

B

Type

Plans

B- 153111

Permit Number

4730

Street Number

Paulsen Ln

Street Name

TW1

Community Code

062-114-027

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: Mac McKinnie Date Applied: 3/18/99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 4730 Paulsen Ln City: Sebastopol ZIP: _____
Cross-Street: Hessel Avenue APN: 062-114-027 Project Phone #: 707 575-7281 Project Fax #: 707 577-1884
Directions: _____ Subd. Name: _____ Unit #: _____ Lot #: _____
Describe Project: Detached Garage Living Area: 2710 Contract Price: _____
Garage Decks: _____

OWNER NAME AND ADDRESS

Name: Oiga Paulsen
Mailing Address: 4730 Paulsen Ln
City: Sebastopol State: CA ZIP: _____
Day Ph: 707 823-3706 Fax: ()

APPLICANT NAME AND ADDRESS

Name: _____
Mailing Address: _____
City: Middletown State: CA ZIP: _____
Day Ph: 707 575-7281 Fax: ()

CONTRACTOR INFORMATION

Company Name: Advantage Mtg. Housing
Address: 2532 Santa Rosa Ave.
City: Santa Rosa State: CA ZIP: 95407
Day Ph: 707 575-7281 Fax: 707 577-1884

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: State Fund
Policy No.: 1157597

(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 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 _____ Owner _____

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: C47 Lic. No.: 457364

Exp. Date: 6/30/00 Contractor: Dupan and Angel

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: _____
ADDRESS: _____ ZIP: _____
☐ Contractor ☐ Owner ☐ Agent for Contractor ☐ Agent for Owner

Permit # B-153111 Area 7

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: APB 30c File No: _____ Acres: 3.4

Existing Use/Structures: SFD

Proposed Use/Structures: GAR

Zoning Min. Yard Requirements: Front 30' Left 10' Right 10' Back 20'

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 Occurrence: _____

By: _____ Date: 3/23/99

Conditions: MUST BE BUILT BEFORE

mh perm foundation is finalized

(see associated permit)

Sewer Connection: ☐ Available ☐ Fees Paid

Approved by: _____ Date: _____

Road Encroachment: ☒ Fees Paid

Approved by: J. Conroy Date: 4/23/99

Septic System Permit/Clearance # Sept 99 10266

Approved by: DOONAVAN Date: 4-23-99

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: _____

Garage / Shop Detached

☒ New ☐ Addition ☐ Alteration ☐ Repair ☐ Moving ☐ Occ/Chg

JOB ADDRESS: 4730 Paulsen Ln Sebastopol CA

PERMIT NUMBER: B-153111

INSPECTION AREA: P

7

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				
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 type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUITY			Inspected by:	
STAIRS/SKIRTS				
RIDGE BOLTING				
SWIMMING POOLS				
PRE-GUNITE				
PRE-DECK			CLEARANCES:	
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) 565-1900 FAX (707) 565-1103

BUILDING PERMIT RECEIPT

B-153111

Site Location Information

Address: 4730 PAULSEN LN HES

Cross Street: HESSEL AVE

Printed By: CNIEDERM 09:10 Apr 29, 1999

APN: 062-114-027

Initialized By: FWILLIAM B-BLD 9801

Owner

PAULSEN OLGA
4730 PAULSEN LN
SEBASTOPOL CA

954726140

707 823 3706

Contractor

DUPAR & ANGEL/ADVANTAGE HOMES
C/O MAC
2532 SANTA ROSA AVE
SANTA ROSA CA
707 575 7281

95404

Lic. #: 457364 A

Applicant

DUPAR & ANGEL/ADVANTAGE HOMES
C/O MAC
2532 SANTA ROSA AVE
SANTA ROSA CA
707 575 7281

95404

Architect or Engineer

Lic. #:

Status: PC APRVD

Issued:

Type: SADD

Permit Description: DETACHED GARAGE

Valuation/Contract Price: \$54,769.10

Planchek Multiplier: 1.00

Penalty Multiplier (Where Applicable):

Occupancy	Type	Factor	Sq. Feet	Valuation
Private Garage/Carport	Wood Frame or Steel	20.21	2,710	54,769.10
Table Date: 07/01/1998				Total Valuation: 54,769.10

