

B

Type

Plans

B- 145928

Permit Number

6650

Street Number

Bloomfield Rd

Street Name

B/o

Community Code

027-145-007

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:

BARRY SWAIN

Date

Applied: 12-19-97

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION PRINT CLEARLY			
Site Address: <u>6650 BLOOMFIELD RD.</u>		City: <u>PETALUMA</u>	
Cross-Street: <u>BODAGA AVE</u>		APN: <u>027-145-007</u>	Project Phone #: ( )
Directions:		Subd. Name	Project Fax #: ( )
Describe Project: <u>HOOD FIRE SUPPRESSION SYSTEM</u>		Living Area _____ Garage _____ Decks _____	Unit # _____ Lot # _____
Contract Price: <u>\$1950-</u>			
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: <u>ANNE STORMY'S TAVERN</u>		Name: <u>BARRY SWAIN - FIRE SAFETY SUPPLY CO.</u>	
Mailing Address: <u>6650 BLOOMFIELD RD.</u>		Mailing Address:	
City: <u>PETALUMA</u>	State: <u>CA.</u>	City:	State:
Day Ph: ( )	Fax: ( )	Day Ph: ( )	Fax: ( )
ZIP: <u>94952</u>		ZIP:	
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: <u>FIRE SAFETY SUPPLY CO.</u>		Name:	
Address: <u>468 YOLANDA AVE</u>		Address:	
City: <u>SANTA ROSA</u>	State: <u>CA.</u>	City:	State:
Day Ph: <u>707 575-9117</u>	Fax: <u>707 575-9224</u>	Day Ph: ( )	Fax: ( )
ZIP: <u>95404</u>		ZIP:	
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 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:</p> <p>Carrier: <u>ON FILE</u></p> <p>Policy: <u>State Fund</u></p> <p>No. _____</p> <p>(This section need not be completed if the permit is for one hundred dollars (\$100) or less).</p> <p><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.</p> <p>Exp. Date: <u>10/98</u> Applicant: <u>B. Swain</u></p> <p><b>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.</b></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>	
OWNER-BUILDER DECLARATION		FOR DEPARTMENT USE	
<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 any 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 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 &amp; P.C. for this reason _____</p> <p>Date _____ Owner _____</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>Conditions: _____</p>	
LICENSED CONTRACTOR'S DECLARATION		Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid	
<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: <u>C-16</u> Lic. No. <u>725193</u></p> <p>Exp. Date: <u>7-98</u> Contractor: <u>FIRE SAFETY SUPPLY CO.</u></p>		<p>Approved by: _____ Date: _____</p>	
ASBESTOS DECLARATION		Road Encroachment: <input type="checkbox"/> Fees Paid	
<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: <u>B. Swain</u></p> <p>ADDRESS: _____ CITY: _____ ZIP: _____</p> <p><input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Agent for Contractor <input type="checkbox"/> Agent for Owner</p>		<p>Approved by: _____ Date: _____</p>	
PERMIT INFORMATION		Septic System	
<p>Permit # <u>B 145928</u> Area <u>8</u></p> <p>Permit Coordinator: _____</p>		<p>Permit/Clearance # _____</p> <p>Approved by: _____ Date: _____</p>	
WORK AUTHORIZED		Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg</p> <p><u>KITCHEN HOOD SYSTEM</u></p>		<p>Site Review _____</p>	
PLANS AND FEES		Machine Space for Permit Fee	
<p><input checked="" type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection</p> <p>Plancheck: <u>AMV</u> Date: <u>1-8-98</u></p> <p>Permit Cleared for Issuance By: _____ Date: <u>018854 01/20/98B01</u></p>		<p># <u>0145928</u></p> <p><u>TERRA</u> \$200.49</p> <p><u>*TTL</u> \$200.49</p> <p><u>CHECK</u> \$200.49</p> <p><u>CHNG</u> \$0.00</p>	
Type of Construction		Auto. Fire Sprinklers Req'd	
<p>Occupancy: <u>B</u> No. of Stories: <u>1</u> No. of Bedrooms: <u>1</u></p>		<p>No. of Units: _____ Certificate of Occupancy: _____</p>	
Final Date		Inspector	
_____		_____	

JOB ADDRESS:

6650 Bloomfield Rd

MAP REFERENCE:

PERMIT NUMBER:

B 145928

INSPECTION AREA:

