

B

Type

Plans

B- 145023

Permit Number

206

Street Number

Sebastopol Rd

Street Name

SRO

Community Code

125-172-001

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: **ANDREW SKIKOS** Date Applied: **10-10-97**

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: **206 SEBASTOPOL ROAD** City: **SANTA ROSA, CALIF** ZIP: **95401**
 Cross-Street: **GOOD MAN AVE** APN: **125-172001** Project Phone #: _____ Project Fax #: _____
 Directions: _____ Subd. Name: _____ Unit #: _____ Lot #: _____
 Describe Project: **LEGALIZE INTERIOR** Living Area: _____ Garage: _____ Decks: _____ Contract Price: **3 000**

OWNER NAME AND ADDRESS Name: **ANDREW AND KATHRIN SKIKOS** Mailing Address: **401 COUNTRYSIDE CIRCLE** City: **SANTA ROSA** State: **CA** ZIP: **95401** Day Ph: **707 542-6314** Fax: _____

APPLICANT NAME AND ADDRESS Name: **ANDREW SKIKOS** Mailing Address: **401 COUNTRYSIDE CIRCLE** City: **SANTA ROSA** State: **CA** ZIP: **95401** Day Ph: **707 542-6314** Fax: _____

CONTRACTOR INFORMATION Company Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Day Ph: () _____ 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: _____
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 ATTORNEYS 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: _____

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 **10-10-97** Owner **Andrew Skikos**

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: **NA**

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 _____

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 _____

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.

Code Enforcement Violation No Yes **V109456-B x3**
 Work Authorized: **LEGALIZE INTERIOR - NON BEARING PARTITIONS IN COMMERCIAL BLDG**
 New Addition Alteration Repair Moving Occ/Chg

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.
Andrew Skikos
 PERMITTEE SIGNATURE
401 COUNTRYSIDE CIRCLE 95401
 ADDRESS CITY S.R. ZIP
 Contractor Owner Agent for Contractor Agent for Owner

Plans Approved
 No Plans Subject to Field Inspection
 Planned Cleared By: **DA R** Date: **013508 10/10/97**
 Permitted Cleared By: **DA R** Date: **10/10/97**

Type of Construction	Occupancy	No. of Stories	No. of Bedrooms	Fee
UN	B	1	0	\$270.00
				\$270.00
				\$270.00
				\$0.00

 Machine Space for Permit Fee: **CHNG \$0.00**
 Final Date: **3/12/98** Inspector: _____

Permit # **B-145023** Area **8**

JOB ADDRESS: **206 Sebastopol Rd.**
 MAP REFERENCE: **S20**
 PERMIT NUMBER: **B-145023**
 INSPECTION AREA: **8**

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:

ANDREW SIKOS

Date Applied:

