

B

Type

Plans

BLD00 - 1373

Permit Number

14100

Street Number

Brookside Ln

Street Name

CAVE

Community Code

010 - 010 - 032

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: **V. P. KHROYA** Date Applied: **4/5/00**

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: **14100 BROOKSIDE LN** City: **GUERNEVILLE** ZIP: **95446**
 Cross-Street: **4th St.** APN: **070-010-D12** Project Phone #: () Project Fax #: ()
 Directions: Subd. Name: **032** Unit #: Lot #
 Describe Project: **NEW HOTEL CONFERENCE Rm + 2 units** Living Area: **3226** Contract Price:
 Garage: **425** Decks: **450 cov**

OWNER NAME AND ADDRESS Name: **V. P. KHROYA** Mailing Address: **P.O. Box 382** City: **GUERNEVILLE** State: **CA** ZIP: **95446** Day Ph: () **869-2894** Fax: () **869-0714**

APPLICANT NAME AND ADDRESS Name: **SAME** Mailing Address: City: State: ZIP: Day Ph: () Fax: ()

CONTRACTOR INFORMATION Company Name: **TBB** Address: City: State: ZIP: Day Ph: () Fax: ()

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.) Name: **KADELLO & LARSEN ARCHITECT** 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, who 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, improves thereon, and who does such work, himself or herself, through his or her own employees, provided that such improvements are not intended or offered for sale. 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 Contractor's License Law does not apply to an owner of property who builds, improves thereon, and who 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 the following reason: _____

Date: **4/5/00** Applicant: _____

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: _____

ASBESTOS DECLARATION

Written asbestos notification pursuant to Part 81 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 _____ CITY _____ ZIP _____
 Contractor Owner Agent for Contractor Agent for Owner

Permit # **B1600-1373** Area **8**

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. 9087, Civ. C.)

Lenders Name: _____
 Lenders Address: _____

FOR DEPARTMENT USE

Zoning: **K F2 SR BR E1** File No.: **PLP97-0035** Acres: **7.01**
 Existing Use/Structures: **Brookside Lodge**
 Proposed Use/Structures: **New Conf. Rm + 2 Units**
 Zoning Min. Yard Requirements: Front **15'** Left **5'** Right **5'** Back **10'**
 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: By: **[Signature]** Date: **4-5-2000**
 Approval for Occupancy: By: _____ Date: _____
 Conditions: **Must meet conditions of PLP 97-0035**

Sanitary Connection: Available Fees Paid **PERMIT REQ'D**
 Approved by: **[Signature]** Date: **4-5-00**

Road Encroachment: Fees Paid
 Approved by: _____ Date: _____

Septic System Permit/Clearance # **SEWER COMPLETION CERTIFICATE REQUIRED PRIOR TO OCCUPANCY.**
 Approved by: _____ Date: _____

Flood Zone: Yes No 100 Year Flood Elevation: _____
 Site Review _____

Code Enforcement Violation Yes No Violation # _____
 This permit is limited to _____ days.

Work Authorized: **CONFERENCE ROOM**

New Addition Alteration Repair Moving Occ/Chg

THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY CODE ENFORCEMENT

Plans Approved No Plans Subject to Field Inspection
 Machine Space for Permit Fee _____
 Plancheck Cleared By: **[Signature]** Date: **09/27/01**
 Permit Cleared for Issuance By: _____ Date: _____
 Post FIRM Aqueal Prio Report Available
 Pre FIRM Geotechnical report Available
 Type of Construction: **VN** Occupancy: **A-3** No. of Stories: **1** No. of Bedrooms: **2**
 Auto. Fire Sprinklers Req'd: _____ No. of Units: _____ Certificate of Occupancy: _____
 Final Date: _____ Inspector: _____

Distribution: White - File Canary - Applicant Pink - Audit Copy Blue - Assessor Cardstock - Inspector

JOB ADDRESS: **14100 Brookside Ln**
 MAP REFERENCE: _____
 PERMIT NUMBER: **B1600-1373**
 INSPECTION AREA: **8**

Modified 4/10/00



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

April 10, 2000

BROOKSIDE LODGE INC
PO BOX 382
GUERNEVILLE CA 95446-0382

Subject: Floodzone location at 14100 Brookside Lane, Guerneville
APN#070-010-032
Plancheck # BLD00-1373

Dear Brookside Lodge:

A site evaluation has been completed as the first step in processing your proposal for construction at the above address. I have determined that the location of the proposed construction is within the Area of Special Flood Hazard as designated on the most recently adopted Flood Insurance Rate Map.

Chapter 7B of the Sonoma County Code places many restrictions on construction in the flood zone. The lowest enclosed space within any building must be at least one foot above the base flood elevation. The base flood elevation for this site is noted on the enclosed Elevation Certificate. Please read the enclosed information sheets carefully. They provide a summary of the procedure to implement flood damage prevention regulations.

