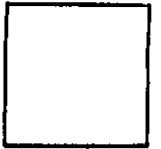


B

Type



Plans

BLD 01-0564

Permit Number

5875

Street Number

Hwy 12

Street Name

SRB

Community Code

031-040-040

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: RAY VALLADAO Date Applied: 2-01

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY			
Site Address: <u>5875- SONOMA HWY 12</u>		City: <u>SANTA ROSA</u>	
Cross-Street: <u>MELITA RD.</u>		APN: <u>031 040 040</u>	Project Phone #: <u>(707) 5440140</u>
Directions:		Subd. Name:	Project Fax #: <u>(707) 544-2516</u>
Describe Project: <u>FREE STANDING DOUBLE FACE LITED MONUMENT SIGN</u>		Living Area:	Unit #:
OWNER NAME AND ADDRESS		Garage:	Lot #:
Name: <u>Melita Road Investor</u>		Contract Price: <u>9570</u>	
Mailing Address: <u>6840 Goodyear Rd #C</u>		APPLICANT NAME AND ADDRESS	
City: <u>Benicia</u> State: <u>CA</u> ZIP: <u>94510</u>		Name: <u>RAY VALLADAO</u>	
Day Ph: () Fax: ()		Mailing Address: <u>P.O. BOX 9206</u>	
CONTRACTOR INFORMATION		City: <u>SANTA ROSA</u> State: <u>CA</u> ZIP: <u>95405</u>	
Company Name: <u>REAL ENTERPRISES</u>		Day Ph: (<u>707</u>) <u>544-0140</u> Fax: (<u>707</u>) <u>544-2516</u>	
Address: <u>P.O. BOX 9206</u>		OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)	
City: <u>SANTA ROSA</u> State: <u>CA</u> ZIP: <u>95405</u>		Name:	
Day Ph: (<u>707</u>) <u>544-0140</u> Fax: (<u>707</u>) <u>544-2516</u>		Address:	

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: STATE FUND INS.
 Policy No: # 641-00-0000245
 (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: 10-1-01 Applicant: Ray Valladao

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 _____
 Date _____ Owner _____

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 C-45 Lic. No. # 450869
 Exp. Date 1-31-02 Contractor REAL ENTERPRISES

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.
Ray Valladao
 PERMITTEE SIGNATURE
P.O. BOX 9206, SANTA ROSA, CA 95405
 ADDRESS CITY ZIP
 Contractor Owner Agent for Contractor Agent for Owner

Permit # B1001-0564 Area 8
 Permit Coordinator _____

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 LC File No. _____ Acres _____
 Existing Use/Structures Shopping Center
 Proposed Use/Structures new monument sign
 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 _____
 By: _____ By: Mary Chase
 Date: _____ Date: 2/9/01
 Conditions: MUST CONTINUE TO APPROVED SIGN PLAN
*MUST BE LOCATED OUTSIDE HWY 12 ROW
 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 _____
 Code Enforcement Violation Yes No Violation # _____
 This permit is limited to _____ days.
OK TO ISSUE NOT RELATED TO VIOLATION 2-23-01 JIC

Work Authorized: _____
FREE STANDING MONUMENT SIGN
ELECT. BY SEPARATE PERMIT
 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

<input checked="" type="checkbox"/> Plans Approved		Machine Space for Permit Fee	
<input type="checkbox"/> No Plans Subject to Field Inspection			
Plans Check Cleared By <u>[Signature]</u>	Date: <u>03/15/01</u>		
Permit Cleared for Issuance By <u>[Signature]</u>	Date: <u>3-15-2001</u>		
<input type="checkbox"/> Post FIRM <input type="checkbox"/> Alquist Priolo Report Available			
<input type="checkbox"/> Pre FIRM <input type="checkbox"/> Geotechnical report Available			
Type of Construction <u>U-2</u>	Occupancy _____	No. of Stories _____	No. of Bedrooms _____
Auto. Fire Sprinklers Req'd _____	No. of Units _____	Certificate of Occupancy _____	
Final Date _____	Inspector _____		

