

B

Type

Plans

B- 073973

Permit Number

5875

Street Number

Sonoma Hwy

Street Name

KEN

Community Code

031-040-040

APN

SONOMA COUNTY BUILDING INSPECTION

575 ADMINISTRATION DRIVE
SANTA ROSA, CALIFORNIA 95401
TELEPHONE (707) 527-2221

OWNER

NAME: JEREMIAH'S RESTAURANTS, INC.
 ADDRESS: 800 MIRAMONTE DRIVE
 CITY: SANTA BARBARA, CA. 93109
 TEL. NO.: (805) 963-3537

CERTAIN AREAS WITHIN SONOMA COUNTY MAY BE GEOLOGICALLY HAZARDOUS. YOU ARE INVITED TO REVIEW ANY GEOLOGIC DATA THAT THIS DEPT. HAS AVAILABLE TO AID YOU IN MAKING A DETERMINATION AS TO THE SUITABILITY OF A PROPOSED BUILDING SITE.

CONDITION OF SOIL AT JOB SITE:
 ORIGINAL ENGINEERED FILL LOOSE FILL

PROJECT

ADDRESS: 5875 SONOMA HIGHWAY
 CITY: SANTA ROSA, CALIFORNIA 95405
 SUBDIVISION NAME: _____ UNIT NO.: _____ LOT: _____ BLOCK: _____
 ASSESSOR'S PARCEL NO.: 31-040-40-5
 NEAREST CROSS STREET: MILITA ROAD

SITE REVIEW

REQUIRED REPORTS:
 GEOLOGY SOILS COMPACTION
 FLOOD ZONE _____
 100 YR. ELEV. _____ FFL _____ RATE ZONE _____

CONTRACTOR

NAME: _____ LIC. NO.: _____
 ADDRESS: _____ TEL. NO.: _____
 CITY: _____ ZIP CODE: _____
 STATE: _____ LIC. CLASS: _____

SEWER CONNECTION: _____ SANITATION ENGINEER: _____
 APPROVED BY: _____ DATE: _____

DESIGNER

NAME: NANCO DESIGN, INC. LIC. NO.: _____
 ADDRESS: 800 MIRAMONTE DRIVE
 CITY: SANTA BARBARA, CA. 93109
 TEL. NO.: (805) 963-7805

SEPTIC TANK INSTALLATION: _____ HEALTH DEPARTMENT: _____
 PERMIT NUMBER: _____ OR CLEARANCE: _____
 DATE REC'D: _____ DATE ISSUED: _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm 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.

Contractor's Signature: _____

DESCRIBE WORK TO BE DONE: Building Survey
Fire Damage

OWNER-BUILDER DECLARATION: I hereby affirm 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 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 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 through his 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 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 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.

Owner's Signature: _____

	NEW	ADDITION	ALTERATION	REPAIR	MOVING	DEMOLISH	OCC. CHG
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		SIZE IN SQUARE FEET	RATE PER SQUARE FOOT	VALUE			
FLOOR AREA							
GARAGE CARPORT							
DECK AWNING							
			TOTAL				

WORKER'S COMPENSATION DECLARATION: I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof filed with the Building Inspection Department (Sec. 3800, Lab. C.).

Policy No. _____ Insurance Co. _____ Expiration Date: _____
 Applicant's Signature: _____

FEES - Per Chapter 7, et seq. Sonoma County Code

BUILDING _____
 PLAN CHECK _____
 PLUMBING _____
 ELECTRICAL _____
 MECHANICAL _____
 GRADING _____
 SITE REVIEW _____
 PLANNING _____
 LATE FEES _____
 SCHOOL IMPACT _____
 Survey 30.00
TOTAL \$ 30.00

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE: 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 Workers' Compensation Laws of California.

Owner's or Contractor's Signature: _____

CONSTRUCTION LENDING AGENCY: I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name: _____
 Lender's Address: _____

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, AND IS SUBJECT TO EXPIRATION IF WORK THEREUNDER IS SUSPENDED FOR 180 DAYS.

APPLICANT

NAME: NANCO DESIGN, INC. 93109
 ADDRESS: 800 MIRAMONTE DRIVE, SANTA BARBARA, CA.
 CITY: _____ ZIP CODE: _____

I certify that I have read this application and state that the above information is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with all County 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 from the Worker's Compensation provisions of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workmen's Compensation law, this permit shall be deemed revoked.