Your building permit application and building plans have been forwarded to our Plancheck/Engineering Section which will check them for code compliance. Please address any future information to the Plancheck/Engineering Section with the owner's name, site address, and plancheck number for reference.

If you have any questions, please feel free to call me between 7:30 a.m. and 9:00 a.m. at (707) 527-3719.

Sincerely,

Stephen Johnson
Building Inspector III

SJ:sg

enclosures: CIS-014, CIS-015, FEMA Form 81-31

cc: Well & Septic Division, file

i/home/workfile/inspect/siterevu/001373



COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403
(707) 565-1900 FAX (707) 565-1103

Plan Check Revision & Clearance Notification

This form & redlined plans must be returned with resubmittals

Project Information:

Project address: 16510 BROOKSIDE LN
BLD00-1373
Building Permit Application # (Plancheck #)

Owner's Name: BROOKSIDE RECREATION BLDG
Plan Checker's Name: JOHN AGILIKRE

<input type="checkbox"/> Pickup	<input type="checkbox"/> Phone#	<input type="checkbox"/> Mail to:	_____
Applicant's Name: _____		Address	_____
		City, St Zip	_____

Comments: _____

Continuation sheet attached

PLEASE NOTE!

ALL CHECKED ITEMS MUST BE ADDRESSED OR YOUR RESUBMITTAL WILL NOT BE ACCEPTED.

Residential	Commercial
<input type="checkbox"/> 3 <u>complete</u> sets of signed Plans	<input checked="" type="checkbox"/> 3 <u>complete</u> sets of signed, stamped Plans

Plans

Redlined plans must be returned with resubmittals

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plans require correction. Revise original drawings per enclosed check prints. Return 3 revised sets of plans and enclosed check print. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plot/Site Plan; Floor Plan (Electrical, Plumbing, Mechanical); Foundation Plan; Elevations; Framing Plan; Cross Sections; Structural Details, Signed (and stamped if "engineered") by designer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Title 24 Energy Calculations (2 signed, stamped sets) |
| <input type="checkbox"/> | <input type="checkbox"/> | Engineering Calculations with revisions (2 signed, stamped sets) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Geotechnical Report</u> (2 signed, stamped copies) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Geotechnical Plan/Foundation Review & Approval Letter</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Truss Calculations & Layout Plan (2 signed, stamped sets) (Architect/Engineer review Required <input type="checkbox"/>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevation Certificate (Sections A, B and C completed) |
| <input type="checkbox"/> | <input type="checkbox"/> | Grading Permit Required. Submit Separate Application. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Special Inspections Form, Completed and signed by Engineer or Architect. (Form enclosed <input type="checkbox"/>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Peer Reviewer must review and approve revision prior to resubmittal. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PLEASE NOTE! Items marked below are required prior to building permit issuance.

- | | |
|---|--|
| Permit & Resource Management Dept. | |
| <input type="checkbox"/> <input type="checkbox"/> Owner-Builder Form | |
| <input type="checkbox"/> <input type="checkbox"/> Worker's Compensation verification | |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Zoning Clearance <u>KEN ELISON'S APPROV</u> | |
| <input type="checkbox"/> <input type="checkbox"/> Parcel Map Improvement Conditions <u>BEFORE OCCUPANCY</u> | |
| <input type="checkbox"/> <input type="checkbox"/> Grading Permit | |
| <input type="checkbox"/> <input type="checkbox"/> Drainage Review | |
| <input type="checkbox"/> <input type="checkbox"/> Residential Traffic Mitigation Fee | |
| <input type="checkbox"/> <input type="checkbox"/> Commercial Traffic Mitigation Fee | |
| <input type="checkbox"/> <input type="checkbox"/> Park Fee | |
| <input type="checkbox"/> <input type="checkbox"/> Road Encroachment | |
| <input type="checkbox"/> <input type="checkbox"/> Well & Septic | |
| <input type="checkbox"/> <input type="checkbox"/> Sewer | |
| <input type="checkbox"/> <input type="checkbox"/> Code Enforcement | |
| <input type="checkbox"/> <input type="checkbox"/> Investigation Fees
(Equal to total of bldg., plmb., elec., mech. fees) | |
| <input type="checkbox"/> <input type="checkbox"/> Penalties
(Equal to total of bldg., plmb., elec., mech. fees x _____) | |

