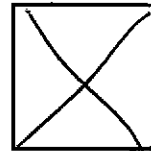


B

Type



Plans

B-126940

Permit Number

137

Street Number

SCHLEE WAY

Street Name

BEL

Community Code

125-301-057

APN

**SONOMA COUNTY
BUILDING INSPECTION**

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

JOB ADDRESS

137

SCHLEE WY

UNSR
NEAREST CROSS STREET

BRAMM/TARA

MAP REFERENCE

PERMIT NUMBER

INSPECTION AREA

INCORPORATED CITY YES NO

141
C2

126940

3

OWNER
NAME: DORTHY GORDON
MAILING ADDRESS: 137 SCHLEE
CITY: SANTA ROSA 95401
TEL NO: 578-7425

PROJECT
ADDRESS: 137 SCHLEE WY
CITY: SANTA ROSA
SUBDIVISION NAME: _____ UNIT NO: _____ LOT: _____ BLOCK: _____
ASSESSOR'S PARCEL NO: 125-301-57
NEAREST CROSS STREET: _____

CONTRACTOR
NAME: Edg CONSTRUCTION
ADDRESS: 1630 ELMWOOD TERR. #209
CITY: SANTA ROSA 95401
TEL NO: 528-2618
STATE LIC NO: 455928 LIC CLASS: B

DESIGNER
NAME: AC TURNER CO
ADDRESS: P.O. Box 2291
CITY: SANTA ROSA 95401
TEL NO: 571-8300

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: Serge Olavin Lic. # 455928

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: _____

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. _____
Applicant's Signature: _____ Expiration Date: _____

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: Serge Olavin

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.

PERMITTEE
NAME: _____
ADDRESS: _____ CITY: _____ ZIP: _____
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: Serge Olavin DATE: 9-12-94
 CONTRACTOR OWNER AGENT FOR CONTRACTOR AGENT FOR OWNER

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

SITE REVIEW: 2% slope

BY: GPS DATE: 9/30/94

REQUIRED REPORTS:
 GEOLOGY SOILS COMPACTION
 FLOOD ZONE YES NO 100 YR. FLOOD ELEV. _____
 NSCAPCD YES NO

SEWER CONNECTION: _____ SANITATION ENGINEER
APPROVED BY: J. Adams DATE: 9/12/94

ROAD ENCROACHMENT:
APPROVED BY: J. Adams DATE: 9/12/94

SEPTIC TANK INSTALLATION: HEALTH DEPARTMENT
PERMIT NUMBER: _____ OR CLEARANCE: _____
DATE REC'D: 1/1 DATE ISSUED: 1/1

WORK AUTHORIZED:
Addition to SFD

	NEW	ADDITION	ALTERATION	REPAIR	MOVING	OCC CHG
	<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	80	74.25	
GARAGE CARPORT			
DECK AWNING			
FEES - Per Chapter 7, et seq. Sonoma County Code			TOTAL
			5920
			74.25
			25-
			16-
			60
TOTAL \$			115.85

BUILDING
 PLAN CHECK 31154
 PLUMBING
 ELECTRICAL
 MECHANICAL
 GRADING
 SITE/PROP 31154
 PLANNING
 FIRE
 SEISMIC
 INVEST. FEES
 PROCESSING FEE
 ORD. #4618 FEES

APPROVED BY: SB DATE: 10-4-94

DATE RECEIVED: 10-4-94 REC'D BY: _____ PREVIOUS PERMIT NO: _____ DATE CLEARED FOR ISSUANCE: 10-4-94 BY: _____

PLANNING DEPARTMENT

ZONING: R1B6/5 1/4 FILE NO: _____ ACRES: _____
EXISTING USE: _____
PROPOSED USE: SFD Addition
YARDS FRONT: 20' LEFT SIDE: 30' RIGHT SIDE: 5'-0" REAR: 21'-6"