8

CIS-007-02R Revised: 3/26/96

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				
UFEE 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUITY			Inspected by: <b>DES</b>	
<input type="checkbox"/> RS/SKIRTS				
<input type="checkbox"/> GE BOLTING				
<input type="checkbox"/> AMING POOLS				
<input type="checkbox"/> PRE-GUNITE				
<input type="checkbox"/> PRE-DECK			CLEARANCES:	
<input type="checkbox"/> 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	

# 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-145928

#### Site Location Information

Address: 6650 BLOOMFIELD RD BLO  
Cross Street: BODEGA AVE

Time: 08:08 Date: Jan 20, 1998

APN: 027-145-007

Activity Type: B-BLD 9701

#### Owner

CRAMER ELLEN  
3356 BLOOMFIELD RD  
SEBASTOPOL CA

954725841

#### Applicant

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

95405

#### Contractor

FIRE SAFETY SUPPLY CO  
PO BOX 2849  
SANTA ROSA CA

95405

#### Architect or Engineer

575 9227

Lic. #: 725193

Lic. #:

Permit Description: INSTALL HOOD FIRE SUPPRESSION SYSTEM

Status: PC APRVD

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

Type: CALT

Planchek Multiplier: 1.00

Penalty Multiplier (Where Applicable):

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: 07/12/1997

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	025650-3141	PROCESSING FEE	\$35.00	\$ .00
0051	925404-4040	S.M.I.P. COMMERCIAL	\$ .50	\$ .00
0060	025619-1341	BLDG PERM PLAN CHECK FEE	\$29.24	\$29.24
0062	025619-1341	ADDITIONAL PLANCHHECK FEE	\$ .00	\$ .00
0100	025619-1341	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
0119	925644-3661	COUNTY FIRE SERVICES FEE	\$120.00	\$ .00
0120	025619-1341	FIRE STDS INSPECT - PRMD	\$ .00	\$ .00
0121	025619-1341	FIRE SAFE STDS/REF FEES	\$62.00	\$62.00
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	\$44.99	\$ .00
0220	025213-1600	VIO. PENALTY FEE (BLDG)	\$ .00	\$ .00
0221	025213-4114	VIO. INVEST. FEE (BLDG)	\$ .00	\$ .00
0707	025627-3140	REF.-GRADING/DRAIN. PLAN	\$ .00	\$ .00
0708	025627-3140	REF.-GRD/DRAIN DAM/DRVWY	\$ .00	\$ .00
1165	025627-3829	ZONING PERMITS W/O D.R.	\$ .00	\$ .00
2000	925032-4040	PRM-CO-WDE CE DEV FEE TR	\$ .00	\$ .00
2001	925040-4040	PRM-CO-WDE NO DEV FEE TR	\$ .00	\$ .00
2002	925057-4040	PRM-CO-WDE SO DEV FEE TR	\$ .00	\$ .00
2003	925065-4040	PRM-CO-WDE WE DEV FEE TR	\$ .00	\$ .00
2005	925073-4040	PRM-EASTMN LN DEV FEE TR	\$ .00	\$ .00
2006	925107-4040	PRM-MOORLAND DEV FEE TR	\$ .00	\$ .00
2007	925024-4040	PRM LARK/WIK SP PLN DEV	\$ .00	\$ .00
2008	925081-4040	PRM-SONOMA VLY DEV FEE T	\$ .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	025650-3141-WAIVED	PROCESSING FEE	\$ .00	\$ .00
5060	025619-1341-WAIVED	BLDG PERM PLAN CHECK FEE	\$ .00	\$ .00
5062	025619-1341-WAIVED	ADDITIONAL PLANCHHECK FEE	\$ .00	\$ .00
5100	025619-1341-WAIVED	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
5120	025619-1341-WAIVED	ADDITIONAL FEE FIRE REV.	\$ .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
5707	025627-3140-WAIVED	REF.-GRADING/DRAIN. PLAN	\$ .00	\$ .00
5708	025627-3140-WAIVED	REF.-GRD/DRAIN DAM/DRVWY	\$ .00	\$ .00
6165	025627-3829-WAIVED	ZONING PERMITS W/O D.R.	\$ .00	\$ .00
7000	925032-4040-WAIVED	PRM-CO-WDE CE DEV FEE TR	\$ .00	\$ .00
7001	925040-4040-WAIVED	PRM-CO-WDE NO DEV FEE TR	\$ .00	\$ .00
7002	925057-4040-WAIVED	PRM-CO-WDE SO DEV FEE TR	\$ .00	\$ .00
7003	925065-4040-WAIVED	PRM-CO-WDE WE DEV FEE TR	\$ .00	\$ .00
7005	925073-4040-WAIVED	PRM-EASTMN LN DEV FEE TR	\$ .00	\$ .00
7006	925107-4040-WAIVED	PRM-MOORLAND DEV FEE TR	\$ .00	\$ .00
7007	925024-4040-WAIVED	PRM LARK/WIK SP PLN DEV	\$ .00	\$ .00
7008	925081-4040-WAIVED	PRM-SONOMA VLY DEV FEE T	\$ .00	\$ .00

