

B

Type

Plans

BLD 10-4755

Permit Number

5555

Street Number

Sylvania Hs

Street Name

CAM

Community Code

075-290-027

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: **ERIC JOOST** Date Applied: **11/9/10**

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION (PRINT CLEARLY)

Site Address: **5555 SYLVANIA HETZELS RD** City: **CAMP MEeker CA** ZIP: _____
 Cross-Street: **BOHEMIAN HWY** Project Phone #: **707-292-027** Project Fax #: _____
 Directions: _____ Email address: _____ Unit #: _____ Lot #: _____
 Describe Project: **REPAIRS & REMODEL OF KITCHEN & 2 BATH ROOMS** Living Area: **4248** & **468** Rmold Contract Price: **11,200**
 Garage: _____ Docks: **1347** & **206** Porch: _____

OWNER NAME AND ADDRESS Name: **STEVE & GINA HARRIS** Mailing Address: **2860 FOLSOM BLVD ST. SE** City: **SE** State: **CA** ZIP: **94123** Day Ph: **415 440-4535** Fax: _____

APPLICANT NAME AND ADDRESS Name: **ERIC JOOST** Mailing Address: **106 HOOKER AVE** City: **SONOMA** State: **CA** ZIP: **95476** Day Ph: **707 292-5620** Fax: **707 938-8164**

CONTRACTOR INFORMATION Company Name: **E. JOOST & ASSOCIATES** Address: **106 HOOKER AVE.** City: **SONOMA** State: **CA** ZIP: **95476** Day Ph: **707 292-5620** Fax: **707 938-8164**

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.) Name: **PETER SCHURCK** Address: **7528 LELAND ST.** City: **SEBASTOPOL** State: **CA** ZIP: **95472** Day Ph: **707 829-9652** Fax: **707 829-9052** License No: **CS4588** Exp. Date: **12-31-12**

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 COMP**
 Policy No.: **713-0032301**

(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 the provisions.
 Exp. Date: **2/2/11** Applicant: **E. Joost**

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 ATTORNEYS 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 _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov/calaw.html>.

Date: _____ Signature of Property Owner or Authorized Agent: _____

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.: **929732**
 Exp. Date: **3/11** Contractor: **ERIC JOOST**

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: _____
 ADDRESS: **106 HOOKER AVE. SONOMA CA 95476** CITY: **CA** ZIP: _____

Contractor Owner Other Licensed Professional

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: **AR 86** File No.: _____ Acres: **2.12**
 Existing Use/Structures: **SFD**
 Proposed Use/Structures: **interior remodel**
 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: **SP** Date: **11/9/10** By: **SP** Date: **11/9/10**

Conditions: _____

Sewer Connection: Available Fees Paid
 Approved by: **SP Lewis** Date: **11/9/10**

Road Encroachment: Fees Paid
 Approved by: **SP Lewis** Date: **11/9/10**

Septic System Permit Clearance #: **SEP 10-0689**
 Approved by: **SP Lewis** Date: **12-6-10**

Flood Zone: Yes No 100 Year Flood Elevation: _____

Site Review
Drainage Review: **SP Lewis** Date: **11/9/10**

Fire: Approved by: _____ Date: _____

Code Enforcement Violation Yes No Violation # _____

This permit is limited to _____ days.

Work Authorized:
remodel kitchens bathrooms & foundation repair/shower walls

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

Plans Approved: No Plans Subject to Field Inspection Post FIRM Attest Prior Report Available Pre FIRM Geotechnical report Available

Plancheck Cleared By: **SP Lewis** Date: **12/9/10** Type of Construction: **10** Occupancy: **23** No. of Stories: **2** No. of Bedrooms: **5**

Permit Cleared for Issuance By: **SP Lewis** Date: **12/9/10** Auto. Fire Sprinkler Req'd: **NO** No. of Units: **2** Certificate of Occupancy: _____

PAYMENT MADE TO PERMITS DEPT
 \$ _____
 DEC 09 2010

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

JOB ADDRESS: **5555 SYLVANIA HTS** PERMIT NUMBER: **BL010-4755** INSPECTION AREA: **4 (7)**

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

Distribution: White - File Canary - Applicant Blue - Assessor Cardstock - Inspector