PLANNING APPROVALS

FOR PERMIT ISSUANCE: _____ DATE: _____
FOR OCCUPANCY: R. Casar DATE: 9-10-94

REMARKS: _____

SOUND MITIGATION: REQUIRED EXEMPT
DEVELOPMENT FEES: REQUIRED EXEMPT

MACHINE SPACE FOR PERMIT FEE

#		
0126940	BLDG.	\$74.25
	BLDG.	\$25.00
	PLANIG	\$16.00
	EQ PGM	\$0.60
	***TTL	\$115.85
	CHECK	\$115.85
	CHNG	\$0.00

CERTIFICATE OF OCC. _____
FINAL DATE: _____
INSPECTOR: _____

**SONOMA COUNTY
BUILDING INSPECTION**

INSPECTOR COPY

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

JOB ADDRESS

OWNER
NAME: DOROTHY GREGORY
MAILING ADDRESS: 137 SCHLEE
CITY: SANTA ROSA 95401
TEL NO: 578-7425

PROJECT
ADDRESS: 137 SCHLEE WY
CITY: SANTA ROSA
SUBDIVISION NAME: _____ UNIT NO: _____ LOT: _____ BLOCK: _____
ASSESSOR'S PARCEL NO: 125-301-57
NEAREST CROSS STREET: _____

CONTRACTOR
NAME: E.C. CONSTRUCTIVE
ADDRESS: 1630 ELMWOOD TERR.
CITY: SANTA ROSA 95401
TEL NO: 528-2618
STATE LIC NO: 455928 LIC CLASS: B

DESIGNER
NAME: A.L. TURNER CO
ADDRESS: P.O. BOX 7291
CITY: SANTA ROSA 95405
TEL NO: 571-8391

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

SITE REVIEW: _____

BY: _____ DATE: _____

REQUIRED REPORTS:
 GEOLOGY SOILS COMPACTION
FLOOD ZONE YES NO 100-YR. FLOOD ELEV. _____
NSCPCD YES NO

SEWER CONNECTION: _____ SANITATION ENGINEER: _____
APPROVED BY: _____ DATE: 9/17/94

ROAD ENCROACHMENT:
APPROVED BY: _____ DATE: 9/17/94

SEPTIC TANK INSTALLATION: _____ HEALTH DEPARTMENT
PERMIT NUMBER: _____ OR CLEARANCE: _____
DATE REC'D: 11 DATE ISSUED: 11

WORK AUTHORIZED: Addition to STD

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: George Uvarov Lic. # 455928

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 an applicant for such permit to file a good 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. I am a contractor and the basis for the alleged exemption is the 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 my sole compensation, will do the work of 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, or through his own employees, provided that such improvements are 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 the following 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 licensed pursuant to the Contractor's License Law.
I am exempt under Sec. _____ B & P.C. for this reason: TARA BARTHAM

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 filed copy thereof filed with the Building Inspection Department (Sec. 3800, Lab. C.).
Policy No: _____ Insurance Co: SCHLEG
Applicant's Signature: _____ Expiration Date: _____

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: George Uvarov

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: _____
ADDRESS: _____ CITY: _____ ZIP: _____
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: George Uvarov DATE: 9-12-94
 CONTRACTOR OWNER AGENT FOR CONTRACTOR AGENT FOR OWNER

PLANNING DEPARTMENT
ZONING: R1-B6/S 1/4 FILE NO: _____ ACRES: 377
EXISTING USE: STD
PROPOSED USE: Addition
YARDS FRONT: 20 LEFT SIDE: 30'+ RIGHT SIDE: 5'-0" REAR: 21'-6"

PLANNING APPROVALS
FOR PERMIT ISSUANCE: _____ DATE: _____
FOR OCCUPANCY: R. Caser DATE: 9-20-94

FLOOR AREA	SIZE IN SQUARE FEET	RATE PER SQUARE FOOT	VALUE
	80	74.25	5920
GARAGE CARPORT			
DECK AWNING			
FEES - Per Chapter 7, et seq. Sonoma County Code			TOTAL
<input checked="" type="checkbox"/> BUILDING			31154
<input type="checkbox"/> PLAN CHECK			
<input type="checkbox"/> PLUMBING			
<input checked="" type="checkbox"/> ELECTRICAL			25-
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> GRADING			
<input type="checkbox"/> SITE/PROP			
<input checked="" type="checkbox"/> PLANNING			31154
<input type="checkbox"/> FIRE			
<input checked="" type="checkbox"/> SEISMIC			16-
<input type="checkbox"/> INVEST. FEES			
<input type="checkbox"/> PROCESSING FEE			
<input type="checkbox"/> ORD. #4618 FEES			
			TOTAL \$ <u>115.85</u>
<input checked="" type="checkbox"/> PLANS APPROVED			<input type="checkbox"/> NO PLANS SUBJECT TO FIELD INSPECTION

