



Type



Plans

BLD99-2321

Permit Number



Subdivision

14952

Street Number

COLEMAN VALLEY RD

Street Name

OCC

Community Code

074-300-028

APN

PRMD County of Sonoma

SF13240-0117

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:

11/17/99

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION PRINT CLEARLY			
Site Address: 14952 Colman Valley		City: Occidental ZIP: 95465	
Cross-Street: 3000 BOHEMIAN	APN: 071-300-028	Project Phone #: (707) 874-2468	Project Fax #: ()
Directions: Negros to Colman Valley	Subd. Name:	Unit #:	Lot #:
Describe Project: Third Driveway Right (New) Forged Air Heating Sys	Living Area: 24,000	Contract Price: 3,000	
OWNER NAME AND ADDRESS		APPLICANT NAME AND ADDRESS	
Name: CHRIS MARTIN		Name:	
Mailing Address: P.O. Box 14		Mailing Address:	
City: Occidental	State: CAL.	City:	State: ZIP:
Day Ph: () 874-2468	Fax: ()	Day Ph: ()	Fax: ()
CONTRACTOR INFORMATION		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
Company Name: SAME		Name:	
Address:		Address:	
City:	State:	City:	State:
Day Ph: ()	Fax: ()	Day Ph: ()	Fax: ()
WORKER'S COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: <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. <input 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: Carrier _____ Policy No. _____ (This section need not be completed if the permit is for one hundred dollars (\$100) or less). <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. Exp. Date: _____ Applicant: _____ 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.		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 _____	
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).): <input type="checkbox"/> 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.). <input type="checkbox"/> 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.). <input type="checkbox"/> I am exempt under Sec. B & C. of this reason. Date 11-17-99 Owner: [Signature]		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: _____ 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 type="checkbox"/> No 100 Year Flood Elevation: _____ Site Review _____ Code Enforcement Violation <input type="checkbox"/> Yes <input type="checkbox"/> No Violation # _____ This permit is limited to _____ days. Work Authorized: New Force-Air Heater / Basement Propane <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Occ/Chg	
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 _____ Lic. No. _____ Exp. Date _____ Contractor _____		THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT <input type="checkbox"/> Plans Approved <input type="checkbox"/> No Plans Subject to Field Inspection Machine Space for Permit Fee 015374 11/17/99A01 # 0992321 SIERRA \$100.38 ***TTL \$100.38 CHECK \$100.38 CHNG \$0.00	
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. NOTICE: THIS PERMIT WILL EXPIRE BY LIMITATION OF WORKS NOT STARTED IN 180 DAYS OR IF WORK IS ABANDONED FOR MORE THAN 180 DAYS. A REQUEST FOR TIME EXTENSION MUST BE SUBMITTED IN WRITING TO THE BUILDING CODE ADMINISTRATOR WITHIN THE FIRST 180 DAYS OF THE PERMIT. PERMITTEE SIGNATURE: [Signature]		Type of Construction _____ Occupancy _____ No. of Stories _____ No. of Bedrooms _____ Auto. Fire Sprinklers Req'd _____ No. of Units _____ Certificate of Occupancy _____ Final Date: 11/18/99 Inspector: _____ Distribution: White - File Canary - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector	

JOB ADDRESS: 14952 Colman Valley Rd Occ

PERMIT NUMBER: B109-2321

INSPECTION AREA:

Permit #

Area

Permit Coordinator

SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET
INSPECTION RECORD	DATE	NAME	REMARKS	
FOUNDATION				
FORMS/SETBACK				
FOOTING				
WALLS				
UFER GROUND #				
CAISSONS/PIERS				
SLAB				
MASONRY				
RETAINING WALLS				
FIREPLACE				
FOOTING				
HEARTH/PROTECTION				
THROAT				
CHIMNEY				
UNDERFLOOR/UNDERSLAB				
U/F ELECTRICAL				
U/F MECHANICAL				
U/F PLUMBING				
U/F FRAMING				
U/F INSULATION				
SHEAR WALLS				
<input type="checkbox"/> INTERIOR				
<input type="checkbox"/> EXTERIOR				
DIAPHRAGMS				
<input type="checkbox"/> ROOF				
<input type="checkbox"/> FLOOR				
SIDING/SHEATHING				
HOLD DOWNS				
CLOSE-IN				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
ROUGH PLUMBING				
ROUGH FRAME				
SMOKE DETECTORS				
INSULATION				
WALLBOARD				
STUCCO/PLASTER				
<input type="checkbox"/> LATH <input type="checkbox"/> SCRATCH				
ROOFING				
TUB/SHOWER PAN				
SUSPENDED CEILING				
ROUGH ELECTRICAL				
ROUGH MECHANICAL				
EXITING				
STAIRS/HANDRAILS				
RAMPS				
CORRIDORS/DOORS				
HANDICAP REQUIREMENTS				
ENERGY REQUIREMENTS				
TEMPORARY OCCUPANCY				
TEMPORARY ELECTRICAL				
TEMPORARY GAS				
ELECTRIC METER AUTHORIZATION				
PANEL BOARDS/SERVICE				
GAS METER AUTHORIZATION				
GAS PRESSURE TEST				
HOUSE				
YARD				
MANUF. HOME FOUNDATION				
MANUF. HOME INSTALLATION			FIRE INSPECTION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUITY			Inspected by:	
STAIRS/SKIRTS				
RIDGE BOLTING				
SWIMMING POOLS				
PRE-GUNITE				
PRE-DECK			CLEARANCES:	
PRE-PLASTER/FENCE			FIRE <input type="checkbox"/> Local <input type="checkbox"/> County	
GRADING FINAL			HEALTH DEPARTMENT	
ELECTRICAL FINAL			ZONING	
MECHANICAL FINAL			SANITATION	
PLUMBING FINAL			N.C.A.P.C.D.	
FINAL				
OCCUPANCY (OK TO OCCUPY)			PLAN RETENTION REQUIRED?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT # 81099-232