SIGNATURE: _____ DATE: 9-23-86
 CONTRACTOR OWNER AGENT FOR CONTRACTOR AGENT FOR OWNER

APPROVED BY: A. Wilcox DATE: 9/25/86
 DATE RECEIVED: 9/25/86 REC'D BY: _____
 PREVIOUS PERMIT NO: _____ DATE ISSUED: 9-25-86 BY: _____

PLANNING DEPARTMENT

ZONING: _____ FILE NO.: _____ ACRES: _____
 EXISTING USE: _____
 PROPOSED USE: _____
 YARDS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

PLANNING APPROVALS

FOR PERMIT ISSUANCE _____ FOR OCCUPANCY _____
 BY: _____ DATE: _____ BY: _____ DATE: _____

MACHINE SPACE FOR PERMIT FEE

CERTIFICATE OF OCC. 013176 09/25/8601 CHECK FOR DEPOSIT

REMARKS: _____

FINAL DATE	INSPECTOR	PERMIT	BLDG.	***TTL	CHECK	CHNG
9-26-86	<u>[Signature]</u>	0073973	\$30.00	\$30.00	\$30.00	\$0.00

JOB ADDRESS: 5875 SONOMA HIGHWAY, SANTA ROSA, CALIFORNIA
 NEAREST CROSS STREET: MILITA ROAD
 INSPECTION AREA: 8

PERMIT NUMBER: 73973-8

INSPECTION RECORD	DATE	NAME	REMARKS
SURVEY			
FOUNDATION FORMS - SET BACK			
SLAB			
UFER GROUND			
CONC BLOCK			
RETAINING WALLS			
MASONRY			
FIREPLACE - FOOTING <input type="checkbox"/>			
HEARTH <input type="checkbox"/> THROAT <input type="checkbox"/> CHIMNEY <input type="checkbox"/>			
UNDERFLOOR/SLAB ELEC			
UNDERFLOOR/SLAB MECH			
UNDERFLOOR/SLAB PLUMB			
UNDERFLOOR/SLAB FRAME			
ELEC ROUGH			
MECH ROUGH			
PLUMB ROUGH			
GAS TEST			
FRAME ROUGH			
DIAPHRAGMS			
ROOF NAILING			
SHEAR WALLS			
HOLD DOWNS			
SIDING			
STUCCO			
MESH			
SCRATCH			
BROWN			
ROOFING			
INFILTRATION CONTROL			
INSULATION ROOF <input type="checkbox"/> WALLS <input type="checkbox"/> FLOORS <input type="checkbox"/>			
WALL BOARD			
FIREWALLS			
GAS SERVICE EQUIPT			
ELEC SERVICE EQUIPT			
PANEL BOARDS			
SMOKE DETECTOR			
STAIRWAYS - HANDRAILS			
SUSPENDED CEILINGS			
FIRE DAMPERS			
RAMPS - RAILS			
HANDICAP REQ			
ENERGY REQ			
TEMP OCCUPANCY			
TEMP ELEC			
TEMP GAS			
FINAL			
FIRE DEPT			
HEALTH DEPT			
PLANNING			
ELEC METER AUTH			
GAS METER AUTH			
PLUMBING FINAL			
ELECT FINAL			
MECH FINAL			
GRADING FINAL			
SWIMMING POOL	PRE-GUNITE		
	PRE-DECK		
	PRE-PLASTER		
FINAL	9-26-86	<i>[Signature]</i>	<i>[Signature]</i>

COUNTY OF SONOMA

SURVEY

RELOCATION FIRE DAMAGE OTHER

FILE NO. 13973

MAILING ADDRESS

PERCENTAGE OF REPAIR

NAME *Sore-mako Restaurant*
 800 Monument Drive
 Santa Barbara, Ca 93109

JOB ADDRESS

JOB ADDRESS *5875 Sonoma Hwy*
 Santa Rosa

JOB ADDRESS

CITY *Santa Rosa* TELE. NO. CITY

1. USE TYPE		2. TYPE OF CONSTRUCTION		9. ELECTRICAL	
A. SINGLE	B. DUPLEX	A. FIRE RESISTIVE	B. HEAVY TIMBER	A. SERVICE	F. DIRT
C. APARTMENT	D. METICAL	C. ORDINARY MASONRY	D. INCOMBUSTIBLE FRAME	B. LOAD CENTER	G. OTHER
E. INDUSTRIAL		E. LIGHT	E. WOOD FRAME	C. CIRCUITS	H. OUTLETS
		F. INCURBUSTIBLE FRAME		D. CIRCUITS	I. FIXTURES
				E. K.T. <input type="checkbox"/> BK <input type="checkbox"/>	
3. FOUNDATION		EXTERIOR		10. PLUMBING AND HEATING	
A. CONCRETE	B. BRICK	A. STUCCO	G. T&G <input type="checkbox"/>	A. SEWER	S. LAVATORY
C. WOOD	D. PIER	C. STONE	H. BB <input type="checkbox"/>	B. VENTS	R. SINK
E. SLAB	F. SHAKE	D. SINGLE	I. CON.	C. CONNECTIONS	L. WASH TUB
		E. COMP	J. BLOCK	D. TRAPS	J. WATER HEATER
				E. SHOWER	K. WASHER
				F. BATH	
5. STRUCTURAL		SPAN		11. HEATING	
A. GIRDES	B. JOISTS - 1ST FL.	C. JOISTS - 2ND FL.	D. JOISTS - CEILING	GAS <input type="checkbox"/>	OIL <input type="checkbox"/>
E. EXTERIOR STUDS	F. INTERIOR STUDS	G. ROOF RAFTERS	H. BEARING WALLS EXT.		ELEC. <input type="checkbox"/>
					WATER <input type="checkbox"/>
6. ROOF		WINDOWS		12. ROOM AND FINISH DETAIL	
A. SHINGLE WOOD	B. SHINGLE ABS	C. SHINGLE COMP.	D. ROOF EP	A. ROOM	MATERIAL
E. METAL	F. TILE				WALLS
					CEILING
8. FIRE PREVENTION		L. STANDPIPE		13. GARAGE AND STORAGE	
A. INCURBUSTIBLES	B. EXITS	C. R.R.O. PITS	D. EQUIPMENT	A. CARPORT	F. VENT
E. HOSE	F. RUBBISH	G. FIRE ESCAPE		B. GARAGE	G. LIGHTING
				C. FLOOR	H. OPENINGS
				D. FOUNDATION	I. ATTACHED
				E. UNATTACHED	

