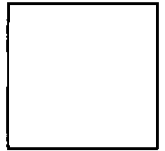


B

Type



Plans

B-142291

Permit Number

21780

Street Number

HWY 1

Street Name

TIM

Community Code

109-070-009

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: Party Swain

Date

Applied: 5-7-97

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: <u>21780 Coast Hwy 1</u>		City: <u>Jenner</u>		ZIP: <u>95450</u>	
Cross-Street:	APN: <u>111-17-101</u>	Project Phone #: <u>707-527-3701</u>	Project Fax #: ()	Unit #	Lot #
Directions:		Subd. Name	Contract Price: <u>1950.00</u>		
Describe Project: <u>Install fire suppression system Hotel/Restaurant in kitchen.</u>		Living Area			
		Garage			
		Decks			

OWNER NAME AND ADDRESS			APPLICANT NAME AND ADDRESS		
Name: <u>Timber Cove Inn</u>			Name: <u>Fire Safety Supply Co.</u>		
Mailing Address: <u>21780 Coast Hwy</u>			Mailing Address: <u>1212 2547</u>		
City: <u>Jenner</u>	State: <u>CA</u>	ZIP: <u>95450</u>	City: <u>Santa Rosa</u>	State: <u>CA</u>	ZIP: <u>95405</u>
Day Ph: (707) <u>527-2704</u>	Fax: ()		Day Ph: (707) <u>527-9117</u>	Fax: (707) <u>527-9214</u>	

CONTRACTOR INFORMATION			OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)		
Company Name: <u>Fire Safety Supply Co.</u>			Name:		
Address: <u>465 Yolanda Ave</u>			Address:		
City: <u>Santa Rosa</u>	State: <u>CA</u>	ZIP: <u>95404</u>	City:	State:	ZIP:
Day Ph: (707) <u>527-9117</u>	Fax: (707) <u>527-9224</u>		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.:

(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 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 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: C-16 Lic. No. 725193

Exp. Date: 7-98 Contractor: Fire Safety Supply Co.

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: Party Swain

ADDRESS: 465 Yolanda Ave Santa Rosa 95404

CITY: _____ ZIP: _____

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

Permit # 14-111 Area 2

Permit Coordinator _____

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: Install fire suppression system

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

<input checked="" type="checkbox"/> Plans Approved		Machine Space for Permit Fee	
<input type="checkbox"/> No Plans Subject to Field Inspection			
Plancheck Cleared By: <u>MD</u>	Date: <u>5-14-97</u>	#	<u>0142231</u>
Permit Cleared for Issuance By: <u>MD</u>	Date: <u>5-14-97</u>	Amount	<u>\$466.02</u>
Type of Construction	Occupancy	No. of Stories	No. of Bedrooms
<u>CC</u>	<u>CC</u>	<u>1</u>	<u>0</u>
Auto. Fire Sprinklers Req'd	No. of Units	Certificate of Occupancy	
<u>CC</u>	<u>0</u>	<u>CC</u>	
Final Date	Inspector		

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

JOB ADDRESS: 21780 Coast Hwy 1

MAP REFERENCE: _____

PERMIT NUMBER: 14-111

INSPECTION AREA: _____

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				
UNDER 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				
FINISHED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
ROUGH PLUMBING				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUITY			Inspected by: <i>DES</i>	
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)			PLAN RETENTION REQUIRED?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT #

8-142291

COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 527-1900 FAX (707) 527-1103

BUILDING PERMIT RECEIPT

B-142291

Site Location Information

Time: 12:03 Date: May 20, 1997

Address: 21780 HWY 1 TIM

APN: 109-070-009

Cross Street:

Activity Type: B-BLD 9601

Owner

Applicant

HOJOHN RICHARD A ET AL
22060 KELLY CT
JENNER CA

954509710

FIRE SAFETY SUPPLY CO
PO BOX 2849
SANTA ROSA CA
575 9227

95405

Contractor

Architect or Engineer

FIRE SAFETY SUPPLY CO
PO BOX 2849
SANTA ROSA CA

95405

575 9227

Lic. #: 725193

Lic. #:

