

PRIAD County of Sonoma

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COUNTY OF SONOMA - PERMIT AND RESOURCE MANAGEMENT DEPARTMENT 2550 Ventura Avenue, Santa Rosa, CA 95403 (707) 565-1900 FAX (707) 565-1103

Lic. Class Lic. No	Please Print Your Name:			Date Applied:		
	IN	FORMATION WITHIN HEAVY LIN	E TO BE COMPLETED BY APP			
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Etc., Date:			Zoning Min. Yard Requirements: Front	A- Left NA Right W/Back NA		
SHALL SURJECT AI SURJ	Exp. Date: Applicant:		NOTE: Fire Safe Standards require all parce	s greater than 1 Acre to have a min. 30' setback		
PROVIDED CON RECIOUNTOOL THE LARGE CODE. UNREEST ADACTOREVYS FEES. Date::::::::::::::::::::::::::::::::::::	SHALL SUBJECT AN EMPLOYER TO CRIMINAL PE	ENALTIES AND CIVIL FINES UP TO ONE HUNDRED	Approval for Permit Issuano	Approval for Occupance		
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In 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 open dravated. Permit Cleaned I and the permit State is a state in the above mentioned for issuence By Watching Space Permit						
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ADDRESS CITY ZIP PERMIT AND RESOURCE D Contractor Of Owner D Other Licensed Professional MANAGEMENT DEPARTMENT THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES	I hereby authorize representatives of the County	y of Sonoma to enter upon the above-mentioned	for Issuance By			
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Contractor Owner Other Licensed Professional MANAGEMENT DEPARTMENT THIS PERMIT SHALL EXPIRE IN THREE(3) YEARS FROM DATE FEES	<u> </u>					
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			Distribution: White - File Canary - App	licant Blue Assessor Cardstock - Inspector		

COUNTY OF SONOMA

PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829 (707) 565-1900 FAX (707) 565-1103

		Application Fe	ees / Invoice f	or: D	EM10-0227		
Projec	t Address:	3580 MOORLAND A	/E BEL				
Cn	oss Street:	TODD RD			Printed: November	•	
APN:		134-122-056		Initialized by: CCAMILLE Activity Type: AB-DEM 1001 PCAS #:			
D	escription:	LEGALIZE DEMO BA	CK TO GARAGE NO I				
Owner:	CHOE BO Y 2700 MEND SANTA ROS	OCINO AVE	Applicant: 95403 707-490-219	2690 MENDOCINO AVE SANTA ROSA CA			
Item#	Descript	tion	Fees: Account Code	Tot Fee	Prev.Pmts Cu	ır. Pmts	
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		<u></u>	<u></u>	\$850.50	\$0.00 Total Fee Total Pa	•	

Refunds will not be authorized unless circumstances comply with established PRMD refund policy provisions.

When validated below, this is your receipt.

\$850.50

Balance Due:



11-15-10.

OK FOR Bill Gazalez to speak a Sign a my behalf R.S. 3580 moorland Smith Roza ere. to obtain Aermets,

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707-3132 9047 528 3600