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

\$171.73

\$91.24

0145928

Total Calculated Fees

\$171.73

0145928

\$200.49

Total Additional Fees

\$120.00

CASH REGISTER

\$200.49

Previously Paid

\$91.24

VALIDATION

\$200.49

Balance Due

\$200.49

BELOW

\$0.00

EXPIRED  
JUL 1 1999  
PERMIT AND RESOURCE  
MANAGEMENT DEPARTMENT  
COUNTY OF SONOMA



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

Plan Check Submittal/ Resubmittal Checklist

Redlined plans must be returned with resubmittals

Project Information:

☒ Submittal

☐ Resubmittal

Project address 6650 BLOOMFIELD RD.

Owner's Name STORMY'S TAVERN

Building Permit # PETALUMA

Plan Checker's Name \_\_\_\_\_

Please check which return procedure is preferred if corrections are needed:

☐ Pickup

☒ Phone#

☐ Mail to:

FIRE SAFETY SUPPLY CO.

Address

PO Box 2849

Contact Name: FIRE SAFETY SUPPLY CO City, St Zip SANT ROSA, CA 95405

Comments: 5759117

For Department Use Only

Project Coordinator's Name \_\_\_\_\_

Residential

- ☐ 3 complete sets of signed Plans  
(2 sets for resubmittal)
- ☐ 1 reduced set, Site Plan and Floor Plan Only  
(8 1/2"x11" max.)(2 sets if property is served by a septic system)

Commercial

- ☒ 3 complete sets of signed, stamped Plans  
(2 sets for resubmittal)
- ☐ 1 reduced set, Site Plan and Floor Plan Only  
(11"x17" max.)(2 sets if property is served by a septic system)

Plans

Mandatory Items

- Qty. Rcvd.
- ☒ Plot/Site Plan
- ☒ Floor Plan (Electrical, Plumbing, Mechanical)
- ☐ Foundation Plan (Footing Details)
- ☐ Elevations
- ☐ Framing Plan
- ☐ Cross Sections
- ☒ Structural Details
- ☒ Signed Drawings (Stamped if Engineered)

Optional Items

☐ Peer Review Letter

Other Items Which May be Required

- Qty. Rcvd.
- ☐ Title 24 Energy Calcs (2 signed, stamped sets )
- ☐ Engineering Calcs (2 signed, stamped sets )
- ☐ Geotechnical Report (2 signed, stamped sets )
- ☐ Truss Calcs & Layout (2 signed, stamped sets )
- ☐ Elevation Certificate
- ☐ Flood Plain Management (Disposal of excess materials )
- ☐ Creek Setback (Distance Delineated)
- ☐ Utility Certificate (City of Santa Rosa )
- ☐ Architectural Committee Approval
- ☐ Special Inspections

Clearances

Permit & Resource Management Dept.

- Rqd. Rcvd.
- ☐ ☐ Park Fee
- ☐ ☐ Zoning Clearance
- ☐ ☐ Grading Permit
- ☐ ☐ Residential Traffic Mitigation
- ☐ ☐ Commercial Traffic Mitigation
- ☐ ☐ Well & Septic
- ☐ ☐ Sewer
- ☐ ☐ Road Encroachment
- ☐ ☐ Parcel Map Improvement Conditions
- ☐ ☐ Code Enforcement
- ☐ ☐ Drainage Review
- ☐ ☐ Investigation Fees  
(Equal to total of bldg.,plmb.,elec.,mech. fees)
- ☐ ☐ Penalties  
(Equal to total of bldg.,plmb.,elec.,mech. fees x \_\_\_\_\_)