10-10-97

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

<p>SITE LOCATION INFORMATION - PRINT CLEARLY</p>			
Site Address: 206 SEBASTOPELE ROAD	City: SANTA ROSA, CALIF	ZIP: 95401	
Cross-Street: GOLD MAN AVE	APN: 125-172001	Project Phone #:	Project Fax #:
Directions:	Subd. Name	Unit #	Lot #
Describe Project: LEGALIZE INTENTION	Living Area _____ Garage _____ Decks _____	Contract Price:	
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: ANDREW AND KATHLEEN SIKOS		Name: ANDREW SIKOS	
Mailing Address: 401 COUNTRYSIDE CIRCLE		Mailing Address: 401 COUNTRYSIDE CIRCLE	
City: SANTA ROSA	State: CA	ZIP: 95401	City: SANTA ROSA
Day Ph: (707) 542-6314	Fax: ()		Day Ph: (707) 542-6314
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name:		Name:	
Address:		Address:	
City:	State:	ZIP:	City:
Day Ph: ()	Fax: ()		Day Ph: ()
WORKER'S COMPENSATION DECLARATION		CONSTRUCTION LENDING DECLARATION	
<p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><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.</p> <p><input 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:</p>		<p>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.)</p> <p>Lenders Name _____</p> <p>Lenders Address _____</p>	
<p>FOR DEPARTMENT USE</p> <p>Zoning _____ File No. _____ Acres _____</p> <p>Existing Use/Structures _____</p> <p>Proposed Use/Structures _____</p> <p>Zoning Min. Yard Requirements: Front _____ Left _____ Right _____ Back _____</p> <p>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</p> <p>Approval for Permit Issuance: _____ Approval for Occupancy: _____</p> <p>By: _____ Date: _____</p> <p>By: _____ Date: _____</p> <p>Conditions: N/A</p>		<p>Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid</p> <p>Approved by: _____ Date: _____</p> <p>Road Encroachment: <input type="checkbox"/> Fees Paid</p> <p>Approved by: _____ Date: _____</p> <p>Septic System Permit/Clearance # _____</p> <p>Approved by: _____ Date: _____</p> <p>Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____</p> <p>Site Review _____</p> <p>By: _____ Date: _____</p> <p>Condition of Soil at Job Site: <input type="checkbox"/> Original <input type="checkbox"/> Engineered Fill <input type="checkbox"/> Loose Fill</p> <p>Required Reports: <input type="checkbox"/> Geology <input type="checkbox"/> Soils <input type="checkbox"/> Compaction</p> <p>Code Enforcement Violation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No UIC4502 23</p> <p>Work Authorized: _____</p> <p>LEGALIZE INTENTION - NEW CONSTRUCTION</p> <p>SANTA ROSA, CALIFORNIA</p> <p><input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg</p>	
OWNER-BUILDER DECLARATION		PERMIT NUMBER: 145023	
<p>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 an applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500):</p> <p><input type="checkbox"/> 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.)</p> <p><input checked="" type="checkbox"/> 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.)</p> <p><input type="checkbox"/> I am exempt under Sec. _____ B & P.C. for this reason _____</p> <p>Date: 10-10-97 Owner: Andrew Sikos</p>		<p>PERMIT AND RESOURCE MANAGEMENT DEPARTMENT</p> <p>INSPECTION AREA: _____</p>	
LICENSED CONTRACTOR'S DECLARATION		INSPECTION AREA: 145023	
<p>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.</p> <p>Lic. Class _____ Lic. No. _____</p> <p>Exp. Date _____ Contractor _____</p>		<p>ASBESTOS DECLARATION</p> <p>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 <input type="checkbox"/> does <input type="checkbox"/> does not contain asbestos, or that <input type="checkbox"/> no demolition is authorized by this permit.</p> <p>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.</p> <p>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.</p> <p>Permittee Signature: _____</p> <p>401 COUNTRYSIDE CIRCLE 95401</p> <p>ADDRESS CITY S.R. ZIP</p> <p><input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner</p>	
ASBESTOS DECLARATION		INSPECTION AREA: 145023	
<p>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.</p> <p>Lic. Class _____ Lic. No. _____</p> <p>Exp. Date _____ Contractor _____</p>		<p>ASBESTOS DECLARATION</p> <p>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 <input type="checkbox"/> does <input type="checkbox"/> does not contain asbestos, or that <input type="checkbox"/> no demolition is authorized by this permit.</p> <p>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.</p> <p>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.</p> <p>Permittee Signature: _____</p> <p>401 COUNTRYSIDE CIRCLE 95401</p> <p>ADDRESS CITY S.R. ZIP</p> <p><input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner</p>	
PERMITTEE SIGNATURE		INSPECTION AREA: 145023	
<p>401 COUNTRYSIDE CIRCLE 95401</p> <p>ADDRESS CITY S.R. ZIP</p> <p><input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner</p>		<p>INSPECTION AREA: 145023</p>	

JOB ADDRESS: 206 SEBASTOPELE RD
MAP REFERENCED
PERMIT NUMBER: 145023
INSPECTION AREA: _____

Permit # _____ Area _____
Permit Coordinator _____

<input type="checkbox"/> Plans Approved <input checked="" type="checkbox"/> No Plans Subject to Field Inspection		Machine Space for Permit Fee 017502 10 10 97203 0175024 2270.00 2270.00 1270.00 10.97	
Flashed Check By: DA Date: 10/10/97	Permit Checked for Issuance By: [Signature] Date: 10/10/97	Type of Construction: UN Occupancy: 0 No. of Stories: 1 No. of Bedrooms: 0	Auto. Fire Sprinklers Req'd: _____ No. of Units: _____ Certificate of Occupancy: _____
Code Enforcement Violation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No UIC4502 23		Work Authorized: _____ LEGALIZE INTENTION - NEW CONSTRUCTION SANTA ROSA, CALIFORNIA	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg		Date: 3/17/98 [Signature]	

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

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				
SHOWER PAN				
ENDED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
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				
CONTINUITY				
STAIRS/SKIRTS				
RIDGE BOLTING				
SWIMMING POOLS				
PRE-GUNITE				
PRE-DECK				
PRE-PLASTER/FENCE				
GRADING FINAL				
ELECTRICAL FINAL				
MECHANICAL FINAL				
PLUMBING FINAL				
FINAL				
OCCUPANCY (OK TO OCCUPY)	3/11/98 GMS			

FIRE INSPECTION REQUIRED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspected by:		
CLEARANCES:		
FIRE	<input type="checkbox"/> Local	<input type="checkbox"/> County
HEALTH DEPARTMENT		
ZONING		
SANITATION		
N.C.A.P.C.D.		
PLAN RETENTION REQUIRED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remove interior partition
 Constructed without permit
 Re install existing non-
 bearing wall. Bm

2-24-98
 ND address posted
 on entry block. Bm
 NOT POSTED UNABLE TO LOCATE
 2-26-98
 Not Posted 2-27-98 Reinspection Fee (MC)

PERMIT # 145023