

B

Type



Plans

BLD 07-2103

Permit Number

126

Street Number

Brush St

Street Name

GRA

Community Code

130-161-007

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: Laura Gardiner Date Applied: 5-3-07

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY																		
Site Address: <u>126^S Brush St</u>		City: <u>Graton</u> ZIP: <u>95444</u>																
Cross-Street:	APN:	Project Phone #:	Project Fax #:															
Directions:		Subd. Name:	Unit # / Lot #															
Describe Project: <u>Install Residential Fire Sprinklers</u>		Living Area: <u>1178 Sq. Ft</u>	Contract Price: <u>\$4,600.00</u>															
		Garage:																
		Decks:																
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS																
Name: <u>Dylan Morris</u>		Name: <u>McCoy Fire Protection</u>																
Mailing Address: <u>126 S. Brush St.</u>		Mailing Address: <u>131 A Stony Circle Suite 500</u>																
City: <u>Graton</u>	State: <u>CA</u>	City: <u>SR</u>	State: <u>CA</u>															
Day Ph: <u>707 530-7974</u>	Fax: ()	Day Ph: <u>707 578-2344</u>	Fax: <u>707 578-2346</u>															
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)																
Company Name: <u>McCoy Fire Protection</u>		Name: <u>McCoy Fire Protection</u>																
Address: <u>131 A Stony Circle Suite 500</u>		Address: <u>131 A Stony Circle Suite 500</u>																
City: <u>SR</u>	State: <u>CA</u>	City: <u>SR</u>	State: <u>CA</u>															
Day Ph: <u>707 578-2344</u>	Fax: <u>707 578-2346</u>	Day Ph: <u>707 578-2344</u>	Fax: <u>707 578-2346</u>															
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>First Comp.</u> Policy No.: <u>WEN0003854-01</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>9/1/07</u> Applicant: <u>McCoy Fire Protection</u></p> <p>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.</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: _____</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: _____																		
Approved by: _____		Date: _____																
Fire: _____																		
Approved by: _____		Date: _____																
Code Enforcement Violation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Violation # _____																		
This permit is limited to _____ days.																		
Work Authorized: <u>Res Fire Sprinklers</u>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Plans Approved</td> <td><input type="checkbox"/> Post FIRM</td> <td><input type="checkbox"/> Alquist Priolo Report Available</td> </tr> <tr> <td><input type="checkbox"/> No Plans Subject to Field Inspection</td> <td><input type="checkbox"/> Pre FIRM</td> <td><input type="checkbox"/> Geotechnical report Available</td> </tr> <tr> <td>Planned/Classified By: <u>[Signature]</u> Date: <u>5/8/07</u></td> <td>Type of Construction:</td> <td>Occupancy:</td> </tr> <tr> <td>Permit Issued for Issuance By: <u>[Signature]</u> Date: <u>5/8/07</u></td> <td>Auto. Fire Sprinklers Req'd:</td> <td>No. of Units:</td> </tr> <tr> <td></td> <td>Certificate of Occupancy:</td> <td>No. of Bedrooms:</td> </tr> </table>				<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/Classified By: <u>[Signature]</u> Date: <u>5/8/07</u>	Type of Construction:	Occupancy:	Permit Issued for Issuance By: <u>[Signature]</u> Date: <u>5/8/07</u>	Auto. Fire Sprinklers Req'd:	No. of Units:		Certificate of Occupancy:	No. of Bedrooms:
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	Certificate of Occupancy:	No. of Bedrooms:																
<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.</p> <p>PERMITTEE SIGNATURE: <u>Laura Gardiner</u></p> <p>ADDRESS: <u>131 A Stony Circle Ste 500 SR 95401</u></p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Other Licensed Professional</p>																		
Final Date: _____		Inspector: _____																

JOB ADDRESS: 126 Brush St
PERMIT NUMBER: BPA 07-2103
INSPECTION AREA: 4

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

PAYMENT REC'D
 MAY 09 2007
 PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

