

B

Type

X

Plans

BLD 05-3222

Permit Number

3688

Street Number

Bohemian Hwy

Street Name

OCC

Community Code

074-311-016

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:

Home Works

Date
Applied:

6-20-05

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: <i>3688 Bohemian Hwy</i>		City: <i>Occidental</i>		CA		ZIP: <i>95465</i>	
Cross-Street: <i>Coleman Hwy Rd</i>		APN: <i>074-311-016</i>		Project Phone #: ()		Project Fax #: ()	
Directions:		Subd. Name		Unit #		Lot #	
Describe Project: <i>Remove two non bearing internal walls install 2-220 electrical outlets</i>		Living Area		Garage		Decks	
						Contract Price: <i>500</i>	

OWNER NAME AND ADDRESS

Name: <i>Diane & David Albrach</i>		
Mailing Address: <i>3902 Bonus Rd.</i>		
City: <i>SEBASTOPOL</i>	State: <i>CA</i>	ZIP: <i>95472</i>
Day Ph: () <i>829-8650</i>	Fax: ()	

APPLICANT NAME AND ADDRESS

Name: <i>Home Works</i>		
Mailing Address: <i>P.O. Box 840</i>		
City: <i>FONTSVILLE</i>	State: <i>CA</i>	ZIP: <i>95472</i>
Day Ph: () <i>823-2981</i>	Fax: () <i>823-2101</i>	

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: *David Albrach*

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 3700 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: *B* Lic. No.: *374307*

Exp. Date: *5/31/07* Contractor: *Home Works*

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: *David Albrach*

ADDRESS: _____ CITY: _____ ZIP: _____

☒ Contractor ☐ Owner ☐ Other Licensed Professional

Final Date:	Inspector:
-------------	------------

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

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, Ch.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: _____ By: _____

Date: _____ Date: _____

Conditions: _____

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: _____

Drainage Review: _____

Approved by: _____ Date: _____

Fire: *NR*

Approved by: _____ Date: *6-20-05*

Code Enforcement Violation ☐ Yes ☒ No Violation # _____

This permit is limited to _____ days.

Work Authorized: _____

see description above

<input checked="" type="checkbox"/> Plans Approved		<input type="checkbox"/> Post FIRM		<input type="checkbox"/> Alquist Priolo Report Available	
<input type="checkbox"/> No Plans Subject to Field Inspection		<input type="checkbox"/> Pre FIRM		<input type="checkbox"/> Geotechnical report Available	
Planned/ Cleared By: <i>[Signature]</i>	Date: <i>6/20/05</i>	Type of Construction: <i>VR</i>	Occupancy: <i>B</i>	No. of Stories: _____	No. of Bedrooms: _____
Permit Clear/ Issued By: <i>[Signature]</i>	Date: <i>6/20/05</i>	Auto. Fire Sprinklers Req'd: _____	No. of Units: _____	Certificate of Occupancy: _____	

Machin. Space for Permit Fee

PAYMENT REC'D

\$ *1000*

JUN 20 2005

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
COUNTY OF SONOMA

Distribution: White - File Canary - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector

JOB ADDRESS: *3688 Bohemian Hwy Occ*

PERMIT NUMBER: *BLD05-3222*

INSPECTION AREA: *7*

Building/Grading Application Submittal Checklist

CSS-003

Project Address / City 3688 Bismarck Hwy Occidental APN # 074-311-016 BLD / GRD Permit # BLD05-3222
Project Description Remove two non-bearing walls, install 2-220 electrical outlets Applicant / Contact Name Homeworks / Dan Oaklevine
Plan Check Comments / Corrections ☐ Mail to applicant ☒ Call to pick up 823-283208

This form lists submittal requirements, approvals and development fees that apply to your application as submitted on this date, 6-20-05. Other requirements may be identified during the review process. All requirements must be cleared or approved and fees paid prior to permit issuance.