Dept. Of Health Services

- ☐ ☐ Food Handling
- ☐ ☐ Hazardous Materials
- ☐ ☐ Public Pools & Spas

Special District

☐ ☐ Water

☐ ☐ Sewer

Fire Marshall

☒ Air Quality Control

☐ ☐ School Mitigation Fee

☐ ☐

Applicant Signature Baughman

Staff Signature Chu

Date 12/19/07



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

Plan Check Submittal/ Resubmittal Checklist

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Project Information:

6650 BLOOMFIELD RD.  
Project address

Petaluma  
Building Permit #

☒ Submittal ☐ Resubmittal

STORMY'S TAVERN  
Owner's Name

Plan Checker's Name

Please check which return procedure is preferred if corrections are needed:

☐ Pickup

☒ Phone#

☐ Mail to:

FIRE SAFETY SUPPLY CO.

Address

PO Box 2849

Contact Name: FIRE SAFETY SUPPLY CO

City, St Zip

SANT ROSA, CA 95405

Comments: 5759117

For Department Use Only

Project Coordinator's Name

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Clearances

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- ☐ ☐ Residential Traffic Mitigation
- ☐ ☐ Commercial Traffic Mitigation
- ☐ ☐ Well & Septic
- ☐ ☐ Sewer
- ☐ ☐ Road Encroachment
- ☐ ☐ Parcel Map Improvement Conditions
- ☐ ☐ Code Enforcement
- ☐ ☐ Drainage Review
- ☐ ☐ Investigation Fees  
(Equal to total of bldg.,plmb.,elec.,mech. fees)
- ☐ ☐ Penalties  
(Equal to total of bldg.,plmb.,elec.,mech. fees x \_\_\_\_\_)

Dept. Of Health Services

- ☐ ☐ Food Handling
- ☐ ☐ Hazardous Materials
- ☐ ☐ Public Pools & Spas

Special District

☐ ☐ Water

☐ ☐ Sewer

Fire Marshall

☒ ☒

Air Quality Control

☐ ☐

School Mitigation Fee

☐ ☐

Applicant Signature

Staff Signature

Date



**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

**Plan Check Submittal/ Resubmittal Checklist**

Redlined plans must be returned with resubmittals

**Project Information:**

☒ Submittal

☐ Resubmittal

Project address 6650 BLOOMFIELD RD.

Owner's Name STORMY'S TAVERN

Building Permit # PETAUMA

Plan Checker's Name \_\_\_\_\_

Please check which return procedure is preferred if corrections are needed:

☐ Pickup

☒ Phone#

☐ Mail to:

FIRE SAFETY SUPPLY CO.

Address

PO Box 2849

Contact Name: FIRE SAFETY SUPPLY CO.

City, St Zip

SANTA ROSA, CA. 95405

Comments: 675-9117

For Department Use Only

Project Coordinator's Name \_\_\_\_\_

**Residential**

☐ 3 complete sets of signed Plans

(2 sets for resubmittal)

☐ 1 reduced set, Site Plan and Floor Plan Only

(8 1/2"x11" max.)(2 sets if property is served by a septic system)

**Commercial**

☒ 3 complete sets of signed, stamped Plans

(2 sets for resubmittal)

☐ 1 reduced set, Site Plan and Floor Plan Only

(11"x17" max.)(2 sets if property is served by a septic system)

**Mandatory Items**

Qty. Rcvd.

- ☒ Plot/Site Plan  
☒ Floor Plan (Electrical, Plumbing, Mechanical)  
☐ Foundation Plan (Footings Details)  
☐ Elevations  
☐ Framing Plan  
☐ Cross Sections  
☐ Structural Details  
☒ Signed Drawings (Stamped if Engineered)

**Optional Items**

☐ Peer Review Letter

**Plans**

**Other Items Which May be Required**

Qty. Rcvd.

- ☐ Title 24 Energy Calcs (2 signed, stamped sets )  
☐ Engineering Calcs (2 signed, stamped sets )  
☐ Geotechnical Report (2 signed, stamped sets )  
☐ Truss Calcs & Layout (2 signed, stamped sets )  
☐ Elevation Certificate  
☐ Flood Plain Management (Disposal of excess materials )  
☐ Creek Setback (Distance Delineated)  
☐ Utility Certificate (City of Santa Rosa )  
☐ Architectural Committee Approval  
☐ Special Inspections

**Clearances**

**Permit & Resource Management Dept.**

Rqd. Rcvd.