McCOY FIRE PROTECTION
131 A STONY CIRCLE
SANTA ROSA, CA 95401

HYDRAULIC CALCULATIONS

FOR

MORRIS RESIDENCE
126 BRUSH STREET
GRATON, CA

FILE NO.: MORRIS2
DATE: 5-1-07

-DESIGN DATA-

OCCUPANCY CLASSIFICATION:	NFPA 13D
DENSITY:	13.0 gpm/SPRINKLER
AREA OF APPLICATION:	2 HEAD CALC
MAXIMUM COVERAGE PER SPRINKLER:	16'x 16' MAX. SPACING
NUMBER OF SPRINKLERS CALCULATED:	2 SPRINKLERS
TOTAL SPRINKLER WATER FLOW REQUIRED:	26.0 gpm
TOTAL WATER REQUIRED (including hose):	26.0 gpm 3/0 6pm
TOTAL PRESSURE (@ BOR):	28.1psi
SPRINKLER ORIFICE SIZE:	7/16 inch
NAME OF CONTRACTOR:	
DESIGN/LAYOUT BY:	PETE PETERSEN
AUTHORITY HAVING JURISDICTION:	
CONTRACTOR CERTIFICATION NUMBER:	C16 LIC. #838970

CALCULATIONS BY HASS COMPUTER PROGRAM
-LICENSE
HRS SYSTEMS, INC.
ATLANTA, GA



SPRINKLER SYSTEM HYDRAULIC ANALYSIS

Date: 06/01/1998

JOB TITLE: MORRIS RESIDENCE NFPA 13D 2 HEAD CALC 16x16

WATER SUPPLY DATA

SOURCE NODE TAG	STATIC PRESS. (PSI)	RESID. PRESS. (PSI)	FLOW @ (GPM)	AVAIL. PRESS. (PSI)	TOTAL DEMAND (GPM)	REQ'D PRESS. (PSI)
SRC	(N/A)	1.0	(N/A)	1.0	26.0	1.0

AGGREGATE FLOW ANALYSIS:

TOTAL FLOW AT SOURCE	26.0 GPM
TOTAL HOSE STREAM ALLOWANCE AT SOURCE	0.0 GPM
OTHER HOSE STREAM ALLOWANCES	0.0 GPM
TOTAL DISCHARGE FROM ACTIVE SPRINKLERS	26.0 GPM

NODE ANALYSIS DATA

NODE TAG	ELEVATION (FT)	NODE TYPE	PRESSURE (PSI)	DISCHARGE (GPM)
1	9.5	K= 4.30	9.1	13.0
2	9.5	K= 4.30	9.1	13.0
3	9.0	- - - -	9.8	- - -
4	9.0	- - - -	19.2	- - -
TOR	9.0	- - - -	22.0	- - -
BOR	1.0	- - - -	28.1	- - -
P1	1.0	- - - -	28.3	- - -
P2	1.0	- - - -	0.4	- - -
SRC	0.0	SOURCE	1.0	26.0

