

B

Type

Plans

B- 1433 14

Permit Number

14885

Street Number

Hwy 1

Street Name

TWI

Community Code

026-010-051

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:

Date
Applied:

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY			
Site Address: <u>14485 Valley Ford Rd</u>		City: <u>Valley Ford</u> ZIP: <u>95</u>	
Cross Street: <u>Hy 1</u>	APN: <u>026 010 051</u>	Project Phone #: <u>(707) 876-3260</u>	Project Fax #: <u>()</u>
Directions:	Subd. Name:	Unit #:	Lot #:
Describe Project: <u>TEAR OFF, RE-SHEATHING, 2542 COMP.</u>		Living Area: _____ Garage: _____ Decks: _____	Contract Price: <u>8000.00</u>
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: <u>UGENE WAGNER</u>		Name: <u>HILARY TESSIER</u>	
Mailing Address: <u>14485 Valley Ford Rd</u>		Mailing Address: <u>17291 Taylor Hill C</u>	
City: <u>Valley Ford</u>	State: <u>CA</u> ZIP: <u>95</u>	City: <u>OCCIDENTAL</u>	State: <u>CA</u> ZIP: <u>95465</u>
Day Ph: <u>(707) 876-3260</u>	Fax: <u>()</u>	Day Ph: <u>(707) 874-2794</u>	Fax: <u>()</u>
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: <u>TESSIER ROOFING</u>		Name: _____	
Address: <u>17291 Taylor Hill C</u>		Address: _____	
City: <u>OCCIDENTAL</u>	State: <u>CA</u> ZIP: <u>95465</u>	City: _____	State: _____ ZIP: _____
Day Ph: <u>(707) 874-2794</u>	Fax: <u>()</u>	Day Ph: <u>()</u>	Fax: <u>()</u>
WORKER'S COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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: <u>STATE FUND</u> Policy No.: _____ (This section need not be completed if the permit is for one hundred dollars (\$100) or less). <input type="checkbox"/> 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 3700 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. <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Address subject to change			
Approval for Permit Issuance: _____		Approval for Occupancy: _____	
By: _____		By: _____	
Date: _____		Date: _____	
Conditions: _____			
Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid			
Approved by: _____		Date: _____	
Road Encroachment: <input type="checkbox"/> Fees Paid			
Approved by: _____		Date: _____	
Septic System Permit/Clearance # _____			
Approved by: _____		Date: _____	
Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No 100 Year Flood Elevation: _____			
Site Review: _____			
By: _____ Date: _____			
Condition of Soil at Job Site: <input type="checkbox"/> Original <input type="checkbox"/> Engineered Fill <input type="checkbox"/> Loose Fill		Required Reports: <input type="checkbox"/> Geology <input type="checkbox"/> Soils <input type="checkbox"/> Compaction	
Code Enforcement Violation <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Authorized: _____			
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg			
<input type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection		Machine Space for Permit Fee	
Plancheck Cleared By: _____ Date: _____		016396 07/07/97B01	
Permit Cleared for Issuance By: <u>7-7-97</u>		# 0143314	
Type of Construction	Occupancy	No. of Stories	No. of Bedrooms
SIERRA			
***TTL			
Auto. Fire Sprinklers Req'd	No. of Units	Certificate of Occupancy	
CHECK			
CHNG			
Final Date: <u>Expired 7/7/99</u>		Inspector: _____	
Distribution: White - File Canary - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector			

JOB ADDRESS:

MAP REFERENCE:

PERMIT NUMBER:

INSPECTION AREA:

Permit # B-43314 Area 3

Permit Coordinator: _____

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-143314

Site Location Information

Time: 10:02 Date: Jul 07, 1997

Address: 14885 HWY 1 VFR

APN: 026-010-051

Cross Street: VALLEY FORD

Activity Type: A-BLD 9601

Owner

Applicant

WAGNER EUGENE HARRY
PO BOX 455
VALLEY FORD CA

949720455

WAGNER EUGENE HARRY
PO BOX 455
VALLEY FORD CA

949720455

Contractor

Architect or Engineer

PENNINGTON TESSIER HILARY
17291 TAYLOR LN "C"
OCCIDENTAL, CA

95465

(707) 874-2794

Lic. #: 693196

Lic. #:

Status: APPLIED

Permit Description: TEAR OFF/REROOF

Valuation/Contract Price of Work: \$8,000.00

Plancheck Multiplier:

Occupancy Type

Penalty Multiplier (Where Applicable):

Factor Sq. Feet Valuation

Subtotal: .00

Multiplier 1.00: .00

Addl Fixed Amount: 8,000.00

Total Valuation: 8,000.00

Table Date: 07/01/1996

Item #	Item Account Code	Description	Fee	Prev. Paid
0011	025619-1341	INSPECTIONS - OTHER	\$.00	\$.00
0012	025619-1341	INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
0013	025619-1341	REINSPECTION(S) FEE	\$.00	\$.00
0018	025650-1341	PROCESSING FEE	\$25.00	\$.00
0050	925404-4040	S.M.I.P. RESIDENTIAL	\$.50	\$.00
0100	025619-1341	SITE REVIEW/ELEV. CERT.	\$.00	\$.00
0121	025619-1341	FIRE SAFE STDS/REF FEES	\$.00	\$.00
0122	025619-1341	ELECTRICAL FEE	\$.00	\$.00
0123	025619-1341	MECHANICAL FEE	\$.00	\$.00
0124	025619-1341	PLUMBING FEE	\$.00	\$.00
0132	025619-1341	BUILDING PERMIT FEE	\$102.82	\$.00
0220	025213-1600	VIO. PENALTY FEE (BLDG)	\$.00	\$.00
0221	025213-4114	VIO. INVEST. FEE (BLDG)	\$.00	\$.00
1165	025627-3829	ZONING PERMITS W/O D.R.	\$.00	\$.00
5011	025619-1341-WAIVED	INSPECTIONS - OTHER	\$.00	\$.00
5012	025619-1341-WAIVED	INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
5013	025619-1341-WAIVED	REINSPECTION(S) FEE	\$.00	\$.00
5018	025650-1341-WAIVED	PROCESSING FEE	\$.00	\$.00
5100	025619-1341-WAIVED	SITE REVIEW/ELEV. CERT.	\$.00	\$.00
5121	025619-1341-WAIVED	FIRE S.S. REFERRAL FEE	\$.00	\$.00
5122	025619-1341-WAIVED	ELECTRICAL FEE	\$.00	\$.00
5123	025619-1341-WAIVED	MECHANICAL FEE	\$.00	\$.00
5124	025619-1341-WAIVED	PLUMBING FEE	\$.00	\$.00
5132	025619-1341-WAIVED	BUILDING PERMIT FEE	\$.00	\$.00
5220	025213-1600-WAIVED	VIOLATION PENALTY FEE	\$.00	\$.00
5221	025213-4114-WAIVED	VIOLATION INVESTIG FEE	\$.00	\$.00
6165	025627-3829-WAIVED	ZONING PERMITS W/O D.R.	\$.00	\$.00

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

\$128.32

\$.00

Total Calculated Fees

\$128.32

Total Additional Fees

\$.00

Previously Paid

\$.00

Balance Due

\$128.32

CASH REGISTER
VALIDATION
REQUIRED
BELOW

016396 07/07/97BD:

0143314

SIERRA \$128.32

***TTL \$128.32

CHECK \$128.32

CHNG \$0.00