

B

Type

Plans

B-152373

Permit Number

176

Street Number

Wembley Ct

Street Name

WIN

Community Code

058-232-125

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: CLIFFORD T SMITH Date Applied: 2/18/99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

**SITE LOCATION INFORMATION - PRINT CLEARLY**

Site Address: 176 Wembley Ct City: SANTA ROSA ZIP: 95403  
 Cross-Street: RAMBERT DR. APN: 058-232-125 Project Phone #: (707) 544-4080 Project Fax #: ( )  
 Directions: \_\_\_\_\_ Subd. Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Describe Project: 2 HR LIFE, SAFETY, HEALTH INSPECTION TO RENEW B-016780 Living Area: \_\_\_\_\_ Garage: \_\_\_\_\_ Decks: \_\_\_\_\_ Contract Price: \_\_\_\_\_

**OWNER NAME AND ADDRESS** Name: CLIFFORD T SMITH  
 Mailing Address: 176 Wembley Ct  
 City: SANTA ROSA State: CA ZIP: 95403  
 Day Ph: (707) 544-4080 Fax: ( )

**APPLICANT NAME AND ADDRESS** Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Day Ph: ( ) 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 3708 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: \_\_\_\_\_

**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).):  
 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: 2/10/99 Owner: Clifford T Smith

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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.**  
Clifford T Smith  
 PERMITTEE SIGNATURE  
176 Wembley Ct Santa Rosa 95403  
 ADDRESS CITY ZIP  
 Contractor  Owner  Agent for Contractor  Agent for Owner

**Septic System Permit/Clearance #** \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Flood Zone:**  Yes  No 100 Year Flood Elevation: \_\_\_\_\_

**Site Review** \_\_\_\_\_

**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: \_\_\_\_\_

**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

Plans Approved  
 No Plans Subject to Field Inspection

Machine Space for Permit Fee  
015522 02/16/99 801  
 # 0152373  
SIERRA \$152.00  
\*\*\*TTL \$152.00  
CHECK \$152.00  
CHNG \$0.00

Plancheck Cleared By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Cleared for Issuance By: JAMES Date: 2-10-99  
 Type of Construction: \_\_\_\_\_ Occupancy: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
 Auto. Fire Sprinklers Req'd: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_  
 Final Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Permit # B-153273 Area 1  
 Permit Coordinator: \_\_\_\_\_

JOB ADDRESS: 176 WEMBLEY CT  
 MAP REFERENCE: \_\_\_\_\_  
 PERMIT NUMBER: 153273  
 INSPECTION AREA: 1

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>				
<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>GRADING FINAL</b>				<b>CLEARANCES:</b>
<b>ELECTRICAL FINAL</b>				FIRE <input type="checkbox"/> Local <input type="checkbox"/> County
<b>MECHANICAL FINAL</b>				HEALTH DEPARTMENT
<b>PLUMBING FINAL</b>				ZONING
<b>FINAL</b>				SANITATION
<b>OCCUPANCY (OK TO OCCUPY)</b>				N.C.A.P.C.D.
				PLAN RETENTION REQUIRED?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT #

*3-21-99*

# 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: CLIFFORD T SMITH Date Applied: 2/10/99

**INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT**

**SITE LOCATION INFORMATION PRINT CLEARLY**

Site Address: 176 W ... CT City: SANTA ROSA ZIP: 95403  
 Cross-Street: ... APN: 058-032-000 Project Phone #: (707) 527-1900 Project Fax #: ( )  
 Directions: ... Subd Name: ... Unit #: ... Lot #: ...  
 Describe Project: 2 HR LIFE, SAFETY, HEALTH INSPECTION TO REPAIR B-016780 Living Area: ... Contract Price: ...  
 Garage: ... Decks: ...

**OWNER NAME AND ADDRESS** Name: Clifford T Smith Mailing Address: 176 ... CT City: Santa Rosa State: CA ZIP: 95403 Day Ph: (707) 527-1900 Fax: ( )

**APPLICANT NAME AND ADDRESS** Name: ... Mailing Address: ... City: ... State: ... ZIP: ... Day Ph: ( ) 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: ( )

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 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.**

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 Lenders Name: ...  
 Lenders Address: ...

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 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.)  
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 I am exempt under Sec. ... B & P.C. for this reason ...  
 Date: ... Owner: ...

**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: ...

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 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: ...  
 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

**ASBESTOS DECLARATION**  
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**Machine Space for Permit Fee**  
 Plans Approved  
 No Plans Subject to Field Inspection  
 Plancheck Cleared By: ... Date: ...  
 Permit Cleared for Issuance By: ... Date: ...  