☒ For Department Use Only - Do not write below this line until directed to sign ☒

Required Plans

- ☒ 4 complete sets of signed and / or stamped plans for building permits
☐ 5 complete sets of signed and / or stamped plans for grading permits
☐ 2 sets of legible site plan and floor plan for Well and Septic approvals

Mandatory Items

- # Received
- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Plot / Site Plan |
| <input checked="" type="checkbox"/> | Floor Plan (electrical, plumbing & mechanical) |
| <input checked="" type="checkbox"/> | Foundation Plan (footing details) |
| <input checked="" type="checkbox"/> | Elevations |
| <input checked="" type="checkbox"/> | Framing Plan |
| <input checked="" type="checkbox"/> | Cross Sections |
| <input checked="" type="checkbox"/> | Structural Details |
| <input checked="" type="checkbox"/> | Signed Drawings (stamped if engineered) |

Other Items Which May be Required

- Required # Received
- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Title 24 Energy Calcs (2 signed, stamped sets) |
| <input checked="" type="checkbox"/> | Engineering Calculations (2 signed, stamped sets) |
| <input type="checkbox"/> | Hydrology & Hydraulic Calcs (2 signed, stamped sets) |
| <input type="checkbox"/> | Geotechnical Report (2 signed, stamped sets) |
| <input type="checkbox"/> | Geotechnical Foundation Approval Letter |
| <input type="checkbox"/> | Truss Calcs and Layout (2 signed, stamped sets) |
| <input type="checkbox"/> | Flood Elevation Certificate |
| <input type="checkbox"/> | Flood Prone Urban Area (drainage review) |
| <input type="checkbox"/> | Special Inspection Form |
| <input type="checkbox"/> | Conditions of Planning Approval |

Third Party Plan Check _____

PRMD Approvals Required for Permit Issuance

- | | | |
|--|--|---|
| <input type="checkbox"/> Address Verification | <input type="checkbox"/> Road Name Application or Road Map | <input type="checkbox"/> Approved for Submittal |
| <input type="checkbox"/> Planning and Zoning | <input type="checkbox"/> Approved for Issuance | staff sig. _____ date _____ |
| <input type="checkbox"/> Well and Septic | <input type="checkbox"/> Approved for Issuance | <input type="checkbox"/> Approved for Submittal |
| <input type="checkbox"/> Road Encroachment | <input type="checkbox"/> Approved for Issuance | staff sig. _____ date _____ |
| <input type="checkbox"/> Sewer / Water | <input type="checkbox"/> Approved for Issuance | <input type="checkbox"/> Approved for Submittal |
| <input type="checkbox"/> Fire Services | <input type="checkbox"/> Approved for Issuance | staff sig. _____ date _____ |
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Approved for Issuance | <input type="checkbox"/> Approved for Submittal |
| <input type="checkbox"/> Approved for Issuance | <input type="checkbox"/> Approved for Submittal | staff sig. _____ date <u>6-20-05</u> |
| <input type="checkbox"/> Investigation Fees | <input type="checkbox"/> Penalty Fees | staff sig. _____ date _____ |

Other PRMD Approvals Required For Permit Issuance

- ☐ Drainage Review _____ ☐ Project Review - Health _____
☐ Additional Requirements _____

Required Development Fees

- | | |
|--|---|
| <input type="checkbox"/> School Mitigation Fee for _____ sq. ft. | <input type="checkbox"/> Residential Traffic Mitigation Fee |
| Payable at: _____ | <input type="checkbox"/> Commercial Traffic Mitigation Fee |
| <input type="checkbox"/> Fire Mitigation Fee | <input type="checkbox"/> Park Mitigation Fee |
| Payable at: _____ | |

Other Agency Clearances

These clearances may be required prior to permit issuance:

Required Received

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Health Services - Food / Pool |
| <input type="checkbox"/> | <input type="checkbox"/> Emergency Services - Hazardous Materials |
| <input type="checkbox"/> | <input type="checkbox"/> Transport and Public Works |
| <input type="checkbox"/> | <input type="checkbox"/> Water District _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Sewer District _____ |

Air Quality District

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> N. Sonoma County (433-5911) |
| <input type="checkbox"/> | <input type="checkbox"/> Bay Area (415-771-6000) |

These clearances may be required for your project:

Contact these agencies directly.