- ☐ ☐ Park Fee  
☐ ☐ Zoning Clearance  
☐ ☐ Grading Permit  
☐ ☐ Residential Traffic Mitigation  
☐ ☐ Commercial Traffic Mitigation  
☐ ☐ Well & Septic  
☐ ☐ Sewer  
☐ ☐ Road Encroachment  
☐ ☐ Parcel Map Improvement Conditions  
☐ ☐ Code Enforcement  
☐ ☐ Drainage Review  
☐ ☐ Investigation Fees  
(Equal to total of bldg.,plmb.,elec.,mech. fees)  
☐ ☐ Penalties  
(Equal to total of bldg.,plmb.,elec.,mech. fees x \_\_\_\_\_)

**Dept. Of Health Services**

- ☐ ☐ Food Handling  
☐ ☐ Hazardous Materials  
☐ ☐ Public Pools & Spas

**Special District**

☐ ☐ Water

☐ ☐ Sewer

**Fire Marshall**

☒ ☒ Air Quality Control

**School Mitigation Fee**

☐ ☐

Applicant Signature [Signature]

Staff Signature [Signature]

Date 12/19/07

COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

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

PLANCHECK RECEIPT ONLY - NOT A PERMIT

B-145928

Address: 6650 BLOOMFIELD RD BLO

Printed: 13:22 Dec 19, 1997

APN: 027-145-007

Cross Street: BODEGA AVE

In Planchek: 00/00/0000

Res/Com: C

Activity Type: B-BLD 9701

Std/Quick: Q Fire District: CSA #40 FIRE SERVICES

Insp Area: 03

Tax Rate Area: 057002

Owner

Applicant

CRAMER ELLEN  
3356 BLOOMFIELD RD  
SEBASTOPOL CA

954725841

FIRE SAFETY SUPPLY CO  
PO BOX 2849  
SANTA ROSA CA

95405

575 9227

Planchek Expires 1 Year from Date Planchek Fees Are Paid (See Register Validation Date)

Description: INSTALL HOOD FIRE SUPPRESSION SYSTEM

Initialized By: CNIEDERM

Approved By:

Status: STARTED

Planchek Multiplier: 1.00

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: 07/12/1997

Item #	Item Account Code	Description	Fee	Previously Paid
0060	025619-1341	BLDG PERM PLAN CHECK FEE	\$29.24	\$ .00
0100	025619-1341	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
0121	025619-1341	FIRE SAFE STDS/REF FEES	\$62.00	\$ .00
0707	025627-3140	REF.-GRADING/DRAIN. PLAN	\$ .00	\$ .00
0708	025627-3140	REF.-GRD/DRAIN DAM/DRVWY	\$ .00	\$ .00
5060	025619-1341-WAIVED	BLDG PERM PLAN CHECK FEE	\$ .00	\$ .00
5100	025619-1341-WAIVED	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
5121	025619-1341-WAIVED	FIRE S.S. REFERRAL FEE	\$ .00	\$ .00
5707	025627-3140-WAIVED	REF.-GRADING/DRAIN. PLAN	\$ .00	\$ .00
5708	025627-3140-WAIVED	REF.-GRD/DRAIN DAM/DRVWY	\$ .00	\$ .00

Qualifies for Fee Waivers (Y/N): N

\$91.24

\$ .00

Total Calculated Fees

\$91.24

Total Additional Fees

\$ .00

Previously Paid

\$ .00

Balance Due

\$91.24

CASH REGISTER  
VALIDATION  
REQUIRED  
BELOW

017560 12/19/97B01

# 0145928

SIERRA \$91.24

\*\*\*TTL \$91.24

CHECK \$91.24

CHNG \$0.00





# COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403

(707) 527-1900 FAX (707) 527-2210

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

## PLAN CHECK COMPLETION NOTICE FOR:

§ B-

145928

Site Address

STORMYS

Date

Fire Safety Supply Co  
PO BOX 2849  
Santa Rosa, CA 95405

Dear Customer:

The building code plan check portion of your building permit application has been completed. Please note the box(es) checked below and the clearance(s) required in order to obtain your building permit. Your permit may be issued when all clearances have been acquired and fees paid. Please allow at least 30 minutes for the time required to obtain your permit.