SPRINKLER SYSTEM HYDRAULIC ANALYSIS

Date: 06/01/1998

JOB TITLE: MORRIS RESIDENCE NFPA 13D 2 HEAD CALC 16x16

PIPE DATA

PIPE TAG	END	ELEV.	NOZ.	PT	DISC.	Q(GPM)	DIA(IN)	LENGTH	PRESS.	
NODES	(FT)	(K)	(PSI)	(GPM)	VEL(FPS)	HW(C)	(FT)	SUM.		
						F.L./FT		(PSI)		
Pipe: 1										
1		9.5	4.3	9.1	13.0	-13.0	1.109	PL 4.00	PF	0.5
3		9.0	0.0	9.8	0.0	4.3	150	FTG ET	PE	0.2
							0.030	TL 16.00	PV	0.1
Pipe: 2										
2		9.5	4.3	9.1	13.0	-13.0	1.109	PL 4.00	PF	0.5
3		9.0	0.0	9.8	0.0	4.3	150	FTG ET	PE	0.2
							0.030	TL 16.00	PV	0.1
Pipe: 3										
3		9.0	0.0	9.8	0.0	-26.0	1.109	PL 72.50	PF	9.3
4		9.0	0.0	19.2	0.0	8.6	150	FTG 2T5R	PE	0.0
							0.107	TL 87.50	PV	0.5
Pipe: 4										
4		9.0	0.0	19.2	0.0	-26.0	1.109	PL 10.75	PF	2.9
TOR		9.0	0.0	22.0	0.0	8.6	150	FTG 2E2R	PE	0.0
							0.107	TL 26.75	PV	0.5
Pipe: 5										
TOR		9.0	0.0	22.0	0.0	-26.0	1.055	PL 8.00	PF	2.7
BOR		1.0	0.0	28.1	0.0	9.5	150	FTG ETC	PE	3.5
							0.136	TL 19.50	PV	0.6
Pipe: 6										
BOR		1.0	0.0	28.1	0.0	-26.0	1.055	PL 1.00	PF	0.1
P1		1.0	0.0	28.3	0.0	9.5	150	FTG ----	PE	0.0
							0.136	TL 1.00	PV	0.6
Pipe: 7										
P2		1.0	0.0	0.4	0.0	FIRE PUMP	Rating:	30.0 gpm @ 30.0 psi		
P1		1.0	0.0	28.3	0.0		Avail.:	26.2 gpm @ 30.0 psi		
							Req'd.:	26.2 gpm @ 27.8 psi		
Pipe: 8										
P2		1.0	0.0	0.4	0.0	-26.0	1.055	PL 1.00	PF	0.1
SRC		0.0	SRCE	1.0	(N/A)	9.5	150	FTG ----	PE	0.4
							0.136	TL 1.00	PV	0.6

NOTES:

- (1) Calculations were performed by the HASS 6.2.0 computer program under license no. granted by HRS Systems, Inc. 2193 Ranchwood Dr., N.E. Atlanta, GA 30345
- (2) The system has been balanced to provide an average imbalance at each node of 0.049 gpm and a maximum imbalance at any node of 0.196 gpm.
- (3) Velocity pressures are printed for information only, and are not used in balancing the system. Maximum water velocity is 9.5 ft/sec at pipe 6.

SPRINKLER SYSTEM HYDRAULIC ANALYSIS

Date: 06/01/1998

MORRIS2.SDF

JOB TITLE: MORRIS RESIDENCE NFPA 13D 2 HEAD CALC 16x16

(4) PIPE FITTINGS TABLE

Pipe Table Name: STANDARD.PIP

PAGE: H Diameter (in)	MATERIAL: CPVC HWC: 150 Equivalent Fitting Lengths in Feet							
	E	T	L	C	R	G	A	D
	E11	Tee	45	CPLNG	RUNTEE			
1.109	7.00	5.00	1.00	1.00	1.00	0.00	0.00	0.00

PAGE: I Diameter (in)	MATERIAL: COPPER HWC: 150 Equivalent Fitting Lengths in Feet							
	E	T	L	C	B	G	R	P
	E11	Tee	45	CHK	BFV	GATEVA	RUNTEE	CPLG
1.055	2.50	4.50	1.00	4.50	6.00	0.50	0.50	1.00
	1.00							