APPROVED BY: SB DATE: 10-4-94

DATE RECEIVED: 10-4-94 REC'D BY: SB PREVIOUS PERMIT NO: _____ DATE CLEARED FOR ISSUANCE: 10-4-94 BY: _____

MACHINE SPACE FOR PERMIT/FEE

#		
0126940	BIDG.	\$74.25
	BIDG.	\$25.00
	PLANNING	\$16.00
	EQ FGM	\$0.60
	***TTL	\$115.85
	CHECK	\$115.85
	CHNG	\$0.00

REMARKS: _____

SOUND MITIGATION: REQUIRED EXEMPT
DEVELOPMENT FEES: REQUIRED EXEMPT

137 SCHLEE WY

UNSR NEAREST CROSS STREET

BARTHAM/TARA

MAP REFERENCE

PERMIT NUMBER 126940

INSPECTION AREA

137 S

INCORPORATED CITY YES NO

141

126940

3

INSPECTION RECORD	DATE	NAME	REMARKS
FOUNDATION			
FORMS / SETBACK	10/11/94	GA	
FOOTING			
WALLS			
UFER GROUND			
CAISSONS / PIERS			
SLAB			
MASONRY			
RETAINING WALLS			
FIREPLACE			
FOOTING			
HEARTH / PROTECTION			
THROAT			
CHIMNEY			
UNDERFLOOR / SLAB			
U/F ELECTRICAL			
U/F MECHANICAL			
U/F PLUMBING			
U/F FRAMING	10-13-94	GA	
U/F INSULATION	10-13-94	GA	
DIAPHRAGMS			
SHEAR WALLS	10-19-94	GA	
SUBROOF NAILING	10-19-94	GA	
SIDING / SHEATHING			
HOLD DOWNS			
STUCCO / PLASTER			
LATH			
SCRATCH			
CLOSE-IN	10-19-94	GA	
ROUGH ELECTRICAL	10-19-94	GA	
ROUGH MECHANICAL			
ROUGH PLUMBING			
ROUGH FRAME	10-19-94	GA	
SMOKE DETECTORS			
INSULATION			
WALLBOARD	10-21-94	P	
TUB / SHOWER PAN			
SUSPENDED CEILING			
ROUGH ELECT			
ROUGH MECH			
EXITING			
STAIRS / HANDRAILS			
RAMPS			
CORRIDORS / DOORS			
HANDICAP REQS.			
ENERGY REQS.			
TEMP. OCCUPANCY			
TEMP. ELECTRIC			
TEMP. GAS			
ELEC. METER AUTH.			
ELEC. SERVICE EQUIP.			
PANEL BOARDS / SERVICE			
GAS METER AUTH.			
GAS SERVICE EQUIP.			
GAS PRESSURE TEST			
HOUSE			
YARD			
MANUF. HOME FOUNDATION			
MANUF. HOME INSTALLATION			FIRE INSP. REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTINUITY			
STAIRS / SKIRTS			
RIDGE BOLTING			
SWIMMING POOL			
PRE-GUNITE			
PRE-DECK			
PRE-PLASTER / FENCE			CLEARANCES
GRADING FINAL			FIRE DEPT.
			HEALTH DEPT.
			PLANNING DEPT.
			SANITATION DEPT.
			N.C.A.P.C.D.
			FINAL

PERMIT # 126940

Handwritten signature/initials

3
FINAL

PLAN RETENTION REQUIRED
YES NO

SCHOOL DISTRICT CERTIFICATION OF COMPLIANCE

RETURN TO: Building Inspection Department, County of Sonoma, 575 Administration Dr., Room 114A, Santa Rosa, California 95403

FROM: School District Roseland Telephone No.

