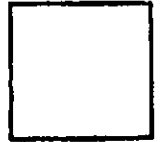


B

Type



Plans

BLD11-5075

Permit Number

32025

Street Number

Hwy 1

Street Name

SEA

Community Code

122-240-002

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: BLD11-5075**

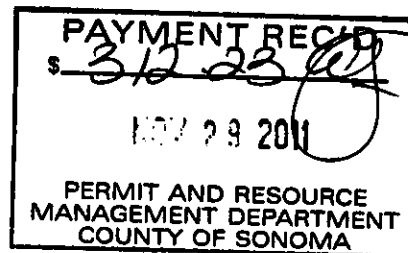
<b>Project Address:</b> 32025 HWY 1 SEA	<b>Printed:</b> Tuesday, November 29, 2011
<b>Cross Street:</b> STEWARTS PT SKAGGS SPRINGS RD	<b>Initialized by:</b> AFRANZIN
<b>APN:</b> 122-240-002	<b>Activity Type:</b> A-BLD 1101
<b>Description:</b> CABIN #3 T/O REROOF 6 SQS. NO RESHEATHING. SELF.	<b>Insp Area:</b> 02
<b>Res/Com:</b> R	<b>Site Review File #:</b> ??
<b>Std/Quick:</b> ??	<b>Site Review Fees Paid:</b> \$0.00
<b>Fire District:</b> SEA RANCH VFC	

<b>Owner:</b> SAVE THE REDWOODS LEAGUE ATTN HUGH OBOYLE 114 SANSOME ST STE 1200 SAN FRANCISCO CA 94103	<b>Applicant:</b> HOLGUIN ROOFING 36900 ANNAPOLIS RD ANNAPOLIS CA 95412 707 886 0722
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		<b>Valuation:</b>			
Occupancy	Type Totals...	Factor	Sq Feet	Valuation \$2,607.00*	
<b>Fees:</b>					
Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
50	S.M.I.P. RESIDENTIAL	327023-4040	.50	.00	.00
52	CA BLDG STANDARDS SB1473	327031-4040	1.00	.00	.00
132	BUILDING PERMIT FEE	025015-1341	272.00	.00	.00
140	TECH ENHANCE FEE	025015-4040	6.09	.00	.00
735	NPDES - BUILDING	025015-1350	32.64	.00	.00
			<b>\$312.23</b>	<b>\$0.00</b>	
				<b>Total Fees:</b>	<b>\$312.23</b>
				<b>Total Paid:</b>	<b>\$0.00</b>
				<b>Balance Due:</b>	<b>\$312.23</b>

"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1) 100% of a fee erroneously paid or collected. 2) 90% of the plan review fee when an application for a permit is withdrawn or canceled or expires or becomes void before any plan review effort has been expended.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: Erian Holguin Date Applied: 11/29/11

**INFORMATION WITHIN HEAVY LINE TO BE COMPLETED BY APPLICANT**

32039 HWY 1 SEA SITE LOCATION INFORMATION - PRINT CLEARLY  
 Site Address: Cabin #3 Stewarts Point Ranch Property City: Stewarts Point ZIP: 95480

Cross-Street: Stags Springs Rd APN: \_\_\_\_\_ Project Phone #: ( ) \_\_\_\_\_ Project Fax #: ( ) \_\_\_\_\_

Directions: North 1 to Stewarts point left on Stags Email address: \_\_\_\_\_ Unit # \_\_\_\_\_ Lot # \_\_\_\_\_

Describe Project: Trv off re-roof 30yr Comp. Cabin No sheathing LPS Living Area: 60's Contract Price: \$2,607.00

**OWNER NAME AND ADDRESS** **APPLICANT NAME AND ADDRESS**

Name: Save The Redwoods League Name: Erian Holguin

Mailing Address: 114 Sansome Street Suite 1200 Mailing Address: 36900 Annapolis

City: San Francisco State: CA ZIP: 94104 City: Annapolis State: CA ZIP: 95412

Day Ph: (415) 362-8382 Fax: ( ) \_\_\_\_\_ Day Ph: 886-0772 Fax: ( ) \_\_\_\_\_

**CONTRACTOR INFORMATION** **OTHER PERSONS (ARCHITECT, ENGINEER, ETC.)**

Company Name: Holguin Roofing Inc. Name: \_\_\_\_\_

Address: 36900 Annapolis Rd Address: \_\_\_\_\_

City: Annapolis State: CA ZIP: 95412 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Ph: 886-0772 Fax: ( ) \_\_\_\_\_ Day Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**WORKER'S COMPENSATION DECLARATION** **CONSTRUCTION LENDING 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: 239-0009158

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  Address subject to change  
 Approval for Permit Issuance: \_\_\_\_\_ Approval for Occupancy: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

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.

Work Authorized: Cabin #3 Trv Re-roof LPS. Resheathing 30yr Comp

Plans Approved  Post FIRM  Alquist Priolo Report Available  
 No Plans Subject to Field Inspection  Pre FIRM  Geotechnical report Available

Plancheck Cleared By: \_\_\_\_\_ Date: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupancy: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Permit Closed for Issuance By: \_\_\_\_\_ Date: \_\_\_\_\_ Auto. Fire Sprinklers Req'd: \_\_\_\_\_ No. of Units: \_\_\_\_\_ Certificate of Occupancy: \_\_\_\_\_

PERMITTEE SIGNATURE: Erian Holguin Machine Space for Permit Fee

ADDRESS: 36900 Annapolis Rd Annapolis CA 95412

Contractor  Owner  Other Licensed Professional

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

Distribution: White - File Canary - Applicant Blue - Assessor Cardstock - Inspector

JOB ADDRESS: 32039 HWY 1 SEA  
 PERMIT NUMBER: RBD11-5075  
 INSPECTION AREA: \_\_\_\_\_