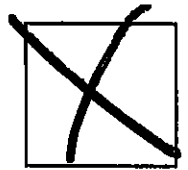


**B**

Type



Plans

**B-142590**

Permit Number

**695**

Street Number

**DUFRANC AVE**

Street Name

**GRA**

Community Code

**060-281-040**

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: Jimmy Jay Levie Date Applied: 5/25/97

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

**SITE/LOCATION INFORMATION** PRINT CLEARLY

Site Address: 695 DuFranc Ave. City: Seb. ZIP: 95472  
 Cross Street: Healdsburg Ave. APN: 060-281-040 Project Phone #: (707) 829-3402 Project Fax #: (707) 829-3402  
 Directions: \_\_\_\_\_ Subd. Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Describe Project: FOUNDATION ONLY SFD Living Area: \_\_\_\_\_ Garage: \_\_\_\_\_ Decks: \_\_\_\_\_ Contract Price: 4,000.00

**OWNER NAME AND ADDRESS** Name: Jimmy Jay Levie Mailing Address: 6120 Orchard Station RD. City: Seb. State: CA. ZIP: 95472 Day Ph: (707) 441-2057 Fax: (707) 824-3402

**APPLICANT NAME AND ADDRESS** Name: Jimmy Jay Levie Mailing Address: 6120 Orchard Station RD. City: Seb. State: CA. ZIP: 95472 Day Ph: (707) 441-2057 Fax: (707) 824-3402

**CONTRACTOR INFORMATION** Company Name: Levie Const. Address: 6120 Orchard Station RD. City: Seb. State: CA ZIP: 95472 Day Ph: (707) 441-2057 Fax: (707) 824-3402

**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:  
state fund  
 Carrier Policy No. 2229-6104-97  
 (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: 01-01-98 Applicant: Levie Construction  
**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 Contractors 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 Contractors 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 Contractors 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 B Lic. No. 514950  
 Exp. Date 7/97 Contractor Levie Construction

**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: Jimmy Jay Levie  
 ADDRESS: 6120 Orchard Station RD. Seb. CA. 95472  
 Contractor  Owner  Agent for Contractor  Agent for Owner

Permit # B 142590 Area 7  
 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: See By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditions: B142163

Sewer Connection:  Available  Fees Paid  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Road Encroachment:  Fees Paid  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Septic System Permit/Clearance # See 97-0494  
 Approved by: W. Edson Date: 5-21-97

Flood Zone:  Yes  No 100 Year Flood Elevation: \_\_\_\_\_  
 Site Review See B142457

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:  
FOUNDATION ONLY

New  Addition  Alteration  Repair  Moving  Occ/Chg

Plans Approved  No Plans Subject to Field Inspection  
 Plancheck Cleared By: DS Date: 5-29-97 # 0142590 Machine Space for Permit Fee  
 STERRA \$5507.82  
 \*\*\*TTL \$5507.82  
 Permit Cleared for Issuance By: BL Date: 5-29-97 CHECK \$5507.82  
 CHNG \$0.00

| Type of Construction        | Occupancy    | No. of Stories           | No. of Bedrooms |
|-----------------------------|--------------|--------------------------|-----------------|
| <u>VM</u>                   | <u>R</u>     | <u>1</u>                 | <u>3</u>        |
| Auto. Fire Sprinklers Req'd | No. of Units | Certificate of Occupancy |                 |
| <u>6/26/97</u>              | <u>1</u>     | <u>6/26/97</u>           |                 |

CS-507 cat. Revised: 3/23/96  
 Distribution: White - File, Green - Applicant, Pink - Audit Copy, Blue - Assessor, Cardstock - Inspector

JOB ADDRESS: 695 DuFranc Ave  
 PERMIT NUMBER: B 142590  
 INSPECTION AREA: 7

| SPECIAL INSPECTION REQUIRED       |         | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | IF YES, SEE ADDITIONAL SHEET |
|-----------------------------------|---------|------------------------------|--|------------------------------|
| INSPECTION RECORD                 | DATE    | NAME                         |  | REMARKS                      |
| FOUNDATION                        |         |                              |  |                              |
| FORMS/SETBACK                     |         |                              |  |                              |
| FOOTING                           |         |                              |  |                              |
| WALLS                             |         |                              |  |                              |
| UFER GROUND #                     |         |                              |  |                              |
| CAISSONS/PIERS                    |         |                              |  |                              |
| SLAB                              |         |                              |  |                              |
| MASONRY                           | 6-20-97 |                              |  | FOUNDATION ONLY!             |
| 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          |         |                              |  |                              |
| CONTINUITY                        |         |                              |  |                              |
| STAIRS/SKIRTS                     |         |                              |  |                              |
| ROOF BOLTING                      |         |                              |  |                              |
| ING POOLS                         |         |                              |  |                              |
| UNITE                             |         |                              |  |                              |
| DECK                              |         |                              |  |                              |
| PLASTER/FENCE                     |         |                              |  |                              |
| ING FINAL                         |         |                              |  |                              |
| ELECTRICAL FINAL                  |         |                              |  |                              |
| MECHANICAL FINAL                  |         |                              |  |                              |
| PLUMBING FINAL                    |         |                              |  |                              |
| FINAL                             |         |                              |  |                              |
| OCCUPANCY (OK TO OCCUPY)          |         |                              |  |                              |

6-397 SB

6-20-97

FOUNDATION ONLY!

*Handwritten signature*

PERMIT # B142590

FIRE INSPECTION REQUIRED  Yes  No  
 Inspected by: *us*

CLEARANCES:  
 FIRE  Local  County

HEALTH DEPARTMENT  
 ZONING  
 SANITATION  
 N.C.A.P.C.D.

PLAN RETENTION REQUIRED?  
 Yes  No

**COUNTY OF SONOMA**  
**PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**

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

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

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AGREEMENT FOR PARTIAL BUILDING PERMIT

WHEREAS, the undersigned have applied for a partial permit pursuant to the provisions of Section 106.4.1, Uniform Building Code, as adopted by Chapter 7, Sonoma County Code, and

WHEREAS, the undersigned believe the issuance of a partial permit to be essential to the orderly progress of undersigned's proposed building project, therefore,

Undersigned agrees that any partial building permit which may be approved for the following described work be conditioned upon:

1. Holder of such a permit shall proceed at his/her own risk without assurance that the permit for the entire building or structure will be granted.
2. Holder of such permit agrees to submit plans for subsequent portions of subject building or structure to the appropriate departments for plan checking, approval and issuance of permits, subject to the time schedules normally associated with these activities and in accordance with departmental policies.
3. Holder of such permit agrees to hold County harmless from damages, costs, or alterations to existing portions of the approved work made necessary as a condition of approval of subsequent units of construction of the same building or structure.

DESCRIPTION OF WORK:

Foundation Only.

JOB ADDRESS:

695 DuFranc Ave.

ASSESSOR'S PARCEL NO.

060-281-040

signed: Jimmy Jay Lewis

printed name: Jimmy Jay Lewis

PERMIT NO.

B-142590

Date 5-28-97