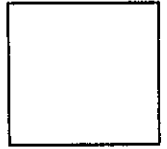


B

Type



Plans

B-132483

Permit Number

981

Street Number

STONY POINT RD

Street Name

BEL

Community Code

035-121-042

APN

171
 18

Please Print Your Name: MICHAEL REED Date Applied: 9/27

IF YOU ARE HERE FOR A PERMIT, PLEASE COMPLETE TO EXPEDITE ASSISTANCE

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 981 STONY POINT RD City: _____ ZIP: _____
 Cross Street: _____ APN: 035-121-042
 Directions: _____

Describe Project: REPLACE WALL FURNACE
FFU COZY W505
 Living Area: _____ Garage: _____ Decks: _____ Contract Price: _____

OWNER NAME AND ADDRESS
 Name: JENNIFER BENNETT
 Mailing Address: 981 STONY POINT RD
 City: SANTA ROSA State: CA
 ZIP: 95407 Day Ph: (707) 577-0375

APPLICANT NAME AND ADDRESS
 Name: _____
 Mailing Address: _____
 City: _____ State: _____
 ZIP: _____ Day Ph: () _____

CONTRACTOR INFORMATION
 Company Name: SOLANO MECHANICAL
 Address: 1800 WALTERS CT A
 City: FAIRFIELD State: CA
 ZIP: 94533 Day Ph: (707) 428-6244

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)
 Name: _____
 Address: _____
 City: _____ State: _____
 ZIP: _____ Day Ph: () _____

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: MID CENTURY
 Policy NO: AO 509 270 1400
 (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.
 Date: 9/27/95 Applicant: _____
 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

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, CM. C.)
 Lenders Name: _____
 Lenders Address: _____

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. 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 & PC for this reason: _____
 Date: _____ Owner: _____

FOR DEPARTMENT USE
 Zoning: _____ File No: _____ Area: _____
 Existing Use/Structures: _____
 Proposed Use/Structures: _____
 Minimum Yard Requirements:
 NOTE: All parcels greater than 1 Acre are required to have a minimum 30' setback
 Front: _____ Left: _____ Right: _____ Back: _____
 Approval for Permit Issuance: _____ Approval for Occupancy: _____
 By: _____ Date: _____
 Conditions: _____

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: C-20 Lic No: 614337
 Date: 3/31/97 Contractor: SOLANO MECHANICAL

Sewer Connection: Available Fees Paid
 Approved by: _____ Date: _____
 Road Encroachment: Fees Paid
 Approved by: _____ Date: _____
 Septic System Permit/Clearance # _____
 Approved by: _____ Date: _____
 Flood Zone: Yes No 100 Year Flood Elevation: _____
 Site Review: _____
 By: _____ Date: _____
 Condition of Soil at Job Site: Original Engineered Fill Loose Fill
 Required Reports: Geology Soils Compaction
 Code Enforcement Violation: Yes No
 Work Authorized: _____

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: _____
 ADDRESS: 1800 WALTERS CT A CITY: FAIRFIELD ZIP: 94533
 Contractor Owner Agent for Contractor Agent for Owner

015915 09/27/9500
 New Addition Alteration Repair Moving Occ/Chg

Plans Approved
 No Plans Subject to Field Inspection
 Permitted Cleared By: _____ Date: _____
 Permit Cleared for Issuance By: _____ Date: _____

Type of Construction	Occupancy	No of Stories	No of Bedrooms

 Auto Fire Retardants Req'd: _____ No of Units: _____ Certificate of Occupancy: _____
 Final Date: 3-12-96

Permit # B132483 Area 3
 Permit Coordinator: _____

JOB ADDRESS: 981 Stony Point Rd.
 MAP REFERENCE: _____
 PERMIT NUMBER: B-132483
 INSPECTION AREA: 3

IS

FINAL MERCH. }
FINAL } 3-12-96 U