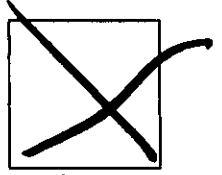


B

Type



Plans

B-140089

Permit Number

964

Street Number

KENMORE LN

Street Name

BEL

Community Code

035-121-017

APN

COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 527-1900 FAX (707) 527-1103

9:35

Please Print Your Name: Tim Torre Date Applied: 12/10/96

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 964 Kenmore Ln City: Santa Rosa ZIP: 95407
 Cross-Street: Sebastopol Rd APN: 035-121-017 Project Phone #: 707-542-5184 Project Fax #: N/A
 Directions: Addendum to B1 39806 Subd. Name: _____ Unit #: _____ Lot #: _____
 Describe Project: New foundation for garage to be placed in same location w/ same dimensions as existing garage. Living Area: N/A Contract Price: \$10,000
 Garage: 540
 Decks: N/A

OWNER NAME AND ADDRESS

Name: Marion Almeraz
 Mailing Address: 964 Kenmore Ln
 City: Santa Rosa State: Ca ZIP: 95407
 Day Ph: (542-5184) Fax: () N/A

APPLICANT NAME AND ADDRESS

Name: Campbell Construction
 Mailing Address: 510 Southwood
 City: Santa Rosa State: Ca ZIP: 95407
 Day Ph: () 528-3182 Fax: () _____

CONTRACTOR INFORMATION

Company Name: Campbell Construction
 Address: 510 Southwood
 City: Santa Rosa State: Ca ZIP: 95407
 Day Ph: () 528-3182 Fax: () _____

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: _____
 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: Tim Torre
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, 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. Mitigation Required Address subject to change
 Approval for Permit Issuance: _____ Approval for Occupancy: _____
 By: see Date: 12-20-96
 Conditions: _____

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 & P.C. for this reason _____
 Date: _____ Owner: _____

Sewer Connection: Available Fees Paid
 Approved by: _____ Date: _____
 Road Encroachment: Fees Paid
 Approved by: _____ Date: _____
 Septic System Permit/Clearance # _____
 Approved by: _____ Date: _____

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: B Lic. No.: 650591
 Exp. Date: 5/31/97 Contractor: Campbell Construction

Flood Zone: Yes No 100 Year Flood Elevation: _____
 Site Review: FLAT SITE - ORIGINAL TRENCHES NEED TO BE FILLED WITH CONCRETE WHATEVER OLD FOOTINGS ARE REMOVED
 By: see Date: 12-20-96
 Condition of Soil at Job Site: Original Engineered Fill Loose Fill
 Required Reports: Geology Soils Compaction

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.

Code Enforcement Violation Yes No
 Work Authorized: _____
 New Addition Alteration Repair Moving Occ/Chg

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: Tim Torre
 ADDRESS: 510 Southwood, Santa Rosa 95401
 Contractor Owner Agent for Contractor Agent for Owner

<input type="checkbox"/> Plans Approved	Machine Space for Permit Fee
<input type="checkbox"/> No Plans Subject to Field Inspection	
Plancheck Cleared By: <u>DS</u> Date: <u>12-24-96</u>	<u>013449 12/24/96B01</u>
Permit Cleared for Issuance By: <u>SK</u> Date: <u>12-24-96</u>	<u># 0140089</u>
Type of Construction	Occupancy
No. of Stories	No. of Bedrooms
Auto. Fire Sprinklers Req'd	No. of Units
Certificate of Occupancy	
CHECK	\$133.57
CASH	\$133.00
CHNG	\$0.57
	\$0.00
Final Date: <u>3-14-97</u>	Inspector: <u>[Signature]</u>

Permit # B140089 Area: 3

Permit Coordinator _____

JOB ADDRESS: 964 Kenmore Ln
 MAP REFERENCE: 141 A-2 PERMIT NUMBER: 140089
 INSPECTION AREA: 3

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
FOUNDATION	1-31-82	P		
FORMS/SETBACK				
FOOTING				
WALLS				
UNDERGROUND #				
CAISSONS/PIERS				
SLAB	1-31-97	P		
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				
TUB/SHOWER PAN				
SUSPENDED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
ROOFING				
RAILS/HANDRAILS				
RAMP				
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 checked="" 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)	7-3-1997	P		PLAN RETENTION REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT # 140089



COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 527-1900 FAX (707) 527-2210

Field Operations • Code Enforcement • Permits • Environmental & Comprehensive Planning

PLAN CHECK COMPLETION NOTICE FOR:

B- 139806
Site Address 964 Kenmon
Date 12-19-94

TIM POWV

Dear Customer:

The building code plan check portion of your building permit application has been completed. Please note the box(es) checked below and the clearance(s) required in order to obtain your building permit. Your permit may be issued when all clearances have been acquired and fees paid. Please allow at least 30 minutes for the time required to obtain your permit.

OUR RECORDS INDICATE YOUR APPLICATION STILL NEEDS THE FOLLOWING CLEARANCES:

OUTSIDE PRMD:

- | | |
|--|---|
| <input type="checkbox"/> Architect Review/Homeowners Assn. | <input type="checkbox"/> School Mitigation fee (payable at School District) |
| <input type="checkbox"/> Coastal Commission | <input type="checkbox"/> State Department of Fish & Game |
| <input type="checkbox"/> Local Fire Marshal | <input type="checkbox"/> Other _____ |

AT PRMD - fee may be required (can be paid when you pay for Building Permit):

- | | |
|---|---|
| <input type="checkbox"/> Code Enforcement | <input checked="" type="checkbox"/> Septic |
| <input type="checkbox"/> County Fire Marshal | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Drainage Review | <input type="checkbox"/> Traffic Mitigation Fee |
| <input type="checkbox"/> Park Fee | <input type="checkbox"/> Well |
| <input checked="" type="checkbox"/> Road Encroachment | |

AT PRMD - No fee or fee is part of normal Building Permit cost:

- | | |
|--|--|
| <input type="checkbox"/> Owner Builder Form | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Workers Compensation (Certificate of Insurance) | <input type="checkbox"/> 8 1/2" x 11" Reduced Floor Plan |

NO FURTHER CLEARANCES ARE REQUIRED. Your permit is ready to be issued.

If you have any questions regarding permit fees, call (707) 527-1900. If you have any questions regarding the approval process, call (707) 527-2095 (On-duty Plan Check Specialist).

Thank you.

D. Spieg
Plan Checker

12.24.96 (garage rebuild)
Project does not request city utilities, and is within residential, low density general plan area.
Utility certificate not required.
Scott Harriman

Permit & Resource Management Department
2550 Ventura Avenue
Santa Rosa CA 95403

SANTA ROSA
DEC 13 '96
025015 0.295

Lin
527-3719

~~Tim Torre
465 Kenmore Ln,
Santa Rosa 95407
Marian Almeraz~~