- | |
|---|
| <input type="checkbox"/> CA Regional Water Quality Board North Coast (576-2220) |
| <input type="checkbox"/> CA Regional Water Quality Board San Francisco Bay (510-622-2300) |
| <input type="checkbox"/> Architectural Review / Homeowner's Assoc. |
| <input type="checkbox"/> U.S. Army Corps of Engineers (415-977-8439) |
| <input type="checkbox"/> CA Dept. of Fish & Game (944-5000) |
| <input type="checkbox"/> CA Coastal Commission (415-904-5260) |
| <input type="checkbox"/> Other _____ |

The fees received on this date cover the cost of reviewing your plans prior to permit issuance. All required approvals must be obtained, and additional permit and development fees must be paid, before a building permit can be issued.

Applicant Signature [Signature]

Staff Signature [Signature]

Date 6-20-05

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1103

4. SINGLE PARKING SPACE DESIGN

- _____ A. 18' minimum length of each parking space. 1129B.4.1 4.6.3 Fig. 23
- _____ B. 9' minimum width of each parking space. 1129B.4.1 4.6.3 Fig. 23
- _____ C. Minimum 18' x 5' access aisle (passenger side). 1129B.4.1 4.6.3 Fig. 23
- _____ D. Surface of the parking space(s) and access aisle(s) does not exceed 1:50 gradient (2.0%) in any direction. 1129B.4.4 4.6.3 Fig. 23

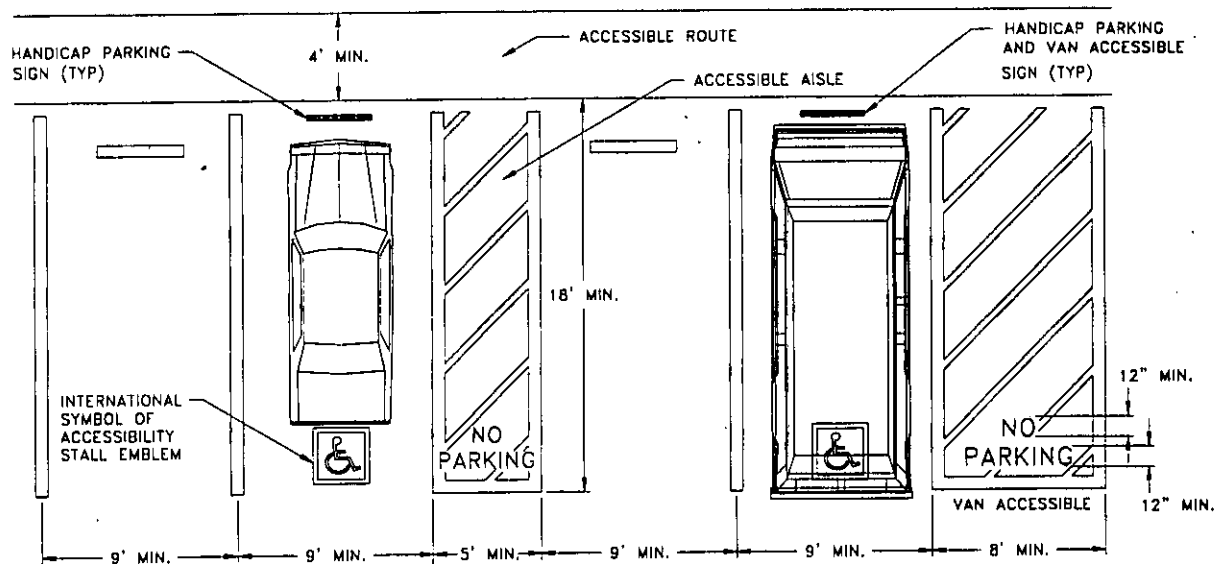


Fig.23

GENERAL DISABLED PARKING SPACE NOTES:

