

B

Type

Plans

B- 115603

Permit Number

200

Street Number

Salmon Creek Rd

Street Name

BBY

Community Code

103-130-004

APN

SONOMA COUNTY
BUILDING INSPECTION

575 ADMINISTRATION DRIVE
SANTA ROSA, CA 95403-2884
TELEPHONE (707) 527-2221

JOB ADDRESS

200 Salmon Creek Rd.

NEAREST
CROSS STREET

Bodega Hwy

MAP REFERENCE

PERMIT NUMBER

INSPECTION AREA

OWNER	NAME <u>Joanna Bordessa</u>	TEL NO <u>707-876-3118</u>	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.	
	MAILING ADDRESS <u>P.O. Box 44</u>	ZIP CODE <u>94922</u>	CONDITION OF SOIL AT JOB SITE <input type="checkbox"/> ORIGINAL <input type="checkbox"/> ENGINEERED FILL <input type="checkbox"/> LOOSE FILL	
PROJECT	ADDRESS <u>200 Salmon Creek Rd</u>	CITY <u>Bodega Ca</u>	SITE REVIEW	
	SUBDIVISION NAME	UNIT NO	LOT	BLOCK
	ASSESSOR'S PARCEL NO	BY: DATE:		
CONTRACTOR	NAME <u>BART PEATTI, INC</u>	TEL NO <u>707-762-4245</u>	REQUIRED REPORTS <input type="checkbox"/> GEOLOGY <input type="checkbox"/> SOILS <input type="checkbox"/> COMPACTION	
	ADDRESS	ZIP CODE	FLOOD ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 100 YR FLOOD ELEV. _____	
	CITY	SEWER CONNECTION: <input type="checkbox"/> SANITATION ENGINEER		
DESIGNER	NAME	TEL NO	APPROVED BY: DATE:	
	ADDRESS	ZIP CODE	ROAD ENCROACHMENT: <input type="checkbox"/> HEALTH DEPARTMENT	
	CITY	ZIP CODE	PERMIT NUMBER OR CLEARANCE: 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 _____ Lic. # _____				
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)). <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 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). <input checked="" 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 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 & P.C. for this reason _____ Owner's Signature <u>Joanna Bordessa</u>				
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 _____				
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 <u>Joanna Bordessa</u>				
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.				
PERMITEE	NAME <u>Joanna Bordessa</u>	CITY <u>Bodega Ca</u>	ZIP <u>94922</u>	TOTAL \$ <u>156.60</u>
	ADDRESS <u>P.O. Box 44</u>	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 <u>Joanna Bordessa</u> DATE <u>10/2/92</u>		
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 _____				
REMARKS _____				
SOUND MITIGATION: <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT				
DEVELOPMENT FEES: <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT				
DATE RECEIVED <u>10-2-92</u>		REC'D BY <u>[Signature]</u>	PREVIOUS PERMIT NO <u>V-099230</u>	DATE CLEARED FOR ISSUANCE <u>10-2-92</u>
TYPE OF CONSTRUCTION _____		OCCUPANCY _____	MACHINE SPACE FOR PERMIT FEE	
NO. OF STORIES _____		NO. OF BEDROOMS _____	013302 10/02/92A01	
CERTIFICATE OF OCC. _____		PERMIT 0115603		
FINAL DATE _____		BLDG. \$70.00		
INSPECTOR _____		EQ PGM \$0.60		
		BLDG. \$70.00		
		BLDG. \$16.00		
		***TTL \$156.60		
		CHECK \$156.60		
		CHNG \$0.00		

INCORPORATED CITY ☐ YES ☐ NO

115603

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PLAN RETENTION REQUIRED
YES ☐ NO ☒