THIS CERTIFICATION IS VOID IF NOT RETURNED TO THE BUILDING INSPECTION DEPARTMENT WITHIN 30 DAYS AFTER THIS FORM IS SIGNED AND DATED BY THE SCHOOL DISTRICT

BOX #1 [To be completed by developer and verified by Building Department or Department of Planning and Land Use]

EFFECTIVE DATE 9-28-94 (Date Plan Check Fee Was Paid) BUILDING PERMIT NO.

PROPERTY OWNER'S NAME DOROTHY GORDON

PROJECT ADDRESS 137 SCHLIZ WY

If applicable: Mobilehome Park Name Lot/Space Number

ASSESSOR PARCEL NO. 125-301-067

PROJECT DESCRIPTION - Include number of dwelling units. If agricultural, state specific use. Also include information regarding whether or not replacement dwelling, building used for religious purposes, private school or owned and occupied by governmental entity.

Building Type (circle one): Residential Commercial/Industrial Mobilehome/Manufactured Home

Remodeling with an increased square footage of

Square footage breakdown per residential unit: garage/carport residential area* 80 sq ft

open roofed-over area

Total No. of residential units Total Square Feet of Eligible Building Area*: 80 sq ft

I declare under penalty of perjury under the laws of the State of California on behalf of EFG CONSTRUCTION (Developer) that the information furnished in Box #1 is accurate and correct to the best of my knowledge.

Developer Signature George W. Davis

The County of Sonoma Building Department / Department of Planning and Land Use (circle one) on Sept 28, 1994, has verified the square footage and use information furnished by the above developer.

County of Sonoma Signature Stephen Johnson

- * Residential Buildings are building occupancies for single and multiple family dwellings, apartments, condominiums, and residential hotels where the primary purpose is to provide a residence and not a service, such as health care.
* Commercial/Industrial Buildings are building occupancies other than residential. Includes those buildings where the primary purpose is to provide a service, such as health care. Also includes senior citizen housing (Civil Code 51.3), residential care facility for elderly [H&S Code 1569.2(j)], multilevel facility for elderly [H&S Code 15432(d)(9)], and adult only mobilehomes [Gov. Code 65995.2(a)]
* Eligible Commercial/Industrial Area is all chargeable covered and enclosed space calculated by the building department. Chargeable Covered and Enclosed Space includes all the covered and enclosed space within the perimeter of a commercial or industrial structure but does not include any storage areas incidental to the principal use of the development, garage, parking structure, unenclosed walkway, or utility or disposal area.
* Eligible Residential Area means the Assessable Space calculated by the building department which includes all the square footage within the perimeter of a residential structure, but does not include any carport, walkway, overhang, patio, enclosed patio, detached accessory structure, or similar area.

BOX #2 [To be completed by school district] Receipt No.

SCHOOL DISTRICT CERTIFICATION

School District requirements for the above project have been satisfied pursuant to (circle one):

Gov. Code 53080 Gov. Code 65970 Agreement Existing Not subject to fee requirement (for relocatables) before 1/1/87

This Certification covers only the amount of square footage identified above. Any additional square footage for the project is subject to another certification of compliance.

Total amount of fees collected: \$ EXEMPT at \$ / square feet X square feet.

With regards to mobilehomes/manufactured homes, it is understood that the validity of any certificate of occupancy or Statement of Installation Acceptance issued by the County is conditioned on the concurrent payment of fees set forth above.

AUTHORIZED SCHOOL DISTRICT OFFICIAL Janice Bowers Signature Date 9-29-94

original - Building Inspection Dept. 1st copy - District 2nd copy - Developer 1/90

Senior Secretary Title

**BUILDING PERMIT CHECK LIST
SONOMA COUNTY BUILDING INSPECTION**

NAME: GEORGE J. DAVIS PLANCHECK # 31154

If corrections are needed, check which return procedure is preferred:

Pickup Claine Davis

Phone 528-2618

Mail to _____
 Mailing Address 1630 ELMWOOD TERRACE
SANTA ROSA, CA 95401

You have submitted plans to this department for review. Clearances designated will be required prior to issuance of your building permit. You are advised to contact these agencies early in your process to prevent unnecessary delays in building permit issuance.