- 1) Disabled parking space must permit use of either car doors.
- 2) A parking bumper is required when no curb or barrier is provided which will prevent encroachment of cars over the adjoining accessible route.
- 3) Wheelchair users must not be forced to go behind parked cars other than their own to access an adjoining accessible route.
- 4) The maximum surface slope within the disabled parking space and adjacent access aisle may not exceed 2% in any direction.
- 5) Curb ramps may not encroach into the required dimensions of disabled parking spaces or adjacent access aisles.
- 6) Access aisle (loading/unloading area) must connect to an accessible path of travel to the facility.
- 7) The words "NO PARKING" must be painted on the ground within each access aisle.

GENERAL REQUIREMENTS PARKING

- _____A. Surface identification of accessible parking stalls complies with one of the above noted striping configurations. **1129B.5.1&2 4.6.4 Figs. 23-25**
- _____B. The words "NO PARKING" are painted in white on the ground within each access aisle. **1129B.1 & .2**
- _____C. "NO PARKING" letters are a minimum of 12" high and visible to traffic enforcement officials. **1129B.1 & .2**

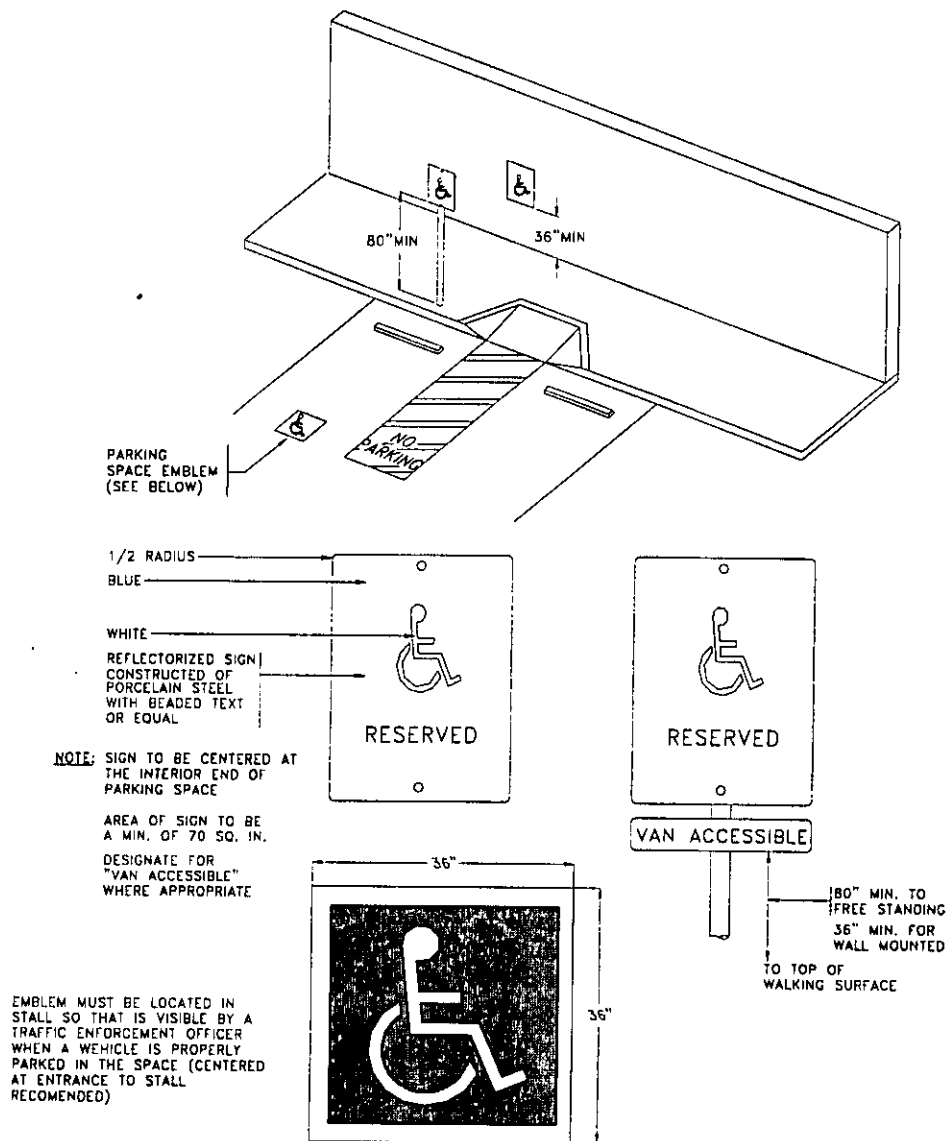


Fig.25



California Home

Monday, Jun 20, 2005

**License Detail**

CALIFORNIA CONTRACTORS STATE LICEN

Contractor License # 374307**DISCLAIMER**

