

B

Type

Plans

B- 146720

Permit Number

3093

Street Number

Brush ST

Street Name

GRA

Community Code

130-161-010

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: <b>IAN MORRIS</b>	Date Applied: <b>3/9/98</b>
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**INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT**

<b>SITE LOCATION INFORMATION PRINT CLEARLY</b>			
Site Address: <b>3093 Brush St.</b>	City: <b>Graton</b>	ZIP: <b>95444</b>	
Cross-Street: <b>Graton rd.</b>	APN: <b>130 161 010</b>	Project Phone #: ( )	Project Fax #: ( )
Directions:	Subd. Name	Unit #	Lot #
Describe Project: <b>New siding for out building</b>	Living Area	Contract Price: <b>1900</b>	
	Garage		
	Decks		

<b>OWNER NAME AND ADDRESS</b>				<b>APPLICANT NAME AND ADDRESS</b>			
Name: <b>IAN MORRIS</b>				Name: <b>IAN MORRIS</b>			
Mailing Address: <b>P.O. Box 137</b>				Mailing Address: <b>P.O. Box 137</b>			
City: <b>Graton, CA</b>		State:		City: <b>Graton, CA</b>		State:	
Day Ph: <b>(707) 823-7617</b>		Fax: ( )		Day Ph: <b>(707) 823 7617</b>		Fax: ( )	

<b>CONTRACTOR INFORMATION</b>				<b>OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)</b>			
Company Name:				Name:			
Address:				Address:			
City:		State:		City:		State:	
Day Ph: ( )		Fax: ( )		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 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: **3/9/98** Owner: **IAN MORRIS**

**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 \_\_\_\_\_

**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: **IAN MORRIS**

ADDRESS: **3093 Brush St., Graton, CA 95444**

Contractor  Owner  Agent for Contractor  Agent for Owner

Permit # **B-146720** Area **4**

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: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: **no bathen allowed**

**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:**

New  Addition  Alteration  Repair  Moving  Occ/Chg

<input type="checkbox"/> Plans Approved		Machine Space for Permit Fee	
<input type="checkbox"/> No Plans Subject to Field Inspection		011430 03/09/98B01	
Plancheck Cleared By	Date:	#	0146720
		SIERRA	\$80.49
Permit Cleared for Issuance By	Date:	**TTL	\$80.49
<b>SK</b>	<b>3-9-98</b>	CHECK	\$80.49
Type of Construction	Occupancy	No. of Stories	No. of Bedrooms
			CHNG
Auto. Fire Sprinklers Req'd	No. of Units	Certificate of Occupancy	
Final Date	Inspector		
<b>8/28/98</b>			

Permit # **B-146720** Area **4**

Permit Coordinator \_\_\_\_\_

JOB ADDRESS: 2621 130 161 010 000  
MAP REFERENCE: \_\_\_\_\_  
PERMIT NUMBER: B-146720  
INSPECTION AREA: 3

Final Date: **8/28/98** Inspector: \_\_\_\_\_

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	
<b>FOUNDATION</b>				
FORMS/SETBACK				
FOOTING				
WALLS				
<b>UFER GROUND #</b>				
<b>CAISSONS/PIERS</b>				
<b>SLAB</b>				
<b>MASONRY</b>				
<b>RETAINING WALLS</b>				
<b>FIREPLACE</b>				
FOOTING				
HEARTH/PROTECTION				
THROAT				
<b>CHIMNEY</b>				
<b>UNDERFLOOR/UNDERSLAB</b>				
<b>U/F ELECTRICAL</b>				
<b>U/F MECHANICAL</b>				
<b>U/F PLUMBING</b>				
<b>U/F FRAMING</b>				
<b>U/F INSULATION</b>				
<b>SHEAR WALLS</b>				
<input type="checkbox"/> INTERIOR				
<input type="checkbox"/> EXTERIOR				
<b>DIAPHRAGMS</b>				
<input type="checkbox"/> ROOF				
<input type="checkbox"/> FLOOR				
<b>SIDING/SHEATHING</b>	8-28-98	[Signature]		
<b>HOLD DOWNS</b>				
<b>CLOSE-IN</b>				
<b>ROUGH ELECTRICAL</b>				
<b>ROUGH MECHANICAL</b>				
<b>ROUGH PLUMBING</b>				
<b>ROUGH FRAME</b>				
<b>SMOKE DETECTORS</b>				
<b>INSULATION</b>				
<b>WALLBOARD</b>				
<b>STUCCO/PLASTER</b>				
<input type="checkbox"/> LATH				
<input type="checkbox"/> SCRATCH				
<b>TUB/SHOWER PAN</b>				
<b>SUSPENDED CEILING</b>				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
<b>EXITING</b>				
STAIRS/HANDRAILS				
RAMPS				
CORRIDORS/DOORS				
<b>HANDICAP REQUIREMENTS</b>				
<b>ENERGY REQUIREMENTS</b>				
<b>TEMPORARY OCCUPANCY</b>				
<b>TEMPORARY ELECTRICAL</b>				
<b>TEMPORARY GAS</b>				
<b>ELECTRIC METER AUTHORIZATION</b>				
<b>PANEL BOARDS/SERVICE</b>				
<b>GAS METER AUTHORIZATION</b>				
<b>GAS PRESSURE TEST</b>				
HOUSE				
YARD				
<b>MANUF. HOME FOUNDATION</b>				
<b>MANUF. HOME INSTALLATION</b>				
CONTINUITY				FIRE INSPECTION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
STAIRS/SKIRTS				Inspected by:
RIDGE BOLTING				
<b>SWIMMING POOLS</b>				
PRE-GUNITE				
PRE-DECK				
PRE-PLASTER/FENCE				<b>CLEARANCES:</b>
<b>GRADING FINAL</b>				FIRE <input type="checkbox"/> Local <input type="checkbox"/> County
<b>ELECTRICAL FINAL</b>				HEALTH DEPARTMENT
<b>MECHANICAL FINAL</b>				ZONING
<b>PLUMBING FINAL</b>				SANITATION
<b>FINAL</b>				N.C.A.P.C.D.
<b>OCCUPANCY (OK TO OCCUPY)</b>	8-28-98	[Signature]		

PERMIT #

PLAN RETENTION REQUIRED?
<input type="checkbox"/> Yes <input type="checkbox"/> No

