

B

Type



Plans

BLD11-3048

Permit Number

1604

Street Number

Mathwig Dr

Street Name

BEL

Community Code

125-590-051

APN

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 Invoice: BLD11-3048

Project Address: 1604 MATHWIG DR BEL
Cross Street: DEBBIE

Printed: Monday, July 25, 2011
Initialized by: RDELACR1
Activity Type: A-BLD 1101

APN: 125-590-051
Description: SFD T/O 21 SQS RE-ROOF 30 YR COMP/ CLASS A
Res/Com: R
Std/Quick: ??
Fire District: SANTA ROSA FPD

Insp Area: 03
Site Review File #: ??
Site Review Fees Paid: \$0.00

Owner: SWANSON VINCENZA M TR
1604 MATHWIG DR
SANTA ROSA CA 95407-7421

Applicant: ROOF MASTER
1104 CALISTOGA RD
SANTA ROSA CA
95401
707 568 7555

Valuation:

Occupancy	Type	Factor	Sq Feet	Valuation
	Totals...			\$8,100.00*

Fees:

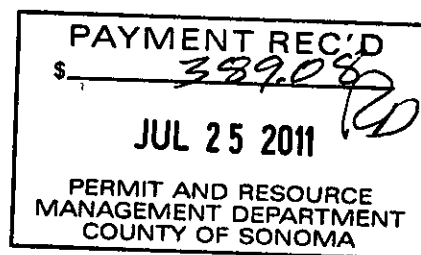
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
50	S.M.I.P. RESIDENTIAL	327023-4040	.81	.00	.00
52	CA BLDG STANDARDS SB1473	327031-4040	1.00	.00	.00
132	BUILDING PERMIT FEE	025015-1341	339.00	.00	.00
140	TECH ENHANCE FEE	025015-4040	7.59	.00	.00
735	NPDES - BUILDING	025015-1350	40.68	.00	.00
			\$389.08	\$0.00	

Total Fees: \$389.08
Total Paid: \$0.00

Balance Due: \$389.08

"Refunds of fees paid may be made pursuant to Section 108.6 of Appendix 1 of the California Building Code and adopted model codes, subject to the following: 1) 100% of a fee erroneously paid or collected. 2) 90% of the plan review fee when an application for a permit is withdrawn or canceled or expires or becomes void before any plan review effort has been expended. No portion of the plan review fee shall be refunded when any plan review effort has been expended. 3) 90% of the building, plumbing, electrical, and/or mechanical fee may be refunded when a permit is withdrawn, or cancelled or expires or becomes void before any work was done and before any inspections are performed. No portion of these fees shall be refunded when any work was done and/or any inspections have been performed. 4) Application for refund must be made within one year of the date the fee is paid."

When validated below, this is your receipt.
This Building Permit shall EXPIRE



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: Mark Smonski Date Applied: 7/25/11

INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT

SITE LOCATION INFORMATION - PRINT CLEARLY

Site Address: 1604 MATHWIG City: SANTA ROSA ZIP: _____
 Cross-Street: Debbie APN: _____ Project Phone #: () _____ Project Fax #: () _____
 Directions: _____ Email address: _____ Unit #: _____ Lot #: _____
 Describe Project: tear off Re Roof 30YR Living Area: 1500 Garage: 600 Decks: 21 # Contract Price: \$18,100

OWNER NAME AND ADDRESS

APPLICANT NAME AND ADDRESS

Name: Dea Deni Swanson Name: MARK SMONSKI
 Mailing Address: 1604 MATHWIG Mailing Address: 1104 CALISTOGA RD
 City: SANTA ROSA State: CA ZIP: _____ City: SANTA ROSA State: CA ZIP: 95909
 Day Ph: () _____ Fax: () _____ Day Ph: () _____ Fax: () _____

CONTRACTOR INFORMATION

OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)

Company Name: ROOFMASTER Name: _____
 Address: 1104 CALISTOGA RD Address: _____
 City: SANTA ROSA State: CA ZIP: 95909 City: _____ State: _____ ZIP: _____
 Day Ph: (707) 696-7662 Fax: () _____ 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: STATE FUND
 Policy No.: 773-5302

(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: 10-11 Applicant: MARK SMONSKI

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 3708 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 _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following website: <http://www.leginfo.ca.gov/calaw.html>

Date: _____ Signature of Property Owner or Authorized Agent: _____

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: C39 Lic. No.: 771699
 Exp. Date: 11-30-11 Contractor: ROOFMASTER

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.

PERMITTEE SIGNATURE: _____
 ADDRESS: 1104 CALISTOGA RD CITY: SANTA ROSA ZIP: 95909
 Contractor Owner Other Licensed Professional

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

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: _____ File No.: _____ Acres: _____
 Existing Use/Structures: _____
 Proposed Use/Structures: _____
 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 No Mitigation Required
 Approval for Permit: _____ Approval for Occupancy: _____
ROOF, WINDOW, AND HVAC SYSTEM ALTERATIONS & REPLACEMENTS
MUST COMPLY WITH CURRENT TITLE 24 ENERGY REGULATIONS.

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 _____
 Drainage Review: Approved by: _____ Date: _____

Fire: Approved by: _____ Date: _____

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

INSTALL GLASS A ROOF ONLY.

Work Authorized: SFO T/O & Re Roof

<input type="checkbox"/> Plans Approved	<input type="checkbox"/> Post FIRM	<input type="checkbox"/> Alquist Priolo Report Available
<input type="checkbox"/> No Plans Subject to Field Inspection	<input type="checkbox"/> Pre FIRM	<input type="checkbox"/> Geotechnical report Available
Plancheck Cleared By: _____	Date: _____	Type of Construction: _____
Permit Cleared for Issuance By: <u>Virginia</u>	Date: <u>7/25/11</u>	Occupancy: _____
		No. of Stories: _____
		No. of Bedrooms: _____
		Auto. Fire Sprinklers Req'd: _____
		No. of Units: _____
		Certificate of Occupancy: _____

Machine Space for Permit Fee

PAYMENT REC'D

\$ _____

JUL 25 2011

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT
 COUNTY OF SONOMA

Distribution: _____

JOB ADDRESS: 1604 MATHWIG DR
 PERMIT NUMBER: BLD011-3098
 INSPECTION AREA: 3