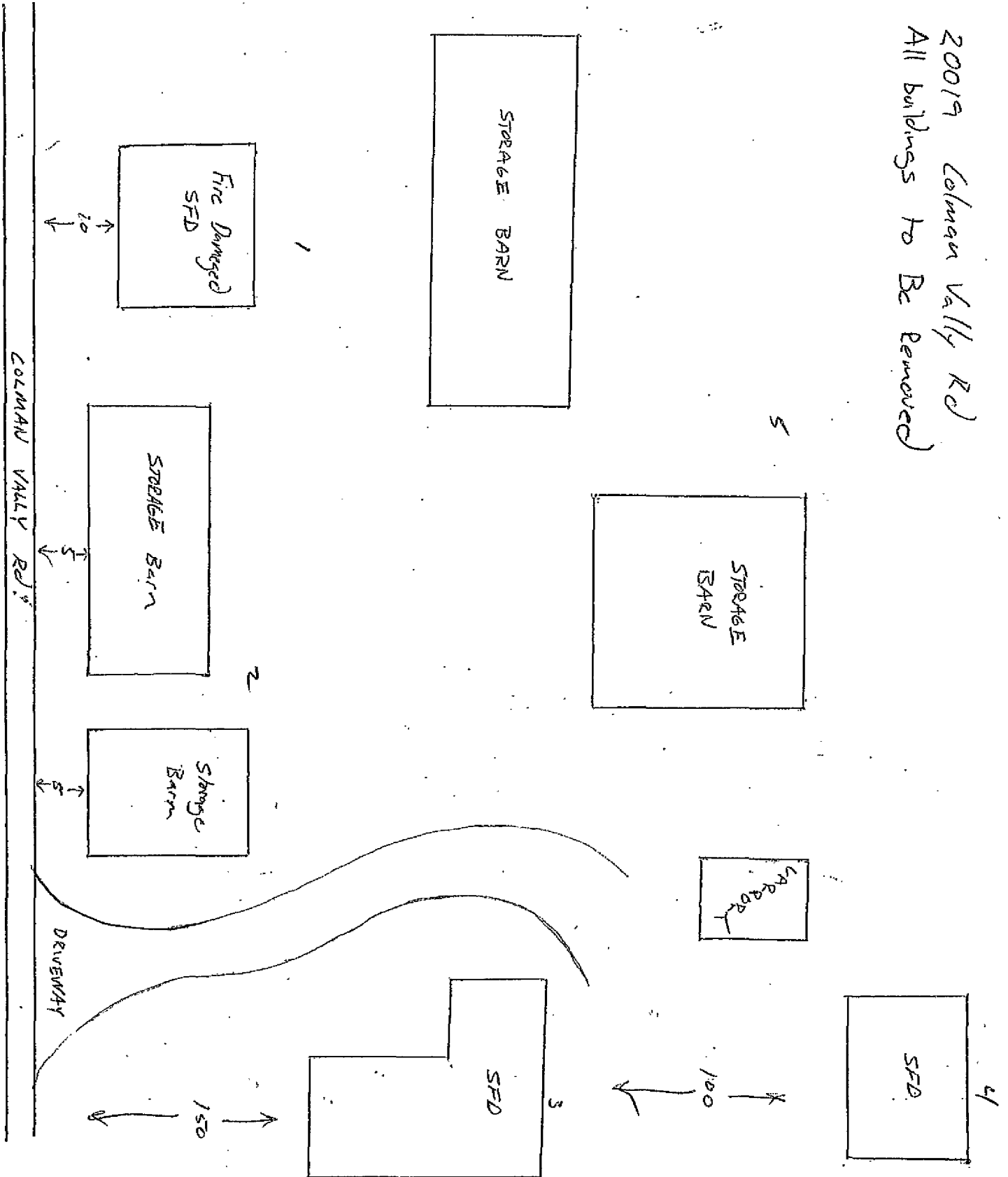
DANIEL O. DAVIS, INC.

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****Acknowledgement of
Notification and
Payment of Fees**Daniel O Davis Inc.
1051 Todd Road
Santa Rosa, CA 95407

J#: 2D072

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REGULATION 11-2 REVISION**BAAQMD J# 2D072**

REVISION #

START DATE

COMPLETION DATE

1

____/____/____

____/____/____

2

____/____/____

____/____/____

3

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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

RETAINEntity: **Corporation**

Issue Date: 12/01/1982 Expire Date: 12/31/2004

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

DEM04-0320

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.

***** 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

RETAIN

License Number Request

Contractor Name Request

Personnel Name Request

Salesperson Request

Salesperson Name Request

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