### OUR RECORDS INDICATE YOUR APPLICATION STILL NEEDS THE FOLLOWING CLEARANCES:

#### OUTSIDE PRMD:

- ☐ Architect Review/Homeowners Assn.
- ☐ Coastal Commission
- ☐ Local Fire Marshal

- ☐ School Mitigation fee (payable at School District)
- ☐ State Department of Fish & Game
- ☐ Other \_\_\_\_\_

#### AT PRMD - fee may be required (can be paid when you pay for Building Permit):

- ☐ Code Enforcement
- ☐ County Fire Marshal
- ☐ Drainage Review
- ☐ Park Fee
- ☐ Road Encroachment

- ☐ Septic
- ☐ Sewer
- ☐ Traffic Mitigation Fee
- ☐ Well

#### AT PRMD - No fee or fee is part of normal Building Permit cost:

- ☐ Owner Builder Form
- ☐ Workers Compensation (Certificate of Insurance)

- ☐ Zoning
- ☐ 8 1/2" x 11" Reduced Floor Plan

☒ NO FURTHER CLEARANCES ARE REQUIRED. Your permit is ready to be issued.

If you have any questions regarding permit fees, call (707) 527-1900. If you have any questions regarding the approval process, call (707) 527-2096 (On-duty Plan Check Specialist).

Thank you.

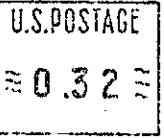
Plan Checker

Permit & Resource Management Department  
2550 Ventura Avenue  
Santa Rosa CA 95403

POSTED  
FIRST CLASS



029019



Fire Safety Supply Co.  
PO Box 2849  
Santa Rosa, CA  
95405

93403/0543





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

2550 Ventura Avenue, Santa Rosa, CA 95403  
(707) 527-1900 FAX (707) 527-2210

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

PLAN CHECK COMPLETION NOTICE FOR:

# B-

145929

Site Address

ILONTADUE

Date

Fire Safety Supply Co  
PO Box 2849  
Santa Rosa, CA 95405

Dear Customer:

The building code plan check portion of your building permit application has been completed. Please note the box(es) checked below and the clearance(s) required in order to obtain your building permit. Your permit may be issued when all clearances have been acquired and fees paid. Please allow at least 30 minutes for the time required to obtain your permit.

**OUR RECORDS INDICATE YOUR APPLICATION STILL NEEDS THE FOLLOWING CLEARANCES:**

**OUTSIDE PRMD:**

- ☐ Architect Review/Homeowners Assn.
- ☐ Coastal Commission
- ☐ Local Fire Marshal

- ☐ School Mitigation fee (payable at School District)
- ☐ State Department of Fish & Game
- ☐ Other \_\_\_\_\_

**AT PRMD - fee may be required (can be paid when you pay for Building Permit):**

- ☐ Code Enforcement
- ☐ County Fire Marshal
- ☐ Drainage Review
- ☐ Park Fee
- ☐ Road Encroachment

- ☐ Septic
- ☐ Sewer
- ☐ Traffic Mitigation Fee
- ☐ Well

**AT PRMD - No fee or fee is part of normal Building Permit cost:**

- ☐ Owner Builder Form
- ☐ Workers Compensation (Certificate of Insurance) →

- ☐ Zoning
- ☐ 8 1/2" x 11" Reduced Floor Plan

☒ **NO FURTHER CLEARANCES ARE REQUIRED. Your permit is ready to be issued.**

If you have any questions regarding permit fees, call (707) 527-1900. If you have any questions regarding the approval process, call (707) 527-2096 (On-duty Plan Check Specialist).

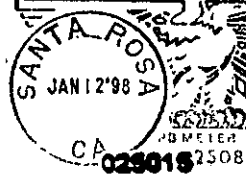
Thank you.

  
Plan Checker

Permit & Resource Management Department  
2550 Ventura Avenue  
Santa Rosa CA 95403

SNGLP

RESORTED  
FIRST CLASS



U.S. POSTAGE

0.238

Fire Safety Supply Co.  
PO Box 2849  
Santa Rosa CA  
95405

95403/0849



71

Act/Proj	Type	Status	Location
SEP95-1150	B-SEP	I FINALED	07/31/95 6650 BLOOMFIELD RD BLO
B-136589	B-BLD	A ISSUED	05/01/96 6650 BLOOMFIELD RD BLO
ADR96-0032	AB-ADR	I APPROVED	05/01/96 6650 BLOOMFIELD RD BLO
SEP97-0293	B-SEP	A ARCHIVED	03/19/97 6650 BLOOMFIELD RD BLO
*** End of Activities ***			