A license status check provides information taken from the CSLB license data base. Before on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to complaint disclosure, a link for complaint disclosure will appear below. Click on the link button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto Board's license data base.

Extract Date: 06/20/2005

***** Business Information *****

HOMeworks
P O BOX 840
FORESTVILLE, CA 95436-0840
Business Phone Number: (707) 823-2981

Entity: **Sole Ownership**
Issue Date: **05/11/1979** Expire Date: **05/31/2007**

***** License Status *****

This license is current and active. **All information below should be reviewed.**

***** Classifications *****

Class	Description
B	GENERAL BUILDING CONTRACTOR

***** Bonding Information *****

CONTRACTOR'S BOND: This license filed Contractor's Bond number **175713** in the amount of **\$10,000** with the bonding company

RETAIR

2005-3222

AMERICAN CONTRACTORS INDEMNITY COMPANY.

Effective Date: 01/01/2004

Contractor's Bonding History***** Workers Compensation Information *****

This license is exempt from having workers compensation insurance; they certified that they employees at this time.

Effective Date: 06/05/1997 Expire Date: None

Workers Compensation History[Personnel List](#) [SalesPerson List](#)[License Number Request](#)[Contractor Name Request](#)[Personnel Name Request](#)[Salesperson Request](#)[Salesperson Name Request](#)© 2005 State of California. [Conditions of Use](#) [Privacy Policy](#)**RETURN**