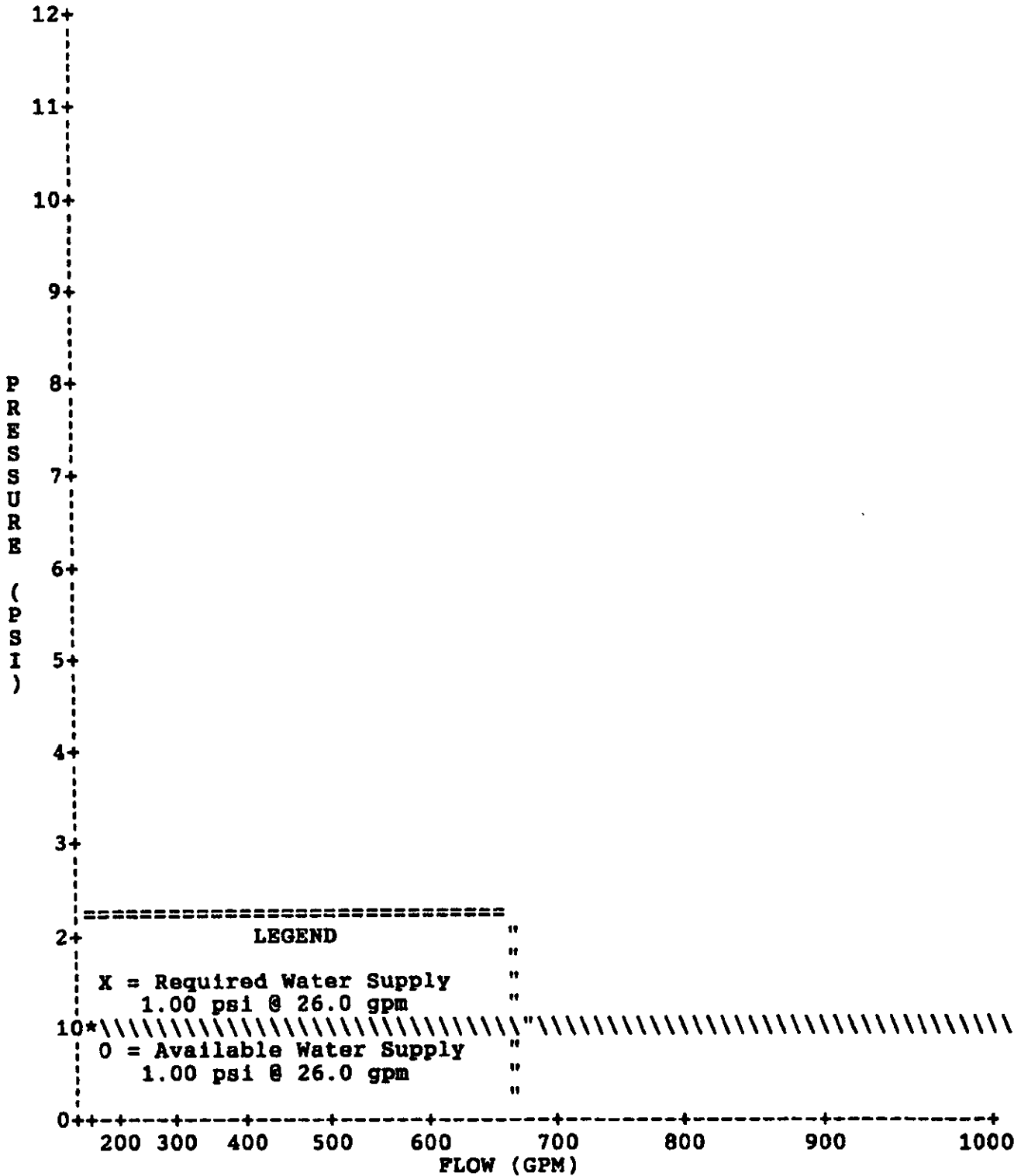
F
FLOWSW

SPRINKLER SYSTEM HYDRAULIC ANALYSIS

Date: 06/01/1998

MORRIS2.SDF

JOB TITLE: MORRIS RESIDENCE NFPA 13D 2 HEAD CALC 16x16
WATER SUPPLY CURVE



California Home

Thursday, N



License Detail
Contractor License # 838970

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 on Board's license data base.

Extract Date: 05/03/2007

5/8/07 Still Current LM

RETAIN

Bldg 7-2103

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

MC COY FIRE PROTECTION
131 A STONY CIRCLE STE 500
SANTA ROSA, CA 95401
Business Phone Number: (707) 578-2344

Entity: **Corporation**

Issue Date: **05/22/2004** Reissue Date: **01/28/2005** Expire Date: **01/31/2009**

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

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

***** Classifications *****

Class	Description
C16	FIRE PROTECTION CONTRACTOR

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

CONTRACTOR'S BOND: This license filed Contractor's Bond number **233035** in the amount of **\$12,500** with the bonding company

AMERICAN CONTRACTORS INDEMNITY COMPANY.

Effective Date: 01/01/2007

Contractor's Bonding History

BOND OF QUALIFYING INDIVIDUAL(1): The Responsible Managing Officer (RMO) WI TODD MC COY 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: 01/28/2005

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

This license has workers compensation insurance with the **ENDURANCE REINSURANCE CORPORATION OF AMERICA**
 Policy Number: WEN000385401 Effective Date: 09/01/2006 Expire Date: 09/01/2007 ✓

Workers Compensation History

***** Miscellaneous Information *****

Date	Description
01/28/2005	LICENSE REISSUED TO ANOTHER ENTITY

Personnel List

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

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