Parcel: 027-145-007	Use: 0210	Owner: CRAMER ELLEN
Situs: 6650 BLOOMFIELD RD BLO	Acres:	2.29
Legal:		

<F1>Help, <Enter>Summary, <ESC>Exit, <F9>Maint (Display), <F10>Maint (Update)



COUNTY OF SONOMA  
**DEPARTMENT OF EMERGENCY SERVICES**  
FIRE SERVICES • EMERGENCY PLANNING • HAZARDOUS MATERIALS

*Timothy J. Exline, Director*

TO: Permit and Resource Management Department  
(Building Department)

FROM: Michael Denning  
Sonoma County Dept. of Emergency Services

DATE: January 9, 1998

SUBJECT: Permit # - B-145928  
Applicant -Fire Safety Supply/Stormy's Tavern  
Location -6650 Bloomfield Road, Bloomfield

The Department of Emergency Services plan check fee for this permit is \$ 60.00 and the field inspection fee is \$ 60.00. The fee will be collected when the building permit is issued by the Sonoma County Permit and Resources Management Department.

This proposal is in reasonable compliance with the Uniform Fire Code and Fire Safe Standards as adopted by the County of Sonoma and approved with the following exceptions:

**Hood and Duct System** - A hood and duct is required which conforms to the Uniform Mechanical Code, Chapter 5. Type I hood systems shall be equipped with a fire extinguishing system and shall be installed in accordance with manufacturer's installation requirements. All kitchens shall have an additional 40 BC-type fire extinguisher installed for use on grease fires which shall be properly mounted in an approval location.

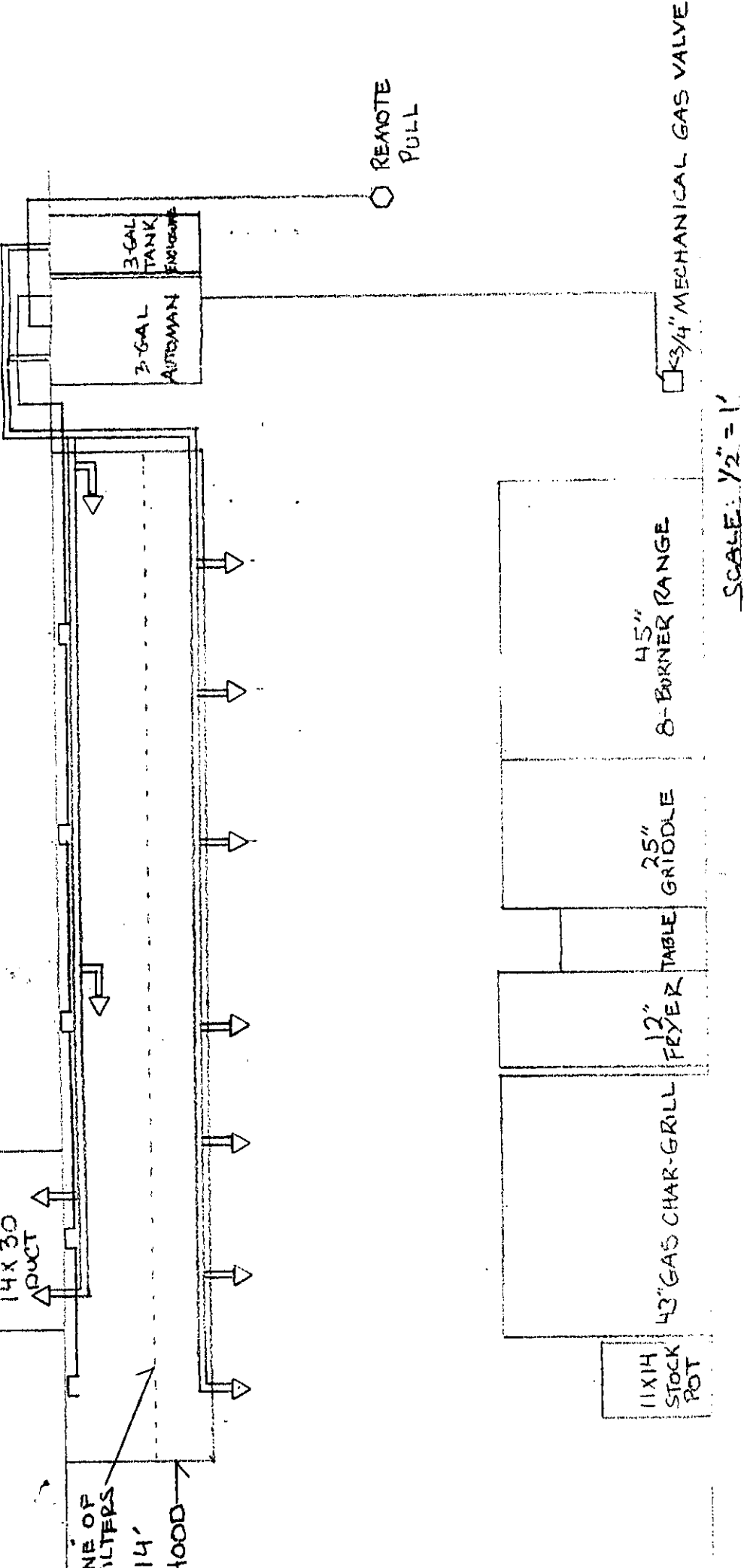
Any inspection request shall be made to the Department of Emergency Services at 527-1152. All requests shall be made at least 48 hours prior to the requested inspection time.