CORRECTION SHEET

STRUCTURAL
 O.K. TO RELOCATE
 REJECTED FOR RELOCATION

TERMITE: CERTIFICATE REQUIRED. REMOVE ADDITIONS.
 REMOVE PORCHES REMOVE ALL CHIMNEYS PLOT PLAN
 FLOOR PLAN REPAIR ALL DAMAGE DONE DURING RELOCATION
 FOUNDATION GIRDERS REPLACE ROTTED TIMBERS
 REPLACE LANDING REPLACE PORCHES RE-FINISH FLOORS
 ADDITIONAL WINDOW AREA REQUIRED IN
 RE-STUCCO FIRE-BLOCKING REQUIRED RE-SIDE
 RE-STUCCO RAISE CEILING TO 7'6" RE-FRAME CEILING
 STRONG BACK CEILING JOISTS INSTALL ATTIC SCUTTLE
 INSTALL KITCHEN RANGE VENT REDECORATE INTERIOR
 PAINT REDECORATE EXTERIOR PAINT STUCCO
 SIDE RE-FRAME ROOF RE-ROOF BRACE ROOF

PLUMBING
 RE-PLUMB STRUCTURE TO CODE REQUIREMENTS
 REMOVE ALL GAS SPACE-HEATER OUTLETS IN STRUCTURES
 ALL HEATERS TO BE APPROVED VENTED TYPE
 GAS SHUT-OFFS EACH OUTLET
 RELOCATE AND VENT WATER HEATER TO CODE REQUIREMENTS.
 INSTALL 3/4" WATER SERVICE TO WATER HEATER.
 INSTALL 3/4" FULWAY GATE VALVE ON COLD WATER OF HEATER
 INSTALL FULLWAY GATE VALVE ON MAIN WATER SUPPLY.
 INSTALL ANGLE STOPS ON WATER SUPPLY TO FIXTURES
 FILLER SPOUTS TO BE 1" ABOVE OVERFLOW RIM FIXTURE
 ANTI-SIPHON BALLCOCKS REQUIRED IN WATER CLOSETS.
 PLUMBING VENTS TO BE 10' FROM PROPERTY LINES OR MECHANICAL
 AIR INTAKE

ELECTRICAL
 ALL ELECTRICAL EQUIPMENT EXPOSED. TO-BE RAIN-TIGHT.
 100 AMP. RESIDENTIAL SERVICE REQUIRED.
 COMMERCIAL SERVICE REQUIRED. REWIRE COMPLETE.
 ADDITIONAL OUTLETS REQUIRED. REMOVE EXTN' CORD.
 MAX. SPACING WALL PLUGS 12" WITH #12 WIRE & GROUNDED.

NOTES

Fire Damage Survey
 Fire originated in kitchen area.
 Structural damage limited to:
 1. Kitchen walls
 2. Flat roof over oven kitchen -
 Replace joists beams, shingles, &
 roofing as needed.
 3. Slipping attic area over kitchen -
 Replace ceiling joists, studs, rafters,
 roof sheathing siding & roofing.
 4. Mop up area dening area -
 Replace damaged beams, joists, walls
 & sheathing
 Replace all electric wiring in work
 area for oven. Test all plumbing
 & gas lines & replace as needed.
 Remove insulation from damaged
 HVAC ducts & replace as needed.
 Clean all inside damage. Replace
 ceiling, wall & floor finishes as needed.
 Rebuilding area which has not been built.
 Temporary removal of roof over main shop
 RECOMMENDATIONS Original plans should
 be available to assist floor.
 Reconstruct slabs with area over
 kitchen be sheet piling inside
 within reconstructed (for storage)
 INSPECTOR J. M. GAVIN DATE 9-26-80