

B

Type

Plans

B- 140218

Permit Number

12520

Street Number

Valley Ford Rd

Street Name

B10

Community Code

027-020-004

APN

# COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

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

Please Print Your Name: <b>Briggs Ranch</b>	Date Applied: <b>12-23-96</b>
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INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

Site Address: <b>12520 Valley Ford Rd</b>		City: <b>Petaluma</b>		ZIP: <b>94952</b>	
Cross-Street: <b>Filmore Rd</b>	APN: <b>027-060-06</b>	Project Phone #: <b>(707) 795-0625</b>	Project Fax #: <b>(707) 795-0625</b>		
Directions: <b>RT 101 E (E) Lamater Rd</b>	Subd. Name: <b>FORE</b>	Unit #	Lot #		
Describe Project: <b>ELECTRIC SERVICE</b>	Living Area	Garage	Decks	Contract Price:	

OWNER NAME AND ADDRESS			APPLICANT NAME AND ADDRESS		
Name: <b>Briggs Ranch</b>	795-0625		Name: <b>Briggs Ranch</b>		
Mailing Address: <b>12520 Valley Ford Rd</b>			Mailing Address: <b>12520 Valley Ford Rd</b>		
City: <b>Petaluma</b>	State: <b>CA</b>	ZIP: <b>94952</b>	City: <b>Petaluma</b>	State: <b>CA</b>	ZIP: <b>94952</b>
Day Ph: <b>(707) 795-0625</b>	Fax: <b>( )</b>		Day Ph: <b>( )</b>	Fax: <b>( )</b>	

CONTRACTOR INFORMATION			OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)		
Company Name: <b>ALCO CO INC</b>			Name:		
Address: <b>17 Coteland</b>			Address:		
City: <b>Petaluma</b>	State: <b>CA</b>	ZIP: <b>94952</b>	City:	State:	ZIP:
Day Ph: <b>( ) 762-1078</b>	Fax: <b>( )</b>		Day Ph: <b>( )</b>	Fax: <b>( )</b>	

**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: \_\_\_\_\_

**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 3708 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. 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: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Contractor: \_\_\_\_\_

**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.

**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 \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

☐ Contractor ☒ Owner ☐ Agent for Contractor ☐ Agent for Owner

Permit # **B-140218** Area **3**

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

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: **REPAIR**

☐ New ☐ Addition ☐ Alteration ☒ Repair ☐ Moving ☐ Occ/Chg

<input type="checkbox"/> Plans Approved		Machine Space for Permit Fee	
<input checked="" type="checkbox"/> No Plans Subject to Field Inspection			
Plancheck Cleared By: _____	Date: <b>01/03/97</b>	<b>12-23-96</b>	
Permit Cleared for Issuance By: _____	Date: <b>01/03/97</b>	<b>154.05</b>	
Type of Construction: <b>REPAIR</b>	Occupancy: <b>1</b>	No. of Stories: <b>1</b>	No. of Bedrooms: <b>1</b>
Auto. Fire Sprinklers Req'd: <b>1</b>	No. of Units: <b>1</b>	Certificate of Occupancy: <b>HECI</b>	<b>CHNG</b>
1/30/97		GMS	

JOB ADDRESS: **12520 Valley Ford Rd. MAP REFERENCE: 140218**

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				
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				
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	1/30/97	GMS	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	

METER RELEASED ON EMERGENCY  
BASIS (TEMPORARY) 12-24-96 P

PERMIT #