

**B**

Type



Plans

**BLD** 06-0834

Permit Number

980

Street Number

Stony Point Rd

Street Name

SALD

Community Code

125-131-060

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: Le Sue + Dexter, Inc Date Applied: \_\_\_\_\_

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

SITE LOCATION INFORMATION - PRINT CLEARLY					
Site Address: <u>990 Stony Point Rd</u>	City: <u>Santa Rosa</u>		ZIP: <u>95404</u>		
Cross-Street: <u>Scharf Rd</u>	APN: <u>125131060</u>	Project Phone #: ( )	Project Fax #: ( )		
Directions:	Subd. Name	Unit #	Lot #		
Describe Project: <u>Install Fire Sprinklers in 5 F</u>	Living Area: <u>313</u>	Garage Deck: <u>359</u>		Contract Price: <u>3996.00</u>	
	EID05-0253				
OWNER NAME AND ADDRESS			APPLICANT NAME/AND ADDRESS		
Name: <u>Jim Kuester</u>	Name: <u>Le Sue + Dexter, Inc.</u>				
Mailing Address: <u>1765 Trimbark Ln</u>	Mailing Address: <u>2833 Blvd N.</u>				
City: <u>Cloverdale</u> State: <u>Ca</u> ZIP: <u>95425</u>	City: <u>Santa Rosa</u> State: <u>Ca</u> ZIP: <u>95406</u>				
Day Ph: ( )	Fax: ( )		Day Ph: <u>707 575 1500</u> Fax: <u>707 575 1276</u>		
CONTRACTOR INFORMATION			OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)		
Company Name: <u>SAME</u>			Name:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Day Ph: ( )	Fax: ( )		Day Ph: ( ) Fax: ( )		
WORKER'S COMPENSATION DECLARATION			CONSTRUCTION LENDING DECLARATION		
<p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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:</p> <p>Carrier: <u>State Fund Insurance</u></p> <p>Policy No.: <u>641-0006550-04</u></p> <p>(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)</p> <p><input type="checkbox"/> 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.</p> <p>Exp. Date: <u>10/06</u> Applicant: <u>[Signature]</u></p> <p><b>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.</b></p>			<p>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.).</p> <p>Lenders Name: <u>NONE</u></p> <p>Lenders Address:</p>		
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. <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Address subject to change					
Approval for Permit Issuance: _____			Approval for Occupancy: _____		
By: _____		By: _____			
Date: _____		Date: _____			
Conditions: _____					
Sewer Connection: <input type="checkbox"/> Available <input type="checkbox"/> Fees Paid					
Approved by: _____			Date: _____		
Road Encroachment: <input type="checkbox"/> Fees Paid					
Approved by: _____			Date: _____		
Septic System Permit/Clearance # _____					
Approved by: _____			Date: _____		
Flood Zone: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 Year Flood Elevation: _____					
Site Review					
Drainage Review: _____			Date: _____		
Fire: _____					
Approved by: <u>[Signature]</u>			Date: _____		
Code Enforcement Violation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Violation # <u>VB01-0255</u>					
This permit is limited to _____ days. <u>VR04-0234</u>					
Work Authorized: _____					
<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: <u>[Signature]</u> Date: <u>2-23-06</u>		Type of Construction: _____		Occupancy: _____	
Permit Issued for Issuance: <u>[Signature]</u> Date: <u>2-23-06</u>		Auto. Fire Sprinklers Req'd: _____		No. of Units: _____	
		Certificate of Occupancy: _____			
<p>Meeting Space for Permit Fee</p> <p><b>PAYMENT RECEIVED</b></p> <p>\$ _____</p> <p><u>[Signature]</u></p> <p><b>MAR 01 2006</b></p> <p>PERMIT AND RESOURCE MANAGEMENT DEPARTMENT COUNTY OF SONOMA</p>					
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.			PERMIT SIGNATURE: <u>[Signature]</u> ADDRESS: <u>2833 Blvd N. Santa Rosa 95406</u> CITY: _____ ZIP: _____		
<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Licensed Professional					
Final Date: _____		Inspector: _____			

JOB ADDRESS: 990 Stony Point Rd Santa Rosa  
 PERMIT NUMBER: VB01-0255-0834  
 INSPECTION AREA: 11

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

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

Welcome to **California**



**License Detail**  
**Contractor License # 548129**

**CALIFORNIA CONTRACTORS STATE LICEN**

**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: 02/21/2006

**\*\*\* Business Information \*\*\***

LE DUC & DEXTER INC  
P O BOX 11157  
SANTA ROSA, CA 95406  
Business Phone Number: (707) 575-1500

Entity: Corporation

Issue Date: 11/16/1988 Expire Date: 11/30/2006

**\*\*\* License Status \*\*\***

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

**\*\*\* Classifications \*\*\***

2006-0834  
**RETAIN**

Class	Description
C16	FIRE PROTECTION CONTRACTOR
C36	PLUMBING
C43	SHEET METAL
C20	WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING
C-4	BOILER, HOT WATER HEATING AND STEAM FITTING

**B** GENERAL BUILDING CONTRACTOR

**\*\*\* Bonding Information \*\*\***

**CONTRACTOR'S BOND:** This license filed Contractor's Bond number **662242** in the amount of **\$10,000** with the bonding company **SURETY COMPANY OF THE PACIFIC.**  
Effective Date: **01/01/2004**

**Contractor's Bonding History**

**BOND OF QUALIFYING INDIVIDUAL(1):** The Responsible Managing Officer (RMO) **RC THOMAS LE DUC** certified that he/she owns 10 percent or more of the voting stock/equity corporation. A bond of qualifying individual is **not** required.  
Effective Date: **11/16/1988**

**BOND OF QUALIFYING INDIVIDUAL(2):** This license filed Bond of Qualifying Individual **1018454** for **WILLIAM WALTER ZEEB** in the amount of **\$7,500** with the bonding company **SURETY COMPANY OF THE PACIFIC.**  
Effective Date: **06/15/1995**

**\*\*\* Workers Compensation Information \*\*\***

This license has workers compensation insurance with the **STATE COMPENSATION INSURANCE FUND**  
Policy Number: **641-0000550** Effective Date: **01/01/1997** Expire Date: **10/01/2006**

**Workers Compensation History**

**Personnel listed on this license (current or disassociated) are listed on other licenses**

**Personnel List**    **Other Licenses**

**License Number Request**      **Contractor Name Request**      **Personnel Name Request**  
**Salesperson Request**              **Salesperson Name Request**

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HYDRAULIC CALCULATIONS

COVER SHEET

Kneisler Residence 980 Stoney Point Rd Santa Rosa 2-16-06

WATER SUPPLY

STATIC PRESSURE (psi) 50  
RESIDUAL PRESSURE (psi) 40  
RESIDUAL FLOW (gpm) 500

BOOSTER PUMPS

NUMBER OF BOOSTER PUMPS 0

SPRINKLERS

MINIMUM FLOW PER SPRINKLER (gpm) 13  
MINIMUM PRESSURE PER SPRINKLER (psi) 7.04

THIS SYSTEM OPERATES AT A FLOW OF 26.04 gpm AT A PRESSURE OF 14.77 psi  
AT THE BASE OF THE RISER (REF. PT. 5)

PIPES USED FOR THIS SYSTEM

=====

017 COPPER TYPE 'K'  
009 BLAZEMASTER CPVC  
019 COPPER TYPE 'M'