Type of Construction	Occupancy	No. of Stories	No. of Bedrooms
<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>

 Auto. Fire Sprinklers Req'd: ... Certificate of Occupancy: ...  
 Final Date: 3-24-99 Inspector: ...

PERMITTEE SIGNATURE: Clifford T Smith  
 ADDRESS: 176 W ... CT CITY: SANTA ROSA ZIP: 95403  
 Contractor  Owner  Agent for Contractor  Agent for Owner

Permit # B-153273 Area 1

Permit Coordinator: ...

JOB ADDRESS: 176 WEMBLEY CT MAP REFERENCE: PERMIT NUMBER: 153273 INSPECTION AREA: 1

# 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-152373

Site Location Information		Printed By: SPETERSO 10:31 Feb 10, 1999	
Address: 176 WEMBLEY CT LAR		APN: 058-232-012	
Cross Street: Lambert dr		Initialized By: SPETERSO A-BLD 9801	
Owner		Applicant	
SMITH CLIFFORD T & SANDRA J 176 WEMBLEY CT SANTA ROSA CA  954031734		SMITH CLIFFORD T & SANDRA J 176 WEMBLEY CT SANTA ROSA CA  954031734	
Contractor		Architect or Engineer	
Lic. #:		Lic. #:	

Permit Description: renew b-016780 2 hr. life, safety inspection	Status: <b>STARTED</b>
Valuation/Contract Price: \$ .00	Issued:
Plancheck Multiplier:	Type: SALT
Occupancy Type	Penalty Multiplier (Where Applicable):
Table Date: 07/01/1998	Factor Sq. Feet Valuation
	Total Valuation: .00

Item #	Item Account Code	Description	Fee	Prev. Paid
0011	1341 3505	INSPECTIONS - OTHER	\$ .00	\$ .00
0012	1341 3505	INSP. OUTSIDE NORMAL HRS	\$ .00	\$ .00
0013	1341 3505	REINSPECTION(S) FEE	\$ .00	\$ .00
0015	1341 3504	PERMIT RENEWAL FEE	\$116.00	\$ .00
0018	3141 1004	APPLICATION PROCES'G FEE	\$36.00	\$ .00
0100	1341 3502	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
0121	1341	FIRE SAFE STDS & REF PRMD	\$ .00	\$ .00
0122	1341 3504	ELECTRICAL FEE	\$ .00	\$ .00
0123	1341 3504	MECHANICAL FEE	\$ .00	\$ .00
0124	1341 3504	PLUMBING FEE	\$ .00	\$ .00
0132	1341 3504	BUILDING PERMIT FEE	\$ .00	\$ .00
0220	1600	VIO. PENALTY FEE (BLDG)	\$ .00	\$ .00
0221	4114	VIO. INVEST. FEE (BLDG)	\$ .00	\$ .00
1165	3829	ZONING PERMITS W/O D.R.	\$ .00	\$ .00
5011	1341-WAIVED 3505	INSPECTIONS - OTHER	\$ .00	\$ .00
5012	1341-WAIVED 3505	INSP. OUTSIDE NORMAL HRS	\$ .00	\$ .00
5013	1341-WAIVED 3505	REINSPECTION(S) FEE	\$ .00	\$ .00
5018	3141-WAIVED 1004	PROCESSING FEE	\$ .00	\$ .00
5100	1341-WAIVED 3502	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
5121	1341-WAIVED	FIRE SAFE STDS & REF PRMD	\$ .00	\$ .00
5122	1341-WAIVED 3504	ELECTRICAL FEE	\$ .00	\$ .00
5123	1341-WAIVED 3504	MECHANICAL FEE	\$ .00	\$ .00
5124	1341-WAIVED 3504	PLUMBING FEE	\$ .00	\$ .00
5132	1341-WAIVED 3504	BUILDING PERMIT FEE	\$ .00	\$ .00
5220	1600-WAIVED	VIO. INVEST. FEE	\$ .00	\$ .00
5221	4114-WAIVED 2001	VIO. INVESTIG FEE	\$ .00	\$ .00
6165	3829-WAIVED 6146	ZONING PERMITS W/O D.R.	\$ .00	\$ .00

Permit qualified for fee waiver (Y/N): N	\$152.00	
Total Calculated Fees	\$152.00	CASH REGISTER
Previously Paid	\$ .00	VALIDATION
Balance Due	\$152.00	REQUIRED
		BELOW