

**B**

Type



Plans

B- BLD00 - 0101

Permit Number

1093

Street Number

Burbank Ave

Street Name

BEL

Community Code

125-201-031

APN

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

2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Please Print Your Name: Tim Arnold Date Applied: 11-12-99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

**SITE LOCATION INFORMATION - PRINT CLEARLY**

Site Address: 1093 Burbank Ave City: SANTA ROSA ZIP: 95407  
 Cross-Street: Sebastopol Ave APN: 625 201 031 Project Phone #: 953 5816 Project Fax #: 542 7027  
 Directions: \_\_\_\_\_ Subd. Name: Roseland Area Unit #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Describe Project: Water Service From Meter to SFD Living Area: \_\_\_\_\_ Garage: \_\_\_\_\_ Decks: \_\_\_\_\_ Contract Price: 9060.<sup>00</sup>

**OWNER NAME AND ADDRESS** Name: Ted Rodrigues Mailing Address: 1093 Burbank Ave. City: Santa Rosa State: CA ZIP: 95407 Day Ph: 542 5916 Fax: \_\_\_\_\_  
**APPLICANT NAME AND ADDRESS** Name: Tim Arnold Mailing Address: 2119 Wood Rd. City: Fulton State: CA ZIP: 95439 Day Ph: 528 9328 Fax: 542 7027

**CONTRACTOR INFORMATION** Company Name: Arnold Construction Address: 2119 Wood Rd. City: Fulton State: CA ZIP: 95439 Day Ph: 528 9328 Fax: 542 7027  
**OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)** Name: Steve McCoy (Housing Rehab) Address: PO Box 12025 City: Santa Rosa State: CA ZIP: 95406 Day Ph: 524 7545 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.: 641-99  
 (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.**

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

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

**Sewer Connection:**  Available  Fees Paid  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Road Encroachment:**  Fees Paid  
 Approved by: [Signature] Date: 11/12/99  
**Septic System Permi/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: A Lic. No.: 518561  
 Exp. Date: 10-01 Contractor: Arnold Const.

**Code Enforcement Violation**  Yes  No Violation # \_\_\_\_\_  
 This permit is limited to \_\_\_\_\_ days.  
 Work Authorized: \_\_\_\_\_  
 New  Addition  Alteration  Repair  Moving  Occ/Chg

**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.

**PERMITTEE SIGNATURE**  
[Signature]  
 ADDRESS: 2119 Wood Rd. CITY: Fulton ZIP: 95439  
 Contractor  Owner  Agent for Contractor  Agent for Owner

**THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT**

<input type="checkbox"/> Plans Approved		Machine Space for Permit Fee	
<input type="checkbox"/> No Plans Subject to Field Inspection			
Plancheck Cleared By	Date:		
Permit Cleared for Issuance By	Date:	<u>018161 01/07/00B01</u>	# <u>0000101</u>
<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Alquist Priolo Report Available	<b>SIERRA</b>	\$33.46
<input type="checkbox"/> Pre FIRM	<input type="checkbox"/> Geotechnical report Available	<b>***TTL</b>	\$33.46
Type of Construction	Occupancy	No. of Stories	No. of Bedrooms
Auto. Fire Sprinklers Req'd	No of Units	Certificate of Occupancy	
Final Date		Inspector	
<u>3/15/00</u>			

Permit # B1000-0101 Area 3

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

JOB ADDRESS: 1093 Burbank Ave  
 MAP REFERENCE: \_\_\_\_\_  
 PERMIT NUMBER: B1000-0101  
 INSPECTION AREA: 3

015-007.cbr Revised: 02/99

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
<b>FOUNDATION</b>			<i>Water line</i>	
FORMS/SETBACK				
FOOTING				
WALLS				
<b>UNDER 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>ROOFING</b>				
<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>			FIRE INSPECTION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUITY			Inspected by:	
STAIRS/SKIRTS				
RIDGE BOLTING				
<b>SWIMMING POOLS</b>				
PRE-GUNITE				
PRE-DECK			<b>CLEARANCES:</b>	
PRE-PLASTER/FENCE			FIRE <input type="checkbox"/> Local <input type="checkbox"/> County	
<b>GRADING FINAL</b>			HEALTH DEPARTMENT	
<b>ELECTRICAL FINAL</b>			ZONING	
<b>MECHANICAL FINAL</b>			SANITATION	
<b>PLUMBING FINAL</b>			N.C.A.P.C.D.	
<b>FINAL</b>				
<b>OCCUPANCY (OK TO OCCUPY)</b>			PLAN RETENTION REQUIRED?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT # R1200-0121

> 3/15/00 RC

# COUNTY OF SONOMA

## PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 565-1900 FAX (707) 565-1103

### BUILDING PERMIT RECEIPT

**BLD00-0101**

Site Location Information		Printed By: BKEARNS 14:17 Jan 07, 2000	
Address: 1093 BURBANK AVE ROS		APN: 125-201-031	
Cross Street: SEBASTOPOL AVE		Initialized By: BKEARNS A-BLD 9901	
Owner		Applicant	
RODRIGUES THEODORE PO BOX 11785 SANTA ROSA CA  954061785		ARNOLD CONSTRUCTION COMPANY 2119 WOOD RD FULTON CA  528 9328 95439	
Contractor		Architect or Engineer	
ARNOLD CONSTRUCTION COMPANY 2119 WOOD RD FULTON CA  528 9328 Lic. #: 95439 Lic. #: 518561			

**Building Permit Expires 3 YEARS from the Date Permit Fees Are Paid (See Register Validation Date)**

Permit Description: WATER LINE FROM METER TO SSFD	Status: <b>STARTED</b>
Valuation/Contract Price: \$ .00	Issued:
Plancheck Multiplier:	Type: SALT

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
0100	1341 3502	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
0121	1341 3504	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	\$33.46	\$ .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	INSPECTIONS - OTHER	\$ .00	\$ .00
5012	1341-WAIVED	INSP. OUTSIDE NORMAL HRS	\$ .00	\$ .00
5013	1341-WAIVED	REINSPECTION(S) FEE	\$ .00	\$ .00
5100	1341-WAIVED	SITE REVIEW/ELEV. CERT.	\$ .00	\$ .00
5121	1341-WAIVED	FIRE SAFE STDS & REF PRMD	\$ .00	\$ .00
5122	1341-WAIVED	ELECTRICAL FEE	\$ .00	\$ .00
5123	1341-WAIVED	MECHANICAL FEE	\$ .00	\$ .00
5124	1341-WAIVED	PLUMBING FEE	\$ .00	\$ .00
5132	1341-WAIVED	BUILDING PERMIT FEE	\$ .00	\$ .00
5220	1600-WAIVED	VIOLATION PENALTY FEE	\$ .00	\$ .00
5221	4114-WAIVED	VIOLATION INVESTIG FEE	\$ .00	\$ .00
6165	3829-WAIVED	ZONING PERMITS W/O D.R.	\$ .00	\$ .00

Permit qualified for fee waiver (Y/N): N \$33.46      \$ .00

Total Calculated Fees	\$33.46	CASH REGISTER
Previously Paid	\$ .00	VALIDATION
Balance Due	\$33.46	REQUIRED
		BELOW

018161 01/07/00801  
# 0000101  
SIERRA \$33.46  
\*\*\*TTL \$33.46  
CHECK \$33.46  
CHNG \$0.00