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
0018	3141 1004	APPLICATION PROCES'G FEE	\$36.00	\$.00
0050	327023-4040	S.M.I.P. RESIDENTIAL	\$5.48	\$.00
0060	1341	BLDG PERM PLAN CHECK FEE	\$330.82	\$330.82
0062	1341	ADDITIONAL PLANCHCK FEE	\$.00	\$.00
0100	1341 3502	SITE REVIEW/ELEV. CERT.	\$.00	\$.00
0119	649103-3661	CO FIRE MARSHAL REVIEW	\$.00	\$.00
0120	1341 3504	FIRE STDS INSPECT - PRMD	\$65.00	\$.00
0121	1341 3504	FIRE SAFE STDS &REF PRMD	\$65.00	\$65.00
0122	1341 3504	ELECTRICAL FEE	\$113.82	\$.00
0123	1341 3504	MECHANICAL FEE	\$.00	\$.00
0124	1341 3504	PLUMBING FEE	\$31.54	\$.00
0132	1341 3504	BUILDING PERMIT FEE	\$508.95	\$.00
0220	1600	VIO. PENALTY FEE (BLDG)	\$.00	\$.00
0221	4114 2001	VIO. INVEST. FEE (BLDG)	\$.00	\$.00
0707	3140 6054	REF.-GRADING/DRAIN. PLAN	\$.00	\$.00
0708	3140 6055	REF.-GRD/DRAIN DAM/DRVWY	\$.00	\$.00
1165	3829 6146	ZONING PERMITS W/O D.R.	\$19.00	\$.00
2000	335208	CTY-WDE CE TRAFFIC MIT	\$.00	\$.00
2001	335307	CTY-WDE NO TRAFFIC MIT	\$.00	\$.00
2002	335406	CTY-WDE SO TRAFFIC MIT	\$.00	\$.00
2003	335505	CTY-WDE WE TRAFFIC MIT	\$.00	\$.00
2005	335042	EASTMN LN TRAFFIC MIT	\$.00	\$.00
2006	335075	MOORLAND AV DRAINAGE MIT	\$.00	\$.00
2007	335034	LARK/WIKIUP TRAFFIC MIT	\$.00	\$.00
2008	335059	SONOMA VLY TRAFFIC MIT	\$.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	1341-WAIVED 1004	PROCESSING FEE	\$.00	\$.00
5060	1341-WAIVED	BLDG PERM PLAN CHECK FEE	\$.00	\$.00
5062	1341-WAIVED	ADDITIONAL PLANCHCK FEE	\$.00	\$.00
5100	1341-WAIVED 3502	SITE REVIEW/ELEV. CERT.	\$.00	\$.00
5119	649103-3661-WAIVED	CO FIRE MARSHAL REVIEW	\$.00	\$.00
5120	1341-WAIVED 3504	FIRE STDS INSPECT - PRMD	\$.00	\$.00
5121	1341-WAIVED 3504	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	VIOLATION PENALTY FEE	\$.00	\$.00
5221	4114-WAIVED 2001	VIOLATION INVESTIG FEE	\$.00	\$.00
5707	3140-WAIVED 6054	REF.-GRADING/DRAIN. PLAN	\$.00	\$.00
5708	3140-WAIVED 6055	REF.-GRD/DRAIN DAM/DRVWY	\$.00	\$.00
6165	3829-WAIVED 6146	ZONING PERMITS W/O D.R.	\$.00	\$.00
7000	335208-4040-WAIVED	PRM-CO-WDE CE DEV FEE TR	\$.00	\$.00
7001	335307-4040-WAIVED	PRM-CO-WDE NO DEV FEE TR	\$.00	\$.00
7002	335406-4040-WAIVED	PRM-CO-WDE SO DEV FEE TR	\$.00	\$.00
7003	335505-4040-WAIVED	PRM-CO-WDE WE DEV FEE TR	\$.00	\$.00
7005	335042-4040-WAIVED	PRM-EASTMN LN DEV FEE TR	\$.00	\$.00
7006	335075-4040-WAIVED	PRM-MOORLAND DEV FEE TR	\$.00	\$.00
7007	335034-4040-WAIVED	PRM LARK/WIK SP PLN DEV	\$.00	\$.00
7008	335059-4040-WAIVED	PRM-SONOMA VLY DEV FEE T	\$.00	\$.00

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

\$1,175.61

\$395.82

Total Calculated Fees
Previously Paid

\$1,175.61
\$395.82

Balance Due

\$779.79

CASH REGISTER
VALIDATION
REQUIRED
BELOW

RECORDING REQUESTED BY:

ADVANTAGE MANUFACTURED HOUSING

2532 SANTA ROSA AVE.

AND WHEN RECORDED MAIL TO:

NAME OLGA PAULSEN

STREET ADDRESS 4730 PAULSEN LN
CITY, STATE and ZIP SEBASTOPOL CA 94923

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

**NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH
INSTALLATION ON A FOUNDATION SYSTEM**

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

OLGA PAULSEN
REAL PROPERTY OWNER/LESSOR
4730 PAULSEN LN
MAILING ADDRESS
SEBASTOPOL SONOMA CA 95422
CITY COUNTY STATE ZIP

INSTALLATION MAILING ADDRESS, IF DIFFERENT

CITY COUNTY STATE ZIP

SAME
UNIT OWNER (If also property owner, write "SAME")

MAILING ADDRESS

CITY COUNTY STATE ZIP

UNIT DESCRIPTION

SILVERCREST APRIL 4, 1999 GRANDMANOR
MANUFACTURER'S NAME DATE OF MANUFACTURE MODEL NAME/NUMBER
173007109 A/B/C 800" X 162" HUC279819/20/21
SERIAL NUMBER(S) LENGTH X WIDTH INSIGNIA/LABEL NUMBER(S)

REAL PROPERTY LEGAL DESCRIPTION ASSESSOR'S PARCEL NUMBER 062-114-027
COMMONLY KNOWN AS 4730 PAULSEN LANE SEBASTOPOL, A.P.N. 062-114-027

SONOMA COUNTY P.R.M.D
LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY
2550 VENTURA AVE
MAILING ADDRESS
SANTA ROSA SONOMA CA 95403
CITY COUNTY STATE ZIP
B-153111 (707)565-1900
BUILDING PERMIT NO. TELEPHONE NUMBER

SIGNATURE OF LOCAL AGENCY OFFICIAL DATE
ADVANTAGE MANUFACTURED HOUSING
DEALER NAME (If not a dealer sale, write "NONE")
92793
DEALER LICENSE NO.

4730 Paulsen





COUNTY OF SONOMA
DEPARTMENT OF EMERGENCY SERVICES

FIRE SERVICES • EMERGENCY MANAGEMENT • HAZARDOUS MATERIALS

VERNON A. LOSH II, DIRECTOR

COMPLIANCE NOTICE

Fire Safe Standards

Contact: <u>PAULSEN</u>	Address: <u>4730 PAULSEN LANE</u>		
Permit #: <u>B-153111</u>	Building Insp. Area:	Fire District: <u>GOLD RIDGE</u>	
<input checked="" type="checkbox"/> New Residence	<input type="checkbox"/> New Addition over 640 sq. '	<input checked="" type="checkbox"/> New U Occupancy over 1000 sq. '	<input type="checkbox"/> Granny Unit max. 840 sq. '

- OK ☐ Provide an all-weather driving surface on roads, driveways and turnarounds. Base of driving surface shall be at least 0.80 ft. of compacted Class 2 Aggregate Base. (Section 13-30)
- OK ☐ Provide water supply and fire hydrant. Install in compliance with the Fire Safe Standards. Fire hydrant outlet shall be between 18" & 24" in height (Blue reflectors, Bollards) (Division D)
- ☐ IF EITHER BOLD SECTION IS CHECKED,
FUTURE CONSTRUCTION INSPECTIONS SHALL BE DELAYED UNTIL CORRECTED.
- ☐ All roads serving more than 2 parcels shall be identified by a road name. (Section 13-40)
- OK ☐ Install permanent address at entrance - visible from both directions. Address is to be reflectorized with a min. height number of 4". (Section 13-46)
- ☐ Recess Gate - 30 ft. min. from roadway. If electric - Knox Key access required. (Section 13-38)
- OK ☐ Vegetation Management: (overhead, roadside, SRA Management Plan, etc.). (Section 13-58)

- INSTALL BLUE REFLECTORS AT ADDRESS &
ON BOLLARD

- ☒ Okay to proceed with ALL inspection.
- ☐ Assess additional re-inspection fee.

This project complies with Fire Safe Standards of Sonoma County	<input type="checkbox"/> Preliminary
	<input checked="" type="checkbox"/> Final

11 / 17 / 99
DATE

PATRICK WHITEHEAD
INSPECTOR

Fire District Notified	Initial: _____	Date: _____	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
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Original - Applicant

Yellow - PRMD

Pink - File

Goldenrod - Fire District