- | | |
|---|-------|
| Dept. Of Health Services | |
| <input type="checkbox"/> <input type="checkbox"/> Food Handling | |
| <input type="checkbox"/> <input type="checkbox"/> Hazardous Materials | |
| <input type="checkbox"/> <input type="checkbox"/> Public Pools & Spas | |
| Special District | |
| <input type="checkbox"/> <input type="checkbox"/> Water _____ | |
| <input type="checkbox"/> <input type="checkbox"/> Sewer _____ | |
| Fire Marshal | |
| <input type="checkbox"/> <input type="checkbox"/> F.S.S. Mitigation Approval Required (Residential) | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Review and Approval Letter (Non-Residential) | |
| Air Pollution Control District | |
| <input type="checkbox"/> <input type="checkbox"/> | |
| School Mitigation Fee | |
| <input type="checkbox"/> <input type="checkbox"/> | |
| School District Name | _____ |
| Other | |
| <input type="checkbox"/> <input type="checkbox"/> Utility Certificate (City of Santa Rosa) | |
| <input type="checkbox"/> <input type="checkbox"/> Architectural Committee Approval | |
| <input type="checkbox"/> <input type="checkbox"/> Coastal Commission | |

Plan Checker: JOHN AGILIKRE

Phone Number (after 1:30): 565 3708

Date: 5/9/00



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829 (707) 565-1900 FAX (707) 565-1103

Building Permit Application Checklist

Project address/City: 14100 Brookside Ln, GNVL

Contact Name: V. P. KHAROVA

Building Permit #: B1000-1373

Project Description: New CONF Rm + 2 Units

How to return redlined plans to you for corrections:
 Call to Pickup - Phone# 575-1247
 Mail to _____

Note: This form lists submittal requirements, clearances and development fees that apply to your permit. All required clearances must be obtained and fees paid before a permit will be issued.

For Department Use Only - Do not write below this line until directed to sign.

Required Plans

- 4 complete sets of signed plans (stamped if required) (Additional sets may be required)
- 2 sets of legible Site Plan and Floor Plan for Well & Septic clearance
- _____ additional sets or plans are required for _____

Plan Contents

Mandatory Items

Qty. Rcvd.	
_____	Plot/Site Plan
_____	Floor Plan (Electrical, Plumbing, Mechanical)
_____	Foundation Plan (Footings Details)
_____	Elevations
_____	Framing Plan
_____	Cross Sections
_____	Structural Details
_____	Signed Drawings (Stamped If Engineered)

Optional Item: _____ Peer Review Letter

Other Items Which May be Required

Required	Rcvd.	
_____	<u>2</u>	Title 24 Energy Calcs (2 signed, stamped sets)
_____	<u>2</u>	Engineering Calcs (2 signed, stamped sets)
_____	_____	Geotechnical Report (2 signed, stamped sets)
_____	_____	Geotechnical Foundation Approval Letter
_____	_____	Truss Calcs & Layout (2 signed, stamped sets)
_____	_____	Flood Elevation Certificate
_____	_____	Flood Prone Urban Area (Disposal of excess materials)
_____	_____	Special Inspection Form

Staff Signature _____

PRMD Clearances (Fees may be required)

Required	Comments	Obtained	Staff Approval
<input type="checkbox"/>	Code Enforcement Cubicle	<input type="checkbox"/>	_____
<input type="checkbox"/>	Investigation Fees (Equal to total of bldg., plmb., elec., mech. fees)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Penalties (Equal to total of bldg., plmb., elec., mech. fees x _____)	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Planning Cubicle <u>Needs final by Ken E. 7/20/09 4-5-2009</u>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Well & Septic Cubicle	<input type="checkbox"/>	_____
<input type="checkbox"/>	Plan Check Cubicle	<input type="checkbox"/>	_____
<input type="checkbox"/>	Construction Inspection Cubicle	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Sewer/Water	<input checked="" type="checkbox"/>	<u>AK</u>
<input type="checkbox"/>	Road Encroachment	<input type="checkbox"/>	_____
<input type="checkbox"/>	Drainage Review	<input type="checkbox"/>	_____
<input type="checkbox"/>	Project Review - Health	<input type="checkbox"/>	_____

Development Fees

<input checked="" type="checkbox"/>	School Mitigation Fee (Payable at School District)	<input type="checkbox"/>	Park Mitigation Fee
<input type="checkbox"/>	Fire Mitigation Fee for Windsor Area (Payable at Windsor F.P.D.)	<input type="checkbox"/>	Residential Traffic Mitigation Fee
<input type="checkbox"/>	Fire Mitigation Fee for Airport (Payable at Rincon Valley F.P.D.)	<input type="checkbox"/>	Commercial Traffic Mitigation Fee

Outside Agency Clearances (Fees may be required)

Rqd.	Rcvd.	Rqd.	Rcvd.	Rqd.	Rcvd.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature: [Signature]

Staff Signature: [Signature]

Date Submitted: 4-5-2009