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Type

Plans

BLD16-3125

Permit Number

1824

Street Number

WEST AVE

Street Name

BEL

Community Code

125-441-004

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:	Date Applied:
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INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 1824 WEST AVE	City: SANTA ROSA	ZIP:
Cross-Street:	APN: 125441004	Project Phone # ()
Directions:	Email address:	Project Fax # ()
Describe Project: UPGRADE 100 AMP METER MAIN TO 125 AMP	Living Area _____ Garage _____ Decks _____	Unit # _____ Lot # _____
		Contract Price: 1875⁰⁰

OWNER NAME AND ADDRESS

Name: ROBERT CAMILLI		
Mailing Address: 1824 WEST AVE		
City: SANTA ROSA	State: CA	ZIP:
Day Ph: () 478-477	Fax: ()	

APPLICANT NAME AND ADDRESS

Name:		
Mailing Address:		
City:	State:	ZIP:
Day Ph: ()	Fax: ()	

CONTRACTOR INFORMATION

Company Name: REYFF ELECTRIC		
Address: 636 MARTIN AVE		
City: ROBERT PARK	State: CA	ZIP: 94927
Day Ph: () 707-535-2421	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: **TRAVELERS**

Policy No.: **88324143**

(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: **01/01/17** Applicant: *[Signature]*

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 _____

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.

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 _____

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: **C10** Lic. No.: **387879**

Exp. Date: **01/01/17** Contractor: **REYFF ELECTRIC**

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 _____ CITY _____ ZIP _____

Contractor Owner Other Licensed Professional

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: _____

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: _____

Approved by: _____ Date: _____

Code Enforcement Violation Yes No Violation # _____

This permit is limited to _____ days.

Work Authorized: **upgrade elec. service - 2FD**

<input 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	
Plancheck Cleared By _____	Date: _____	Type of Construction _____	Occupancy _____	No. of Stories _____	No. of Bedrooms _____
Permit Cleared for Issuance By _____	Date: 6/20/16	Auto. Fire Sprinklers Req'd _____	No. of Units _____	Certificate of Occupancy _____	

Machine Spec for Permit Fee
PAYMENT RECEIVED
 \$ _____
JUN 20 2016
 PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

JOB ADDRESS: **1824 WEST AVE BEL**
 PERMIT NUMBER: **PMD 16-3125**
 INSPECTION AREA:

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

131) SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET	
INSPECTION RECORD	DATE	NAME	REMARKS		
101) ROUGH GRADING					
103) FOUNDATION					
FORMS/SETBACK					
FOOTING					
WALLS					
106) UFER GROUND #					
104) CAISSONS/PIERS					
105) SLAB					
107) UNDERGROUND UTILITIES					
110) MASONRY					
109) RETAINING WALLS					
113) FIREPLACE					
FOOTING					
HEARTH/PROTECTION					
THROAT					
114) CHIMNEY					
120) UNDERFLOOR/UNDERSLAB					
115) HYDRONICS					
116) U/F ELECTRICAL					
117) U/F MECHANICAL					
118) U/F PLUMBING					
119) U/F FRAMING					
139) U/F INSULATION					
126) SHEAR WALLS					
<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR				
127) DIAPHRAGMS					
<input type="checkbox"/> ROOF	<input type="checkbox"/> FLOOR				
134) SIDING/SHEATHING					
125) HOLD DOWNS					
132) CLOSE-IN					
122) ROUGH ELECTRICAL					
123) ROUGH MECHANICAL					
124) ROUGH PLUMBING					
128) ROUGH FRAME					
160) SMOKE DETECTORS					
139) INSULATION					
142) WALLBOARD					
143) FIREWALLS					
135) STUCCO/PLASTER					
<input type="checkbox"/> LATH	<input type="checkbox"/> SCRATCH				
137) ROOFING					
130) TUB/SHOWER PAN					
162) FIRE DAMPERS/DOORS					
164) SUSPENDED CEILING					
<input type="checkbox"/> ROUGH ELEC.	<input type="checkbox"/> ROUGH MECH.				
165) EXITING - RAMPS/STAIRS					
163) HANDRAILS/GUARDRAILS					
CORRIDORS/DOORS					
166) ACCESSIBILITY COMPLIANCE					650) SUSMP INSPECTION
144) WATER TANKS					651) NPDES EROSION COMPLIANCE
<input type="checkbox"/> SLAB	<input type="checkbox"/> WALLS				652) NPDES SEDIMENT COMPLIANCE
170) TEMPORARY OCCUPANCY					653) NPDES DOCS/SWPPP
171) TEMPORARY ELECTRICAL					FIRE INSPECTION REQUIRED
172) TEMPORARY GAS					<input type="checkbox"/> Yes <input type="checkbox"/> No
174) ELECTRIC METER AUTHORIZATION	7/6/16 MB				759) KNOX BOX
152) PANEL BOARDS/SERVICE					760) PROPANE TANK HOLD DOWNS
189) SEPTIC ELECTRIC FINAL					770) SPRINKLER FINAL
175) GAS METER AUTHORIZATION					771) ABOVEGROUND HYDROSTATIC
153) GAS PRESSURE TEST					772) UNDERGROUND HYDROSTATIC
HOUSE					773) UNDERGROUND FLUSH
YARD					774) THRUST BLOCKS
190) MANUF. HOME FOUNDATION					775) PIPE WELD
191) MANUF. HOME INSTALLATION					776) HYDRANTS/APPLIANCES
CONTINUITY					777) PUMP ACCEPTANCE
STAIRS/SKIRTS					778) WATER SUPPLY/TANK
RIDGE BOLTING					779) ALARM SYSTEM
193) MANUF. HOME COND. FINAL					780) HOOD & DUCT SYSTEM
SWIMMING POOLS					781) ABOVEGROUND TANK/DISPENSER
194) PRE-GUNITE					198) FIRE FINAL
195) PRE-DECK					
196) PRE-PLASTER/FENCE					
197) VINYL/FIBERGLASS POOL EXCAVATION					CLEARANCES:
102) GRADING FINAL					FIRE <input type="checkbox"/> Local <input type="checkbox"/> County
176) ELECTRICAL FINAL					HEALTH DEPARTMENT
177) MECHANICAL FINAL					ZONING
178) PLUMBING FINAL					SANITATION
199) FINAL	7/2/16 SP				
OCCUPANCY (OK TO OCCUPY)					PLAN RETENTION REQUIRED?
					<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT # BUD16-33125

004915

Smoke/CO Alarm Self Verification Form

CNI-037

Building Permit # B0016-3125

Dear Property Owner:

The California Residential Code (CRC) requires carbon monoxide alarms (CO alarms) in dwellings as well as smoke alarms when building permits are issued and the scope of work exceeds a total cost or calculated valuation of \$1,000. In order to grant a final approval on your permit, it is necessary to verify the installation of these alarms within your dwelling. This form provides the ability to self-verify to PRMD when work done does not allow convenient access to the interior of the dwelling (e.g., re-roof or other exterior work).

As of January 1, 2014, all new and replacement battery operated smoke alarms must be equipped with a non-replaceable, non-removable battery capable of powering the alarm for 10 years. All existing smoke alarms shall be replaced after 10 years from the date of manufacture or if the date of manufacture cannot be determined.

By signing this document, the property owner certifies to PRMD that both smoke alarms and CO alarms have been installed on the above referenced project as specified below:

Smoke alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas:

- a. Each sleeping unit
- b. In hallways of areas giving access to the sleeping units
- c. On each floor, if a multi-story
- d. In the basement, if a basement exists

Carbon Monoxide alarms are installed in accordance with the approved manufacturer's instructions in all of the following areas where fossil fuel burning appliances are installed, including fireplaces:

- a. Outside of each separate dwelling unit sleeping area in the immediate vicinity of the bedrooms(s).
- b. On every floor level of dwelling unit, including basements.

Please fill in the permit number above and the requested information below and return the form by mail to the Sonoma County Permit and Resource Management Department, Building & Safety Division, 2550 Ventura Avenue, Santa Rosa, CA 95403. Alternatively, this form may be submitted to the building inspector at the time the final inspection is performed.

Esther Camilli
Property Owner's Name

Esther Camilli
Signature

7/6/16
Date

1824 WEST AVE SANTA ROSA
Project Address

Inspector

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue, Santa Rosa, CA 95403-2829 (707) 565-1900 Fax (707) 565-1972