Status: PC APRVD

Permit Description: INSTALL FIRE SUPPRESSION SYSTEM IN REST KITCHEN

Valuation/Contract Price of Work: \$1,950.00

Plancheck Multiplier: 1.00

Penalty Multiplier (Where Applicable): 5

Occupancy Type

Factor Sq. Feet Valuation

Subtotal: .00

Multiplier 1.00: .00

Addl Fixed Amount: 1,950.00

Total Valuation: 1,950.00

Table Date: 07/01/1996

Item #	Item Account Code	Description	Fee	Prev.	Paid
0011	025619-1341	INSPECTIONS - OTHER	\$.00	\$.00	\$.00
0012	025619-1341	INSP. OUTSIDE NORMAL HRS	\$.00	\$.00	\$.00
0013	025619-1341	REINSPECTION(S) FEE	\$.00	\$.00	\$.00
0018	025619-1341	PROCESSING FEE	\$25.00	\$.00	\$.00
0051	925404-4040	S.M.I.P. COMMERCIAL	\$.50	\$.00	\$.00
0060	025619-1341	BLDG PERM PLAN CHECK FEE	\$28.22	\$28.22	\$.00
0062	025619-1341	ADDITIONAL PLANCHECK FEE	\$.00	\$.00	\$.00
0100	025619-1341	SITE REVIEW/ELEV. CERT.	\$.00	\$.00	\$.00
0119	925644-3661	COUNTY FIRE SERVICES FEE	\$180.00	\$.00	\$.00
0120	025619-1341	FIRE STDS INSPECT - PRMD	\$.00	\$.00	\$.00
0121	025619-1341	FIRE SAFE STDS/REF FEES	\$.00	\$.00	\$.00
0122	025619-1341	ELECTRICAL FEE	\$.00	\$.00	\$.00
0123	025619-1341	MECHANICAL FEE	\$.00	\$.00	\$.00
0124	025619-1341	PLUMBING FEE	\$.00	\$.00	\$.00
0132	025619-1341	BUILDING PERMIT FEE	\$43.42	\$.00	\$.00
0220	025213-1600	VIO. PENALTY FEE (BLDG)	\$217.10	\$.00	\$.00
0221	025213-4114	VIO. INVEST. FEE (BLDG)	\$.00	\$.00	\$.00
0707	025627-3140	REF.-GRADING/DRAIN. PLAN	\$.00	\$.00	\$.00
0708	025627-3140	REF.-GRD/DRAIN DAM/DRVWY	\$.00	\$.00	\$.00
1165	025627-3829	ZONING PERMITS W/O D.R.	\$.00	\$.00	\$.00
2000	925032-4040	PRM-CO-WDE CE DEV FEE TR	\$.00	\$.00	\$.00
2001	925040-4040	PRM-CO-WDE NO DEV FEE TR	\$.00	\$.00	\$.00
2002	925057-4040	PRM-CO-WDE SO DEV FEE TR	\$.00	\$.00	\$.00
2003	925065-4040	PRM-CO-WDE WE DEV FEE TR	\$.00	\$.00	\$.00
2005	925073-4040	PRM-EASTMN LN DEV FEE TR	\$.00	\$.00	\$.00
2006	925107-4040	PRM-MOORLAND DEV FEE TR	\$.00	\$.00	\$.00
2007	925024-4040	PRM LARK/WIK SP PLN DEV	\$.00	\$.00	\$.00
2008	925081-4040	PRM-SONOMA VLY DEV FEE T	\$.00	\$.00	\$.00
5011	025619-1341-WAIVED	INSPECTIONS - OTHER	\$.00	\$.00	\$.00
5012	025619-1341-WAIVED	INSP. OUTSIDE NORMAL HRS	\$.00	\$.00	\$.00
5013	025619-1341-WAIVED	REINSPECTION(S) FEE	\$.00	\$.00	\$.00
5018	025619-1341-WAIVED	PROCESSING FEE	\$.00	\$.00	\$.00
5060	025619-1341-WAIVED	BLDG PERM PLAN CHECK FEE	\$.00	\$.00	\$.00
5062	025619-1341-WAIVED	ADDITIONAL PLANCHECK FEE	\$.00	\$.00	\$.00
5100	025619-1341-WAIVED	SITE REVIEW/ELEV. CERT.	\$.00	\$.00	\$.00
5120	025619-1341-WAIVED	ADDITIONAL FEE FIRE REV.	\$.00	\$.00	\$.00
5121	025619-1341-WAIVED	FIRE S.S. REFERRAL FEE	\$.00	\$.00	\$.00
5122	025619-1341-WAIVED	ELECTRICAL FEE	\$.00	\$.00	\$.00
5123	025619-1341-WAIVED	MECHANICAL FEE	\$.00	\$.00	\$.00
5124	025619-1341-WAIVED	PLUMBING FEE	\$.00	\$.00	\$.00
5132	025619-1341-WAIVED	BUILDING PERMIT FEE	\$.00	\$.00	\$.00
5220	025213-1600-WAIVED	VIOLATION PENALTY FEE	\$.00	\$.00	\$.00
5221	025213-4114-WAIVED	VIOLATION INVESTIG FEE	\$.00	\$.00	\$.00
5707	025627-3140-WAIVED	REF.-GRADING/DRAIN. PLAN	\$.00	\$.00	\$.00
5708	025627-3140-WAIVED	REF.-GRD/DRAIN DAM/DRVWY	\$.00	\$.00	\$.00
6165	025627-3829-WAIVED	ZONING PERMITS W/O D.R.	\$.00	\$.00	\$.00
7000	925032-4040-WAIVED	PRM-CO-WDE CE DEV FEE TR	\$.00	\$.00	\$.00
7001	925040-4040-WAIVED	PRM-CO-WDE NO DEV FEE TR	\$.00	\$.00	\$.00
7002	925057-4040-WAIVED	PRM-CO-WDE SO DEV FEE TR	\$.00	\$.00	\$.00
7003	925065-4040-WAIVED	PRM-CO-WDE WE DEV FEE TR	\$.00	\$.00	\$.00
7005	925073-4040-WAIVED	PRM-EASTMN LN DEV FEE TR	\$.00	\$.00	\$.00
7006	925107-4040-WAIVED	PRM-MOORLAND DEV FEE TR	\$.00	\$.00	\$.00
7007	925024-4040-WAIVED	PRM LARK/WIK SP PLN DEV	\$.00	\$.00	\$.00
7008	925081-4040-WAIVED	PRM-SONOMA VLY DEV FEE T	\$.00	\$.00	\$.00

Permit qualified for fee waiver (Y/N): N

\$314.24

109-070-009

Total Calculated Fees \$314.24

Total Additional Fees \$180.00

Previously Paid \$28.22

Balance Due \$466.02

0142291

CASH REGISTER \$466.02

VALIDATION \$466.02

REQUIRED \$466.02

CHNG \$0.00