

b

Type

Plans

se 14 - 06060

Permit Number

8910

Street Number

Hwy 12

Street Name

Ken

Community Code

050 - 162 - 031

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: Bard Henry Date Applied: 9/22/14

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 8910 Hwy 12 City: Kenwood ZIP: 95452
 Cross-Street: _____ APN: 050-162-031 Project Phone #: () Project Fax #: ()
 Directions: _____ Email address: _____ Unit #: _____ Lot #: _____
 Describe Project: ADA Consult Living Area: _____ Contract Price: _____
Pre-project - WINE TASTING ROOM - Garage: _____ Decks: _____

OWNER NAME AND ADDRESS

APPLICANT NAME AND ADDRESS

Name: Alfred DeLorenzi
 Mailing Address: PO Box 1461
 City: Burlingame State: CA ZIP: 94010
 Day Ph: 650 344 3399 Fax: ()

Name: Bard Henry
 Mailing Address: 1019 IRWIN LANE
 City: SANTA ROSA State: CA ZIP: _____
 Day Ph: 707 464 8669 Fax: ()

CONTRACTOR INFORMATION

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Company Name: Apple Renovation
 Address: 1019 IRWIN LANE
 City: SANTA ROSA State: CA ZIP: 95401
 Day Ph: 707-464-8669 Fax: ()

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: _____
 Policy No: _____

(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: _____ 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.

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: 469721 Lic. No.: B

Exp. Date: 4/20/16 Contractor: Apple Renovation

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: 1019 IRWIN LANE - SANTA ROSA CA CITY: _____ ZIP: 95401
 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: _____ 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 # VPL13-0082
 This permit is limited to _____ days.

Work Authorized: ADA - Accessibility
consult - pre-project for wine
tasting facility.

Plans Approved Post FIRM Alquist Priolo Report Available
 No Plans Subject to Field Inspection Pre FIRM Geotechnical report Available

Plancheck Cleared By: _____ Date: _____ Type of Construction: _____ Occupancy: _____ No. of Stories: _____ No. of Bedrooms: _____

Permit Cleared for Issuance By: HP Date: 10-23-14 Auto. Fire Sprinklers Req'd: _____ No. of Units: _____ Certificate of Occupancy: _____

Machine Spec for Permit Fee
PAYMENT REC'D
 \$ 282-HP
OCT 23 2014
 PERMIT AND RESOURCE
 MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

JOB ADDRESS: 8910 Hwy 12 Kenwood
 PERMIT NUMBER: SE114-0666
 INSPECTION AREA: 08

c:\msd\sonoma\cs-007.cdr Revised: 01/28/2009

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
 (707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice for: SEV14-0666

Project Address: 8910 HWY 12 KEN

Cross Street: RANDOLPH

APN: 050-162-031

Description: ADA CONSULT - PRE-PROJECT FOR PROPOSED WINE

Printed: December 01, 2014
Initialized by: HPARNIGO
Activity Type: SITE-BLD 1401
PCAS #:

Owner: DELORENZI ALFRED TR
 2826 ARGUELLO DR
 BURLINGAME CA 94010

650 348-3399

Applicant: APPLE RENOVATIONS
 1019 IRWIN LN
 SANTA ROSA CA 95401

707 570-2621

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
93	ACCESS CONSULT	26010115-41051	278.00	278.00	.00
140	TECH ENHANCEMENT FEE	26010104-46040	4.00	4.00	.00
			\$282.00	\$282.00	
				Total Fees:	\$282.00
				Total Paid:	\$282.00
				Balance Due:	\$0.00

Refunds will not be authorized unless circumstances comply with established PRMD refund policy provisions.

When validated below, this is your receipt.

FILE COPY

Correction Notice

CNI-005

Permit # SEV14-0666 Owner _____

Inspection Code 166 consul.

Job Address 8910 Hwy 12 Ken

Other Foundation Underfloor Shear/Roof Nailing Close-In Final

I have inspected work under the above permit and have observed the following code violations:

ADA CONSULTATION.

- 1) ADA PARKING SIGNAGE < 80" ABOVE CURB.
- 2) ENTRY DOOR'S LANDING HAS 7.2% CROSS SLOPE.
- 3) PATHWAY TO MIN ENTRY DOOR HAS 7.2% CROSS SLOPE.
- 4) TWO DOORS HAVE < 10" KICK PLATES.
- 5) SWITCH H'S. ARE > 48" TO TOP OF BOXES.
- 6) (E) BATH ROOM'S FLOOR SIZE IS 5' X 6' 4" ^{RADIUS} NO MIN. CLEAR. TO FIXTURES, TURNING ~~BAR~~, ETC.

*LIFE & SAFETY NOTE:
THERE IS A SERVICE PANEL AND SUB PANEL LOCATED IN THE BATH RM.

*BARD HENRY & CLIENT ON-SIDE.

Make corrections before proceeding with other work. When corrections have been made, call 565-3551 or 565-1679 for reinspection.

This Correction Notice must be brought into PRMD with requested revisions.

This Correction Notice along with requested revisions shall be faxed to (707) 565-1972.

Inspector Scott A

Date 11-13-14

White - Job

Canary - Permit

Pink - Office

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-2210