<u>AGENCY OR CLEARANCE REQUIRED</u>	<u>CLEARANCES</u>	
	<u>REQUIRED</u>	<u>RECEIVED</u>
<u>PLANNING</u>	[]	<input checked="" type="checkbox"/>
<u>BUILDING DEPARTMENT:</u>		
GRADING PERMIT	[]	[]
GEOTECHNICAL REPORT	[]	[]
ELEVATION CERTIFICATE (FLOOD)	[]	[]
ADDITIONAL FEES (PLANCHECK) (VIOLATION)	[]	[]
OWNER BUILDER VERIFICATION	[]	[]
WORKER'S COMPENSATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCHOOL MITIGATION FEE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DEVELOPMENT FEES	[]	[]
ASSESSOR'S FLOOR PLAN (TO SCALE) <u>11'x17"</u>	<input checked="" type="checkbox"/>	[]
<u>HEALTH DEPARTMENT:</u>		
SEPTIC	[]	[]
FOOD HANDLING	[]	[]
<u>PUBLIC WORKS:</u>		
SEWER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROAD ENCROACHMENT	[]	[]
PARCEL MAP IMPROVEMENT CONDITIONS	[]	[]
<u>SPECIAL DISTRICTS (LIST DISTRICT):</u>		
WATER	[]	[]
SEWER	[]	[]
<u>UTILITY CERTIFICATE:</u>		
SANTA ROSA	[]	[]
<u>SONOMA COUNTY WATER AGENCY:</u>		
DRAINAGE	[]	[]
CREEK SETBACK	[]	[]
<u>FIRE MARSHALL</u>	<input checked="" type="checkbox"/>	[]
<u>AIR QUALITY CONTROL (ASBESTOS DECLARATION AB2791)</u>	[]	[]

NOTE: The PINK COPY is a preliminary determination of required clearances. A complete list will be developed during the plan review process.

PD007

COUNTY OF SONOMA
PROPERTY SYSTEM
ASSESSOR INQUIRY

09/28/94
12:32:40.0

FEE PARCEL

PARCEL: 125 301 057 000 STATUS: A 00/00/00 CREATED: 92I9999999 00/00/00
SEC TRA: 150001 KILLED:
DESC: ZONING:

ASSMT: 125 301 057 000 STATUS: A 00/00/00 CREATED: 92I9999999 00/00/00
TRA: 150001 TAX CD: 000 BASE: 03/87 KILLED:
CUR DOC: 86R058693 08/04/86

DESC: GORDON DOROTHY J
137 SCHLEE WY
SANTA ROSA CA 95407-5818
ROLL ASSESSEE: N
RETAINED OWNER: Y
ACRES: 0.10
ET AL OWNERS: N
SUPL CNT:

COMMENT: FROM 125-301-57 2 04/10/93

SITUS: 137 SCHLEE WA USR
OPTION: _____ NXT OWN SIT EXP TAX PRE RET
HON APR MEN HLP PHY

KCM

INQUIRE INSPECTION RECORD

10/06/94 13:57:44

----- J O B A D D R E S S A N D P E R M I T D A T A -----
NUMBER 137 STREET SCHLEE WY CITY UNSR
OWNER DUTTON FS041786 APN
PERMIT # ISSUE DT VALUATION DESCRIPTION STATUS PART OF N
F 031154 09/28/94 5920 EXPAND BEDROOM FINAL STATUS DATE
10/05/94

----- I N S P E C T I O N -----
TYPE DATE STATUS TYPE DATE STATUS TYPE DATE STATUS
D/CT/TOR 09/28/94 C
G/GS/COMPL 09/30/94 A
G/GS/TOP 10/03/94 A
D/CT/ISSUE 10/05/94 A

KEYWORD IBFINSF

JOB ADDRESS: NUMBER 137 STREET SCHLEE WY CITY UNSR
OWNER DUTTON FS041786 PERMIT# F 031154 DATE
END OF DATA