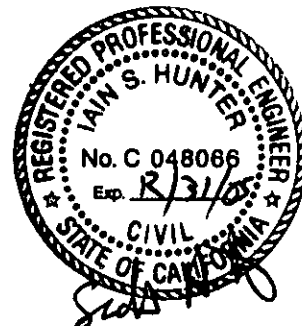
13405-3222

Calculations for Pignoli Restaurant
3688 Bohemian Hwy
Occidental CA

June '05

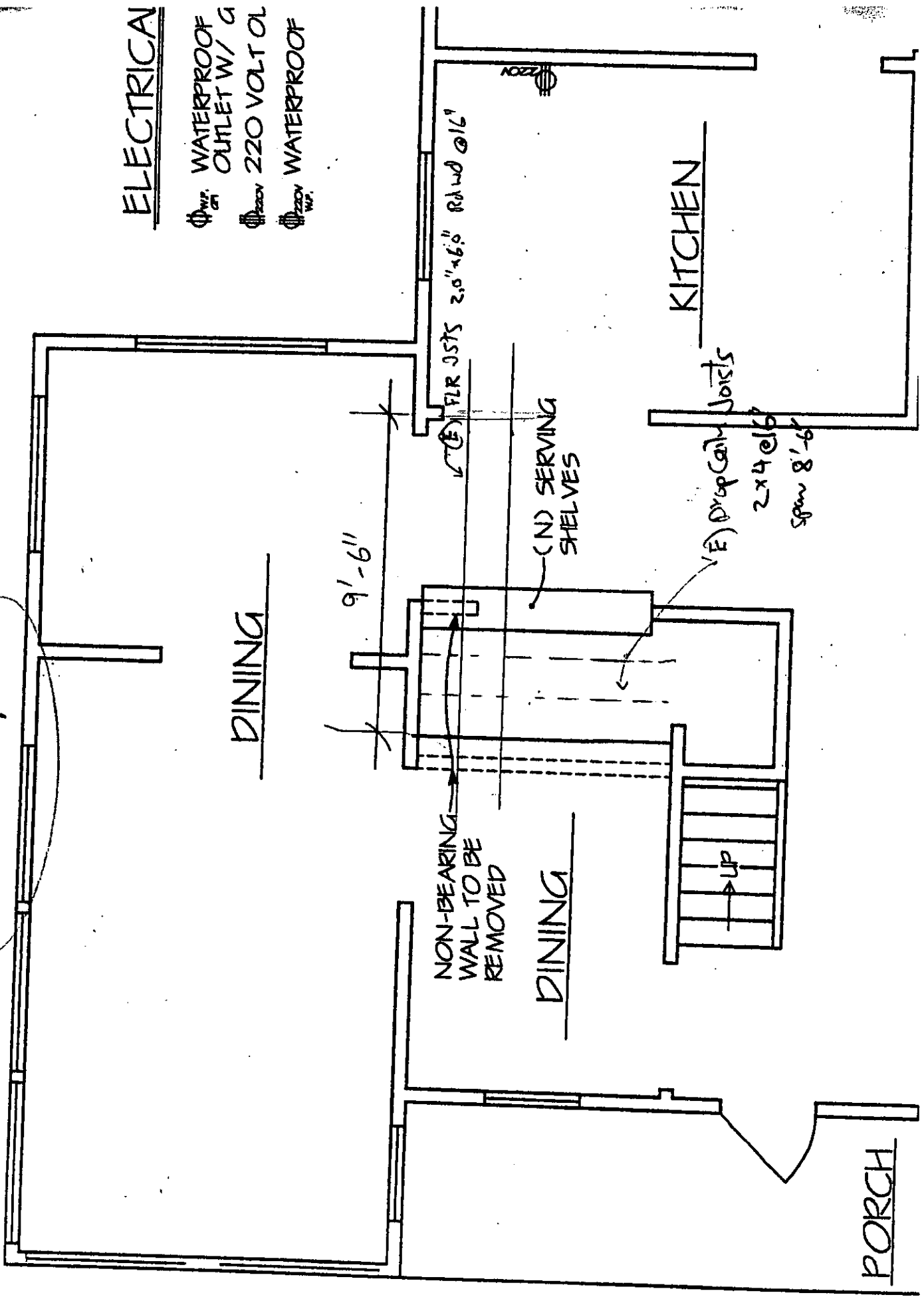
Vertical check on interior remodel. One wall removed and opening widened in second wall. Access opening allowed inspection of floor framing. Neither wall is bearing.

Engineer of Record:SH
Design engineer: SH



6/17/05

Site visit 6/16



Title : 4
 Dagnr:
 Description :

Douglas Fir,

Job #

Date: 1:29PM, 17 JUN 05

Scope :

Rev: 580006
 User: KW-0805655, Ver 5.8.0, 1-Dec-2003
 (c)1983-2003 ENERCALC Engineering Software

Timber Beam & Joist

Page 1
 ecw:Calculations

Description Pignoli

Timber Member Information Code Ref: 1997/2001 NDS, 2000/2003 IBC, 2003 NFPA 5000. Base allowables are user defined