JOB ADDRESS: 5875 HWY 12
 MAP REFERENCE: _____
 PERMIT NUMBER: B1001-0564
 AF [Signature]

131) SPECIAL INSPECTION REQUIRED		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, SEE ADDITIONAL SHEET	
INSPECTION RECORD	DATE	NAME	REMARKS		
103) FOUNDATION					
FORMS/SETBACK					
FOOTING					
WALLS					
106) UFER GROUND #					
104) CAISSONS/PIERS					
105) SLAB					
110) MASONRY					
109) RETAINING WALLS					
113) FIREPLACE					
FOOTING					
HEARTH/PROTECTION					
THROAT					
114) CHIMNEY					
120) UNDERFLOOR/UNDERSLAB					
116) U/F ELECTRICAL					
117) U/F MECHANICAL					
118) U/F PLUMBING					
119) U/F FRAMING					
139) U/F INSULATION					
126) SHEAR WALLS					
<input type="checkbox"/> INTERIOR					
<input type="checkbox"/> EXTERIOR					
127) DIAPHRAGMS					
<input type="checkbox"/> ROOF					
<input type="checkbox"/> FLOOR					
134) SIDING/SHEATHING					
125) HOLD DOWNS					
132) CLOSE-IN					
122) ROUGH ELECTRICAL					
123) ROUGH MECHANICAL					
124) ROUGH PLUMBING					
128) ROUGH FRAME					
160) SMOKE DETECTORS					
139) INSULATION					
142) WALLBOARD					
135) STUCCO/PLASTER					
<input type="checkbox"/> LATH <input type="checkbox"/> SCRATCH					
137) ROOFING					
130) TUB/SHOWER PAN					
164) SUSPENDED CEILING					
ROUGH ELECTRICAL					
ROUGH MECHANICAL					
165) EXITING					
STAIRS/HANDRAILS					
RAMPS					
CORRIDORS/DOORS					
166) ACCESSIBILITY COMPLIANCE					
ENERGY REQUIREMENTS					
170) TEMPORARY OCCUPANCY					
171) TEMPORARY ELECTRICAL					
172) TEMPORARY GAS					
174) ELECTRIC METER AUTHORIZATION					
152) PANEL BOARDS/SERVICE					
175) GAS METER AUTHORIZATION					
153) GAS PRESSURE TEST					
HOUSE					
YARD					
190) MANUF. HOME FOUNDATION					
191) MANUF. HOME INSTALLATION					
CONTINUITY					
STAIRS/SKIRTS					
RIDGE BOLTING					
SWIMMING POOLS					
194) PRE-GUNITE					
195) PRE-DECK					
196) PRE-PLASTER/FENCE					
102) GRADING FINAL					
176) ELECTRICAL FINAL					
177) MECHANICAL FINAL					
178) PLUMBING FINAL					
199) FINAL					
OCCUPANCY (OK TO OCCUPY)					
			FIRE INSPECTION REQUIRED		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			770) SPRINKLER FINAL		
			771) ABOVEGROUND HYDROSTATIC		
			772) UNDERGROUND HYDROSTATIC		
			773) UNDERGROUND FLUSH		
			774) THRUST BLOCKS		
			775) PIPE WELD		
			776) HYDRANTS/APPLIANCES		
			777) PUMP ACCEPTANCE		
			778) WATER SUPPLY/TANK		
			779) ALARM SYSTEM		
			780) HOOD & DUCT SYSTEM		
			781) ABOVEGROUND TANK/DISPENSER		
			198) FIRE FINAL		
			CLEARANCES:		
			FIRE	<input type="checkbox"/> Local <input type="checkbox"/> County	
			HEALTH DEPARTMENT		
			ZONING		
			SANITATION		
			N.C.A.P.C.D.		
				PLAN RETENTION REQUIRED?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

FIRE INSPECTION

PERMIT #