11/15/99 GBS

COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA

(707) 565-1900 FAX (707) 565-1103

BUILDING PERMIT RECEIPT

BLD99-2321

Site Location Information
Address: 14952 COLEMAN VALLEY RD OCC
Cross Street: BOHEMIAN HWY

Printed By: FWILLIAM 12:24 Nov 17, 1999

APN: 074-300-028

Initialized By: FWILLIAM A-BLD 9901

Owner

MARTIN CHRISTOPHER & TERRY

PO BOX 14
OCCIDENTAL CA

95465

Applicant

MARTIN CHRISTOPHER & TERRY

PO BOX 14
OCCIDENTAL CA

95465

Contractor

Architect or Engineer

Lic. #:

Lic. #:

Building Permit Expires 3 YEARS from the Date Permit Fees Are Paid (See Register Validation Date)

Status: STARTED

Permit Description: NEW FORCE AIR FURNACE IN BASEMENT-SFD

Valuation/Contract Price: \$.00

Issued:

Type: SALT

Planchek Multiplier:

Penalty Multiplier (Where Applicable):

Item #	Item Account Code	Description	Fee	Prev. Paid
0011	1341	3505 INSPECTIONS - OTHER	\$.00	\$.00
0012	1341	3505 INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
0013	1341	3505 REINSPECTION(S) FEE	\$.00	\$.00
0100	1341	3502 SITE REVIEW/ELEV. CERT.	\$.00	\$.00
0121	1341	3502 FIRE SAFE STDS &REF PRMD	\$.00	\$.00
0122	1341	3504 ELECTRICAL FEE	\$33.46	\$.00
0123	1341	3504 MECHANICAL FEE	\$33.46	\$.00
0124	1341	3504 PLUMBING FEE	\$33.46	\$.00
0132	1341	3504 BUILDING PERMIT FEE	\$.00	\$.00
0220	1600	VIO. PENALTY FEE (BLDG)	\$.00	\$.00
0221	4114	2001 VIO. INVEST. FEE (BLDG)	\$.00	\$.00
1165	3829	6146 ZONING PERMITS W/O D.R.	\$.00	\$.00
5011	1341-WAIVED	3505 INSPECTIONS - OTHER	\$.00	\$.00
5012	1341-WAIVED	3505 INSP. OUTSIDE NORMAL HRS	\$.00	\$.00
5013	1341-WAIVED	3505 REINSPECTION(S) FEE	\$.00	\$.00
5100	1341-WAIVED	3502 SITE REVIEW/ELEV. CERT.	\$.00	\$.00
5121	1341-WAIVED	3502 FIRE SAFE STDS &REF PRMD	\$.00	\$.00
5122	1341-WAIVED	3504 ELECTRICAL FEE	\$.00	\$.00
5123	1341-WAIVED	3504 MECHANICAL FEE	\$.00	\$.00
5124	1341-WAIVED	3504 PLUMBING FEE	\$.00	\$.00
5132	1341-WAIVED	3504 BUILDING PERMIT FEE	\$.00	\$.00
5220	1600-WAIVED	VIO. PENALTY FEE	\$.00	\$.00
5221	4114-WAIVED	2001 VIOLATION INVESTIG FEE	\$.00	\$.00
6165	3829-WAIVED	6146 ZONING PERMITS W/O D.R.	\$.00	\$.00

Permit qualified for fee waiver (Y/N): N

\$100.38

\$.00

Total Calculated Fees

\$100.38

Previously Paid

\$.00

Balance Due

\$100.38

CASH REGISTER
VALIDATION
REQUIRED
BELOW

015374 11/17/99A01

0992321

SIERRA \$100.38

***TTL \$100.38

CHECK \$100.38

CHNG \$0.00