		(E) Fir Joist	ceiling joist
Timber Section		2x8	2x4
Beam Width	in	2.000	1.500
Beam Depth	in	6.000	3.500
Le: Unbraced Length	ft	0.00	0.00
Timber Grade		Redwood, No.1	Douglas Fir - Larch, No.2
Fb - Basic Allow	psi	975.0	900.0
Fv - Basic Allow	psi	160.0	180.0
Elastic Modulus	ksi	1,300.0	1,600.0
Load Duration Factor		1.000	1.000
Member Type		Sawn	Sawn
Repetitive Status		Repetitive	Repetitive

Center Span Data

Span	ft	9.50	8.50
Dead Load	#/ft	16.00	5.00
Live Load	#/ft	53.30	

Results Ratio = 0.5363 0.1140

Mmax @ Center	in-k	9.38	0.54
@ X =	ft	4.75	4.25
fb : Actual	psi	781.8	176.9
Fb : Allowable	psi	1,457.6	1,552.5
		Bending OK	Bending OK
fv : Actual	psi	36.9	5.7
Fv : Allowable	psi	160.0	180.0
		Shear OK	Shear OK

Reactions

@ Left End	DL	lbs	76.00	21.25
	LL	lbs	253.17	0.00
	Max. DL+LL	lbs	329.17	21.25
@ Right End	DL	lbs	76.00	21.25
	LL	lbs	253.17	0.00
	Max. DL+LL	lbs	329.17	21.25

Deflections Ratio OK Deflection OK

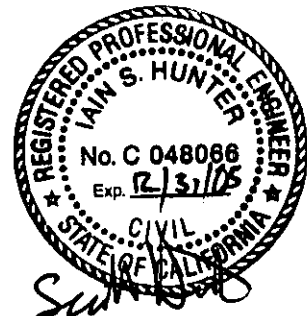
Center DL Defl	in	-0.063	-0.068
L/Defl Ratio		1,819.6	1,489.4
Center LL Defl	in	-0.209	0.000
L/Defl Ratio		546.2	0.0
Center Total Defl	in	-0.271	-0.068
Location	ft	4.750	4.250
L/Defl Ratio		420.1	1,489.4

Calculations for Pignoli Restaurant
3688 Bohemian Hwy
Occidental CA

June '05

Vertical check on interior remodel. One wall removed and opening widened in second wall. Access opening allowed inspection of floor framing. Neither wall is bearing.

Engineer of Record: SH
Design engineer: SH



6/17/05

Site visit 6/16

DINING

- WATERPROOF OUTLET w/ GFI
- 220 VOLT OL
- WATERPROOF

9'-6"

NON-BEARING WALL TO BE REMOVED

DINING

(N) SERVING SHELVES

FLOOR JOISTS 2x10 @ 16" R/W @ 16"

(E) DROP CROWN JOISTS

2x4 @ 16" span 8'-6"

KITCHEN

PORCH

ELECTRICAL

Title : 4
 Dsgnr:
 Description :

Douglas Fir,

Job #

Date: 1:29PM, 17 JUN 05

Scope :

Rev: 580006
 User: KW-0605655, Ver 5.8.0, 1-Dec-2003
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Beam Depth	in	6.000	3.500
Le: Unbraced Length	ft	0.00	0.00
Timber Grade		Redwood, No.1	Douglas Fir - Larch, No.2
Fb - Basic Allow	psi	975.0	900.0
Fv - Basic Allow	psi	160.0	180.0
Elastic Modulus	ksi	1,300.0	1,600.0
Load Duration Factor		1.000	1.000
Member Type		Sawn	Sawn
Repetitive Status		Repetitive	Repetitive

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		Bending OK	Bending OK
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		Shear OK	Shear OK

Reactions

@ Left End	DL	lbs	76.00	21.25
	LL	lbs	253.17	0.00
	Max. DL+LL	lbs	329.17	21.25
@ Right End	DL	lbs	76.00	21.25
	LL	lbs	253.17	0.00
	Max. DL+LL	lbs	329.17	21.25

Deflections Ratio OK Deflection OK

Center DL Defl	in	-0.063	-0.068
L/Defl Ratio		1,819.6	1,489.4
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