cc: file  
applicant

ANSUL RIO2 4 1/2 GAL FIRE SUPPRESSION SYSTEM

JOB SITE: STORMY'S TAVERN  
6650 BLOOMFIELD RD.  
Petaluma, CA. 94952

CONTRACTOR: FIRE SAFETY SUPPLY CO.  
468 YOLANDA AVE  
SANTA ROSA, CA. 95404  
CAL CONT LIC #725193 C-16  
575-9117



NOTES

- 1) TOTAL ALLOWABLE FLOW OF SYSTEM - 16
- 2) FLOW OF THIS SYSTEM - 16
- 3) SYSTEM TO MEET NFPA 17, 19, UL 300 AND STATE AND LOCAL AUTHORITY
- 4) SYSTEM USES SCH 40 - 3/8" BLACK PIPE

★ APPROVED ★  
AS NOTED

*[Signature]* 7.9.68

PERMIT AND RESOURCE MANAGEMENT  
DEPARTMENT

APPROVED JOB COPY OF PLANS AND JOB CARDS TO BE ON JOB SITE.

BUILDER SHALL NOT DEVIATE FROM THE APPROVED PLANS. REQUESTS FOR CHANGES SHALL BE MADE IN WRITING TO THE PERMIT AND RESOURCE MANAGEMENT DEPARTMENT. CHANGES MADE WITHOUT PRIOR APPROVAL SHALL BE SUBJECT TO REJECTION OF THE WORK.

APPROVAL OF THESE PLANS IS SUBJECT TO, AND DOES NOT AUTHORIZE DEVIATION FROM, COMPLETE COMPLIANCE WITH CODE REQUIREMENTS, SPECIAL INSPECTIONS WHEN REQUIRED AND FIELD INSPECTION.

PLEASE READ ALL PERTINENT SECTIONS OF ALL APPLICABLE CODES.

JOINT OF SIGNATURE  
APPROVED

Fire Marshal

*[Signature]*

TO: Eric Mays  
1-6-99

**SONOMA COUNTY**  
**PERMIT & RESOURCE MANAGEMENT DEPARTMENT**  
2550 VENTURA AVENUE ♦ SANTA ROSA, CA 95403  
TELEPHONE (707) 527-1900 ♦ FAX (707) 527-1103

Subject: stormy's Restaurant, 6650 Blomfield Rd

Message: Bob Hen, at Public Health called me  
to say that he has approved a new Kitchen  
Hood and make up air system for this  
business. They were not included in the  
previous remodel & additional permit. He  
informed MR. Cramer to obtain permits from us  
for these items but does not believe MR. Cramer  
will do so.  
Rick

Reply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



TO: Eric Mays  
FROM: 1-6-99

**SONOMA COUNTY**  
**PERMIT & RESOURCE MANAGEMENT DEPARTMENT**  
2550 VENTURA AVENUE ♦ SANTA ROSA, CA 95403  
TELEPHONE (707) 527-1900 ♦ FAX (707) 527-1103

SUBJECT: Starmys Restaurant, 6650 Bloomfield Rd

Message: Bob Horn, at Public Health called me to say that he has approved a new kitchen hood and make up air system for this business. They were not included in the previous remodel & addition permit. He informed MR. Cramo to obtain permits from us for these items but does not believe MR Cramo will do so.

Pick

Reply: